

Date:

**TRAVEL AUTHORIZATION REQUEST (TAR)
HQ AETC/SG Flight Physician 4FTE**

Contract Number:

Period of Performance:

Traveler's Name:

Travelers Phone:

Travelers Email:

Clearance Level:

Investigation Type:

**Purpose
Of Trip:**

Destination:

Trip Dates:

From: (Location, Date, Time)

To: (Location, Date, Time)

Return: (Location, Date, Time)

Cost
Breakdown:

Per Diem Travel Days Site #1 @ 75%

Per Diem Travel Days Site #2 @ 75%

Description of Costs:

Estimated \$:

Extended Work Week (EWW) Hours Requested:

Yes: No:

Estimated Hours for EWW:

EWW/OT Tech Rep Concurrence:

Employee Signature

:

Signature

Date

Employee Supervisor

:

Signature

Date

Government Authorization: A6:

Signature

Date

Contracting Officer Rep (COR):

Signature

Date



DEPARTMENT OF THE AIR FORCE

MEMORANDUM FOR:
FROM:

SUBJECT: Letter of Identification (LOI) for Official Travel of Government Contractor

Travel Order Number:

Contract Number:

Contractor Address:

Task Order Number:

CLIN Number(s):

Period of Performance:

Mailing/Billing Address: Same as above

Employee Name:

Security Clearance:

Destination /Installation Access:

Variations Authorized: YES: NO:

From:

To:

Return:

Purpose of Travel:

Length of Travel: DAYS

Est. Cost: \$

Military Air/Cat B Travel Authorized: Excess

YES: NO:

Baggage Authorized:

YES: NO:

Lodging Eligibility

YES: NO:

GS Equivalent Rating (billeting purposes only):

Identification Card (ID) Authorized

YES: NO:

Temporary ID Cards or base passes will be issued for us in the U.S., depending on the policy of the base/facility being visited. Permanent ID cards will not be issued as a result of this letter.

Address inquiries regarding this travel to:

E-mail address:

Authorizing Official:

Approving Official:

Contracting Officer Representative (COR)

Contracting Officer (CO)