

PTO PASSENGER RESERVATION WORKSHEET

As soon I am notified of a cancellation/amendment to my trip, I will notify my respective Marine Corps DMO. Tickets will be issued 3 days prior to the departure date. All tickets will be E-tickets so you are not required to come by the DMO to pick up tickets, you can get a copy of your itineraries/receipts from www.virtuallythere.com by using your 6 letter reservation code and email address. Once your ticket has been issued if you need to make any changes, it must be done directly with the airlines.

PTO Clerk

PTO PASSENGER RESERVATION WORKSHEET

Date: _____

1. Check One:

Initial Request

Change Request

Individual

Group

AMC

ID # : _____

EDIPI : _____

2. Travelers Name: _____

(Last, First, Full Middle Name)

Rank: _____

3. DOB _____

Unit: _____

E-mail: _____

4. Last 4 Digits of SSN: _____

Sex: _____

5. Duty Phone: _____

Home Phone: _____

6. Type of Travel:

*check one

TAD

COT/IPCOT (Military)

RAT (Civilian Only)

Student Travel

Emergency

Other (specify) _____

PCS

CIRCUITOUS TRAVEL

The following information is for **OFFICIAL TRAVEL ONLY**

7. Departure Place (from) _____

Departure Date: _____

Destination Location (to) _____

8. Departure Place (from) _____

Departure Date: _____

Destination Location (to) _____

ADDITIONAL PASSENGER

9. Traveler Name: _____

(Last, First, Full Middle Name)

Date of Birth: _____

AGE: _____

Sex: _____

10. Traveler Name: _____

(Last, First, Full Middle Name)

Date of Birth: _____

AGE: _____

Sex: _____

11. Traveler Name: _____

(Last, First, Full Middle Name)

Date of Birth: _____

AGE: _____

Sex: _____

12. Traveler Name: _____

(Last, First, Full Middle Name)

Date of Birth: _____

AGE: _____

Sex: _____

13. Traveler Name: _____

(Last, First, Full Middle Name)

Date of Birth: _____

AGE: _____

Sex: _____

14. Traveler Name: _____

(Last, First, Full Middle Name)

Date of Birth: _____

AGE: _____

Sex: _____

15. Rental Car?

YES

NO

Seat?

Window

Aisle

Hotel

16. Requester's Name: _____

Date of Request: _____

17. requester's Signature: _____

18. Remarks

EMERGENCY OF CONTACT (AMC):

CAC NUMBER: _____

CAC EXPIRATION: _____

EDIPI: _____

TRAVELERS CONUS NUMBER: _____

(TO BE USED AFTER DATE: _____ **)**