DATE:_____ IBA PTO NAME: _____ CBA

*NOTE: DMO Passenger Travel requires a minimum of 5-10 business days to arrange travel. Reservations will be made on or about the 21 day mark prior to departure. Tickets will be issued three days prior to departure. PTO hours of operations are M, Tues, W, F 0730-1130 – 1300-1630, Thur 0730-1130 – 1300-1630 Closed. This Passenger Reservation Request as well as your orders can be email to **MCBButlerPTOFoster@usmc.mil** Once the reservation is confirmed and the name spelling needs to be changed, there is no guarantee that the same flight will be reserved. This is because in most cases TMC will need to cancel the existing record and make a new reservation.

PASSENGER RESERVATION REQUEST											
(This form is subject to the Privacy Act of 1974)											
SPONSOR'S INFORMATION											
1. RANK	rst, MI) 3. DO			D ID		4.TYPE OF TRAVEL					
									PCS (CIVILI	AN)
5. DATE C	RENT UNIT			7. GENDER		DELAYED DEP					
						RESERVIST					
8.E	9.PHONE NUMBER					MLC TAD					
Duty:	Duty:					ON-ISLAND SEP/RET					
Personal:	Personal:					ERD					
DEPENDENT INFORMATION (if applicable)											
10. NAME (11. DATE OF BIRTH			12. GENDER	12. GENDER 13. DOD ID						
FLIGHT INFORMATION											
14. DEPART	15. ARRIVAL LOCATION:										
16. DEPART	17. RETURN DATE(If applicable):										
18. DATE AVA		19. MANDATORY DEPARTURE DATE:									
PET INFORMATION (if applicable)											
DOG/CAT	GENDER	AGE	SPECIFIC	BREED	KENNEL DIMS		DIMS	WEIG	GHT w/kennel		NEL TYPE
					L:	W:	H:		Lbs	Soft	Hard
					L:	W:	H:		Lbs	Soft	Hard
Only 2 pets per family. * Maximum combined pet & kennel weight is 150 lbs. for AMC & 99 lbs 40Lx27Wx30H for Commercial Air.* *Please provide accurate kennel size. Fail to do so, there is no guarantee that pet can be booked on a same flight*											
REMARKS:											
			cree.	C	<u> </u>	7. 7.7					
				nformation (i			1				
GTC					D/ACTIVATED? GTCC LIMIT			: LIMIT			
					YES N				O *Contact S-1/APC \$		

Signature:_____ Date:_____