

VOLUNTEER ASSISTANT CHECKLIST

(Read Privacy Act Statement before completing)

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 5 U.S.C. 5701 and implementing Federal Travel Regulation, 41 CFR 300-304; 5 U.S.C. 5738; E.O. 11609; 36 CFR 13747(1971); 31 U.S.C. 1348; Public Law. 107-56 Sec. 326; and E.O. 9397 (SSN).

PRINCIPLE PURPOSE: To assemble in one system information to provide government agencies with: (1) Necessary information on the commercial travel and transportation payment and expense control system which provides travelers charge cards and the agency an account number for official travel and related travel expenses on a worldwide basis; (2) attendant operational and control and support; and (3) management of information reports for expense control purposes. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice GSA/GOVT-3, which can be downloaded at http://privacy.defense.gov/govwide/gsa_govt-3.shtml.

RETENTION AND SAFEGUARDS: Paper records are stored in lockable file cabinets or secured rooms. Electronic records are protected by passwords, access codes, and entry logs. There is restricted access to credit card account numbers, and information is released only to authorized users and officials on a need-to-know basis. Records are filed by name, Social Security Number, and/or credit card number. Records are kept for 3 years and then destroyed, as required by the General Records Retention Schedules issued by the national Archives and Records Administration (NARA).

ROUTINE USES: To various officials outside of the Department of Defense specifically identified as a Routine Use in a Privacy Act System of Records Notice GSA/GOVT-3 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at <http://www.defenselink.mil/privacy/notices/blanket-uses/html>.

DISCLOSURE: Providing information on this form is mandatory. Failure to furnish personally identifiable information may negate the application.

MEMBER'S INFORMATION

1. Name	2. Rank	3. Last 4 SSN/MOS	4. Date
5. EAS	7. Home of Record		8. Name of Hospital/Location
6. Married <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Member's Status? <input type="checkbox"/> NSI <input type="checkbox"/> VSI <input type="checkbox"/> SI			

ATTENDANT'S INFORMATION

10. Name of Attendant	11. Final ITO Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	12. <input type="checkbox"/> NMA <input type="checkbox"/> VNMA
13. Address of Attendant	14. Destination	
15. Date of Birth (MM/DD/YYYY)		
<i>* Please fill out page 2 if requesting more than one NMA *</i>		
16. Does it meet JFTR rules and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. Orders issued by Regiment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Letter from competent medical authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Advance required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. DTS profile completed for traveler? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Estimated cost of trip:	
19. Number of days requested:	32. Lodging provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Estimated start date:	Meals provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated end date:	Location of lodging:	
21. Attendant briefed on authorized reimbursable expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode of travel from HOR? <input type="checkbox"/> POV <input type="checkbox"/> BUS	
22. Part I and Blocks 10a and 10b are complete on DD Form 2793? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TRAIN <input type="checkbox"/> AIR <input type="checkbox"/> OTHER	
23. Attendant signed DD Form 2793? <input type="checkbox"/> Yes <input type="checkbox"/> No	33. Any expenses claimed over \$75 and all lodging and rental car expenses, if applicable, are submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Request reviewed by Regiment's Medical Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. Travel voucher submitted upon completion of service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. SNM's EAS/ECC verified within MCTFS? <input type="checkbox"/> Yes <input type="checkbox"/> No	35. Convalescent leave dates:	
26. Commanding Officer/Designated Official approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Convalescent leave location:	
27. Authorization initiated by WWBn-E through DTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	36. Additional information:	
28. Transportation acquired through DTS? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature of OIC/Designated Representative:

Signature of Battalion Commanding Officer/Designated Representative:

