Prescribed by: DoDD 4500.56

MILITARY AIR PASSENGER/CARGO REQUEST

NOTE: Keep this data on file for two years after submission date.

1. SELECT APPLICABLE TRAVEL STATEMENT:

☐ **PRIORITY 1**	**Direct support of operational forces** engaged in combat **or** contingency peace-keeping operations directed NCA, **or** for emergency lifesaving purposes.
☐ **PRIORITY 2**	**"Required use"** travel **or** compelling operational considerations making commercial transportation unacceptable (within 24 hours). Mission cannot be satisfied by any other mode of travel. Requester should provide a 2-hour window for departure and arrival times to allow consolidation of missions per DoD Directive 4500.43.
☐ **PRIORITY 3**	**Official business travel** which when consolidated by JOSAC with other travelers, is more cost effective than commercial air travel or official business travel on previously scheduled missions. Requester **must** provide at least a 2-hour window for departure and arrival times to allow consolidation of missions per DoD Directive 4500.43.

2. PURPOSE OF TRAVEL

a. PUJC CODE	**b. COMPLETE MISSION DESCRIPTION**
3. TOTAL NUMBER OF PAX	**c. PRIORITY 2 COMPELLING CONSIDERATIONS AND REASON COMMERCIAL TRAVEL UNACCEPTABLE**

4. SENIOR TRAVELER

a. NAME *(Last, First, Middle Initial)*	**b. GRADE/DV CODE**	**c. DUTY TITLE**	**d. BRANCH OF SERVICE**

5. ADDITIONAL PASSENGERS *(Note: Required only for DV 7 or higher)*

a. NAME *(Last, First, Middle Initial)*	**b. GRADE/DV CODE**	**c. DUTY TITLE**	**d. BRANCH OF SERVICE**

6. DESIRED FLIGHT ITINERARY

	a. DEPARTURE ICAO	**b. DEPART DATE/TIME (Z)/MO/YR (+/- 2 hrs)** *(Example: 25/1200 DEC 98 (1400))*	**c. ARRIVAL ICAO**	**d. ARRIVE DATE/TIME (Z)/MO/YR (+/- 2 hrs)** *(Example: 25/1200 DEC 98 (1400))*
(1) LEG 1				
(2) LEG 2				
(3) LEG 3				

7. COST OF COMMERCIAL TRAVEL *(Transportation, additional per diem, lost time, etc.)*

a. LEG 1	**b. LEG 2**	**c. LEG 3**	**d. TIMES NO. OF PASSENGERS**	**e. EQUALS TOTAL COST**

8. CARGO TRANSPORTATION *(Cargo acceptors and handlers are required at destination airfield.)*

a. CARGO DESCRIPTION

b. LARGEST ITEM DIMENSIONS	**c. HEAVIEST ITEM DIMENSIONS/WEIGHT**	**c. TOTAL WEIGHT**	**d. TOTAL CUBIC FEET**

e. SPECIAL HANDLING REQUIREMENTS *(Explain)*

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9. POINT OF CONTACT *(Must be able to contact traveler(s) before departure and after arrival in case of delay(s) or cancellation(s))*

	a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. DUTY PHONE *(DSN/Commercial)*	d. AFTER HOURS *(DSN/Commercial)*
(1) DEPARTURE				
(2) ARRIVAL				

10. NON-DV PASSENGERS

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. DUTY TITLE	d. BRANCH OF SERVICE

11. REMARKS/ADDITIONAL COMMENTS

12. REQUESTER

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. DUTY TITLE	d. OFFICE SYMBOL
e. DUTY TELEPHONE *(DSN/Commercial)*	f. SIGNATURE		g. DATE *(YYYYMMDD)*
h. PLAIN LANGUAGE ADDRESS *(PLAD)*			

13. TRAVEL AUTHORIZING OFFICIAL *(As appointed by Service)*

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. DUTY TITLE	d. OFFICE SYMBOL
e. DUTY TELEPHONE *(DSN/Commercial)*	f. SIGNATURE		g. DATE *(YYYYMMDD)*

14. SENIOR TRAVELING PASSENGER *(Signature may not be delegated)*

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. DUTY TITLE	d. OFFICE SYMBOL
e. DUTY TELEPHONE *(DSN/Commercial)*	f. SIGNATURE		g. DATE *(YYYYMMDD)*

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