**Print TAD Request Form**

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**DATE:**

**MEMORANDUM**

From: Dept Head
To: Neal Johnson

Subj: REQUEST FOR TEMPORARY ADDITIONAL DUTY (TAD) ORDERS

Cost ☐ No Cost ☐

Rank/Rate: Name: Ext:

Date/Time of Departure: Date/Time of Return:

Destination: Activity:

**Purpose of TAD:**

Mode of Travel: POV ☐ COMAIR ☐ GOV ☐
Gov't Quarters Available: Yes ☐ No ☐ Hotel Reservation Required: Yes ☐ No ☐
Hotel preference:

Rental Car: Yes ☐ No ☐ Compact ☐ Midsize ☐ Full ☐ Other ☐
Conference fee: Does fee include meals: Yes ☐ No ☐

**Credit card number:** **Exp. Date:**

**********

**FIRST ENDORSEMENT**

From : Neal Johnson (Cost Breakdown)

**TRANS:** _____ **MISC:** _____ **PER DIEM:** _____ **TOTAL:** _____

**SECOND ENDORSEMENT**

From: Supply Manager:
OPTAR Balance: _____

_____
Supply Manager Signature

**********

**THIRD ENDORSEMENT**

TEMADD request: Approved [ ] Disapproved [ ]

_____ _____
Department Head Department Head Signature

**********

**FOURTH ENDORSEMENT**

TEMADD request: Approved [ ] Disapproved [ ]

_____
Executive Officer

**********

**FIFTH ENDORSEMENT**

Cost Code: _____

_____
Budget Analyst

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