| | | | | | CC/WCN: | | | | | | |
|--|--|--------------------|--------------------|------------------------------------|---|---------------------------------------|---------------------------------------|---------------------------|---------------------|---------------------|--------------|
| INVITATIONAL TRAVEL ORDER (ITO) FOR INTERNATIONAL MILITARY STUDENT (IMS) | | | | 1. ITO NUMBER | 2. COUNTR | 2. COUNTRY | | | 3. DATE (YYMMDD) | | |
| The U.S. Government hereby issues this ITO for the IMS herein named to attend the course(s) of instruction herein listed, subject to the terms and conditions contained herein, and as may be amended by competent authority. This ITO is the only document that will be used and is valid only for IMS entering U.S. training under the Foreign Assistance Act of 1961, as amended, or the Arms Export Control Act. | | | | | | | | | | | |
| Se | Definitions of acronyms and abbreviations contained in this form, and instructions for completing this form are provided in the Joint Security Assistance Training Regulation, JSATR (SECNAVINST 4950.4/AR 12-15/AFJI-105). | | | | | | | | | | |
| 4. | ISSUING SECL | JRITY ASSISTAI | NCE ORGANIZA | TION (S | SAO) | | | | | | |
| a. | 4. ISSUING SECURITY ASSISTANCE ORGANIZATION (SAO) a. NAME OF ORGANIZATION b. MAILING ADDRESS | | | | | | | | | | |
| 5. | FUNDING (X or | ne and complete st | tatement) | | | | | | | | |
| | a. IMET FISCAL YEAR b. FMS CASE IDENTIFIER c. OTHER (INL, etc.) (Specify) | | | | | | | | | | |
| 6. | IMS INFORMA | TION | | | | | | | | | |
| a. | NAME (Surname | (ALL CAPS), First | , Middle) | | | | | | SEX (X one) | | FEMALE |
| c. | COUNTRY SERVI | CE RANK | d. U.S. EQUIVA | LENT RA | ENT RANK/PAY GRADE e. COUNTRY SERVICE f. CO | | | f. COU | COUNTRY SERVICE NO. | | |
| g. | DATE OF BIRTH (| (YYMMDD) | h. PLACE OF BI | RTH (Cit | y, province/district, country) | | | | | | |
| 7 | INVITATION | | | | | | | | | | |
| | | OF (List U.S. MIL | | (List deb | INVITES THE | | ITEM 6, THIS O | RDER, TC |) PROCE | ED O | N OR ABOUT |
| | TO (List training i | | | · | | | DMMENCING TRA | aining li | ISTED I | N ITEN | A 8 BELOW. |
| 8. | AUTHORIZED | TRAINING (List i | n sequence of atte | ndance) | NO ADDITIONAL TRAINING | TO THAT SPE | CIFIED IN THIS O | RDFR WI | II BE P | ROVII |)FD |
| a. | 3. AUTHORIZED TRAINING (List in sequence of attendance) NO ADDITIONAL TRAINING TO THAT SPECIFIED IN THIS ORDER WILL BE PROVIDED. (1) RCN (2) WCN (3) MASL IIN (4) MASL DESCRIPTION (5) MILITARY SERVICE COURSE ID NUME | | | | | | | | | | |
| | (6) TRAINING INS | STALLATION | 1 | (7) LO | CATION | | (8) REPORT DATE (9) EI (YYMMDD) | | ND D | ATE (YYMMDD) | |
| b. | (1) RCN | (2) WCN | (3) MASL IIN | (4) MA | ASL DESCRIPTION | (5) MILITARY SERVICE COURSE ID NUMBER | | | JMBER | | |
| | (6) TRAINING INS | STALLATION | • | (7) LO | CATION | | (8) REPORT DATE (9) (YYMMDD) | | (9) E |) END DATE (YYMMDD) | |
| c. | (1) RCN | (2) WCN | (3) MASL IIN | (4) MA | ASL DESCRIPTION | | (5) MILITARY SERVICE COURSE ID NUMBER | | JMBER | | |
| (6) TRAINING INSTALLATION | | | (7) LO | CATION | (8) REPORT DATE (YYMMDD) | | (9) END DATE (YYMMDD) | | | | |
| d. | (1) RCN | (2) WCN | (3) MASL IIN | (4) MA | ASL DESCRIPTION | | (5) MILITARY SERVICE COURSE ID NUMBEI | | JMBER | | |
| | (6) TRAINING INS | STALLATION | | (7) LOCATION (8) REPOR (YYMMDD) | | | (8) REPORT DA (YYMMDD) | ATE (9) END DATE (YYMMDD) | | | |
| e. | (1) RCN | (2) WCN | (3) MASL IIN | (4) MA | ASL DESCRIPTION | | (5) MILITARY SERVICE COURSE ID N | | ID N | JMBER | |
| (6) TRAINING INSTALLATION | | | (7) LO | CATION | (8) REPORT DATE (9) (YYMMDD) | | (9) E |) END DATE (YYMMDD) | | | |
| f. | (1) RCN | (2) WCN | (3) MASL IIN | (4) MA | ASL DESCRIPTION | | (5) MILITARY SERVICE COURSE ID NUMBER | | | | |
| | (6) TRAINING INS | STALLATION | | (7) LO | CATION | | (8) REPORT DA (YYMMDD) | TE | (9) E | ND D | ATE (YYMMDD) |
| | 9. FUND CITE (Use only when IMET or other specific authority for funding living allowance and/or travel has been received.) The finance officer effecting disbursement of funds under this authority will forward one copy of the executed voucher to the accounting | | | | | | | | | | |
| st | station cited in the appropriation and other activities as required by appropriate U.S. MILDEP regulations. | | | | | | | | | | |

| CC/WCN | | | ITO NO. | | DATE | | | |
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| 10. LANGUAGE PREREQUISITES (X a., b., or c. and | | | and complete as applic | able. Complete block d.) | | | | |
| a. IMS COMPLETED THE IN-COUNTRY DLI ENGLISH LANGUAGE PROFICIENCY EXAMINATION AS FOLLOWS. | | | | LOWS | | | | |
| | (1) EXAM NO. (2) DATE COMPLETED (<i>YYMMDD</i>) | | | (3) ENGLISH COMPREHENSION LEVEL (ECL) SCORE (IMS will take the CONUS | | | | |
| | | | | course entry ECL test at the | first training installation.) | | | |
| b. WAIVER OF IN-COUNTRY ECL TEST GRANTED BY AUTHORITY OF: (Documentation) (IMS will take the CONUS course entry ECL test at the training installation.) | | | | | e the CONUS course entry ECL test at the first | | | |
| | c. IMS IS EXEMPT FROM ALL ECL TESTING BY AUTHORITY OF: (Documentation) | | | | | | | |
| \times | d. HIGHEST REQUIRED ECL (of training listed in Item 8) | | | | | | | |
| 11. | 11. SECURITY (X one and complete as applicable) | | | | | | | |
| | a. U.S. SECURITY/POLITICAL SCREENING HAS BEEN ACCOMPLISHED. ALL TRAINING WILL BE CONDUCTED ON AN UNCLASSIFIED BASIS. | | | | | | | |
| | b. U.S. SECURITY REQUIREMENTS HAVE BEEN COMPLIED WITH. THE HOME GOVERNMENT HAS GRANTED THE IMS A SECURITY CLEARANCE. THIS OF ITSELF DOES NOT PERMIT THE DISCLOSURE OF CLASSIFIED U.S. INFORMATION. SUCH DISCLOSURE MUST BE SPECIFICALLY AUTHORIZED BY AN OFFICIAL DELEGATED AUTHORITY AND U.S. FOREIGN DISCLOSURE REGULATIONS OR DIRECTIVES. | | | | | | | |
| | (1) HOME COUNTRY | | | (2) EQUIVALENT U.S. CLASSIFI | ICATION LEVEL | | | |
| 12. | CONDITIONS (X appro | priate block(s) for each | condition listed.) | | | | | |
| а. | DEPENDENTS (Identify a | uthorized dependents in | Item 15, including nam | nes and ages.) | | | | |
| | (1) NO DEPENDENTS ARE AUTHORIZED TO ACCOMPANY OR JOIN IMS. DEPENDENTS WILL NOT BE ISSUED ID CARDS OR PROVIDED ATTENDANT PRIVILEGES. | | | | | | | |
| | (2) DEPENDENTS ARE AUTHORIZED BY THE IMS'S HOME COUNTRY AND THE DOD SECURITY ASSISTANCE ORGANIZATION IN-COUNTRY TO ACCOMPANY IMS OR JOIN IMS WHILE IN TRAINING, BUT WILL NOT BE TRANSPORTED NOR SUBSISTED AT U.S. GOVERNMENT EXPENSE. IMET IMS IS NOT AUTHORIZED AN INCREASE IN LIVING ALLOWANCE DUE TO PRESENCE OF DEPENDENTS. | | | | | | | |
| | (3) IN ACCORDANCE WITH SECURITY ASSISTANCE MANAGEMENT MANUAL (SAMM), DOD 5105-38M, CHAPTER 10, IMS IS AUTHORIZED THE INCREASED "DEPENDENTS AUTHORIZED" LIVING ALLOWANCE. DEPENDENTS WILL NOT BE TRANSPORTED NOR SUBSISTED AT U.S. GOVERNMENT EXPENSE. | | | | | | | |
| b. I | MEDICAL SERVICES | | | | | | | |
| (1) I | MSs | | | | | | | |
| | (a) NATO IMSs UNDER | MET: CHARGES FOR O | NLY INPATIENT CARE | IN THE U.S. ARE CHARGEABLE T | TO THE IMETP. | | | |
| | (b) IMET IMSs: CHARGE IMETP. | S FOR OUTPATIENT AN | ND INPATIENT CARE, II | MMUNIZATIONS, AND MEDICAL | EXAMINATIONS ARE CHARGEABLE TO THE | | | |
| | (c) NATO IMSs UNDER FMS: CHARGES FOR ONLY INPA | | NLY INPATIENT CARE I | N THE U.S. WILL BE COLLECTED | TED FROM: (X one) | | | |
| | (i) FMS CASE | (ii) | IMS | (iii) FOREIGN GOVERNMEN | NT | | | |
| | (d) FMS IMSs: CHARGE | S FOR OUTPATIENT AN | D INPATIENT CARE, IN | MUNIZATIONS, AND MEDICAL I | EXAMINATIONS WILL BE COLLECTED FROM (X one) | | | |
| | (i) FMS CASE | (ii) | IMS | (iii) FOREIGN GOVERNMEN | NT | | | |
| | (e) INL IMSS: CHARGES FOR OUTPATIENT AND INPATIENT CARE, IMMUNIZATIONS AND MEDICAL EXAMINATIONS WILL BE FORWARDED TO APPROPRIATE MILDEP FOR PROCESSING WITH DEPARTMENT OF STATE, INL. | | | | | | | |
| (2) [| DEPENDENTS | | | | | | | |
| | (a) AUTHORIZED ACCO | MPANYING DEPENDEN | TS OF NATO IMSs: CH | ARGES FOR ONLY INPATIENT CA | ARE IN THE U.S. WILL BE COLLECTED FROM (X one) | | | |
| | (i) IMS | (ii) FOREI | IGN GOVERNMENT | | | | | |
| | (b) AUTHORIZED ACCOMPANYING DEPENDENTS OF IMET AND FMS IMSs: CHARGES FOR OUTPATIENT AND INPATIENT CARE, IMMUNIZATIONS, AND MEDICAL EXAMINATIONS WILL BE COLLECTED FROM (X one) | | | | | | | |
| | (i) IMS | (ii) FORE | IGN GOVERNMENT | | | | | |
| (3) 5 | INGULAR CONDITIONS | | | | | | | |
| | (a) SEE ITEM 15, "SPECIAL CONDITIONS". | | | | | | | |
| c. P | c. PARTICIPATION IN HAZARDOUS DUTY | | | | | | | |
| | (1) IMS IS AUTHORIZED TO PARTICIPATE IN HAZARDOUS DUTY TRAINING. | | | | | | | |
| | (2) IMS IS PARACHUTE QUALIFIED AND AUTHORIZED TO PARTICIPATE IN JUMPS FROM U.S. AIRCRAFT. | | | | | | | |
| | (3) QUALIFIED IMSs ARE AUTHORIZED TO PARTICIPATE IN FLIGHTS AS CREW MEMBERS. THE GOVERNMENT OF (List home country) CERTIFIES THAT IMS IS PHYSICALLY, PROFESSIONALLY, AND ADMINISTRATIVELY QUALIFIED TO | | | | | | | |
| 1 | PARTICIPATE IN FLIGHTS IN HIS COUNTRY'S MILITARY AIRCRAFT AS (List flight crew position). | | | | | | | |
| 1 | IMS MEETS MEDICAL CLEARANCE REQUIREMENT AS SPECIFIED BY THE APPROPRIATE U.S. MILDEP FLIGHT QUALIFICATION RECORDS | | | | | | | |
| | ACCOMPANYING IMS. | | | | | | | |
| d. P | d. PHYSICAL FITNESS TRAINING | | | | | | | |
| I | (1) PARTICIPATING IN PHYSICAL FITNESS TRAINING IS REQUIRED. | | | | | | | |

| CC/ | WCN | | ITO NO. | DATE | | | | | |
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| e. L | EAVE | | L | | | | | | |
| | (1) UPON COMPLETION OF TRAINING, IMS IS NOT AUTHORIZED LEAVE, AND WILL PROCEED IMMEDIATELY AS DIRECTED TO HOME COUNTRY. | | | | | | | | |
| | (2) UPON COMPLETION OF TRAINING, IMS IS AUTHORIZED (<i>List number</i>) DAYS LEAVE AT NO COST THE U.S. GOVERNMENT OR IMETP. UPON COMPLETION OF LEAVE, IMS WILL PROCEED IMMEDIATELY TO HOME COUNTRY OR AS DIRECTED BY COMPETENT AUTHORITY. | | | | | | | | |
| f.L | IVING ALLOWANCES | · | | | | | | | |
| | (1) LIVING ALLOWANCE IS RESPONSIBILITY OF THE FOREIGN GOVERNMENT. | | | | | | | | |
| | (2) LIVING ALLOWANCE IS AUTHORIZED DURING PERIOD COVERED BY THIS ORDER, FROM DAY OF DEPARTURE FROM, TO DAY OF RETURN ARRIVAL IN, HOME COUNTRY, EXCLUDING PERIOD COVERED BY LEAVE, IN ACCORDANCE WITH SAMM, CHAPTER 10, AND IS CHARGEABLE TO THE FUND CITE IN ITEM 9, THIS ORDER. | | | | | | | | |
| | (3) LIVING ALLOWANCE IS AUTHORIZED FROM DAY OF DEPARTURE FROM TO DAY OF RETURN ARRIVAL IN (List country - other than home country) | | | | | | | | |
| | EXCLUDING PERIODS COVERED BY LEAVE, IN ACCORDANCE WITH SAMM, CHAPTER 10, AND IS CHARGEABLE TO THE FUND CITE INDICATED IN ITEM 9, THIS ORDER. | | | | | | | | |
| | (4) LIVING ALLOWANCE IS AUTHORIZED FROM DAY OF DEPARTURE FROM THE CONUS ENTRY PORT TO DAY OF RETURN ARRIVAL AT THE CONUS DEPARTURE POINT, EXCLUDING PERIODS COVERED BY LEAVE, IN ACCORDANCE WITH SAMM, CHAPTER 10, AND IS CHARGEABLE TO THE FUND CITE INDICATED IN ITEM 9, THIS ORDER. | | | | | | | | |
| | (5) LIVING ALLOWANCE I THE FUND CITE INDIC | | E IN TRAINING STATUS ONLY IN ACCORDANCE WITH ORDER. | I SAMM, CHAPTER 10, AND IS CHARGEABLE TO | | | | | |
| | (6) SEE ITEM 15, "SPECIA | L CONDITIONS". | | | | | | | |
| g. 1 | TRAVEL | | | | | | | | |
| | (1) TRAVEL IS RESPONSIE | BILITY OF THE FOREIG | N GOVERNMENT. | | | | | | |
| | (2) TRAVEL COVERED BY | THIS ORDER, OVERSE | EAS AND CONUS, IS CHARGEABLE TO THE FUND CIT | E INDICATED IN ITEM 9, THIS ORDER. | | | | | |
| | (3) TRAVEL TO AND RETU | JRN FROM (List countr | y - other than home country) | | | | | | |
| | IS THE RESPONSIBILIT | Y of the foreign g | OVERNMENT. | | | | | | |
| | TRAVEL FROM (List country - other than home country) | | | | | | | | |
| | TO CONUS AND RETU | IRN IS CHARGEABLE 1 | O THE FUND CITE INDICATED IN ITEM 9, THIS ORDE | R. | | | | | |
| | (4) TRAVEL TO CONUS AND RETURN IS RESPONSIBILITY OF THE FOREIGN GOVERNMENT. TRAVEL WITHIN CONUS IS CHARGEABLE TO THE FUND CITE INDICATED IN ITEM 9, THIS ORDER. | | | | | | | | |
| | (5) (a) IMS HAS BEEN ISS | UED ONE WAY TICKE | TO (List U.S. destination) | | | | | | |
| | COST OF OCONUS TRAVEL CHARGEABLE TO FUND CITE IN ITEM 9, THIS ORDER, IS \$; | | | | | | | | |
| | GOV TRANS REQ (| GTR) # | . LAST TRAINING INSTALLATION WILL ARRANG | GE RETURN TRANSPORTATION TO HOME COUNTRY. | | | | | |
| | (b) IMS HAS BEEN ISSUED A ROUND TRIP TICKET. IF IMET FUNDED, EXCEPTION TO ONE WAY TICKET RULE GRANTED PER | | | | | | | | |
| | COST OF ROUND TRIP TICKET IS \$ GOV TRANS REQ (GTR) # | | | | | | | | |
| | (6) SEE ITEM 15, "SPECIA | L CONDITIONS". | | | | | | | |
| h. 1 | TRAVEL BY POV | | | | | | | | |
| | IMS IS AUTHORIZED | IS NOT AUTHO | RIZED TO TRAVEL BY POV. | | | | | | |
| i. B | AGGAGE | | | | | | | | |
| | (1) NO BAGGAGE WILL BE TRANSPORTED AT U.S. GOVERNMENT EXPENSE. | | | | | | | | |
| | Baggage allowances outlined below are total allowances: excess baggage being the difference between the baggage permitted by the transportation carrier and that stipulated below. Baggage sizes and dimensions will conform to carrier stipulations. These allowances apply for that portion of travel whose costs are paid from U.S. funds (See Para. g., above) and cost of authorized excess baggage is chargeable to the Fund Cite indicated in Item 9, this order. | | | | | | | | |
| | (2) TRAINING LESS THAN 22 WEEKS IN TOTAL DURATION: IMS AUTHORIZED 2 PIECES, NOT TO EXCEED 70 POUNDS (32 KILOGRAMS) EACH. | | | | | | | | |
| | (3) TRAINING AT LEAST 22 WEEKS BUT LESS THAN 40 WEEKS IN TOTAL DURATION: IMS AUTHORIZED 3 PIECES NOT TO EXCEED 70 POUNDS (32 KILOGRAMS) EACH. | | | | | | | | |
| | (4) ALL TRAINING 40 WEEKS OR LONGER IN TOTAL DURATION: IMS AUTHORIZED 4 PIECES, NOT TO EXCEED 70 POUNDS (32 KILOGRAMS) EACH. | | | | | | | | |
| | (5) IN ADDITION TO ABOVE ALLOWANCES, IMS ATTENDING PME, GRADUATE, OR POSTGRADUATE PROGRAMS LISTED IN SAMM, TABLE 1001-2, NOTE (4), AND JSATR, TABLE 9-1, NOTE 4, WITH AUTHORIZED ACCOMPANYING DEPENDENTS (Item 12.a.(2) or (3)) OR IMS ATTENDING FLIGHT TRAINING ARE AUTHORIZED ONE ADDITIONAL PIECE OF BAGGAGE. | | | | | | | | |

| CC/WCN | ITO NO. | DATE | | | |
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| 13. TERMS a. Prior to departure from home country, the required to be medically examined and found pl accordance with the health provisions of the In ality Act (8 U.S.C. 1182(a)(1)-(7)); Foreign Qua Public Health Service, Department of Health, Ed 42 CFR, Part 71; McCarran Act Sec 212A, 1-7 Cong.; applicable U.S. MILDEP regulations; and DoD directives and regulations which may be e time. b. The home country will ensure that the IMS in United States dollar instruments to meet all e enroute to, and for the first 30 days of training applicable pay and allowances by the IMS. c. IMS will be responsible for custodial fees a incurred by self or family members. IMSs unab financial obligations may be withdrawn from trahome country. d. The IMS will bring adequate uniforms and duty or technical work. U.S. fatigue uniforms and purchased by the IMS in the event that the courare inadequate. When flying training is involved flight clothing and individual equipment will acc | IMS listed herein is hysically acceptable in nmigration and Nation- arantine Regulations of ducation and Welfare, ', Public Law 414, 82d other U.S. laws or nacted from time to S has sufficient funds expenses while pending receipt of and personal debts ole to meet these aining and returned to work clothing for field and foot wear will be intry work uniforms d, required special company the IMS, or r the IMS to obtain the | e. The Government of the United States is responsible for IMS travel which is part of the training program and for which costs are part of the course tuition. f. The IMS will comply with all applicable U.S. MILDEP regulations. g. The United States may cancel training and return to country IMSs who violate U.S. law or MILDEP regulations or who are found otherwise unsatisfactory. The IMS's government will be alerted to such action in accordance with U.S. MILDEP regulations. h. The Government of the United States disclaims any liability or financial responsibility for injuries received by the IMS listed herein while in transit to and from the training installation, while undergoing training or while in leave status, and any liability or financial responsibility for personal injury claims or property damage claims resulting from the IMS's action. i. The IMS will participate in flights of U.S. military aircraft as required for scheduled course(s) or as specified in U.S. MILDEP regulations. j. The acceptance of this order by the host country constitutes agreement that the IMET student will be utilized, upon return to the host country, in the skills for which he was trained for a period of time sufficient to warrant the expense of the U.S. Government, in | | | |
| use of all necessary equipment prior to start of also possess adequate civilian clothing for off-c | use of all necessary equipment prior to start of training. The IMS will | | f the U.S. Government, in | | |
| | | accordance with the SAMM. | | | |
| 14. IMPLEMENTING AUTHORITY | | | | | |
| a. U.S. MILDEP DOCUMENT | | | b. DATE (YYMMDD) | | |
| 15. SPECIAL CONDITIONS/REMARKS (If applica | | | | | |
| 16. DISTRIBUTION | | | | | |
| | | | | | |
| 17. COMMAND LINE | | · | | | |
| a. SIGNATURE OF U.S. AUTHORITY AUTHENTICAT | ING ORDERS | b. TITLE | | | |