

Letter of Identification (LOI) - Official Travel of Government Contractors

This letter is the official means of contractor employee travel for travel throughout CONUS/OCONUS. Contractor employees are **NOT** authorized to use the City Pairs Program Fares. **Entitlements designated on this form do not constitute an authorization for those services. The government is not obligated to make arrangements or provide service(s) authorized a contractor employee.**

Privileges: Entitlements on this LOI do not mean the contractor is entitled to an Identification card. ID card benefits and privileges are governed by DoD 1000.13, AFI 36-3026(I) and 34-246,

1. Contractor (Name, Address, E-Mail Address, Telephone & Fax Number)		2. Vendor/Cage Code	3. Date	4. Travel Order Individual <input type="checkbox"/> Group <input type="checkbox"/> Amendment <input type="checkbox"/> Recission/Revocation <input type="checkbox"/>
			5. Travel Authorization Number LT-	
6. Employee Name & Title			7. EDIPI	
8. Destination/Itinerary/SOFA Status	9. Purpose of Travel		10. TDY Length/Dates	
11. Use of Contracted Travel Office is Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Transportation Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No	12a. Air <input type="checkbox"/> Yes <input type="checkbox"/> No	12b. Rail <input type="checkbox"/> Yes <input type="checkbox"/> No	
12c. Military Air Directed <input type="checkbox"/> Yes <input type="checkbox"/> No	12d. Privately Owned Vehicle Yes <input type="checkbox"/> No <input type="checkbox"/>		12e. Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Government Lodging Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		13a. GS Equivalency Rating (Lodging Purposes Only)		
14. Excess Baggage Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No	14a. Number of Pieces		14b. Total Weight (lbs)	
15. Installation Access Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		15a. Hours of Installation Access		
16. Commissary Privileges Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Base Exchange Privileges Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Medical Services on a Reimbursable Basis Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Per Diem Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Remarks: Passport # _____ _____				
22. Contract Number	23. Task Order Number		24. Contract Line Item Number(s) (CLIN(s))	
25. Contracting Organization/Address	26. Telephone Number		27. Contract/Task Order Period	
28. Contracting Officer (Name)	29. E-Mail Address, Telephone & Fax Number			
30. Accounting Appropriation				
31. Estimated Cost		32. Distribution		
33. Address any inquiries regarding this LOI (Name)				
34. Telephone Number: E-Mail Address:				
35. Authorizing Authority: [(Technical/Functional Representative)]		36. Approving Authority: <div style="text-align: center; font-size: 2em; font-weight: bold;">X</div> <hr/> Signed by:		

[Type text]

37. Name, Title, Telephone Number, E-Mail	38. Name, Title, Telephone Number, E-Mail
<p>Joint Travel Regulation (JTR), Vol 2 is available at http://www.dtic.mil/perdiem/. Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is for the AF and your employer to obtain information related to your government directed travel. Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing this information on this form, including your Social Security Number, is voluntary, but failure to do so may result in the disapproval of this request.</p>	