



**UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES**  
 4301 Jones Bridge Road  
 Bethesda, Maryland 20814-4799



**INVITATIONAL TRAVEL ORDER**

DATE: \_\_\_\_\_ ORDER NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ACCT CODE: \_\_\_\_\_  
 \_\_\_\_\_ POC: \_\_\_\_\_  
 \_\_\_\_\_

WORK #: \_\_\_\_\_ FAX #: \_\_\_\_\_

1. You are invited to proceed from: \_\_\_\_\_  
 in sufficient time to arrive at: \_\_\_\_\_ by (date) \_\_\_\_\_  
 for the purpose of \_\_\_\_\_  
 \_\_\_\_\_  
 for approximately \_\_\_\_\_ days. Upon completion of the mission you will return to the  
 point of origin.

2. Travel by commercial aircraft \_\_\_\_\_, bus or rail \_\_\_\_\_, privately owned  
 automobile \_\_\_\_\_ is authorized. You are advised that the DoD policy requires that in  
 using regularly scheduled air transportation, accommodations selected will be the least  
 costly service which will permit satisfactory accomplishment of the mission.

**TICKET PROVIDED (Yes/No):** \_\_\_\_\_

3. If practicable, you will be provided Government procured transportation. If Government  
 procured transportation is not provided, transportation will be limited to:  
 a. The least costly of regularly scheduled air service between the points involved at the  
 lowest cost class of accommodations available at the time reservations were made;  
 b. The cost of rail fare and a lower berth, or the lowest coach class accommodation  
 available at the time reservations were made;  
 c. Actual cost of commercial bus fare.

4. Reimbursement for transportation at personal expense is limited to: \_\_\_\_\_

4. If you travel by privately owned automobile, reimbursement will be authorized at the rate  
 of \_\_\_\_\_ per mile, plus the cost necessary for parking, bridge and ferry fees, as well as  
 other highway tolls incurred while in travel status under this travel order. The total  
 reimbursement will be limited to the cost of travel by the usual mode of common carrier,  
 including per diem. Reimbursement for limousine/taxis/public transportation to and from  
 transportation terminals is authorized.

(CONTINUED ON REVERSE SIDE)

ORDER #: \_\_\_\_\_

6. While traveling and performing the mission, you will be authorized a per diem equal to the daily amount you pay for lodging, plus a fixed amount for meals and incidental expenses, not to exceed the maximum amount prescribed in the JTR, VOL. 2. If the amount you spend is more than the maximum per diem prescribed, then only the maximum per diem rate will be authorized.
7. You are entitled to reimbursement for the special authorizations as indicated:
  - a. Hire of special conveyance for use within, to or from the TDY area. Conveyance being used is: \_\_\_\_\_ rental car, \_\_\_\_\_ taxi, or \_\_\_\_\_ public transportation. (Memo is required justifying the use of the above).
  - b. Excess baggage of \_\_\_\_\_ lbs/ \_\_\_\_\_ pieces per person.
  - c. Authorized to purchase own commercial airfare, reimbursement limited to the most economical government fare.
  - d. Travel by foreign carrier \_\_\_\_\_ is authorized.
  - e. Registration fee of \_\_\_\_\_ authorized and includes \_\_\_\_\_ meals and \_\_\_\_\_ nights lodging.
  - f. Contract quarters furnished.
  - g. Meals furnished as follows: \_\_\_\_\_  
\_\_\_\_\_

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8. Receipts are required for reimbursement of lodging costs, for common carriers, and for items of reimbursable expenses over \$75.00.
  9. A travel voucher is to be submitted to sponsoring department, for reimbursement within 5 working days after completion of travel.
  10. If you have any reimbursement or travel order questions, please contact your sponsoring USUHS department.

**ACCOUNTING AUTHORIZATION:**

TRAVEL COST: \_\_\_\_\_ PER DIEM: \_\_\_\_\_ OTHER: \_\_\_\_\_ TOTAL: \_\_\_\_\_

\_\_\_\_\_  
Approving Official

\_\_\_\_\_  
Order Authorizing Official/Date  
Patricia A. Burke, Director ASD

USUHS Form 5310 THIS INFORMATION IS PROTECTED UNDER THE PRIVACY ACT OF 1974.

(REVISED 5/97)