

# INCENTIVE

## IPCOT

MEMBER'S INFO:

\_\_\_\_\_  
LAST FIRST MIDDLE RANK MOS

\_\_\_\_\_  
WORK PHONE HOME PHONE E-MAIL

\_\_\_\_\_  
TODAY'S DATE TRAVEL PERIOD

CHECK LIST:

- \_\_\_ RELM/APPROVAL MESSAGE
- \_\_\_ PORTCALL REQUEST
- \_\_\_ STATEMENT OF UNDERSTANDING
- \_\_\_ MEMORANDUM
- \_\_\_ DD FORM 884 (IF FLYING W/DEPNS)
- \_\_\_ TRAVEL COST
- \_\_\_ APPROPRIATION DATA
- \_\_\_ ITINERARY W/ PRICE  
(IF MBR PURCHASED OWN TICKETS)
- \_\_\_ ZERO BALANCE RECEIPT/BANK STATEMENT  
(IF MBR PURCHASED OWN TICKETS)

STATUS:

- DATE MBR CAME IN: \_\_\_\_\_
- TVL COST RE SENT TO PTO: \_\_\_\_\_
- TVL COST RCVD FR PTO: \_\_\_\_\_
- TVL COST SENT TO MBR: \_\_\_\_\_
- DATE APP DATA RCVD: \_\_\_\_\_
- 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: \_\_\_\_\_

✘ I UNDERSTAND THAT I CANNOT SUBMIT MY LEAVE REQUEST UNTIL I RECEIVE MY APPROPRIATION DATA APPROVAL FROM HQMC. X \_\_\_\_\_ DATE \_\_\_\_\_

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: \_\_\_\_\_ (FLIGHT LOCATION-TO)  
 CITY STATE

MR'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.:

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:

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**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/](https://sharepoint.mcipac.usmc.mil/ipac/PTO-IPAC_Portal/)

Email all GTCC forms to [MCBBUTLERPTOFosterGTCC@usmc.mil](mailto: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.

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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

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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.

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 C. KIM  
 GySgt USMC

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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)