REPORT OF TRAVEL

1. NAME	2. NRL TELEPHONE NUMBER	3. DATE

4. HOME ADDRESS	5. NRL BLDG. AND ROOM NUMBER

(COMPLETE ITEM 4 OR 5 TO INDICATE DESIRED LOCATION FOR DELIVERY OF CHECK)

6. ITINERARY

BETWEEN THE POINTS		DATE AND HOUR		METER READING FOR AUTO TRAVEL	
FROM	TO	LEFT	ARRIVED	START	END

7. *If orders are not endorsed for each point on itinerary*, THE FOLLOWING IS REQUIRED:

Show Dates and Hours Duty Commenced and Completed at Each Place of Duty

(A) PLACE OF DUTY	ARRIVED		DEPARTED	
	DATE	HOUR	DATE	HOUR

(B) GOVERNMENT QUARTERS FURNISHED	GOVERNMENT SUBSISTENCE FURNISHED	LEAVE TAKEN
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
☐ WITH CHARGE ☐ WITHOUT CHARGE	☐ WITH CHARGE ☐ WITHOUT CHARGE	FROM _____ TO _____

8. WAS ONE OF THE FOLLOWING USED?

☐ GOVERNMENT AIR

☐ GOVERNMENT VEHICLE

☐ DRIVER OF PRIVATE CAR *(LIST PASSENGERS UNDER "REMARKS," SPACE 10).*

☐ PASSENGER IN PRIVATE CAR OF _____

(Name)

9. If TR's were furnished but were altered, or not used, or only part of tickets was used, give clear description of the mode of travel used in each location. Attach all unused tickets or portions thereof. Also describe why alterations were made or itinerary varied, under "REMARKS" (if reason not obvious).

10. If duty aboard ship, give the following information:

NAME OF VESSEL	REPORTED ABOARD		DEPARTED	
	DATE	HOUR	DATE	HOUR

11. MISCELLANEOUS EXPENSES

NATURE OF EXPENSE	DATE	FROM	TO	AMOUNT

(Attach all receipts, unused tickets, and TR's)

12. REMARKS

13. SIGNATURE OF TRAVELER	DATE

Clear Form