

<b>TASK ORDER</b>		1. TASK ORDER NUMBER	2. MAN MONTHS	3. ESTIMATED COST
FROM:		TO:		
Request action to be taken to fill the requirement listed on Task Line Item Number _____ of contract _____ Exhibit _____.				
Request this form be completed and _____ copies be returned to this headquarters by _____ (date).				
The contractor employee designated to fill this requirement cannot be assigned to contract prior to the beginning date specified in Item 8 without prior approval from this office.				
The beginning and ending dates specified in Item 8 includes time required for travel to organization of assignment and return travel to the plant.				
Individual designated to fill this assignment ( ) is, ( ) is not, authorized to proceed to location of assignment without written travel orders.				
4. REQUIRED SECURITY CLEARANCE		5. ACCEPTABLE INTERIM SECURITY CLEARANCE		
6. ORGANIZATION AND LOCATION OF TASK		7. EQUIPMENT		8. DATE
				BEGINNING
				ENDING
9. DATE CONTRACTOR EMPLOYEE REPORT FOR DUTY <input type="checkbox"/> DESIRABLE <input type="checkbox"/> MANDATORY (Check One)				
REMARKS				
DATE		TYPE NAME OF ORIGINATOR		
<b>CONTRACTOR ASSIGNMENT DATA</b>				
FROM: (Contractor)		TO: (PCO, Using AF Actvity)		
Request assignment and travel orders be processed as follows:				
10. FULL NAME OF CONTRACTOR EMPLOYEE		11. SSAN	12. DATE AND PLACE OF BIRTH	
13. SECURITY CLEARANCE				
A. TYPE	B. DATE	C. CLEARING AGENCY	D. IF NOT CLEARED SHOW AGENCY AND DATE PSQ WAS SUBMITTED	
14. PROPOSED DATE OF ASSIGNMENT TO CONTRACT		15. INCLUSIVE DATES OF REQUESTED TRAINING (If applicable)		
16. DATE OF DEPARTURE FROM PLANT OR "IN PLACE"		17. ESTIMATED REPORTING DATE (At Unit of Assignment)	18. MODE OF TRANSPORTATION	
REMARKS				
TYPE NAME OF SECURITY OFFICIAL OR DESIGNATED REPRESENTATIVE			SIGNATURE	
DATE	TYPE NAME OF OFFICIAL AUTHORIZED TO OBLIGATE CONTRACTOR		SIGNATURE	