

TRAVELER'S REQUEST FOR PREMIUM-CLASS TRAVEL

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Chapter 57, Travel, Transportation and Subsistence, Subchapter 1, Sections 5701-5733; 10 U.S.C. 113, Secretary of Defense; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; Title 41 CFR, Subtitle F, Federal Travel Regulation, Chapters 300-304; Department of Defense (DoD) Directive 5100.87, DoD Human Resources Activity; DoDI 5154.31, Volume 2, Commercial Travel Management: General Travel Provisions; DoD Financial Management Regulation 7000.14-R, Vol. 9, Defense Travel System Regulation, current edition; Joint Federal Travel Regulations, Volume 1, Uniformed Service Members and DoD Civilian Employees

PURPOSE: Information provided on this form will assist the approval authority with determining if the use of other than coach-class accommodations need to be provided for the traveler. The data obtained on this form will provide management information for control of travel expenditures.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the records contained herein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as listed in the applicable system of records notice located at: <https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DHRA-08-DoD.pdf>; <https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DHRA-14-DoD.pdf>; <https://www.federalregister.gov/documents/2009/06/03/E9-12951/privacy-act-of-1974-notice-of-updated-systems-of-records>; and <https://www.federalregister.gov/documents/2013/04/03/2013-07669/privacy-act-of-1974-notice-of-revised-system-of-records>.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in non-approval of the traveler's request.

Individual requests must be submitted through the organization's OSD Component Head to the Director, Administration and Management. Component Heads must submit request via the Correspondence and Task Management System (CATMS) for processing.

SECTION I.

1. TRAVELER'S NAME <i>(Last, First, Middle Initial)</i>	2. TRAVELER'S RANK
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3. TRAVELER'S ORGANIZATION

4. TRAVELER'S WORK TELEPHONE NUMBERS <i>(Include area code)</i>	5. TRAVELER'S E-MAIL ADDRESS
a. COMMERCIAL	b. DSN

6. MODE OF TRAVEL <i>(X as applicable)</i>	7. TRAVEL PURPOSE <i>(X as applicable. Definitions for each category may be found in the JTR.)</i>		
<input type="checkbox"/> AIR	<input type="checkbox"/> SITE VISIT	<input type="checkbox"/> CONFERENCE	<input type="checkbox"/> EMERGENCY TRAVEL
<input type="checkbox"/> SHIP	<input type="checkbox"/> INFORMATION MEETING	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> TRAIN	<input type="checkbox"/> TRAINING	<input type="checkbox"/> ENTITLEMENT TRAVEL	
	<input type="checkbox"/> SPEECH/PRESENTATION	<input type="checkbox"/> SPECIAL MISSION TRAVEL	

8. LOCATION WHERE PREMIUM-CLASS TRAVEL SEGMENTS START AND END <i>(Enter all segments.)</i>	
a. ORIGIN	b. DESTINATION
(1)	
(2)	
(3)	
(4)	

9. DATE TRAVEL TO BEGIN <i>(YYYYMMDD)</i>	10. FARE FOR PREMIUM TRAVEL	11. FARE FOR COACH CLASS
	\$	\$

12. TICKET ISSUER	13. REASON FOR REQUESTING PREMIUM-CLASS TRAVEL <i>(Cite specific paragraph of the JTR)</i>
<input type="checkbox"/> TRAFFIC MANAGEMENT COMPANY (TMC) OR <input type="checkbox"/> NON TMC NAME OF AIRLINE OR THIRD PARTY VENDOR <i>(Southwest Airlines, United Airlines, Expedia, Hotwire, etc.)</i>	

14. DESCRIBE WHY PREMIUM-CLASS TRAVEL IS ESSENTIAL TO YOUR TRAVEL <i>(If due to a disability or other special need, you must complete Section II on the second page of this form and request your physician to complete the Medical Physician's Statement for Premium-Class Travel.)</i>

15. CERTIFICATION AND CONSENT BY TRAVELER	
I hereby certify that all statements made hereon are true to the best of my knowledge and belief. I hereby give my permission for the release of information about my service and conditions (i.e. disease and injury) to authorized agency officials and medical consultants.	
a. SIGNATURE OF TRAVELER	b. DATE OF REQUEST <i>(YYYYMMDD)</i>

TRAVELER'S NAME *(Last, First, Middle Initial)*

SECTION II - REQUEST DUE TO DISABILITY OR OTHER SPECIAL NEED

16. DESCRIBE YOUR DISABILITY OR SPECIAL NEED AND HOW IT INTERFERES WITH TRAVELING IN COACH CLASS

17. WHAT ACCOMMODATION *(e.g., bulkhead seating, two coach seats, seat cushion, aisle seat, etc.)* COULD BE USED SO THAT YOU WOULD BE ABLE TO TRAVEL IN COACH CLASS?