COT/IPCOT TRAVEL DATA SHEET

_____
RANK LAST NAME FIRST M SSN/MOS

PLEASE SELECT UNIT: Headquarters Battalion

EAS: _____ PEBD: _____

CMC MESSAGE WITH APPROPIATION DATA: LEAVE BALANCE: _____
(FOR IPCOT ONLY)

NUMBER OF DEPENDENTS THAT ARE REQUESTING TRAVEL: _____

DEPENDENT NAME(S) RELATIONSHIP DOM/DOB

LEAVE ADDRESS: _____PHONE NUMBER _____

NEXT OF KIN NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBER: _____

MEMBER'S CURRENT HOME ADDRESS: _____

TRANSPORTATION REQUESTED FROM HONOLULU, HI TO_____ON_____
(Location) (Flight Date)

AND BACK FROM_____TO HONOLULU, HI ON_____
(Location) (Flight Date)

REMARKS: _____

_____ _____
MARINE'S SIGNATURE DATE