Date:

PTO NAME:

## COST COMPARISON REQUEST

\*\*DMO PTO HAS 3-5 BUSINESS DAYS TO WORK THIS REQUEST\*\*
PLEASE SEND FORM TO MCBBUTLERPTOFOSTER@USMC.MIL

EDIPI:
FULL NAME: *Last, First, MI*
RANK:
MOS #:
EMAIL:
PHONE:
NUMBER OF DEPENDENTS:
TYPE OF TRAVEL: IPCOT COT COT (DEFER) ERD
OTEIP (1YR EXTENTION) CIRCUITOUS TRAVEI
HOME OF RECORD: STATE:
FOR IPCOT/COT TRAVEL, PLEASE PROVIDE SCREENSHOT OF YOUR HOR FROM BIR
NEXT PDS(FOR COT/CIRCUITOUS TVL):

		For PTO/SATO USE ONLY	
Airport Code:	to	One Way Round Trip	p/p with Tax
Airnort Code:	to	One Way	p/p with Tax

<sup>\*</sup>CONTINUOUS OVERSEAS TOUR (COT): CURRENT PDS TO HOR - HOR TO NEW OCONUS PDS

<sup>\*</sup>IN-PLACE CONTINUOUS OVERSEAS TOUR (IPCOT)& COT DEFER: ROUND TRIP TICKET FROM CURRENT PDS TO HOR

<sup>\*</sup>CIRCUITOUS TRAVEL(Oceanic travel from PDS to an overseas location): AUTH COST: CURRENT PDS TO NEW PDS

<sup>\*</sup>OTEIP (1 YEAR EXTENTION): ROUND TRIP TO/FROM PDS TO POE(AMC KADENA-SEATTLE)