



16790

October 01, 2003

Eleventh Coast Guard District, Auxiliary, Southern Region Policy Directive 03-07

Subj: TRAVEL PLANNING/GUIDANCE FOR TDY (TEMPORARY DUTY) ORDERS

Ref: (a) Joint Federal Travel regulations (JFTR/JTR par.) U4100

1. **PURPOSE.** To provide policy and guidance when planning or accepting TDY orders within the Eleventh Coast Guard District Auxiliary, Southern Region.

2. **DISCUSSION:** Currently, Auxiliary members are traveling utilizing DIRAUX funds with little understanding of government regulations. The Coast Guard is required to follow JFTR rules, therefore, all TDY travel must be planned, budgeted, justified, authorized and approved by DIRAUX office. In addition, TDY locations must be centralized to the traveling members, to minimize travel costs.

3. **ACTION:** Effective immediately, all Auxiliarists traveling TDY utilizing DIRAUX funds must conform to the following rules and procedures:

- A. Government Travel Rules: Travel utilizing DIRAUX funds **requires government rates for airlines, rental cars and lodging.** Travelers must contact DIRAUX office to arrange for orders (enclosure 1), **5 working days in advance of travel** and must submit claims, (enclosure 2), within **3 working days after completing** travel to DIRAUX office for processing.
- B. 12 Hour/100 Mile Rules: Members are entitled to per diem for **authorized TDY**, as defined in par U3500-B JFTR, when travel time is **greater than 12 hours and more than 100 miles** from their home to the TDY location, returning to their home. Members traveling for TDY sessions scheduled to be **less than 12 hours** (as defined above) and **within 100 miles** of the TDY sessions are **not** entitled to reimbursement. If TDY is scheduled to be **less than 12 hours and more than 100 miles**, members are entitled to partial per diem. Travel time and mileage will be determined utilizing MAPQUEST.COM
- C. Per Diem Reimbursement Rules: As defined above, TDY costs for: lodging, rental cars, (pre-authorized), meals and incidentals are reimbursable. **All Receipts for incidentals are required including lodging and rental cars.** Privately Owned vehicles (POV) may be used in lieu of airline travel, if use is more cost effective, however, reimbursement is limited to the cost of an airline ticket at government rate (GTR).

A handwritten signature in black ink, appearing to read "G. R. Haack".

G. R. HAACK
Commander, U.S. Coast Guard
Director of Auxiliary, Eleventh District Southern Region

**ELEVENTH DISTRICT AUXILIARY (oax-s)
TRAVEL REQUEST**

NAME OF TRAVELER: _____ DATE _____

SOCIAL SECURITY #: _____ DIV/FLT# _____

PHONE: _____ FAX: _____

EMAIL: _____

PURPOSE OF TRAVEL: _____

LOCATION OF DUTY: _____

TRAVEL DATES: FROM _____ TO _____

AIRLINE DEPARTURE TIME AND DATE: _____

AIRLINE RETURN TIME AND DATE: _____
(will try to accommodate as close as possible)

TRAVEL OPTIONS REQUESTED

COMMERCIAL CARRIER YES NO

PRIVATELY OWNED CONVEYANCE YES NO

GOVERNMENT CONVEYANCE YES NO

RENTAL VEHICLE YES NO

JUSTIFICATION: _____

EXCESS BAGGAGE YES NO

JUSTIFICATION: _____

REGISTRATION FEE / PACKAGE YES NO

\$ _____

ATTACH ANY VERIFICATION

PER DIEM YES NO

COMMENTS/REQUESTS:

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt to Govt Tvl Charge Card \$ _____		2. TYPE OF PAYMENT (<i>X as applicable</i>) <input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA			3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER	
4. NAME (Last, First, Middle Initial) (Print or type)		5. GRADE AUX/CIV	6. SSN		b. SUBVOUCHER NUMBER	
7. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE		
8. DAYTIME TELEPHONE NUMBER & AREA CODE	9. TRAVEL ORDER NUMBER	10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES NONE			c. PAID BY	
11. ORGANIZATION AND STATION CGD11 (OAX-S) 21-02721		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (include Zip Code)				
12. DEPENDENT(S) (<i>X and complete as applicable</i>) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED						
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (<i>X one</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain in Remarks)			
15. ITINERARY						
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
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e. SUMMARY OF PAYMENT						
				(1) Per Diem		
				(2) Actual Expense Allowance		
				(3) Mileage		
				(4) Dependent Travel		
				(5) DLA		
				(6) Reimbursable Expenses		
				(7) Total		
				(8) Less Advance		
				(9) Amount Owed		
				(10) Amount Due		
16. POC TRAVEL (<i>X one</i>)		<input type="checkbox"/> OWN/OPERATE	<input type="checkbox"/> PASSENGER			17. DURATION OF TDY TRAVEL
18. REIMBURSABLE EXPENSES						
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	12 HOURS OR LESS	
					X MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
					MORE THAN 24 HOURS	
19. GOVERNMENT/DEDUCTIBLE MEALS						
a. DATE		b. NO. OF MEALS	a. DATE		b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE		b. DATE	c. SUPERVISOR SIGNATURE			d. DATE
21.a. APPROVING OFFICER SIGNATURE					b. DATE	
22. ACCOUNTING CLASSIFICATION						
23. COLLECTION DATA						
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)			28. AMOUNT PAID

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation (Own expense)	- C	Bus	- B
Privately Owned Conveyance (POC)	- P	Plane	- P
		Rail	- R
		Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN