



UNITED STATES MARINE CORPS
MARINE CORPS COMMUNITY SERVICES
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
BOX 788150
TWENTYNINE PALMS, CALIFORNIA 92278-8150

MCCSINST 1320.1B

23 JUL 2010

MARINE CORPS COMMUNITY SERVICES INSTRUCTION 1320.1B

From: Director
To: Distribution List

Subj: MARINE CORPS COMMUNITY SERVICES TEMPORARY ADDITIONAL DUTY (TAD)

Ref: MCO P1700.27B

Encl: (1) TAD Travel Request
(2) Example of Trip Entitlements
(3) Example of Original Orders

1. Situation. The purpose of this instruction is to promulgate policy and procedures for TAD requests within the Marine Corps Community Services Directorate (MCCS) for Twentynine Palms and Bridgeport travel orders.
2. Cancellation. MCCSINST 1320.1A
3. Mission. This instruction provides Division Heads, Managers and Supervisors guidance for requesting TAD orders and applies to all employees.
4. Execution. Managers will ensure the following procedures are adhered to when submitting TAD requests.

a. Personnel scheduled for TAD shall submit a TAD request to the Director, via their Division Head. The only authorized form when requesting TAD is enclosure (1). A Travel Order Number will be assigned by the Directorate Office. Enclosure (2) is used to estimate travel cost and entitlements. Electronic copies of the forms may be obtained from your Division's Administrative Assistant/Clerk.

b. The Division/Branch will process the TAD orders for the Director's signature. Travel advance may be obtain by submitting a check request to the Finance Division if/when a traveler does not have a *government travel card. The Director will approve or modify TAD orders enclosure (3).

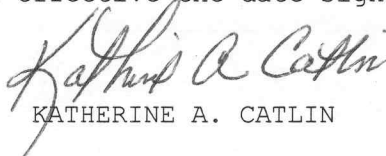
*If the employee travels more than twice a year, they are considered to be a frequent traveler and will be required to obtain a government travel card. The traveler may apply on-line at <https://home.cards.citidirect.com/CommercialCard/Cards.html> and click on "Apply for Card". Any questions concerning the travel card should be directed to the Marine Corps Air Ground Combat Center's local G-1, Manpower, Government Travel Charge Card Program Coordinator.

5. Administration and Logistics. Distribution Statement A Instructions issued by the Director are published electronically. This instruction can be viewed at <http://www.mccs29palms.com/pages/mccsEmployees/mccsInstructions.html>.

6. Command and Signal.

a. Command. This Instruction is applicable to Divisions, Branches and Departments within the Marine Corps Community Services.

b. Signal. This Instruction is effective the date signed.


KATHERINE A. CATLIN

Distribution: A

TAD TRAVEL REQUEST -- PLEASE PRINT

NAF APF Amount Budgeted for this Trip? _____ Estimated Amount: _____
 Requisition No. (APF Only): _____ Date: _____
 Acctg. Approval (APF Only): _____

TRAVEL ORDER NO. _____ (Director's Use Only)

TRAVEL INFORMATION	
Name: _____	Work Phone: _____ Cost Center: _____
SSN: _____ (Last 4 digits only)	Work Section: _____
Grade / Rank / Title: _____	Gov't Credit Card? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is this request an Endorsement to Repeat Travel Orders? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Official Long Distance Telephone Calls Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimated \$ Amount: _____
Any leave before or after TAD? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Include Dates: _____

TAD INFORMATION - Please Attach any Brochures, Flyers, or Other Info Available)	
Location: _____	
Departure Date: _____	Return Date: _____
Depart/Return From: <input type="checkbox"/> MCAGCC <input type="checkbox"/> Home (City and zip code) _____	<input type="checkbox"/> Other: (City and zip code) _____
Reason for Trip: <input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Training <input type="checkbox"/> Trade Show <input type="checkbox"/> Site Visit <input type="checkbox"/> ITT Trip <input type="checkbox"/> Meeting	
Training/Course Title: _____	
Conference/Show Title: _____	
Other (Explain): _____	
<input type="checkbox"/> Per Diem Calculation (Meals & Incidentals): (# travel days X \$ X 75%) + (# full days X \$) = _____	
Traveler Initially Authorized 80% Amount: _____	Is a 1556 Form Required: <input type="checkbox"/> YES <input type="checkbox"/> NO

MODE OF TRAVEL - Check all that Apply	
<input type="checkbox"/> Privately Owned Vehicle (POV) - Estimated \$ Amount: _____	<input type="checkbox"/> Commercial Air Amount: _____
<input type="checkbox"/> Passenger in POV Driven by: _____	<input type="checkbox"/> Sato Fee Amount: _____
<input type="checkbox"/> Government Vehicle (Assigned Driver): _____	Depart From: _____
<input type="checkbox"/> Passenger in Gov't Vehicle Driven by: _____	Fly Into: _____
<input type="checkbox"/> Taxi Estimated _____	Departure Date/Time: _____
<input type="checkbox"/> Shuttle / Bus Estimated _____	Return Date/Time: _____
<input type="checkbox"/> Parking Fees Estimated _____	<input type="checkbox"/> Rental Car Amount: _____ <input type="checkbox"/> Rental Car Fuel _____
<input type="checkbox"/> Excess Luggage Fees _____	Pick up Point/Time: _____
Is anyone transporting you to the Airport? <input type="checkbox"/> YES <input type="checkbox"/> NO	Drop Point/Time: _____

ACCOMMODATIONS	
<input type="checkbox"/> Not Required <input type="checkbox"/> Gov't Quarters - Total Amount: _____	<input type="checkbox"/> Gov't Quarters Not Available
<input type="checkbox"/> Hotel - Total Amount: _____ Tax Included in Amount <input type="checkbox"/> YES	N/A No: _____
Hotel / Gov't Quarters (\$ a night) <input type="checkbox"/> NO	Phone No: _____
Name: _____	FAX No: _____
Location: _____	Confirmation No: _____
Arrival Date / Time: _____	Depart Date/Time: _____
Occupancy: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Sharing with: _____	<input type="checkbox"/> Smoker
Does Hotel Accept Gov't Tax Exempt Form? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Non-Smoker
Registration/Tuition Fee Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Dollar Amount: _____ Date Required: _____
Advance Requested? <input type="checkbox"/> YES <input type="checkbox"/> NO	Registration Payable to: _____
Are any Fees included in Registration (Meals, Lodging)? <input type="checkbox"/> YES - Explain: _____	<input type="checkbox"/> NO
Any other Applicable Information? _____	

APPROVALS

Supervisor's Signature: _____ Date: _____
 Branch/Section Head's Signature: _____ Date: _____
 Directorate Approval: _____ Date: _____

ORIGINAL ORDERS



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12570
MCCS

From: Director
To: {Full name}, {Grade}, {Last 4 digits of SSN}, {Title},
Marine Corps Community Services

Subj: ORDERS TO TEMPORARY ADDITIONAL DUTY, TON {11-XXX}

Encl: (1) Trip Entitlements

1. On {Date}, you will proceed on temporary additional duty for a period of (7) seven days to Stafford, VA to attend the...
2. Upon completion of the above trip, you will return to this Command and resume your regular duties. Travel claims must be submitted within three working days of return.
3. You are (not - used if the traveler does not have a travel card) a designated frequent traveler. Travel via POV, mileage, airfare, excess baggage fees, lodging expenses, rental car, fuel, parking fees, and per diem are authorized.
4. Appropriated fund expense to the government is authorized in the execution of these orders. Reimbursement for expenses incurred in the execution of these orders will be borne by Marine Corps Community Services Activity 0150.

KATHERINE A. CATLIN

RECEIVING ENDORSEMENT

1. Received these orders at Headquarters, Marine Corps Air Ground Combat Center, Twentynine Palms, California at

_____ on _____ .
(time) (date)

(Traveler's Signature)

ENCLOSURE (3)