

U.S. Marine Corps Forces Europe and Africa
U.S. European Command
U.S. Africa Command
ORDERS REQUEST
1-16

Request Date: _____
(YYYYMMDD)

1. Rank, Last, First, MI EDIPI/MOS: _____
2. Unit Assigned to: MFE MFA EUCOM AFRICOM IRR SMCR (Your parent Command will create orders and MFEA fund approvers will approve the request once recieved in MROWS)
3. Type of Orders: ADOS AC/ST ADOS AC/EC ADOS RC AT (12 days+1 travel day)
 IDT (Local Drills) OFF-SITE IDT (Drills not conducted at HTC)
 PCS PME OTHER _____
4. Travel Date(s) Info: Start Date: _____ End Date: _____ Inclusive Days: _____
(YYYYMMDD) (YYYYMMDD) (DD)
5. Purpose of orders Request, Section, and Section POC (must be brief statement of no less than three sentences as to why member will be on orders)

6. Departing Location: _____ Arriving Location: _____
(City, State, Country) (City, State, Country)

Justification: _____ Justification: _____

7. Official Stops, number of days, and dates for each location (must be accurate)
 - (a) Location 1: _____ Number of Days _____ from _____ to _____ (YYYYMMDD)
 - (b) Location 2: _____ Number of Days _____ from _____ to _____ (YYYYMMDD)
 - (c) Location 3: _____ Number of Days _____ from _____ to _____ (YYYYMMDD)

8. Mode of Transportation from HOR: _____ to HOR: _____
 - (a) Mixed mode of transportation authorized: Yes No
 - (b) Variation of Flight: Yes No

9. GTCC holder: Yes No (GTCC holders must use per MCO 4600.40B and DODFMR VOL 9 Chap 3)

10. Drills in Conjunction: Yes No Dates from _____ to _____ (YYYYMMDD)
(Refer to MCO 1001R.1L)

11. Authorized Rental Car: Yes No Dates from _____ to _____ (YYYYMMDD)
(ONLY COS will AUTHORIZE for ADOS)
(Ref MCO 1001R.1L and JTR 3300) Type: _____ Estimated Cost: _____

12. Authorized Excess Baggage: Yes No Bags _____ (Refer to JTR Appendix G)

13. Dual Lodging authorized: Yes No Dates from _____ to _____
(Refer to JTR 4145 MODS ONLY)
Person authorizing: _____

14. Field Duty: (a) Days _____ (b) Inclusive dates: _____ to _____ (YYYYMMDD)

Field Duty Location: _____

15. Quarters: _____ Estimated Daily Cost: _____
(Refer to JTR 2560) Members must contact PANZER HOTEL +49(0) 7031-153490 and KELLEY HOTEL +49(0)711-729-2815
Statement of non-availability must be obtained if not available PRIOR TO STAYING OFF POST.

16. Messing: _____ (Messing not Available at Stuttgart Germany)

17. Contact information: Email: _____ Phone: _____

18. Security Clearance: Yes No Type: _____

19. PHA Date: _____ * 20. HIV Date: _____ * 21. CEI date: _____ *
(YYYYMMDD) (YYYYMM) (YYYYMMDD)

22. Member's Signature: _____ Print _____ Date: _____

Section Approval: _____ Print _____ Date: _____

Chief of Staff: _____ Date: _____

Instructions for Completing the MARFOREUROOrders Request (RLO Rev 1-16)

If there are any questions, please contact the Reserve Liaison Office where someone can assist with the completion of your request at DSN 431-3611 or Commercial +49 703-115-3611.

ALL BLOCKS WILL BE COMPLETED. ALL DATES WILL BE YYYYMMDD (20140825)

* If you are not up to date on annual requirements do not submit until you have completed. If you have completed, but is not updated in MCTFS we will need the EPAR number you have submitted to Marine Forces Reserve.

Block 1.) Complete this block by completing your Rank, Last Name, First Name and EDIPI (can locate on back of ID)

Block 2.) Select the Platoon code that you are currently joined to.

Block 3.) Select the type of orders you are requesting. MARFOREURAF ADOS will always be ADOS ST for funding purposes.

Block 4.) Provide the inclusive dates of your trip to include the dates you will depart and return to your home of record.

Block 5.) Provide the purpose for the orders request and what section will be the POC. If you will be in support of an exercise, please specify.

Block 6.) Provide the airport that you will be departing / arriving. This should be the closest airport to your HOR and duty location (all other airport locations will require justification).

Block 7.) Provide each leg of official travel while on orders to include specific dates. (IMPORTANT)

Block 8.) Specify your mode of transportation. Also indicate if mixed modes and variation of itinerary are authorized.

Block 9.) Indicate if you currently are a holder of a Government Travel Charge Card or not.

Block 10.) Specify if you are requesting to complete drills in conjunction with these orders.

Block 11.) Indicate if a rental car is required while on orders. Also include the type of car and the estimated cost.

Block 12.) Specify if excess baggage will be permitted while on orders and specify how many.

Block 13.) Indicate if dual lodging will be authorized while on orders. If so, provide the POC for POC for the authorizing official. (must be requested with modification request of orders) the authorizing official

Block 14.) This block only needs to be completed if the member will be in a field duty status. Members in field duty will need to annotate due to entitlement changes.

Block 15.) Indicate if quarters are available. Lodging is required to be requested on both Panzer and Kelley Barracks prior to requesting off post. You must obtain a Statement of Non-availability if off post.

Block 16.) Indicate if messing is available or not. Messing not available aboard USAG Stuttgart

Block 17.) Contact Information.

Block 18.) Does the member have a current security clearance? If so, specify the type. If member does not have clearance DO NOT proceed with orders request.

Blocks 19, 20, 21.) Include the dates of current HIV and PHA and CEI. Note that if these three requirements are not met your orders request will be delayed until completed. If completed but not updated in MCTFS, you will be required to submit an EPAR and provide us with the EPAR number.

Block 22.) This form after completed in its entirety must be signed by the individual, the ACS or section chief, and the Chief of Staff. This form is always to be submitted no later than 20 WORKING days prior to requested departure date. If this form is not completed and returned to the Reserve Liaison Officer within 20 WORKING days of departure, it will require justification and will be worked on a case by case basis.

DATA REQUIRED BY THE PRIVACY ACT OF 1974 Authority: 5 US Code 552, Disclosure of Social Security Number. 37 US Code 404, Travel and transportation allowances: general. **Principal Purposes:** To provide a request that temporary additional orders and transportation arrangements are funded correctly and given to Member in a timely manner. The form is used to provide correct funding sites to be utilized. Form is sent through command channels to service finance offices for payment. **Mandatory or Voluntary disclosure and effect on individual not providing information:** The personal information (including Social Security Number) is required for identification purposes only. The disclosure of this information is voluntary. However, failure to provide any of the requested data may cause delays.