

TRAVELER'S REQUEST FOR PREMIUM-CLASS TRAVEL

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: 5 U.S.C. 5701 – 5733, particularly 5721 – 5733, 30 U.S.C. and E.O. 9397 (SSN).

PRINCIPAL PURPOSES: Information provided on this form will assist the approval authority with determining whether or not the use of other than coach-class accommodations needs to be provided for the traveler. The data obtained on this form will provide management information for control of travel expenditures.

ROUTINE USES: Information may be released to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The "Blanket Routine Uses" set forth at the beginning of OSD's compilation of records notices apply.

DISCLOSURE: Voluntary; however, if the requested information is not provided, the approval authority may disapprove the traveler's request.

SECTION I.

1. TRAVELER'S NAME (Last, First, Middle Initial)	2. TRAVELER'S GRADE	3.
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4. TRAVELER'S ORGANIZATION (SCHOOL)

5. TRAVELER'S TELEPHONE NUMBERS (include area code)		6. TRAVELER'S EMAIL ADDRESS
a. COMMERCIAL	b. DSN	

7. MODE OF TRAVEL (X as applicable)	8. TRAVEL PURPOSE (X as applicable. Definitions for each category may be found in the JTR)			
	AIR	SITE VISIT	CONFERENCE	EMERGENCY TRAVEL
	SHIP	INFORMATION MEETING	RELOCATION	OTHER
	TRAIN	TRAINING	ENTITLEMENT TRAVEL	
		SPEECH/PRESENTATION	SPECIAL MISSION TRAVEL	

9. LOCATION WHERE PREMIUM-CLASS TRAVEL SEGMENTS START AND END (Enter all segments.)

a. ORIGIN		b. DESTINATION	
(1)			
(2)			
(3)			
(4)			
(5)			

10. DATE OF TRAVEL TO BEGIN (YYYY/MM/DD)	11. FARE FOR PREMIUM TRAVEL US\$	12. FARE FOR COACH-CLASS US\$
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13. TICKET ISSUING LOCATION (Name and location of Commercial Travel Office (CTO))	14. REASON FOR REQUESTING PREMIUM-CLASS TRAVEL (cite specific paragraph of the JTR)
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15. DESCRIBE WHY PREMIUM-CLASS TRAVEL IS ESSENTIAL TO YOUR TRAVEL. (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 Licensed Medical Practitioner's Statement.)

16. 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 (YYYY/MM/DD)
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TRAVELER'S NAME (Last, First, Middle Initial)

SECTION II – REQUEST DUE TO DISABILITY OR OTHER SPECIAL NEED

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

18. GIVE THE APPROXIMATE DATE (Month/Year) YOUR CONDITION BEGAN TO AFFECT YOUR ABILITY TO TRAVEL WITHOUT SPECIAL TRAVEL ACCOMMODATIONS.

19. WHAT IS THE EXPECTED DURATION OF YOUR CONDITION?

20. 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?