

# **TRAVEL INFORMATION**

## **1. Authorizations**

All SAB members and consultants are issued travel authorizations (similar to Figure 1, next page) when their travel is outside their local area of residence, or if mission requires them to stay in base billeting. These orders are valid for temporary duty (TDY) travel during fiscal year 2017 (1 October 2016 through 30 September 2017). Travelers should carry a copy of their travel authorization with them at all times when attending a SAB activity.

Travel authorizations will be issued by the Secretariat staff and are valid only for the specific dates and travel destinations listed in the orders. The point of contact for travel authorizations at the Secretariat is currently Mr. Justin Roderick at (240) 612-5511 or via email to [justin.e.roderick.ctr@mail.mil](mailto:justin.e.roderick.ctr@mail.mil); you may also contact your assigned program manager if you have questions about your authorizations.

## **2. Travel Invitation**

The SAB Secretariat will provide a meeting agenda and other useful information for each SAB-sponsored meeting.

## **3. Contract Travel**

The Per Diem, Travel and Transportation Allowance Committee of the Federal Government, through the Joint Travel Regulations (JTR), requires that military members, government employees and other travelers on government authorizations use available Commercial Travel Offices (CTO). The CTO serving the SAB is Carlson Wagonlit Travel (CWT), (855) 654-7124 Monday-Friday 0800-1630 to make reservations. If busy or not answering you can call (800) 756-6111. This requirement can be waived only for a limited set of specific circumstances outlined in the JTR and requires pre-approval by the Secretariat. Willful violations may result in non-reimbursement of travel expenses and in some cases disciplinary action. If you feel that CWT is unable to accommodate the travel requirements of your specific SAB-sponsored trip, please contact your assigned program manager or Mr. Raymond McJonathan at (240) 612-5509 to discuss your options.

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TRAVEL AUTHORIZATION | DOC NO: BHOMAHANE101111\_A01
   
PAGE 1 \*\* Read Privacy Act On Last Page \*\* | AUTH NO: 1541UT
   
=====

1) NAME: SSN:
   
ADDR: PHONE: 3019819985
   
MAIL CD:
   
ORG: AF/SE
   
TITLE: Civilian
   
DUTY: PENTAGON TZ: EST SEC CLR:
   
RES: CARD:
   
HOURS: 8.0
   
Tech Statu NO Air Crew S NO

2) AUTH NO: 1541UT DATE: 10/03/11 TYPE: AA-ROUTINE TDY/TAD

3) TRAVEL PURPOSE: INFORMATION MEETING

4) GENERAL ITINERARY

DATE	TIME	DEPARTED/ARRIVED LOCATIONS	PER DIEM RATE
10/11/11		D-WASHINGTON, DC	
10/11/11		A-OMAHA, NE	\$93.00/\$61.00
10/14/11		D-OMAHA, NE	
10/14/11		A WASHINGTON, DC	

5) OTHER AUTHORIZATIONS

(6)	EST COST	ADV AMT
TOTAL	\$0.00	\$0.00
ADVANCE AUTHORIZED		0.00

7) PRE-AUDIT JUSTIFICATIONS

8) ACCOUNTING CLASSIFICATIONS EST COST

9) REMARKS

Traveler is Non-Exempt from the mandatory provisions of the TTRA.  
 Transportation expenses on this itinerary indicated as GOVCC-Individual are billed to an individually billed account and are reimbursable to the traveler.  
 Transportation expenses on this itinerary indicated as GOVCC-Central Billed or AMC Billed are billed directly to the Government and are NOT reimbursable to the traveler.

The 'Travel and Transportation Reform Act of 1998' stipulates that the government-sponsored, contractor-issued travel card shall be used by all U.S. Government personnel (civilian and military) to pay for costs incident to official business travel unless specifically exempted by authority of the Administrator of General Services or the head of the agency.

**Figure 1. DTS Travel Authorization – Invitational Travel**

## 4. Airline Tickets

As soon as you are made aware of the dates of planned SAB travel, you may make travel reservations via CWT. The SAB Secretariat will process travel authorizations and forward a copy to the traveler and directly to CWT. This typically happens less than a week prior to the beginning of travel and never more than three weeks prior. Upon receipt of travel authorizations, CWT will issue fully refundable/changeable electronic tickets against the reservation on file. Again, booking tickets through a source other than the CTO without prior approval is a violation of the JTR and can only be done in exceptional circumstances and with prior approval. **Note: If you purchase a non-refundable ticket from a source other than the CTO and the trip is later cancelled or rescheduled, you will not be reimbursed for any loss that you incur. This is true even if you have been granted authorization by the Secretariat to not use the CTO.**

## 5. Rental Cars

The SAB does not typically authorize rental cars to members or consultants on travel. You can expect to be met at the airport upon arrival by an executive officer or another representative who will provide ground transportation for you to your TDY location. Alternatively, you may be asked to take a hotel shuttle or taxi to the hotel where you will meet the remainder of your travel team.

## 6. Hotel Reservations

Information on designated hotels and reservation procedures, along with other information pertaining to the meeting, will normally be provided in advance to SAB travelers. CWT will make reservations at hotels based upon allowable government per diem rates.

The best way to determine the prevailing local per diem rate is via the internet at <http://www.defensetravel.dod.mil/site/perdiemCalc.cfm>, and select your destination state, and "Include all cities and towns". For your convenience, the current list for the Washington, D.C. area is reproduced in Appendix F (the per diem lodging rate for the metropolitan area is currently \$222.00 per night before tax). **This rate does change during the year.** Because the SAB does not ordinarily authorize rental cars, it is a good idea to enquire about Metro accessibility when making hotel arrangements (a map of the Metro Rail system is included in Appendix C).

## 7. Travel Voucher or Subvoucher (DD Form 1351-2, May 2011)

After **each** trip taken in support of a SAB meeting, travelers **must** complete and submit a travel voucher (DD Form 1351-2) within **five working days** after completion of travel. The travel voucher form should be submitted via secure means (fax or the file transfer service SAFE (<https://safe.amrdec.army.mil/safe/>)) to the SAB Secretariat. Detailed instructions on how to complete this form are provided later in this Handbook. When submitting your travel voucher for reimbursement of travel expenses, a copy of the travel authorization, the airline invoice (if air travel is used), lodging receipt and all receipts for any claimed expense of \$75 or more must be enclosed; otherwise the voucher will not be processed. If you have any questions concerning the completion of the travel voucher, please call Mr. Raymond McJonathan at the SAB Secretariat (240) 612-5509, or email him at [usaf.safaqb.finance.workflow@mail.mil](mailto:usaf.safaqb.finance.workflow@mail.mil).

**NOTE:** For local area travel and expenses please use **SF Form 1164**.

## Detailed Instructions for Completing Form DD 1351-2:

**Section 1. Payment: *Electronic Fund Transfer only.*** If you have not already done so, please fill out Form FMS 2231, *Fast Start Direct Deposit*, which is available from the SAB Secretariat. Upon completion, the form should be e-mailed/faxed to the SAB Secretariat. (Note: Leave split disbursement blank).

**Section 2. Name (Last, First, Middle Initial):** *Traveler's Name*

**Section 3. Grade:** *DV-4*

**Section 4. SSN:** *Social Security Number*

**Section 5. Type of Payment:** *TDY*

**Section 6a, b, c, d. Address:** *Traveler's Home Address*

**Section 6e. E-mail Address:** *Traveler's E-mail Address*

**Section 7. Telephone Number:** *(240) 612-5513* (Note: Always use the Secretariat phone number).

**Section 8. Travel Authorization Number:** *XXXXXX* (From your travel authorization, top right corner of 1<sup>st</sup> page).

**Section 9. Previous Payments/Advances:** *None or \$0.00*

**Section 10. For D.O. Use Only:** *Leave Blank*

**Section 11. Organization and Station:** *SAF/AQB, Pentagon*

**Sections 12-14.** *Leave Blank.*

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: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
2. NAME (Last, First, Middle Initial) (Print or type) Member, John Q			3. GRADE DV-4	4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS, a. NUMBER AND STREET 888 Street Ave			b. CITY City	c. STATE MD	d. ZIP CODE 12345		
e. E-MAIL ADDRESS email@address.com							
7. DAYTIME TELEPHONE NUMBER & AREA CODE (240) 612-5513		8. TRAVEL ORDER/AUTHORIZATION NUMBER 012345		9. PREVIOUS GOVERNMENT PAYMENT ADVANCES 0.00			
11. ORGANIZATION AND STATION SAF/AQB, Pentagon		12. DEPENDENT(S) (X and complete as applicable) UNACC b. RELATIONSHIP		13. DEPENDENT'S ADDRESS ON RECEIPT OF TRAVEL EXPENSES (Include Zip Code)		c. PAID BY	
15. ITINERARY		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS			
a. DATE 2014	b. PLACE (Home, Office, Base, Activity, City and State, City and County, etc.)			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
10/21	DEP	Home			PA		
	ARR	Dulles Airport, VA			AT		20
	DEP				TP		
	ARR	Omaha Airport, NE			AT		
	DEP				CA		
	ARR	Offutt AFB, NE			TD		
	DEP				CA	70.00	
10/23	DEP	Omaha Airport, NE			AT		
	DEP				TP		
	ARR	Dulles Airport, VA			AT		
	DEP				PA		
	ARR	Home			MC		20
	DEP						
	ARR						
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL		e. SUMMARY OF PAYMENT	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS		(1) Per Diem	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(2) Actual Expense Allowance	
10/23/14	Lodging Tax		9.02	MORE THAN 24 HOURS		(3) Mileage	
10/23/14	Airport Parking		15.00			(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total 0.00	
						(8) Less Advance	
						(9) Amount Owed 0.00	
						(10) Amount Due	
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE	b. NO. OF MEALS		a. DATE	b. NO. OF MEALS			
20.a. CLAIMANT SIGNATURE <i>John Member</i>				b. DATE 10/25/14			
c. REVIEWER'S PRINTED NAME			d. SIGNATURE		e. TELEPHONE NUMBER		f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
						28. AMOUNT PAID	

SAB telephone #

Your travel authorization #

Your home address

Lodging cost here (next to "TD")

Remember to sign and date

Figure 2. DD Form 1351-2

**Section 15. Itinerary:** Indicate travel itinerary (dates, places, etc.), See Figure 3, below.

15. ITINERARY						
a. DATE	b. PLACE <i>(Home, Office, Base, Activity, City and State, City and Country, etc.)</i>		c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
2014						
<b>17 Oct</b>	DEP	<b>Home</b>	<b>PA</b>			
	ARR	<b>San Francisco Airport, CA</b>		<b>AT</b>		<b>35</b>
	DEP		<b>TP</b>			
	ARR	<b>National Airport, Wash DC</b>		<b>AT</b>		
	DEP		<b>CA</b>			
	ARR	<b>Arlington, VA</b>		<b>TD</b>	<b>340.00</b>	
<b>20 Oct</b>	DEP		<b>CA</b>			
	ARR	<b>National Airport, Wash DC</b>		<b>AT</b>		
	DEP		<b>TP</b>			
	ARR	<b>San Francisco Airport, CA</b>		<b>AT</b>		
	DEP		<b>PA</b>			
	ARR	<b>Home</b>		<b>MC</b>		<b>35</b>
	DEP					
	ARR					

**Figure 3. DD Form 1351-2 (Sample Itinerary)**

- (a) **Date:** Enter appropriate travel dates.
- (b) **Place:** Enter departure and arrival locations. Note: There is no need to list arrivals and departures at intermediate stops where the mode of transportation does not change (such as an airport layover to change planes).
- (c) **Means/Mode of Travel:** Enter a two-character code from Table 1 on the next page. These codes describe your means of travel (e.g., PA, CP, TP, CA, etc).

**Table 1. Symbols to Indicate Means/Mode of Travel**

<b>Source (Who paid for your travel?)</b>	<b>Symbol 1</b>	<b>Type (How did you travel?)</b>	<b>Symbol 2</b>
Transportation Request (CWT Travel)	T	Automobile	A
		Bus	B
Government-owned Transportation (MilAir, Govt vehicle, etc.)	G	Aircraft (Plane)	P
		Train (Rail)	R
Commercial Transportation (Traveler's Expense)	C	Ship (Vessel)	V
		Motorcycle	M
Private Conveyance (Traveler's Expense)	P		

(d) **Reason for Stop:** Enter one of these 2-letter codes for each stop during the trip:

**AT** Awaiting Transport (if you are switching to a new transport mode – i.e. from car to plane)

**AD** Authorized Delay (official stop or delay)

**TD** Temporary Duty (this is what you will list for your SAB-related work)

**LV** Leave En Route (unofficial stop or delay)

**MC** Mission Complete (always use as last entry)

(e) **Lodging Cost:** Where you have listed “TD” as your reason for stop in column D, enter the total cost for lodging, minus taxes, in the corresponding row in column E. Please list lodging taxes and other expenses separately in block 18, below. Remember to provide an **itemized** receipt for your lodging with a **zero balance due**. Reimbursement of lodging expenses is limited to the prevailing government lodging rate ceiling for the particular TDY area. In the Metropolitan Washington, DC area, for example, the current rate is \$222.00 per day, before tax. Baggage tips and itemized meal expenses cannot be claimed (these are covered by per diem). Items such as in-room movies, games, and telephone line expenses are **not** authorized reimbursements and should not be claimed as lodging expenses.

When you make lodging reservations for SAB meetings, the selected hotels will generally offer rooms at or below the applicable lodging rate ceiling. Phone numbers for hotels in the Crystal City, VA area, which have frequently been used by SAB members, are shown in Appendix F. The Secretariat can provide information on lodging rates for other TDY areas upon request.

(f) **Privately Owned Conveyance (POC) Miles:** *List the mileage accrued while operating or riding in a private vehicle while on official travel status.* The traveler must be primarily responsible for payment of the vehicle operating costs in order to claim reimbursement. The same reimbursement rate applies to all three categories of mileage, but may change from time to time. The current rate as of January 1, 2016 is 54 cents per mile.

(1) **Terminal Mileage:** POC mileage at the beginning and end of a TDY trip (such as between the traveler's home or office and the local airport) is reimbursable as "terminal mileage." This category does not include mileage to the TDY point itself, which is covered under TDY mileage in paragraph (2) below. This mileage should be shown on the voucher in block 15(f) (POC Miles). Please annotate block 16, POC Travel, with an X in the appropriate box.

(2) **TDY Mileage:** If the traveler uses a POC from his or her home or office to the TDY point, the resulting mileage is reimbursable up to the amount shown in the Defense Table of Distance (<https://dtod.sddc.army.mil>). However, if the travel covers a substantial distance that could have been provided by an air carrier or other form of commercial transportation reimbursement will be limited to no more than the equivalent government cost of the appropriate commercial transportation. As is the case with terminal mileage, TDY mileage should be shown on the voucher in block 15(f) (POC Miles). Please annotate block 16, POC Travel, with an X in the appropriate box.

(3) **Vicinity Mileage:** *This is an item that must be authorized on your travel orders.* Under some circumstances, use of a private vehicle in and around the TDY point can be reimbursed as vicinity mileage.

**Section 16. POC Travel:** *Check "OWN/OPERATE" if claiming reimbursement for POC mileage in block 15(f).*

**Section 17. Duration of TDY Travel:** *Check the appropriate box.*

**Section 18. Reimbursable Expenses:** This block of the voucher is used for claiming reimbursement for allowable miscellaneous expenses incurred in the performance of TDY travel. Blocks a, b, and c need to be filled in by the traveler (do not use block d). Although not an exclusive list, the following are some types of travel-related expenses. If you have any questions regarding reimbursable expenses, please call the SAB Secretariat.

(a) **Fees for traveler's checks.**

(b) **Taxi or other comparably priced public transportation.** May be claimed for relatively short and *necessary* trips (i.e., to and from home to airport,

lodgings, meals and any government business). The key here is the term “comparably priced”; stretch limousines are not authorized.

- (c) **Airfare.** If airline tickets were purchased (with prior approval from the SAB Secretariat) at the traveler's own expense and were not issued by CWT, they are subject to reimbursement. Reimbursement is limited to the amount of the equivalent government (coach class) fare applicable for the authorized flights.
- (d) **Conference Fees.** Fees paid for attending conferences, symposia, or meetings are **not** normally reimbursable, especially food which is covered by per diem. DoD guidance is very specific on allowable reimbursements and this limited space does not allow us to discuss every instance. In the event you plan to attend a conference that will be charging a fee, please contact the Secretariat for further information.
- (e) **Official phone calls.** Reimbursement for SAB official business calls requires Secretariat coordination and prior approval. Official phone calls are **not** reimbursable on your travel voucher. Please call the SAB Secretariat at (877) 732-3109 for information and approval prior to use.
- (f) **Rental car expenses.** Rental cars are normally not authorized. The Secretariat can arrange government transportation from destination airports to TDY points and in the TDY area. In those cases where no suitable government or alternative transportation is available, rental car expenses (compact class rental and gas) will be authorized and reimbursed. However, the traveler is responsible for contacting the Secretariat for authorization before the trip. Reimbursement for rental car expenses after the fact will be considered on an individual basis.
- (g) **Airport Parking.** Parking fees are generally reimbursable **unless** the “constructive cost” makes it more advantageous to the government to pay 2 one-way taxi fares.
- (h) **Passport Fees.** Reimbursable if required to perform official overseas travel.

**Note 1: Do not list your meals.** As a government traveler, you will be reimbursed for all meals at the per diem rate applicable to the area you are visiting regardless of the actual cost of the meals.

**Note 2:** Items such as tips, dry cleaning/laundry services and personal phone calls are **not** authorized for payment and **should not** be included on the travel voucher.

**Section 19.** *Leave blank.*

**Section 20a, b. Signature and Date:** *Sign and date the voucher.*

**Section 20c, d, e, f. Reviewer Information:** *Leave blank.*

**Section 21. Approving Officer Signature:** *Leave blank.*

**Sections 22-28.** *Leave blank.*

**Attachments:** Prior to submitting a travel voucher, ensure the following are included (copies of receipts are acceptable):

- **Travel Authorization**
- **Airfare Invoice from *CWT*** (showing ticket #, form of payment and amount charged)
- **Receipt(s) for Purchased Tickets** (showing traveler's name, method of payment and amount paid) if *CWT* or other government ticket office was not used.
- **Unused Tickets**
- **Itemized Lodging Receipts** (showing a zero balance due)
- **Rental Car and Gas Receipts** (if rental car was authorized prior to TDY).
- **Receipts for Other Reimbursable Expenses having a value of \$75 or more**

**Submitting Completed Vouchers:** Please submit your completed travel vouchers with attachments via secure means (toll free fax) 877-487-1398, ATTN: Mr. Raymond McJonathan or the file transfer service SAFE (<https://safe.amrdec.army.mil/safe/>), enter [usaf.safagb.finance.workflow@mail.mil](mailto:usaf.safagb.finance.workflow@mail.mil) when using SAFE.

## 8. Claim for Local Travel and Expenses (Standard Form SF 1164)

For local area travel and expenses within a 50-mile radius of your home that does not require you to use overnight lodging, please use **SF Form 1164** (see figure 4, below).

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER	
3. SCHEDULE NUMBER				5. PAID BY	
<i>Read the Privacy Act Statement on the back of this form.</i>					
4. CLAIMANT	1. NAME (Last, first, middle initial) Member, John Q.			3. SOCIAL SECURITY NO. 123-45-6789	
	2. HOME ADDRESS (Include ZIP Code) 888 Street Ave. City, MD 22222			4. OFFICE TELEPHONE NUMBER 301-981-9885	
6. EXPENDITURES (If fare claimed in col. (5) exceeds charge for one person, show in col. (6) the number of additional persons which accompanied the claimant.)					
DATE		Show appropriate code in col. (4) A - Local travel B - Telephone or telegraph, or C - Other expenses (Itemized)		D - Funeral Honoraria E - Specialty Care	
2009				MILEAGE RATE	
		(Explain expenditures in specific detail.)		NO. OF MILES	
		FROM		TO	
10 Oct	A	North Potomac, MD	Rosslyn, VA	17	
10 Oct	A	Rosslyn, VA	North Potomac, MD	17	
11 Oct	A	North Potomac, MD	Rosslyn, VA	17	
11 Oct	A	Rosslyn, VA	North Potomac, MD	17	
10 Oct	C	Parking			1000
11 Oct	C	Parking			1000
7. AMOUNT CLAIMED (Total of cols. (5), (6) and (7).) \$				TOTALS	
				68	
				2000	
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing by the head of the department or agency in accordance with 5 U.S.C. 5609.)				9. I certify that this claim is true and correct to the best of my knowledge and belief and that payment in cash has not been received by me.	
APPROVING OFFICIAL (Sign Here)				DATE	
12 Oct 2009					
10. PAYMENT RECEIPT				11. DATE RECEIVED	
12. PAYMENT MADE BY CHECK NO.				C. AMOUNT \$	
AUTHORIZED OFFICER (Sign Here) ACCOUNTING CLASSIFICATION					

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-77)  
Prescribed by GSA, FPMR (41 CFR) 101-11.6

Figure 4. SF Form 1164