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| Unit Name | Unit Address  City, State, Zip Code  Phone: (xxx) xxx-xxxx  Fax: (xxx) xxx-xxxx    SSIC  Date |

**MEMORANDUM**

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| From: | Name, Rank Command Title |  |  |

To: Member Name, USCG

Subj: DEPENDENT STUDENT TRAVEL AUTHORIZATION

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| Ref: | (a) Joint Travel Regulations, JTR 050816 |

1. In accordance with reference (a), you are hereby authorized to utilize “Dependent Student Travel” for your dependent (son/daughter).

2. Travel must be arranged via the E-Government Travel System (ETS.) Round trip Dependent Student Travel transportation is authorized from (City, State) to (City, State). Travel to a location other than the member's OCONUS PDS may be authorized if the member states, in writing to the AO, travel to the other location is so the student may join the family at that location. Reimbursement is limited to what it would have cost the GOV’T for transportation from the school to the member's OCONUS PDS by the authorized transportation mode.

3. In accordance with reference (a), Unaccompanied Baggage (UB) storage is authorized not to exceed 350 lbs. Per Diem is not authorized.

4. Utilize the following accounting information (POET) for entry into ETS:

Project: UCGIOH0MPC

Task: 22REASSIGN

Expenditure Type: 210022

Organization: 70098 COMMANDANT (CG-832)  
NTE: Cost of round trip GTR from (city, State) to (City, State) in the amount of: $

5. Dependent Information:  
  
a. Date of Birth:  
b. Travel Dates:  
c. Remarks: name/location of attending college

6. Upon departure of your dependent from this (overseas) location, you shall immediately notify (unit name) of the actual date of departure to ensure your overseas station allowances are adjusted accordingly. Further, you are required to complete a Dependent Student Travel claim within three (03) days of completion of travel. Please contact your unit P&A Office if you have any questions or concerns.

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Copy: CG PSC-PSD-FS