

PROPOSED TRAVEL ITENERARY (WEEKEND)				
LAST NAME, FIRST NAME:		CONTACT PHONE NUMBER:		BLDG/ROOM #:
CHECK THE APPLICABLE MODES OF TRANSPORTATION DURING YOUR TRAVEL				
<input type="radio"/> PRIVATE MOTOR VEHICLE <input type="radio"/> AIRPLANE <input type="radio"/> BUS <input type="radio"/> TRAIN <input type="radio"/> OTHER (Specify) _____				
DEPARTURE DATE		FINAL DESTINATION KEESLER AFB		
PROVIDE INFORMATION BELOW FOR EACH DAY OF TRAVEL				
NOTE: Only allowed to travel 150 miles				
DATE	DEPARTURE POINT	ARRIVAL POINT	LENGTH OF REST PERIOD	APPROXIMATE MILEAGE/FLIGHT NUMBER(s)
	KEESLER AFB			
PART IV OTHER INFORMATION				
Name _____		Address _____		
Phone Number (____) _____ - _____		Confirmation Number _____ <input type="radio"/> Hotel/Rental <input type="radio"/> Residence <input type="radio"/> Camp Site		
INDIVIDUAL(S) I AM VISITING AND/OR ACCOMPANYING ME				
1. _____		Phone Number (____) _____ - _____		Relationship _____
2. _____		Phone Number (____) _____ - _____		Relationship: _____
3. _____		Phone Number (____) _____ - _____		Relationship: _____
4. _____		Phone Number (____) _____ - _____		Relationship: _____
5. _____		Phone Number (____) _____ - _____		Relationship: _____
APPROVAL				
INSTRUCTOR RECOMMENDATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> AFI		SIGNATURE _____		DATE _____
MTL RECOMMENDATION <input type="radio"/> YES <input type="radio"/> NO		SIGNATURE _____		DATE _____
Is the location more than the approved travel radius from Keesler AFB? If yes, list reason below <input type="radio"/> YES <input type="radio"/> NO				
Exception Circumstance (wedding, funeral, emergency, significant even, etc.) _____				
Approved <input type="radio"/> Disapproved <input type="radio"/>		Commander's Signature _____		DATE _____
REVIEWAL				
I understand that injuries incurred as a result of my driving under the influence of alcohol or failure to utilize required safety devices may result in potential UCMJ action				
SIGNATURE OF THE INDIVIDUAL BRIEFED		GRADE: <input type="radio"/> E1 <input type="radio"/> E2 <input type="radio"/> E3 <input type="radio"/> E4		DATE BRIEFED
BRIEFED BY:				