

III MEF IMA ORDERS/FLIGHT REQUEST FORM

IMA MARINE AS THE NAME APPEARS ON GOVT ID						GENDER	EDIPI#	DOB	
RANK		LAST NAME		FIRST NAME	MI	M/F	10-DIGIT	DD/MMM/YYYY	
CURRENT PHYSICAL AI			SICAL ADDI	RESS	PHONE		EMAIL		
				TVDE OF OD	DEDS	CDEOLIECTE	D		
TYPE OF ORDERS REQUESTED AT DRILLS ADOS PME									
BILLET SPONSOR APPROVAL									
PRIMARY BILLET POC					DUTY DESCRIPTION				
NAME/SECTION:				_		EXERCISE SUPPORT YES NO			
BILLET SPONSOR AI				OVED NAME OF E		NAME OF EXERO	CISE:		
		YE	s 🗌 no 🗌		OTHER (DESCRIBE):				
ORDERS									
ORDERS	START DA	TE (DD/MMM	/YYYY)		ORDERS END DATE (DD/MMM/YYYY)			YY)	
DUTY LO	OC (BASE/C	ITY/COUNTR	Y)						
FLIGHT INFORMATION									
ORIGIN							DESTINAT	TION	
CITY:				CITY:					
STATE:				STATE:					
COUNTRY:					COUNTRY:				
DEP DATE: (DD/MMM/YYYY)					DEP DATE: (DD/MMM/YYYY)				
ROUND TRIP:						YES NO			
ADDITIONAL DUTY LOCATION(S)?						YES NO			
ORIGIN (AIRPORT						DESTINATION (AIRPORT)			
CITY:					CITY:				
STATE:					STATE:				
COUNTRY: DEP DATE: (DD/MMM/YYYY)						COUNTRY:			
	*		\F		DEP DATE: (DD/MMM/YYYY)				
ADDITIONAL LOC IN SUPPORT OF:									
LODGING/VEHICLE									
GOVERNMENT QUARTERS HOTE LOCATION: (BASE/CITY/STATE)					☐ BEQ/BOQ ☐ FIELD ☐ GOVT QTRS NOT AVAILABLE ☐ DATES:				
CAR RENTAL REQUIRED:				YES NO DATES					
LOCATION: (CITY & STATE)							DA	TES:	
AUTHORIZED PERSON(S):									
NOTES • All information must be completed and filled out correctly									

- IMA Marines will be assigned BEQ/BOQ at no cost rooms first. If BOQ/BEQ options exhaust, lodging at cost will be requested.
- Order Requests are submitted to IIIMEF_RLO@usmc.mil.
- Please verify that all IMA requirements are met prior to the request of orders (see IMA SOU).
- For additional information, please visit the **III MEF Reserve Marines Website**
- Orders in support of a III MEF exercise will be drafted in accordance to the reporting instructions/directions provided.