

REQUEST AND AUTHORIZATION FOR ACTIVE DUTY TRAINING/ACTIVE DUTY TOUR
 (THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - USE BLANKET PAS - AF FORM 11)

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| 1. FROM (Unit of Assignment) 315 WSSF | 2. APPROVING OFFICIAL (Name, Grade, Signature and Date) ROBERT S. LISCAR, MSgt, USAFR (ART) 25 APR 86 | BY ORDER OF THE SECRETARY OF THE AIR FORCE |
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| 3. GRADE, NAME (Last, First, MI), SSAN TSGT CABAN, AQUILINO (NMN) 584-01-6091 | 4. PRESENT ADDRESS 9 ANDREA COURT HANAHAN, SC 29418-8639 CORPORATE LIMITS OF DUTY STATION <input type="checkbox"/> | 5. SECURITY CLEARANCE SECRET/NAC 6. DAFSC 81170 7. <input type="checkbox"/> ART |
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8. PURPOSE OF TOUR
 ANNUAL (26) SCHOOL (27) SPECIAL ADT XXX (NPA) MAN-DAY TOUR MAN-DAY ID 6FXLX/QAEM
 9. MNDY-EXP-AUTH-NO. CQ9 600

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| 10. IS ORDERED TO AD FOR 13 DAYS EXXKINCL TVL TIME MAO INITIALS CPM | 11. REPORTING DATA (Yr, Mo, Dg) (Hours) CQM (Date) CQ2 0630 86 APR 21 | 13. WILL REPORT TO (If other than unit of origin, CQ1 is required) CQL 437 Security Police Squadron UNIT OF ATCH IS THE COMDR EXERCISING SPECIAL COURT MARTIAL CONVENING AUTH OVER CQ1 Charleston AFB, SC |
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| 14. TRAVEL DAYS AUTHORIZED CQ8 <input type="checkbox"/> YES (2) <input checked="" type="checkbox"/> NO (1) AT TVL DAYS (0) | 15. COMMUTE CQM <input checked="" type="checkbox"/> YES (2) <input type="checkbox"/> NO (1) | 16. VOC STATEMENT CQ7 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 17. PRIMARY DEPN ANGELINA K. |
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18. VARIABLE TOUR STATEMENT
 * SUBJ TO APPR BY PROPER AUTH, IF MBR REMAINS ON SPECIAL /SCHOOL TOUR (RPA) IN EXCESS OF DAYS SHOWN, THE ORDER NEED NOT BE AMENDED IF NUMBER OF DAYS SHOWN IN BLOCK 10 IS LESS THAN 30 AND DAYS SHOWN IS NOT EXCEEDED BY 100 PERCENT OR 7 DAYS, WHICHEVER IS LESS. IN NO EVENT WILL THESE ORDERS EXCEED A TOTAL OF (20) DAYS.
 (Enter specific number)

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| 19. TNG-CAT-IND CPS | 20. TOUR-IND CPT | 21. BAS CODE CQ4 B | 22. AUTHORITY: CQP AFR 35-41 |
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23. MBR'S TVL VOI AND COMPL STMT OF TOUR TO BE FILED WITHIN 5 WORKDAYS AFTER TOUR COMPL. ATCH CERTIFIED COPY OF ORDER TO TVL VOI IF TOUR IS EXTENDED OR TERMINATED. UNLESS USE OF POV IS SPECIFICALLY AUTH, TRAVELER'S DEP IS LTD TO 1 DAY BEFORE AND 1 DAY AFTER TOUR DT. TVL AT OTHER TIMES AND DEVIATIONS FR DIRECT TVL ARE AT TRAVELER'S OWN RISK. UTILIZE GOVT QTRS IF AVAIL.

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| 24. TOTAL AT DAYS USED THIS FY (0) | 25. TOTAL AT TR (round trips) USED THIS FY (0) |
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26. REMARKS (AMU-300AM) Member assigned to active duty in support of the 437 Security Police Squadron at Charleston AFB, SC. Additional TDY as necessary is authorized during this tour of duty. Additional orders will be issued by 437 SPS detailing TDY assignments. Turn in all promotional items IE gifts, bonus tickets, etc to the AFO. THE VOC ARE CONFIRMED 18 APR 86, EXIGENCIES PRECLUDED WRITTEN ORDERS IN ADVANCE.

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| 27. CHARGEABLE TO (Table 32) 5763500 326 P.510 503725 P & A PER DIEM AND TRAVEL | 29. RESERVE ORDER NO. CPY D-6628 |
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| 28. DISTRIBUTION D 2 cpy - 375AAW/ACFPT Scott AFB, IL 62225-5260 1 cpy - 437 Security Police Squadron | 30. DATE CPZ 28 APR 86 |
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| 31. DESIGNATION AND LOCATION OF HEADQUARTERS CQ6/01 DEPARTMENT OF THE AIR FORCE 315 Air Base Group (AFRES) Charleston AFB, SC 29404-6004 | 32. SIGNATURE ELEMENT OF AUTHENTICATING OFFICIAL (Table 32) JUNE M. PETHEN, MSgt, USAFR (ART) Chief of Administration |
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| STATEMENT OF TOUR OF DUTY | | | | | |
|---------------------------|----------|-----------|------|-------|--------|
| 33. | LOCATION | HOUR (MI) | DATE | MONTH | DATE |
| DEPART | | | | | ARRIVE |
| DEPART | | | | | ARRIVE |

I certify that I have complied with above order, that the facts are just and true in all respects, and that I have not re further certify that if I was in receipt of a pension, a disability compensation, or retired/retainer pay from the Govern United States, I have completed AF Form 1962 to waiver the applicable payment; and if a Federal employee, I was o during the period stated in the above order. My spouse (did) (did not) draw depn BAQ. I (am) (am not) entitled to sin (am) (am not) on flying status. If this tour was extended under the variable tour provision, it was with my prior kno

MEMBER'S SIGNATURE _____ DATE _____

CERTIFICATION

I certify that the above member reported for duty at _____ hours on _____ and was released from duty at _____

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| CERTIFYING OFFICIAL'S NAME, GRADE, AND TITLE | SIGNATURE |
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