

COT/IPCOT Orders Request Worksheet

The following information is required to process COT/IPCOT orders. Any item not filled out properly will result in a delay of your orders and this request will be returned to you for corrections. **This COT/IPCOT leave request must be submitted to MPS no later than 15 days prior to proceed date to ensure orders can be generated prior to your departure.**

Name: _____ Rank _____ SSN: _____

Squadron/Office Symbol: _____ Duty Title: _____

Duty Phone: _____

Type of Orders: COT IPCOT (Select One)

COT Travel:

Dependents must have been command sponsored at my previous location **and** must be command sponsored at JBER to be eligible for COT entitlements. /Initial: _____

My PCS orders to JBER must state that COT deferment was authorized. / Initial: _____

I understand that the Air Force will not reimburse me for travel for dependents that are not entitled to COT/IPCOT entitlements (relocating dependents to an overseas location is not an exceptions). /Initial: _____

If your previous assignment was unaccompanied, your dependents are not authorized COT travel

IPCOT Travel:

Dependents must have been command sponsored during my first tour at JBER **and** be command sponsored during my second tour at JBER to be eligible for IPCOT travel entitlements. /Initial: _____

I understand that the Air Force will not reimburse me for travel for dependents that are not entitled to COT/IPCOT entitlements. /Initial: _____

I am requesting _____ days of leave.

Proceed Date (first day of leave): _____ Return Date: _____

Itinerary: From: _____

To: _____

Return To: _____

Home of Record: _____

Finance Verification

COT/IPCOT Entitlement

Date: _____

Tech Signature: _____

Tech Rank and Name: _____

NOTE: Transoceanic travel by government or government procured aircraft is directed IAW AFI 24-101 and JFTR, para U3120/U5107-8. Self-procurement of transoceanic travel is not authorized.

Leave Address: _____

City: _____ State: _____ Zip Code: _____ Emergency Phone: _____

Completed by SATO (Travel cost for one ticket)

\$ _____ Number of tickets: _____

SATO Tech Signature: _____

STAMP: _____

List dependents authorized COT/IPCOT travel entitlements that will accompany you.

Command Sponsor dependent's Name / Relation / DOB / dependent address

Please attach the following documents to this request & email ENTIRE packet to: 673fss.customerservice@us.af.mil, subject line "IPCOT/COT Application"

COT Request (5 Items)

1. 1 Copy of your PCS orders taking you to your previous location.
 - Dependents (if applicable) block 10 on the AF Form 899 must be checked accompanied or amendments must state correction.
 - Command sponsored dependent(s) must be on the PCS order. The dependent(s) address must be at last base.
2. 1 Copy of your PCS orders and amendments, if any, to current Duty Station With:
 - Statement authorized COT Deferred (back of PCS order)
 - Dependents (if applicable) block 10 on the AF Form 899 must be checked accompanied or amendments must state correction.
 - Command sponsored dependent(s) must be on the PCS order. The dependent(s) address must be at last base.
3. 1 Copy of your DD Form 4 (For Enlisted members only, found in PRDA) 1 Copy of EAD orders (For Officers only, found in PRDA).
4. 1 Copy of Flight itinerary (with tax and SATO fee included).
5. 1 Paid copy of PCS travel voucher bringing you to JBER.

IPCOT Request (5 Items)

1. 1 Copy of your IPCOT approval notification.
2. 1 Copy of your PCS orders bringing you to JBER.
3. 1 Copy of your DD Form 4 (For Enlisted members only, found in PRDA) 1 Copy of EAD orders (For Officers only, found in PRDA).
4. 1 Copy of Flight itinerary (with tax and SATO fee included).
5. 1 Copy of Command Sponsorship Letter(s) for dependent(s) acquired after PCS to JBER

I certify that the information above is true. I have read and understood the process and I know all my responsibilities.

Signature of Requestor / Date

By signing in the block below, I approve this COT / IPCOT leave request.

Commander's Signature / Date.

Commander's Signature Block and DSN

MPS Only

Date received: _____

Tech Initials: _____