



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS READINESS AND INTEGRATION ORGANIZATION

(Date – Must be prior to travel date)

MEMORANDUM FOR

FROM: (Insert Unit CC/Organizational Directory office Symbol)

SUBJECT: Verbal Orders of the Commander (VOCO)

References: (a) AFI 36-2629, Individual Reservist (IR) Management  
(b) AFI 65-109, Preparation of Temporary/Special Orders

1. Due to circumstance beyond the member's control, which prevented written orders in advance, a COCO is required for (Insert members rank, first name, middle initial and last name). (Explain circumstances in detail).

2. I have verified the readiness, participation (i.e., FY AT and IDTs performed/scheduled), evaluation and total force ancillary training and he/she is compliant and ready to perform duty. He/she does not possess undelivered orders outstanding and/or identified on an open document list (i.e., travel voucher). I have confirmed the member will not enter sanctuary during this order: Member's Total Active Federal Military Service (TAFMS) does not attain 18 (but less than 20) years of active duty prior to and during this requested duty. Therefore, I request and recommend giving him/her a verbal order to travel from *(List member's home address or place which he/she traveled from to start tour)* and report to *(The place/location the member is going to work, unit name, etc.)* on *(Insert full date and time – e.g., 12 June 2013, at 0730)*. The duration of this order is *(Insert duration of orders – e.g. 12-20June16)*.

3. Funding information is as follows:

Pay and Allowance: *(Place mil pay fund cite here – Ensure CMAS submission, funding letter...if applicable, and/or AF Form 938 must match)*

Travel and Per Diem: *(Place this fund cite here – Ensure CMAS submission, funding letter...if applicable, and/or AF Form 938 must match)*

4. I understand that the unit and member will coordinate all items described above in paragraphs 2 and 3 with respective Detachment PM prior to departure date.

5. This VOCO is superseded and rescinded upon certification of official orders. Please direct any question to (List name, phone, E-mail address of POC).

Signature Block of Unit CC/Org Director

1st Ind, Detachment X

Approved / Disapproved.

*(Insert Signature block of PM or DPM)*