

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 authorizations are valid for temporary duty (TDY) travel during fiscal year 2021 (1 October 2020 through 30 September 2021). 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 authorization. The point of contact for travel authorizations at the Secretariat is currently Mr. Raymond McJonathan at (240) 612-5509 or via email at SAF.AQ.SAF-AQB.Finance.Workflow@us.af.mil; you may also contact your assigned Secretariat POC if you have questions about your travel 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). They can be reached at (855) 654-7124 Monday-Friday 0800-1630 (EST) 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 Secretariat POC or Mr. Raymond McJonathan at (240) 612-5509 to discuss your options.

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 one week prior to the beginning of travel and rarely 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.**

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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/SB

   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.

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Figure 1. DTS Travel Authorization – Invitational Travel

5. Rental Cars

The SAB does not typically authorize rental cars for 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](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 Attachment 5 (the per diem lodging rate for the metropolitan area is currently \$240.00 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 inquire about Metro Rail accessibility when making hotel arrangements (a map of the Metro Rail system is included in Attachment 3).

7. Travel Voucher or Sub-voucher (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 below) within **five working days** after completion of travel. The travel voucher form should be submitted via secure means if block 4 is not blank. Detailed instructions on how to complete and submit this form are provided, herein. When submitting your travel voucher for reimbursement of travel expenses, a copy of the travel authorization, the airline invoice (if air travel is used), the post-payment 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 at SAF.AQ.SAF-AQB.Finance.Workflow@us.af.mil.

NOTE: For local area travel expenses please use **OF Form 1164**; form and instructions below.

Detailed Instructions for Completing Form DD 1351-2:

Section 1. Payment: *Electronic Fund Transfer only.* Note: Leave split disbursement blank. (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 emailed/submitted via secure means or faxed to the SAB Secretariat).

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

Section 3. Grade: *DV-4*

Section 4. SSN: *Leave Blank*

Section 5. Type of Payment: *TDY*

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

Section 6e. Email Address: *Traveler's Email 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 1st page).

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

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

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

Sections 12-14: *Leave Blank*

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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. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. 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)			
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 PAY ADVANCES 0.00		10. ORGANIZATION AND STATION SAF/AQB, Pentagon			
11. DEPENDENT(S) (X and complete as applicable) UNACC b. RELATIONS		12. DEPENDENTS' ADDRESS ON RECEIPT OF TRAVEL ORDERS (Include Zip Code)		13. PAID BY			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? YES <input type="checkbox"/> NO <input type="checkbox"/> (Explain in Remarks)		d. COMPUTATIONS					
15. ITINERARY				e. SUMMARY OF PAYMENT			
a. DATE 2014	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	(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
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	70.00		
10/23	DEP		CA				
	ARR	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			
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS			
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED			
10/23/14	Lodging Tax		9.02				
10/23/14	Airport Parking		15.00				
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

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

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
2020						
15 Oct	DEP	Home	PA			
	ARR	San Francisco Airport, CA		AT		35
	DEP		TP			
	ARR	National Airport, Wash, DC		AT		
	DEP		CA			
	ARR	Arlington, VA		TD	340.00	
18 Oct	DEP		CA			
	ARR	National Airport, Wash, DC		AT		
	DEP		TP			
	ARR	San Francisco Airport, CA		AT		
	DEP		PA			
	ARR	Home		MC		35
	DEP					
	ARR					

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

- (a) **Date:** Enter appropriate travel dates. Note: Add 4 digit year.
- (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

Source (Who paid for your travel?)	Symbol 1	Type (How did you travel?)	Symbol 2
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 (lodging rate total), not including taxes, in the corresponding row in column E. Please list lodging taxes and other expenses separately in block 18. Remember to provide an **itemized** post-payment lodging receipt showing a zero balance due or paid in full. 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 \$240.00 per day, before tax. Baggage tips, dry cleaning/laundry services 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 making 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 Attachment 5, *Washington D.C. Area Hotels*. 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, 2020 is 57.5 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 column 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.transport.mil/Default.aspx>). 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 column 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 column 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. Columns a, b, and c need to be filled in by the traveler (do not use column 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) **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).

- (b) **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.
- (c) **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.
- (d) **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.
- (e) **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.
- (f) **Airport Parking.** Parking fees are generally reimbursable **unless** the "constructed cost" makes it more advantageous to the government to reimburse the cost of 2 one-way taxis + 20% tips.
- (g) **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, itinerary traveled, ticket #, method/form of payment and amount paid) if CWT or other government ticket office was not used.
- **Unused Tickets**
- **Itemized Post-Payment Lodging Receipts** (The post-payment lodging receipt shows the form of payment (last 4 of the card used) and zero balance due in the balance due column/field. Hotels often provide a tentative folio under the door the night before checkout. This is not considered a valid receipt for voucher reimbursement.)
- **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 if block 4 is not blank, either via the DoD SAFE website invitation, toll free fax to 877-487-1398, ATTN: Mr. Raymond McJonathan, or email password protected documents (using the SAB password) containing PII to SAF.AQ.SAF-AQB.Finance.Workflow@us.af.mil. Recommended digital packaging tools include: Adobe Acrobat Professional (password protected via the 'Protect' tab), Microsoft Office applications (note: Adobe Reader scanned files can be saved and inserted into MS Office files and then password protected), or ZIP applications. Alternately, you can exchange soft digital certificates to enable email encryption.

It is highly recommended that you manually sign (ink sign) your travel vouchers. This will allow you to leave your SSN blank (which we will add upon receipt) and enable the secretariat to make cursory corrections without asking you to re-sign. A travel voucher with block 4 blank may be emailed in the clear without protection. However, if your submission contains documentation or attachments that contain sensitive PII data points (e.g., SSN, date of birth, location of birth, etc.) then you must reference the above guidance for sending vouchers via secure means.

8. Claim for Local Travel and Expenses (Optional Form 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 **OF 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					
Read the Privacy Act Statement on the back of this form.			3. SCHEDULE NUMBER					
CLAIMANT	a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NUMBER						
	Member, John Q	123-45-6789						
	c. MAILING ADDRESS (Include ZIP Code)	d. OFFICE TELEPHONE NUMBER						
	888 Street Ave City, MD 22222	240-612-5513						
5. PAID BY								
6. EXPENDITURES (If fare or toll claimed in column (g) exceeds charge for one person, show in column (h) the number of additional persons which accompanied the claimant.)								
DATE	C	D. Funeral Honors Detail	MILEAGE RATE	AMOUNT CLAIMED				
2017	Local Travel	E. Speciality Care	(Enter Whole Numbers Only)					
	B - Telephone or Telegraph		\$					
	C - Other expenses (Itemized)							
	(Explain expenditures in specific detail.)			NUMBER OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
(a)	(b)	(c) FROM	(d) TO					
10/9/2017	A	North Potomac, MD	Arlington, VA	17.0				
10/9/2017	A	Arlington, VA	North Potomac, MD	17.0				
10/10/2017	A	North Potomac, MD	Arlington, VA	17.0				
10/10/2017	A	Arlington, VA	North Potomac, MD	17.0				
10/9/2017	C	Parking						\$10.00
10/10/2017	C	Parking						\$10.00
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of columns (f), (g) and (i).) ▶ \$20.00				TOTALS		66.0		\$20.00
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 to so certify (31 U.S.C. 552a).)				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.				
APPROVING OFFICIAL SIGN HERE ▶				Sign Original Only				
DATE				CLAIMANT SIGN HERE ▶ <i>John Q Member</i>				DATE 10/12/2017
9. This claim is certified correct and proper for payment.				11. CASH PAYMENT RECEIPT				
AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶				a. PAYEE (Signature)				b. DATE RECEIVED
DATE				c. AMOUNT				
				12. PAYMENT MADE BY CHECK NUMBER				
ACCOUNTING CLASSIFICATION								

OPTIONAL FORM 1164 (REV. 12/2016)

Figure 4. OF Form 1164