

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5131 (Rev. 11-94)		STANDARD TRAVEL ORDER FOR MILITARY PERSONNEL												
1. SSN 123-12-1234		2. NAME (Last Name, First Name, MI) SMITHE, S.N.				3. RATE/RANK ENS/O-1		4. CURRENT DUTY STATION US COAST GUARD ACADEMY						
5. LEAVE ADDRESS (Street / Address, City, State, Zip / Area Code & Phone) RT 1 BOX 1 ANYTOWN, NY 01234								6. TRANSFER AUTHORITY COMDT MSG 020023Z DEC 03						
7. TRAVEL AND PAY NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTEREST AND IS AUTHORIZED CHARGEABLE AGAINST:														
AGENCY	DIS- TRIC- T	APPN CODE	LIM CODE	ALLOT FUND	ALLOT LVL	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT IDENTIFICATION NUMBER			ESTIMATED COST	MISC	
									TYPE	FY	NUMBER			SUFFIX
2	P	401	299	21	0	RA	78040	2104	12	04	G84PRA123	000	1500.00	
8. DAYS AUTHORIZED DELAY EN ROUTE BY REGULATIONS OR ENDORSEMENT HEREON (Indicate number of days delay authorized): _____ TRAVEL TIME _____ PROCEED TIME _____ LEAVE (INCONUS) _____ LEAVE (OUTCONUS) _____ COMPENSATORY ABSENCE <u>30</u> NON CHARGEABLE ABSENCE _____ DATE LINE ADJUSTMENT														
9. PROCEED AND REPORT IN THE ORDER LISTED BELOW:						SCHEDULED DEPARTURE DATE:								
UNIT/STATION/PLACE						NATURE OF DUTY			TIME/DATE REPORTING					
COMMANDING OFFICER						FASDU			REP NLT 04 JAN 22					
USCGC EVEREADY						(OBC 12345B)								
						(BCN 1234567)								
10. REMARKS/AUTHORIZATIONS/ADDITIONAL INSTRUCTIONS: 7040610 AUTHORIZED ADVANCE MILEAGE AND PERDIEM AUTHORIZED 30 DAYS NONCHARGEABLE GRADUATION LEAVE MEMBERS HOME OF RECORD: ANYTOWN, NY SPM MOVE IS AUTHORIZED														
11. Member's Acknowledgement: I have been counselled on the appropriate provisions of the JFTR and Coast Guard Directives regarding my entitlements, and have had all my questions answered. If under PCS orders, I understand I must secure a "Release From Mandatory Assignment to Government Housing" from the Local Housing Authority (LHA) prior to procuring housing in the civilian sector of the area surrounding my new duty assignment. Further, I acknowledge receipt of these orders and understand that I must submit my travel claim for certification and liquidation purposes within 3 working days of either my PCS reporting, ADT greater than 20 weeks, or completion of travel in connection with my separation.														
12a. AUTHORIZING OFFICIAL (Name, Rate/Rank, Signature) R. K. GUARD, YNCS, USCG						12b. DATE 03DEC22		13a. MEMBER'S SIGNATURE AND PLACE ORDERS RECEIVED NEW LONDON, CT			13b. DATE 03DEC22			

PREVIOUS EDITIONS ARE OBSOLETE

Figure 12C-23 CG-5131, Standard Travel Order for Military Personnel

ORDER FOR SUPPLIES AND SERVICES						PAGE	OF	PAGES	
						1	1	1	
IMPORTANT: Mark all packages and papers with contract and/or order numbers.									
1. DATE OF ORDER 01/10/04		2. CONTRACT NO. (if any) 1704G84PRA123		6. SHIP TO:					
3. ORDER NO. DTCGG8-04-T-PRA123		4. REQUISITION/REFERENCE NO. 1704G84PRA123		a. NAME OF CONSIGNEE					
5. ISSUING OFFICE (Address correspondence to) SUPERINTENDENT U.S. COAST GUARD ACADEMY 15 MOHEGAN AVE, NEW LONDON, CT 06320				b. STREET ADDRESS					
7. TO:				c. CITY		d. STATE	e. ZIP CODE		
a. NAME OF CONTRACTOR MR. H. T. TRANSFER				f. SHIP VIA					
b. COMPANY NAME ROCHESTER TRANSFER AND STORAGE				8. TYPE OF ORDER					
c. STREET ADDRESS 4121 FRONTAGE ROAD NORTH				<input checked="" type="checkbox"/> a. PURCHASE		<input type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above- numbered contract.			
d. CITY ROCHESTER				e. STATE MN	f. ZIP CODE 59901		REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.		
9. ACCOUNTING AND APPROPRIATION DATA 2/P/401/299/21/0/RA/78040/2221				10. REQUISITIONING OFFICE					
11. BUSINESS CLASSIFICATION (Check appropriate box(es))									
<input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED									
12. F.O.B. POINT			14. GOVERNMENT B/L NO. UP-160,355		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS		
13. PLACE OF									
a. INSPECTION		b. ACCEPTANCE							
17. SCHEDULE (See reverse for Rejections)									
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)			
1	PROVIDE ALL LABOR, MATERIAL, AND EQUIPMENT NECESSARY FOR PACKING, CRATING, AND DRAYAGE TO WAREHOUSE OF AN UNACCOMPANIED BAGGAGE SHIPMENT. SHIPMENT OF: ENS SAM N. SMITHE 123-12-1234, USCG FINCEN CUSTOMER SERVICE: 757-523-6940	1	JB	\$1,200.00	\$1,200.00	EST.			
SEE BILLING INSTRUCTIONS ON REVERSE		18. SHIPPING POINT ANYTOWN, VA		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.			
		21. MAIL INVOICE TO:							17(h) TOT. (Cont. pages)
		a. NAME DOCUMENT TYPE 17 (NON TR/GBL), USCG FINANCE CENTER							
		b. STREET ADDRESS (or P.O. Box) P.O. BOX 4114							
c. CITY CHESAPEAKE				d. STATE VA	e. ZIP CODE 23327-4114		17(i) GRAND TOTAL \$1,200.00		
22. UNITED STATES OF AMERICA BY (Signature)						23. NAME (Typed) J.J. JONES, CW04, USCG, TO TITLE: CONTRACTING/ORDERING OFFICER			
Previous edition not usable						OPTIONAL FORM 347 (Rev. 6-95) Prescribed by GSA/FAR 48 CFR 53.213(e)			

Figure 12C-24 OF-347, Order for Supplies and Services