

Delayed Dependent Travel Process:

How to bring your dependents before expiration

Who is considered delayed dependent travel?

- Dependent that was approved to stay CONUS for a period of time by MMIB-3 and BAH has been authorized **OR**
- A dependent was on your orders or could have been on your orders but you chose to not bring them for whatever reason and BAH is not authorized **OR**
- Any other situation where you were authorized to bring the dependent at the time you executed orders to Okinawa.

If you did not have the dependent at the time of the orders then you must consult with the Pay/Dependency Section at IPAC for travel. Your movement of dependent may be considered a tour conversion. Tour conversions must go through your Career Planner/S-1.

Steps to bring your dependent

1. Complete ALL FORMS listed below and attach the required documents.
2. Create an EPAR and submit all forms and documents to the Inbound Branch via EPAR. Put "Attention Inbound – Delayed Dependent Travel" in your EPAR. Provide us with a working personal email to add to the request. This will allow you to be on the email chain for when we submit your portcall and you will be notified once it's been approved. Follow up with an email at mcbbutleripacinbound@usmc.mil with reference to your EPAR #. **Do not submit documents via email.** Once received we will review and submit this to the Passenger Travel Office for booking.
3. Confirm with your Agency Program Coordinator(usually S-1) that your GTCC is turned on.
4. We will submit a copy of the approval once complete.
5. Once travel is completed you will need to file a travel claim for reimbursement.
6. **Requests for booking travel should be completed at a minimum of 3 weeks in advance.**
7. You can call PTO to check on the status of your flight booking at 645-5330 or commercial at +81 98 970 5330.

Forms Required

- (1) [Personal Data Form](#)
- (2) [Incentive Portcall Request Form](#)
- (3) [GTCC Payment Form](#)
- (4) [Statement of Understanding Form](#)
- (5) [Memorandum Form](#)
- (6) [DD Form 884](#)
- (7) [Original Orders](#)
- (8) [Basic Orders](#)
- (9) [Area Clearance for the dependent you want to bring](#)

Followup Contacts:

PTO: 645-5330

IPAC Inbound: 645-7728

****PTO/DMO will not book your commercial flight to Seattle. This is either done by your previous command or by you personally.****

PERSONAL DATA- PRIVACY ACT OF 1974- HANDLE WITH CARE

INCENTIVE

DEPN TVL

MEMBER'S INFO:

LAST	FIRST	MI	RANK	MOS
WORK PHONE		HOME PHONE		E-MAIL
TODAY'S DATE			TRAVEL PERIOD	

CHECK LIST:

- ORIGINAL ORDERS
- WEB ORDERS
- AREA CLEARANCE
- STATEMENT OF UNDERSTANDING
- MEMORANDUM
- DD FORM 884
- PORTCALL REQUEST
- ITINERARY W/ PRICE
(IF MBR PURCHASED OWN TICKET)
- ZERO BALANCE RECEIPT/BANK STATEMENT
(IF MBR PURCHASED OWN TICKET)

STATUS:

- DATE MBR CAME IN: _____
- TICKET RE SENT TO PTO: _____
- TICKETS RCVD FROM PTO: _____
- TICKETS SENT TO MBR: _____
- DATE MBR CAME FOR TVL CLAIM: _____
- TVL CLAIM COMPLETED: _____
- TVL CLAIM SENT TO DISBO: _____
- TVL CLAIM SETTLED: _____

NOTES:

PORT CALL BY: _____

TVL CLAIM BY: _____



UNITED STATES MARINES CORPS
 INSTALLATION PERSONNEL ADMINISTRATION CENTER
 MARINE CORPS BASE
 CAMP SMEDLEY D. BUTLER
 UNIT 35002
 FPO AP 96373-35002

In reply refer to
 1330
 IPAC

From: Director, Installation Personnel Administrative Center
 To: Traffic Management Office

Subj: INCENTIVE PORTCALL REQUEST

Ref: (a) MCO 4600.7

1. In accordance with the reference, overseas transportation arrangements are requested as follows:

NAME: _____ EDIPI: _____ RANK: _____ MOS: _____
 (LAST, FIRST, FULL MIDDLE NAME)

UNIT: _____ SEATS: _____ TYPE OF TRAVEL: IPCOT/COT/15 DAYS/DEPN TVL/TOUR CONV/ERD
 (CIRCLE THE TYPE OF INCENTIVE)

DATES REQUESTED: _____ (REQUESTED DATE(S))
 (YYYY/MM/DD-YYYY/MM/DD)

ORIGIN STATION: _____ (FLIGHT LOCATION-FROM)
 CITY STATE

DESTINATION STATION: OKINAWA, JP (FLIGHT LOCATION-TO)
 CITY STATE

MEMBER'S INFORMATION: DOB: ____/____/____ SEX: MALE/FEMALE
 (YYYY/MM/DD) (CIRCLE ONE)

DEPENDENT(S) INFORMATION: (IF 5 OR MORE DEPENDENTS, LIST THEM ON THE NOTES SECTION)
 (N/A IF NO DEPENDENTS)

NAME: (LAST, FIRST, FULL MIDDLE NAME)	RELATIONSHIP:	DOB:	PASSPORT NO.:

NEXT OF KIN INFORMATION:
 NAME: _____ RELATIONSHIP: _____ ADDRESS: _____ PHONE NUMBER: _____
 (LAST, FIRST MI)

PET INFORMATION: N/A (CIRCLE IF NO PETS)
 TYPE: DOG/CAT (CIRCLE ONE) BREED: _____ GENDER: _____ AGE: _____

PET WEIGHT: _____ SIZE OF CAGE: LENGTH: _____ WIDTH: _____ HEIGHT: _____

ROTATION DATE: ____/____/____ HOME OF RECORD (HOR): _____
 (YYYY/MM/DD) (CITY, STATE)

NOTES:

GTCC PAYMENT FORM FOR PERMANENT CHANGE OF STATION (PCS)

For use within the Indo-Asia Pacific Region only.

Be advised, 10 business days is required for the processing of a transportation request upon acknowledgement by DMO. All flights will be final upon booking and will only be changed for emergency circumstances that are confirmed through the IPAC. ***No PCS ticket will be issued without a Government Credit Card (GOVCC). You must obtain your card prior to submitting your request.**

For all updates log into: https://sharepoint.mcipac.usmc.mil/ipac/PTO-IPAC_Portal/

Email all GTCC forms to MCBBUTLERPTOFosterGTCC@usmc.mil

Passenger Information:

Last Name:	First Name:	Middle Name:

PLEASE HIGHLIGHT YOUR GTCC NUMBER

1 #	2 #	3 #	4 #	5 #	6 #	7 #	8 #	9 #	10 #	11 #	12 #	13 #	14 #	15 #	16 #
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

GTCC Number: _____

Exp. Date: _____ Member Initial: _____

GTCC Limit (for APC use only): \$ _____

Date GTCC Activated: _____

Unit and APC: _____

APC Phone Number: _____

Pet transportation is not an entitlement. The member is solely responsible for all costs associated with the transportation of pets. However, DMO will assist with the arrangement of pet transportation to mainland Japan, and will provide travel information to the member for direct confirmation through the carrier. **Be advised, pet travel is not to be charged on the member's GTCC.**

- Are you traveling with pets? _____ # of Pets: _____ Gender(s): _____ / _____ Age(s): _____ / _____
- Breed(s): _____ / _____
- Dimensions of kennel(s): _____ / _____
- Total weight of kennel(s) with pet(s): _____ lbs _____ kg / _____ lbs _____ kg

Note: Pet travel is not guaranteed and is not a justified reason to change or cancel your arranged flight.

Service Member's Signature: _____ Date: _____

Date Request Accepted: _____ PTO Clerk: _____

INCENTIVES

STATEMENT OF UNDERSTANDING

Please read carefully and initial on your type of incentive.

Booking Flights through PTO

- Allow 10 business days for IPAC and PTO to issue a Travel Cost. Allow all flights to be booked within 10-20 business days.
- There is no Government funded tickets nor reimbursement if member does not go through IPAC and PTO.
- Port of Entry only includes Los Angeles, CA.

THERE IS NO SPEEDING UP PROCESS UNLESS A MEDICAL OR LEGAL STATEMENT AND ENDORSMENT IS PROVIDED!

IN PLACE CONSECUTIVE OVERSEAS TOUR (IPCOT)

- Init. ▪ MBR is authorized to travel to Home of Record (HOR) or Alternate Location.
▪ MBR must provide IPCOT Approval to IPAC.
▪ MBR must allow up to 10 business days for IPAC and PTO to receive travel cost.
▪ Once the MBR turns in the appropriation data to IPAC, MBR must allow up to 10 business days for IPAC and PTO to book tickets.
▪ 5 days after executing incentive, MBR must return to IPAC to complete a Travel Claim.
▪ Leave taken during executing this incentive will come out of MBR's annual leave.

CONSECUTIVE OVERSEASE TOUR (COT)

- Init. ▪ MBR is authorized to travel to Home of Record (HOR) or Alternate Location.
▪ MBR must provide COT Approval or PCS orders/Web orders.
▪ MBR must allow up to 10 business days for IPAC and PTO to receive travel cost.
▪ Once the MBR turns in the appropriation data to IPAC, MBR must allow up to 10 business days for IPAC and PTO to book tickets.
▪ 5 days after executing incentive, MBR must return to IPAC to complete a Travel Claim.
▪ Leave taken during executing this incentive will come out of MBR's annual leave.

15 DAYS SPECIAL LEAVE & ROUNDTRIP (EXTENSION ON ISLAND FOR A YEAR OR MORE)

- Init. ▪ MBR is authorized 15 days of special leave plus a round trip to POE.
▪ MBR must provide OTEIP (Extension) Approval to IPAC.
▪ MBR must allow up to 10 business days for IPAC and PTO to receive travel cost.
▪ Once the MBR turns in the appropriation data to IPAC, MBR must allow up to 10 business days for IPAC and PTO to book tickets.
▪ The 15 days leave will be requested as annual leave through MOL.
▪ MBR must provide a CO letter to be reimbursed for the leave days.
▪ 5 days after executing incentive, MBR must return to IPAC to complete a Travel Claim if MBR purchase own tickets.

TOUR CONVERSION (UNACCOMPANIED TOUR TO ACCOMPANIED TOUR)

- Init. ▪ MBR has Authorization to fly dependents to Okinawa, Japan from CONUS.
▪ Provide Tour Conversion Approval, Area Clearance Approval, and original orders/Web Orders.
▪ MBR must allow up to 10 business days for IPAC and PTO to book tickets.
▪ MBR must complete Travel Claim and Audit within 5 business days after dependent(s) complete travel.

EARLY RETURN OF DEPENDENT(S) (ERD)

- Init. ▪ MBR has authorization to return dependents back to CONUS.
▪ MBR must provide AA form and ERD approval to IPAC.
▪ MBR must allow up to 10 business days for IPAC and PTO to book tickets.
▪ MBR must complete a Travel Claim and Audit within 5 business days after dependents depart from Okinawa.

DELAY DEPENDENT TRAVEL

- Init. ▪ MBR is authorized to delay of dependents.
▪ MBR must bring original orders/Web Orders and Area Clearance Approval.
▪ MBR must allow up to 10 business days for IPAC and PTO to book tickets.
▪ Complete Travel Claim and Audit within 5 working days upon dependent(s) completion of travel.

I have read and understand the initial statements above.

RANK LAST NAME, FIRST NAME MI SIGNATURE DATE



UNITED STATES MARINES CORPS
 INSTALLATION PERSONNEL ADMINISTRATION CENTER
 MARINE CORPS INSTALLATIONS PACIFIC-MARINE CORPS BASE CAMP BUTLER
 UNIT 35002
 FPO AP 96373-5002

In reply refer to:
 1326
 IPAC

MEMORANDUM

Subj: REQUIREMENT TO FILE TRAVEL CLAIM FOR TOUR CONVERSION, EARLY RETURN OF DEPENDENTS, DELAYED DEPENDENT(S) TRAVEL, IN PLACE COSECUTIVE OVERSEAS TOUR, CONSECUTIVE OVERSEAS TOUR, 15 DAYS INCENTIVE LEAVE WITH ROUND TRIP TO PORT OF ENTRY.

Ref: (a) JFTR

1. Per the reference, a travel claim is required to be submitted to III MEF Disbursing Officer for settlement.
2. If you have executed a Tour Conversion, Early Return of Dependent (ERD), In Place Consecutive Overseas Tour (IPCOT), Consecutive Overseas Tour (COT), Delayed Dependent Travel, or 15 days incentive leave to port of entry round trip, you are required to submit a travel claim and complete an audit within 5 business days after completion of travel. Failure to submit a travel claim or complete an audit may result in travel checkage.

KIM, CHIHWAN
 .1235009001
 C. KIM
 GySgt USMC

RECEIVING ENDORSEMENT

I have read and fully understand the requirement to submit a travel claim and complete an audit within 5 working days upon completion of my travel.

NAME:

PRINT RANK LAST NAME, FIRST NAME MI

SIGNATURE

(YYYY/MM/DD)

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS			1. DOD COMPONENT
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 10 U.S.C. 136; 37 U.S.C. 406 (Military); DTR 4500.9-R, Chapter 102.</p> <p>PRINCIPAL PURPOSE(S): The completed form is used for transportation-in-kind of dependents within CONUS used as an authority to issue transportation requests in the absence of dependent travel orders.</p> <p>ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.</p> <p>DISCLOSURE: Voluntary; however, if requested information is not furnished, transportation may not be provided.</p>			
2.a. NAME OF APPLICANT (Last, First, Middle)		b. RANK	c. GRADE
3. SHIP OR STATION			
4. DEPENDENTS FOR WHOM TRANSPORTATION IS REQUESTED (Continue on blank page if necessary)			
a. NAME (Last, First, Middle)	b. RELATIONSHIP* (Adopted son, stepdaughter, etc.)	c. DATE OF BIRTH (Children) (YYYYMMDD)	d. LOCATION AT TIME OF RECEIPT OF ORDERS** (City, State)
<p>*If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.</p> <p>**If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.</p>			
5. PRESENT ADDRESS OF DEPENDENTS (Street Address, City, State and ZIP Code)			
6. OLD PERMANENT STATION		7. NEW PERMANENT STATION	
8. DATE OF ORDERS (YYYYMMDD)			
9. TRANSPORTATION REQUESTED a. FROM (City, State)		b. TO (City, State)	c. VIA (Route) (City, State)
10. DATE OF DEPARTURE (YYYYMMDD)		11. BY (Air, Rail, etc.)	
<p>12. CERTIFICATION OF INTENT</p> <p>I certify that transportation for persons listed above, who were my dependents on the effective date of applicable orders, is being requested with the intent of establishing a bona fide residence. I further certify that I have not made application or submitted claim for transportation of my dependents on this change of station except as follows:</p>			
<p>13. CERTIFICATE OF PROOF OF DEPENDENCY (Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)</p> <p>I certify that my dependent(s) (Relationship) _____, named above, is/are in fact dependent upon me and that a certificate of dependency was approved by the appropriate agency. I further certify that there has been no change in the conditions of dependency since the certificate was approved. (NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)</p>			
<p>14. CERTIFICATE OF RESIDENCE OF PARENT (Required for a dependent parent in addition to block 13.)</p> <p>I certify that my dependent(s) (Relationship) _____ is/are residing as a member of my household and will reside as a member of my household established incident to this change of station.</p>			
<p>15. CERTIFICATE FOR STEPCHILD (Required for a stepchild in addition to block 13.)</p> <p>I certify that (Name of child's other parent) _____, the mother/father of the stepchild(ren) named above, was my legal spouse on the effective date of applicable orders.</p>			
16.a. SIGNATURE OF APPLICANT			b. DATE (YYYYMMDD)