TRAVEL COORDINATION CHECKLIST

Course Name:

Course Location: IMCOM Academy - Onsite, Bldg 4022

Course Dates:

Installation Management Academy School for Family and MWR 2280 Signal Road, Building 4022 Joint Base San Antonio, TX 78234 Phone: 210-466-1050 FAX: 210-466-1032 http://www.imcomacademy.com

Reset Form

Please complete the fields below. Once completed: save, name and attach checklist to an e-mail along with ALL other required documents to the Travel Coordinator: mariam.m.hernandez.civ@mail.mil . Upon receipt of ALL required information your Travel Authorization will be created and routed through proper channels for final approval. The process of approval can take up to 15 days. Please return all required documents within 5 days of receipt of Selection notification to assure your ticketing and travel are not affected.

| Student Information | | Travelltinerary | | | | |
|---------------------------------|-------------------------------|---------------------------------------|---|---------------------------------------|--|----|
| Name: | | | E-mail Copy of Itinerary to Travel Coordinator | | | |
| Position and Grade: | | | Departing Air | rport | | |
| _ast4Digits of SSN: | | | Arrival Time/[| Date | | |
| Outy Phone: | | | Donosti vo Tie | na/Data | | |
| Email Address : | | | Departure Tir | ne/Date | | |
| Installation: | | | If you are not flying, please indicate below your travel method and estimate cost. You MUST provide a cost comparison: Airfare vs chosen method and final approval. | | | |
| Organization Element | | | | | | |
| Complete AT Level 1 | https://atlevel1.dtic.mil/at/ | | ☐ Bus ☐ | Train 🗌 Renta | al POC (.54) | |
| AT1 Certificate Date: | | | Cost Est.: | | POC Milage: | |
| CONUS/OCONUS: | | | | | | |
| Emergency Contact: | | | Government Travel Card | | | |
| Email: | | | Yes, I have a Gov't Travel Card | | | |
| Phone: | | No, I do not have a Gov't Travel Card | | | | |
| | | I am requesting a Travel Advance** | | | | |
| | | | NO, I am not requesting an Advance | | | |
| Further Information or Remarks: | | | ** Complete Bank Disbursement Form | | | |
| | | | Leave in Co | onjunction | | |
| | | | Leave begin da | ate: | | |
| | | | Leave end date | e: | | |
| | | FROI CON COS | M THE COURSE LOC JUNCTION, YOU MU | CATION. IF YOU TA IST HAVE YOUR IN | FOR TRAVEL TO AND KE LEAVE IN STALLATION ISSUE IN VE IN CONJUNCTION | NO |