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16790 19 Nov 2009

SEVENTEENTH COAST GUARD DISTRICT AUXILIARY DIRECTIVE 05

Subj: TRAVEL ORDERS AND CLAIM REIMBURSEMENT

Ref: (a) Coast Guard Auxiliary Manual, COMDTINST M16790.1 (series)

- 1. <u>PURPOSE</u>. To provide policy and guidance to all District Seventeen Auxiliary Members concerning travel orders and travel reimbursement.
- 2. **<u>DIRECTIVES AFFECTED.</u>** 17th Coast Guard District Directive 05 dated 14Nov08 is cancelled.
- 3. <u>DISCUSSION.</u> Members of the Coast Guard and Coast Guard Auxiliary are required to follow Joint Federal Travel Regulations (JFTR) and Federal Travel Regulations (FTR) rules; therefore, all Temporary Duty (TDY) travel must be planned, budgeted, justified, authorized and approved by the Director of Auxiliary (DIRAUX) office. In addition, TDY locations must be centralized to the traveling members, to minimize travel costs.
 - a. <u>Introduction</u>. Auxiliarists may be reimbursed for either travel orders or patrol orders. Guidance on issuance of all orders and requests for reimbursement are contained in reference (a), Chapter 9. This Directive addresses District Seventeen specific travel order responsibilities, problem resolution and methodology.
 - b. <u>Direct Deposit</u>. It is mandatory for Auxiliary members to sign up for Direct Deposit to receive their travel and/or POMS reimbursements automatically to their bank account. Sign up should be done at a minimum of least one week before travel is to be started to allow for the Coast Guard Finance Center (FINCEN) to set up the direct deposit. Auxiliarists may either fill out the secure, Electronic Fund Transfer (EFT) and Automated Clearing (AFH) payment enrollment form online: https://www.FINCEN.uscg.mil/secure/enrollment_form.htm or they may fill out the FastStart Direct Deposit form and fax it to the FINCEN: http://forms.cgaux.org/archive/fms2231-cgaux-f.pdf. (see page 2 of form for faxing instructions).

c. Travel Orders.

- (1) Travel orders specifically authorize Auxiliarists to travel for Coast Guard business. These orders are written and signed by an authorized Coast Guard unit. Reimbursable travel orders contain a 16 digit Travel Order Number (TONO), (i.e., 1110350JAU205000) and an accounting string which is unique to each account, (i.e., 2/J/001/117/30/0/AU/71830/2155).
- (2) Most travel orders for Auxiliarists are generated by the Authorizing Officer (AO) at the DIRAUX office. There are occasions when other Coast Guard units (Sector, Station, Air

Station, etc.) will authorize Temporary Assignment to Duty (TAD) orders. Other units may have their own unit specific travel order request forms. Problem resolution should normally be directed towards the DIRAUX office or the unit that issued the orders.

- (3) The Auxiliarist will only be reimbursed for those expenses and travel dates specifically authorized on their orders. If the orders do not reflect the intended expenditures or travel dates, then the Auxiliarist must contact the Coast Guard unit that issued the orders in order to get an amendment to the orders. Additional costs associated with additional travel days, not pre-approved, and/or pre-approved personal leave shall be the responsibility of the traveler.
- (4) A per diem allowance (meals, incidentals and lodging) may be paid for travel to and from officially assigned duty and will be paid at the rates authorized for Federal civilian employees. These maximum authorized locality rates may be written on the orders, but can also be found online at http://www.defensetravel.dod.mil/perdiem/pdrates.html. The reimbursable cost of lodging shall not exceed those listed without prior approval by the Coast Guard unit issuing the orders. Additional costs, not pre-approved, shall be the responsibility of the traveler.
- (5) In most cases, Auxiliarists that live within 50 miles (one way) of the TAD site will not be authorized reimbursable orders but can be issued Non-reimbursable Orders (see Para e.). Reimbursable orders for mileage and proportional meals may be issued to 'local' members at DIRAUX's discretion. This must be pre-approved and indicated on the orders. Members may use the SF-1164 for reimbursement of local travel.

Official, one way, mileage distances are listed here, however this is not an all inclusive list:

Palmer to Anchorage = 44 miles

Wasilla to Anchorage = 44 miles

Eagle River to Anchorage = 16 miles

Girdwood to Anchorage = 37 miles

Fairbanks to Anchorage = 360 miles

Valdez to Anchorage = 300 miles

Kenai to Anchorage = 157 miles

Homer to Anchorage = 220 miles

Seward to Anchorage = 126 miles

- d. <u>Authorization to Travel (Reimbursable Orders)</u>. To be eligible for reimbursement for travel, the Auxiliarist must be traveling on reimbursable orders issued by an order issuing authority. Travel by an individual or the use of a vehicle, boat or airplane without orders is done as a private citizen of the United States and is not covered by provisions pertaining to the Auxiliary.
- e. <u>Non-reimbursable Orders (Permissive Orders)</u>. Non-reimbursable orders are issued to provide liability coverage for the Auxiliarist while performing authorized Coast Guard duties and/or missions. These orders do not entitle the Auxiliarist to any type of reimbursement. There are two types of Permissive Orders:

- (1) <u>Written Permissive orders</u>. Permissive orders are used for members on un-funded, official Auxiliary business where they may be asked to show their proof of orders or, if needed, to provide proof of orders to their employer.
- (2) <u>E-mail Permissive Orders</u>. DIRAUX will issue email orders that serve as official permission to conduct Auxiliary business, when typed orders are not required. Members requesting to transport Coastie or Personal Watercrafts (PWCs) on a trailer with their Personally Owned Vehicle (POV) must request email orders.
 - (a) Orders for trailering Coastie or PWCs.
 - 1. Auxiliarists must first have a Vehicle Offer for Use form on file at the DIRAUX office to tow a government owned trailer.

2.	An Auxiliarist must be on email orders to tow a government owned trailer (Coastie or
	PWC trailer). Send an email to the OTO and info the DIRAUX, "requesting to tow
	trailer on (date) for (reason)." A return email receipt is
	deemed authorization for the Auxiliarist to tow the trailer.

f. Requests for orders.

- (1) <u>From DIRAUX office</u>. Auxiliarists shall submit a D17 Aux TAD Orders Request Worksheet (Enclosure 1), to the DIRAUX office, to request reimbursable or written non-reimbursable orders.
- (2) <u>From Coast Guard units</u>. Auxiliarists who perform duties in support of active duty units shall receive their authorization from that unit. They shall follow the policies set forth by the unit for requesting reimbursable or non-reimbursable orders.
- g. Requests for "C" School attendance Short Term Training Request (STTR) form. A STTR (Enclosure 2) will be submitted via their FC to DIRAUX for any request to attend an Auxiliary or Coast Guard "C" school. Auxiliary members should contact their FSO-MT or FC for further information on Auxiliary "C" school availability. Sectors may deem it necessary for Auxiliary members to attend specific Coast Guard "C" schools, however, the STTR form must be routed to the DIRAUX office for electronic entry into the Direct Access system to add the member to the school enrollment list. All Auxiliary travel claims must be submitted through the DIRAUX office for processing (see Para j.).
- h. <u>Problem resolution</u>. All Auxiliarists are authorized to contact DIRAUX staff directly for problem resolution regarding travel orders and travel claims without utilizing their Chain of Leadership (e-mail is the preferred method).
- i. Making reservations (Airline, Lodging, Rental Car).
 - (1) <u>Airline.</u> It is mandatory for all official travel to be arranged through SATO Travel by calling 1-800-919-7286. Airline tickets will normally be charged to the Coast Guard's centrally

billed account and not charged to the member. If you plan on using your personal credit card to purchase a ticket, indicate it on your TAD request so it may first be approved by DIRAUX. Refer to Enclosure 3 for complete instructions for making your reservations and ensuring your reservations are ticketed. A copy of the Auxiliarist's orders must be faxed to SATO Travel office so they can charge the ticket to the appropriate Travel Order Number (TONO). This should be done by the DIRAUX office.

- (2) <u>POV Travel</u>. Auxiliarists may, with prior approval, drive to their TAD location, however, it must be determined that the mileage cost will not exceed the cost of a Government Transportation Authorization (GTA) plane ticket and is more advantageous to the government. This authorization shall be reflected in the orders. Additional travel days will not be authorized if the member chooses to drive and airline flights would have allowed the member to return to home by mid-night of the last day of TAD.
- (3) <u>Lodging</u>. Auxiliarists are responsible for making their own lodging reservations and for reserving the room with their personal credit card. Per Diem rates for lodging vary by location and by time of the year so per diem rates should be checked in advance, to ensure you are given the current government rate or lower. Ask the hotel about their late arrival policy if you will be arriving after 6pm.
 - *Lodging taxes are reimbursable but are not part of per diem. Some states may honor federal tax exemption however this is at the discretion of the state and/or the hotel. Beware that some states may not grant exemption from state taxes. You may want to check for state tax exemption forms *before* you begin your travel: http://www.gsa.gov/statetaxforms.
- (4) Actual expense for lodging. In situations where normal lodging rates are not sufficient to cover the cost, actual expenses are allowable, but must be pre-approved and notated on the orders or an orders amendment will be completed by the AO.
- (5) Rental Car. If authorized on the orders, a rental car shall be reserved by calling SATO travel.
- (6) <u>Cancellation</u>. If the TAD travel is cancelled, or the member is unable to make it to the TAD site due to weather/mechanical, or for any reason, it is the Auxiliarist's responsibility to call SATO to cancel flight reservations and rental car, if applicable. It is also the Auxiliarist's responsibility to contact the hotel to cancel their reservations. Most hotels will charge for last minute cancellations or no-shows.
- j. Travel Voucher (claim), DD-1351-2. All Auxiliary travel claims will be submitted to the D17 DIRAUX office. Claims for reimbursement of travel must be completed on form DD-1351-2, (Enclosure 4) or on the National Auxiliary website at http://forms.cgaux.org/archive/dd1351-2f.pdf. The online form provides drop-down boxes in several of the boxes to help you choose the correct entry. When completed, mail the original form, signed in blue, and all original receipts to DIRAUX within five (5) calendar days of travel completion. Faxed, scanned and/or emailed claims cannot be accepted for processing. The DIRAUX will review, approve and copy the claim before forwarding to the Pay & Personnel Center (PPC) for processing and payment.

Claims are mailed to PPC via certified mail. See Enclosure 5 for block-by-block, instructions on how to fill out the DD-1351-2 Travel Voucher form.

- (1) <u>Travel Claim package.</u> The following documents are required to be submitted in travel claim package to the D17 DIRAUX office.
 - (a) Original Orders. Usually the original is kept at the DIRAUX office, so the Auxiliarist may submit a copy. However, if the member has the Original orders they shall be submitted with the travel claim.
 - (b) Amendments. Any amendments to the original orders shall be submitted with the claim.
 - (c) Original lodging receipt, showing dates of lodging and price per night.
 - (d) Statement of Lost Receipt. If the original lodging receipt is lost, the traveler must make an attempt to get a new receipt from the hotel. If this is not possible, the traveler may submit a Statement of Lost Lodging Receipt. (Enclosure 6).
 - (e) Airline Ticket receipt. A receipt for airline travel showing the amount and method of payment (should show last 4 numbers of credit card used) is required to be submitted with the claim, even if the ticket was purchased by GTA.
 - (f) Original receipts for any authorized expense of \$75.00 or more.
 - (g) Rental vehicle receipt (if authorized on orders). Rental vehicles must be reserved through SATO travel.
 - (h) Rental vehicle gas receipt(s), (if rental vehicle was authorized on orders).
 - (i) Meals and incidental expenses are calculated by the daily, locality per diem rate for the TAD location. Receipts for meals are not needed and shall not be submitted with the claim.
 - (j) Receipt for Conference or Registration Fee (if authorized on orders).
 *When meals are included in the Registration Fee, the appropriate deduction from the Meals & Incidental Expenses (M&IE) will be made.
 - (k) Auxiliarists shall retain a copy of their travel claim and receipts for their records.
- k. <u>Common errors</u>. To expedite the travel claim reimbursement the following are some common errors to avoid when completing the DD-1351-2, Travel Voucher form.
 - (1) When married couples (or more than one person) are sharing a hotel/motel room, only one person shall claim the lodging costs. The member is only authorized the single room rate. Auxiliarists should ask the hotel that their hotel receipt show that only one person occupied the room.

- (2) If more than one person is riding in a POV, only the owner/operator may request mileage reimbursement. Passengers should not enter mileage and should check the "passenger" block.
- (3) The daily lodging cost should be listed in block 15(e) for each authorized stop. The lodging cost should not contain the lodging tax. All lodging taxes should be totaled and listed in block 18 under reimbursable expenses.
- (4) Reason Codes, used to correctly fill in the itinerary section, Blocks 15c and 15d of the Travel Voucher are listed on Page 2 of DD-1351-2 form. All itineraries will end with MC = Mission Complete.
- (5) If lodging is required at a rate exceeding the maximum lodging rate, prior written authorization for actual lodging expenses must be obtained for full reimbursement. This authorization should be noted on the orders or the authorization amendment shall be attached to the orders and submitted with the travel claim.
- (6) Do not list meals on your travel claim. Meals and Incidental expenses (Per Diem) is paid automatically, regardless if it is local per diem rate or Government rate.
- (7) Sign Claimant Signature block 20a of the Travel Voucher in **blue ink** and enter date in block 20b.
- (8) Late submission. Travel claims shall be submitted to the DIRAUX office for processing within 5 calendar days, after returning from official travel. Future orders will not be issued until the member has submitted any outstanding claims.
- (9) The AO reviews all reimbursement requests before forwarding them to PPC, however some things are still occasionally missed. All claims are also subject to random audits. When either of these happens, the PPC often mails the claim back to the individual and asks them to correct and resubmit directly to them. Do not send back to the PPC or FINCEN. All correspondence must come through DIRAUX. The AO at the DIRAUX office must review and endorse the audit response or resubmission prior to forwarding it back to the PPC. Auxiliarists who send directly to the PPC or FINCEN run the risk of not being reimbursed or causing further delays in receiving payment.
- 1. Travel Claim Process. Currently the non-electronic, travel claim process for Auxiliary members is lengthy. Upon completion of orders, Auxiliarists are reminded to mail their travel claim within 5 calendar days. Once they are received at the DIRAUX office, the AO has 3 business days to review and process them for mailing to PPC. From Alaska, the claims are mailed via certified mail, and usually take 6 days to arrive at PPC in Topeka, KS. The PPC has 14 working days to process the claim once they receive it. PPC then sends the approved claim for reimbursement to the FINCEN. The FINCEN's process and completion time is 5 to 10 working days, for the member to see payment deposited into their account. So Alaska members can, on average, wait 20 to 30 days to receive their reimbursement for travel. However, there is an optional, proxy process available to all Auxiliary members traveling on reimbursable orders.

This proxy process will eliminate the requirement for our office to mail your claim to the Pay & Personnel Center for processing and instead, enter it into the electronic travel system (T-PAX), which will speed up the reimbursement time to the member's bank account. This process is not mandatory and any notarizing costs are not reimbursable, however, the reimbursement time will be 4 days or less vice 20 or more days, as it is now. To set up the proxy, fill out CG PPC 7421 form and the T-PAX Profile Request Form, Enclosure (7). The "Special Limited Power of Attorney" portion shall be notarized and then mail the originals of both forms to the DIRAUX office. This will allow the Assistant Director, as the Authorizing Official, to proxy your claim into T-PAX. Members will continue to fill out, sign and mail their travel claim with receipts to the DIRAUX office. The original paper claim will be kept on file in the Director's office.

- m. <u>Travel Claim Payment Status</u>. After their travel claim has been submitted, Auxiliarists can query the FINCEN Database for status and payment information on their Travel Claims.
 - Travel Claim Payment Status: https://www.FINCEN.uscg.mil/secure/TravelPay/TPQuery.htm
- n. <u>Travel Voucher Summary (TVS)</u>. TVSs show the breakdown of the reimbursement. When the reimbursement process has been completed, copies of TVSs, for the past 90 days, are available online.
 - Travel Voucher Summaries (TVS): https://www.FINCEN.uscg.mil/tvs_aux/
- 4. <u>ACTION.</u> All Auxiliary elected officers, District Staff Officers, and Auxiliarists in District Seventeen shall become familiar with and follow the guidelines contained in this Directive.
- 5. **RESPONSIBILITY.** The Director will make changes to this Directive as required.

TEKN

Lieutenant Commander, U. S. Coast Guard

Director of Auxiliary

Seventeenth Coast Guard District

Encl: (1) TAD Worksheet

- (2) **STTR**
- (3) SATO Travel Reservations Instruction
- (4) DD-1351-2 form
- (5) Travel Voucher Instructions
- (6) Statement of Lost Lodging Receipt
- (7) T-PAX Profile Request Form and Power of Attny Form

CGD17 AUXILIARY TEMPORARY ASSIGNMENT TO DUTY (TAD) ORDERS REQUEST WORKSHEET

*When filling out this form onling	e, fill in the first highlighted	box and tab through to the other bo	oxes.
Name:	Member #:	Phone #:	
Email:	Fax #:	Cell #:	
Purpose: To request orders for If you have any questions, cal			
Reason for Travel:			
Traveling from (city/state):	Travel	ing to (city/state):	
Departure date:	Return date:		
*Anything other than authoriz are made.	ed travel dates must be pre	-approved by DIRAUX before r	reservations
Permissive: Request perm	issive orders at no cost to the	ne Government.	;
Mode of Travel: ☐ Privately Owned Vehicle	(POC) [Must be pre-appro	ved by DIRAUX].	
ticket charged to CG ac	ccount – DIRAUX must ser (AUX, ticket charged to per	through SATO 1-800-919-7286 and orders to SATO resonal credit card, used SATO.	
Government Owned Con C-130 / Helo			
Lodging: Commercial Lodging l	Rate for the locality.		
	he locality (no meal receipt lirected / meals provided.	s required).	
Rental vehicle:	zed at TAD site (must be n	re-approved by DIRAUX).	
Member's Comments:	Zea at 1 AD site (must be p	ic-approved by DIRAUA).	
 personal information to the U.S. Coast G Authority - 10 USC Section 2 Principle Purpose - Used to i Routine Uses - Same 	uard: 771 ndicate a member's intention during information is voluntary, but witho	following information is provided to you TAD ut disclosure the member may not receive	
DIRAUX approval		Submit completed for	m via

ENCLOSURE /1 \

email to: lori.e.cook@uscg.mil

or fax: 907-463-2256

DEPARTMENT OF TRAINING REQUEST 2. REQUEST STATUS (Check of the control of the con	
U.S. COAST GUARD CG-5223 (Rev. 6-84) (Information on this form are Privacy Act Protected, 5USC 522(a)) A. (M) INITIAL CORRECT	TED
ANSC# 7059 (When filling in items 1. thru 22. NOTE B. RESUB-MISSION (M) LATION (CEL- (M)
3. SERVICE NUMBER (M) 4. NAME (Last, Initials) (M) 5. RANK/RATE (M) 6. ROTATION DATE (Estimate)	
YEAR MONTH	
7. COURSE TITLE/NUMBER (M) 8. UNIT (M) 9. OPFAC NUMBER (M)	
10. POINT OF CONTACT (Name) (O) 11. TELEPHONE NUMBER (M))
	XT
12. TRAINING SOURCE/LOCATION (O) 14. BILLING ADDRESS (When applicable) (O) 15. PRIORITY (Code) (M)	
16. COURSE DURATION (O)	
13. TUITION AND FEES (When applicable) (O) WEEKS DAYS	
17. COURSE CONVENING PREFERENCE (M)	
A. FIRST CHOICE (M) B. SECOND CHOICE (M) C. THIRD CHOICE (M) YEAR MONTH DAY YEAR MONTH DAY	
YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY	
18. QUALIFICATION CODES OF APPLICANT (O) 19. MEETS COURSE PREREQUISITES (M) 20. EXPIRATION OF ENLISTMENT DATE	(M)
(Check applicable box) YES NO N/A	
21. TRAINING NEEDS ANALYSIS (M)	
A. NO. PERSONNEL UNIT (M) REQUIRED TRAINED IN COURSE B. NO. PERSONNEL WITH TRAINING O/B (M) C. NO. PERSONNEL "ORDERED IN" OUT" WITH TRAINING (M)	l
22. SUPPORTING REMARKS AND COURSE DESCRIPTION (Attach course literature; for commercial sources) (0)	
23. FIRST ENDORSEMENT FORWARDED UNIT/ACTIVITY DATE	
C. REMARKS	
DISAPPROVED (Remarks required)	
D. TITLE E. SIGNATURE	
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SATO Travel Reservations: 1-800-919-7286

After Hours Emergency Only: 1-800-827-7777

All official, reimbursable travel is to be arranged through the SATO travel office.

You have been authorized to receive reimbursable orders from the Coast Guard for official travel. Here are some simple instructions for making your travel arrangements.

- 1. Fill out the CGD17 Temporary Assignment to Duty (TAD) Orders Request Worksheet based on the meeting/course travel information you received. (Note: Orders for "C" Schools must be requested by submitting a Short Term Training Request (STTR)).
 - a. Email or fax the worksheet to the Director's office (numbers are listed below).
 - b. Once the Director has approved your request,
 - (1) If traveling by plane, you will be notified to call SATO to make your travel reservations.
 - (2) If traveling by privately owned vehicle, your orders will be emailed to you.

2. Call SATO to make your travel reservations.

- a. After receiving the authorized dates for your official travel, call a SATO representative at **1-800-919-7286** to make the flight arrangements. Let them know that you are with the Coast Guard Auxiliary and that the airfare will be charged to your travel orders. (Charging the airfare to your personal credit card must be preapproved by the Director's Office.)
- b. Please ask SATO to include the price of your ticket on the itinerary.
- c. If you are authorized to rent a car for your travel, it must also be reserved through SATO at this time.
- d. If you wish to include days in your itinerary other than the official authorized dates of travel, contact the Director's Office for approval, prior to making the reservations.

3. SATO will email you an itinerary for your travel.

- a. Once you have received your itinerary, check it for accuracy, making sure it matches the dates that you are authorized to travel. (If you have requested dates for travel other than those authorized for the official travel, make sure they have been pre-approved by the Director's Office.)
- b. Forward the itinerary email from SATO including the link to the reservation to the Director's Office for preparation of the official travel orders.

4. Official Travel Orders will be prepared by the Director's Office.

- a. When the Director's Office receives your SATO itinerary with Locator Code, the official orders for travel will be prepared.
- b. The Director's Office will email the orders, with the Locator Code at the top, to both you and SATO. You will carry these orders with you during your travel.
- c. SATO will ticket the travel and you will receive an e-invoice email from them. Check to make sure your name, invoice/ticket numbers and total amount appear in the pricing box.

5. Include a copy of your SATO e-invoice when submitting your claim for reimbursement.

- a. Print a copy of the e-invoice from the SATO link provided to you showing that the ticket has been issued.
- b. Attach the e-invoice to your travel claim when you mail it to the Director's Office for processing.

If you have any questions or problems, please contact the Director's Office:

Lori Cook, Assistant Director of Auxiliary 907-463-2246, <u>Lori.E.Cook@uscg.mil</u>

-- or --

Noreen Folkerts, Auxiliary Program Assistant 907-463-2249, Noreen.K.Folkerts@uscg.mil

Folkerts@uscg.mil

Fax: 907-463-2256



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c. REVIEV	VER'S	PRINTED	NAME				d. REVII	EWER SK	GNATURE						e. TELEI	PHONE NUME	BER	f.	DATE
21.a. APPF	ROVIN	G OFFICIA	L'S PR	INTED	NAME		b. SIGN	ATURE							c. TELEF	PHONE NUME	BER	d	I. DATE
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23. COLLE	спо	N DATA																	<u>.</u>
L																			
24. COMP	JTED	BY	25. Al	JDITED I	ВҮ	26. TRA AUTH	VEL ORDER DRIZATION	V POSTED	BY 27.	REC	EIVED (P	ayee Si	ignature and	d Date or C	heck No.)		28.	AMOÙ	INT PAID

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filling system for filling and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the 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/authorizations 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.
- Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
- 6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

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

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- Ġ	Motorcycle	- M
Commercial Transportation			- B
(Own expense)	- C	, , , , , , ,	- P
Privately Owned			- R
Conveyance (POC)	- P	Vessel -	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

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

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

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

Travel Voucher or Subvoucher Turning in Your Travel Claim

You've completed your reimbursable travel and it's time to file your travel claim. Go to the Forms Page on the National website and you will find **DD Form 1351-2**. You can fill the form out on line, or by hand, but either way it will need to be mailed to the Director of Auxiliary Office along with any necessary receipts.

You will, of course, check the **Electronic Fund Transfer** block in section 1 for method of payment. The Coast Guard Financial Center (FINCEN) no longer pays by check, so make sure you have filled out and submitted your Direct Deposit information.

TRAVEL VOUCHER OR S	UBVOUCHER	compl	eting form. Us	stement, Penalty is se typewriter, ink, e is needed, conti	or ball	point pen. PRE	tions o	n back before IRD, DO NOT use
Electronic Fund to esignate a payment to the paymen	ENT: The Paying Office will priges for transportation, lodging, that equals the total of their out ting amount of this reimburs	and rental ca standing gov	r if you are a civit emment travel ca	an employee, unless y rd batance to the GTC	ou efect i C contrac	a different amount for	of your Maltary	reimbursement personnel are required
2. Remarkable (Part or type)	3. G	ADE	4. \$\$N		6.1	YPE OF PAYMEN	IT (X es	eppicable)
MEMBER, WANNA B.		AUX	12	3- 4 5-6 789	×	TDY	×	Member/Employee
6. ADDRESS. a NUMBER AND STREET	b.CITY		c STATE	d ZIP CODE	_	PCS		Other
123 ANYWHERE ST	JUNEAU		AK	99999		Dependent(s)		DLA
E-MAIL ADDRESS warmab@whatever.	GC .			<u> </u>	10.	FOR D.O. USE O	NLY	
AREA CODE MUMB	L ORDER/AUTHORIZATION ER 10350JAU999000		NOUS GOVERNA NCES (),	ENT PAYMENTS/	-	D.O VOUCHER	NUMBE	8
11. ORGANIZATION AND STATION D17 170-01-0	1				р	SUBVOUCHER N	ÜMBEF	
12. DEPENDENT(S) (X and complete as applicable)			ENDENTS' ADOR	ESS ON REGISTED OF	С	PAIDBY		
ACCOMPANIED UN	IACCOMPANED	7		,				

Fill in the information in blocks 2 through 7 as requested. Section 8 will be the 16 digit TRAVEL ORDER NUMBER (TONO) found on the bottom portion of your orders. In some cases there will be two numbers listed there, one starting with 11 (which covers all the basic travel expenses) and one starting with 14 (covering the airfare charged to the orders). You will notice that the accounting information to the right of the TONO number is the same for both. The number inserted here will be the one starting with 11 (i.e. 1110350JAU...). The three numbers following the JAU are unique to your travel claim. Also make sure you include the three zeros at the end of the number making it the full 16 digit travel order number. Finish this portion of the voucher by filling in sections 9 and 11.

Now that you have completed the top portion of your claim, it's time to move to the ITNERARY. You'll enter the year under "DATE" in block "a" and then the first day of your travel and place your travel originates.

Tab to the MEANS/MODE OF TRAVEL and using the instructions on the back of the form, pick the two letters that apply to your means of travel. In this case, since the Member is traveling by air and charging the fare to the orders, TP is used.

Read Privacy Act Statement, Penalty Statement completing form. Use typewriter, ink, or ball pi pencil. If more space is needed, continue in re-TRAVEL VOUCHER OR SUBVOUCHER Using the instructions ENCIT DIRRUGRAGIA X Electronic Fund Transfer (EFT) on the back of the form, Payment by Ch pick the codes that 123-45-6789 MEMBER, WANNA B AUX X TDY ★ Member/Employee apply to your travel. ADDRESS & REMEEN AND STITLE PÇŞ Other 123 ANYWHERE ST JUNEAU AK 99999 Dependent(s) E-MAIL ACORESS warmabil 10. FOR 0.0. USE 0 ITEM 15 - ITINERARY - SYMBOLS AREA CODE 907-123-4567 A DO VOUCHER HUMBER 1110350JAU999000 15c. MEANS/MODE OF TRAVEL (Use two le 0.00 CORGANIZATION AND ST b SUBVOUCHER GTR/TKT or CBA (See Note) - T - A - M - B - P D17 170-01-01 Government Transportation Commercial Transportation Motorcycle 12. DEPENDENT(S) (X) - C (Own expense) Privately Owned - P Conveyance (POC) b RELATIONSHIP C MARRIAGE a NAME (Last Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense 1 COMPUTATIONS 15d, REASON FOR STOP NO (Explain in Remarks) Leave En Route - LV Authorized Delay - AD 16, ITHERARY Mission Complete - MC Temporary Duty - TD Voluntary Return - VR Authorized Return Awaiting Transportation Hospital Admittance Hospital Discharge LODGING POC 2010 02/11 DEP JUNEAU, AK TP 02/11 ARR TD 18 ANCHORAGE, AK 396.00 02/15 DEP TP ITEM 15e. LODGING COST 02/15 ARR MC 18 JUNEAU, AK DEP ITEM 19 - DECUCTIBLE MEALS ARR Meals consumed by a member/employee when furnished with or DEF without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. ARR C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

The next step is to enter your destination in the ITINERARY and by tabbing, the REASON FOR STOP. Again, using the instructions on the back, pick the proper codes. In this case it would be TD (Temporary Duty).

Another tab stroke will take you to the LODGING COST. Enter the total amount of the daily basic room cost. In this case it is \$99.00 x 4 days or \$396.00. DO NOT include the room taxes in this total. They will be entered in section 18.

TRAVEL VOUCHER O	1 \	pencil. Il more spac	e is needed, contin		190
Payment by Check Pay the	the Mile It The Paying Office will pay day in the Service Manaportation, lodging, and re- yment transportation, today of their outstand following amount of this reimbursement	nt directly to the Gov		e Card contractor: / \$	pured.
1. MARK (Lest Free Middle Initial) (Free or Pr		4. BEN	SS	6. TYPE OF PAYMENT (X as applicable)	3-19
MEMBER, WANNA B.	AU	X 12	3-45-6789	X TDY X Member/Employe	
8. ADDRESS. a NUMBER AND STREET	p CITY	c STATE	d ZP CODE	PCS Other	Mileage to the airport (or if
123 ANYWHERE ST	JUNEAU	AK	99999	Copun (ras) DLA	
• E-MAR ADDRESS warmab@ hater	ver.net			10. FOR DO. USE ONLY	you travel to your destination
AREA COOE 907-123-4567	TITO350JAU999 00	ADVANCES 0	OO	DOWNSHER NUMBER DOWNSHER NUMBER	by car) will be entered in the POC MILES block.
D 7 170-	01-01			Davocher Howeek	L'OC MILLS DIOCK.
12. DEPENDENT(\$) (X and minute as applica		C DEPENDENTS AUG	ERE ON RECEIPT OF	PAIDBY	A
ACCOMPANIED	UNACCOMPANED	ORDERS (Include Za)	Code)	V	
				/	
B NAME (LBS) PPS (MEMORITOR) D	RELATIONSHIP C TATE OF BUTTER		/		Continue filling in the rest of
					1 No.
	1	AVERTER BY	COOCH SEED SHOOT		your itinerary in the same
		(Agens)		d COMPUTATIONS	al .
15. FRICALRY		-	O (Explain in Republic)		manner using MC (Mission
a DATE D FLACE (Home, Office,	Base, Activity, City and State Mc	EAN REASON	LODGENG POC COST MLES		Complete) as your final
2010 City and	Country, eac / Ti	RAVEL STOP	COST MLES		
02/11 DEP JUNEAU, AK		TP A	A A	1	"Reason for Stop".
02/11 ARR ANCHORAGE, AK	48	TD	396.00 18		
03/12 per		TP	A. Contraction of the last of		
02/15 ARR JUNEAU, AK	X	MC	18		
ARR					If you have entered mileage
DEP		100000			
ARR	e	WEEKS TO SERVICE STREET			in the POC MILES, make
DEP		10000			
ARR					sure you also check the
OEP		1000		SUMMARY OF PAYMENT	→ POC TRAVEL
ARR	500	-		(1) Per Cuics	
DEP		Parties of	The same of	(2) Actual Expense Allowance	OWN/OPERATE
ARR	100	2002	and the second	(3) Mésage	in block 16
18, POC TRAVEL (X one) X O PUOPE	PASSENGER	17, DUR	ATION OF TRAVEL	(4) Dependent Travel	in block 16.
18. REIMBURSABLE EXPENSES	1 1 22			(5) DLA	
a DATE b NATURE OF EX	PENSE & AMOUNT d	ALLOWED 1	HOURS OR LESS	(6) Rembursable Expenses	

Once you have completed your itinerary, move to block 17 and indicate the **DURATION OF TRAVEL**. This includes the entire duration of the

Section 18 is where you list all your miscellaneous REIMBURSABLE **EXPENSES.** This includes the total lodging taxes shown on your hotel receipt. When your orders indicate you are authorized a rental car, excess baggage, registration fees, etc., here is where you will list those expenses. If you have a question as to whether an expense is reimbursable, please ask. Remember that you will need to include a receipt for any items that exceed

\$75.00.

744	2		ALTERNATIONS.			1000	(1) Per Di	MPI	
DE	7		1	550	1	SOURCE	(2) Actual	Experse Allowence	
ARI	2			-			(3) Aldenig		
16. POC TRA	TEL (X one) X OWNOPERATE	PASSENGE	R	17. 0	WRATION OF T	RAVEL	(4) Depart	dent Travel	
14. REMBUR	BABLE EXPENSES				12 HOURS OF		(5) DLA		
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	1	12 HOURS OF	LESS	(6) Reimb	ursable Expenses	
02/15	Lodging taxes	48.00			MORE THAN	2 HOURS	(7) Total		0.0
02/15	Airport Parking	36.00		D ₁	BUT 24 HOUR	S OR LESS	(8) Loss A	dvance	
02/11	Registration Fee	125.00		×	MORE THAN	M MOURE	(9) Amous	t Owed	
				L.			(10) Amou	nt Due	12
		ueda Tarada		10.0	OVERNMENTA				
					a. DATE	b. NO. 0	FHEALS	e. DATE	b. NO. OF MEALS
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41	man B. Me	nber)	200		7714/10				2/16/10
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L. Harris	MAR B. M.	o REVEWER SX	anature		J. 14 10			HONE NUMBER	2/16/10 L DATE
APPROV	SPENIED WALE. The	a REVIEWER SX	ava ture		14.10				t DATE
APPROV	ING OFFICIAL'S PRINTED NAME ING OFFICIAL'S PRINTED NAME ING CLASSIFICATION AU999000 2 J 001 117 30 0	a REVIEWER SX	ANATURE		7,1410				t DATE

Sometimes, one or more of your meals will be provided, either at no charge to you or by being paid as part of a registration fee. You will need to indicate those meals in section 19,

GOVERNMENT/DEDUCTIBLE MEALS. In this particular example of a travel reimbursement for the District Conference, three of the meals are covered by the registration fee. The form will only let you put a number in the NO. OF MEALS block so after printing the form and before sending to the Director's Office,

please indicate which meals were provided.

ARR (2) Actual Expe DEP ARR (3) Mileege 17. DURATION OF TRAVEL (4) Dec IS. POC TRAVEL (X one) PASSENGER Section 22 is for the (5) DLA 12 HOURS OR LESS b. NATURE OF EXPENSE d. ALLOWED (6) Reimbursable Expe a DATE TANDUM **ACCOUNTING** 0.00 (7) Total 36.00 02/15 Lodging taxes MORE THAN 12 HOURS BUT 24 HOURS OR LESS CLASSIFICATION. Airport Parking (8) Less Advanc 02/11 125.00 (B) Amount Owed Registration Fee MORE THAN 24 HOURS Enter the full travel (10) Amount Due U F MEALS order number and the b. NO. OF MEALS a. DATE b. NO. OF MEALS Lunch accounting information 02/13/10 02/13/10 1 Dinner from the bottom of your 02/14/10 Dinner 2/16/10 orders. a. TELEPHONE NUMBER G. TELEPHONE NUMBER d DATE 1110350JAU999000 2 J 001 117 30 0 AU 71830 2155 **DD FORM 1351-2, MAR 2008**

Once your travel voucher is completed, print the form and sign it with **BLUE INK** in block 20a, dating it in block 20b.

After your travel voucher is completed, signed and dated with **blue ink** make sure you include the following in your travel claim package:

- > Completed original DD Form 1351-2 signed in blue ink
- > Copy of your orders (If you have the ORIGINAL orders, they must be returned with your voucher)
- > All necessary receipts for reimbursable expenses including your hotel any expenses over \$75.00
- > Your e-receipt from SATO Travel (even if the airfare was charged to the travel orders)
- > Any necessary information to clarify expenses or differences in travel dates from the orders

Your travel claim package should be sent within 5 working days of the completion of your travel to:

Director of Auxiliary 17th Coast Guard District P.O. Box 25517 Juneau, AK 99802-5517

If you have any questions concerning your travel claim, please call Lori Cook, 907-463-2246 or Noreen Folkerts, 907-463-2249 at the Director's Office.



STATEMENT OF LOST LODGING RECEIPT

IAW JFTR U2500.B.3 & U4125.A... An <u>Itemized receipt</u> must be provided. When an Itemized receipt is lost, destroyed, or <u>impractical to obtain</u>, you must provide a statement explaining the circumstances why the Itemized receipt was not enclosed. Included in this statement Please provide the name and address of the lodging facility, the dates the lodging was obtained, whether others shared the room, the daily lodging rate, the daily taxes incurred, & all other expenses (if any) are included.

I,	certify that I paid
<pre>\$ per night for Lodging,</pre>	and <u>\$</u> for lodging
taxes between the dates of	and
I am not clain	ning any special fees such as
pets, movies, room service, bar,	laundry or sundry charges.
I stayed at:	(Hotel / motel)
Address:	
In city of:	
Zip code:	
Travel was Under TONO number	
An Itemized receipt was either lother the submitt therefore it could not be submitt copy of this receipt is found, I with against this TONO#.	ted for reimbursement. If a
Sincerely,	
(Traveler)	(Date)
Approved By:	
(Unit Approving Official)	(Date)
The statements must be complet	
BLUE INK by both the traveler ar	nd the Authorizing Official (A)

ORIGINAL RECEIPTS FOR REIMBURSABLE EXPENSES OF \$75 OR OVER

For lost receipts, sign (in b	ide ilik) a statement as below in	block 29 01 DD-1351-2.
	m against the government for th	
	severe criminal and civil penalti nt claim (U.S. Code, Title 18, Se	<u> </u>
SignaturePrinted Full Name	e, Signature & Emplid	
Signature Printed Full Name Authorized Certify	e, Signature & Emplid	

NOTE: Please itemize your costs (i.e. how much spent for each item). For hotel receipts it is necessary to provide the name of the hotel, phone number including area code, address and a point of contact at the hotel for verification. So use the form on the previous page. The statements must be completed by the traveler and signed IN BLUE INK by both the traveler and the Authorizing Official (AO).

Department of Homeland Sect U. S. Coast Guard CG PPC 7421 (Rev. 03/09)	urity	T-PAX/WINIATS User Access Authorization & Approving Official (AO) Designation					
1. User's Name (Last, First, MI.) (Please print	tì	:	Appro 2. Rank/		3. Employee ID # (St		mployed)
	•		AUX				,
4. Official Duty Station & OPFAC	5. Area	a Code & Work Phone Num	nber:	6.	e-Mail address:		
District 17 (dpa) 17-71117	<i>r</i>						
7. User Role Description (see instruction authorization supersedes all of your parties.)				8. Hor	Blocks 8 to 12 required me Address: Street Addre	only for Non-C ss, Apt #:	G Employee requests
T-PAX (Travel Preparation &	Examination	System Permissions	<u>s)</u>				
☐ Create "Non-CG Employee" Self Service-USEr Profile (CONTRACTORS ARE NOT ALLOWED TO COMPLETE TRAVEL CLAMMS NOR DO THEY HAVE ACCESS TO T-PAX)			9. Home Address: City, State, Zip Code:				
"Must fill out blocks 1-6, 8-12 ✓ T-PAX AO (Authorizing Official) Pe	ermissions			10. Check all that apply as well as status within branch: ☐ CGES ☐ USMC ☐ Civilian DOD Employee			
☐ Date of Expiration:		sired. 1-Year is recommend)	☑ USCG AUX ☐ USAF ☐ Chaplain			
☑ Advance Signature Proxy Permiss	sions			USPHS USN Active Duty USA Reserve Duty			
☐ Date of Expiration: ☐ Customer Service Representative	– Dorminaiona (DDC O=64		☐ Other:(specify)			
Date of Expiration:		• • • • • • • • • • • • • • • • • • • •	,	11. USCG Work Address: Street Address, Apt #:			
☐ System Administrator (PPC TVL C				P O BOX 25517 12. USCG Work Address: City, State, Zip Code:			
☐ Date of Expiration:	_ (Enter a date if de	sired. 1-Year is recommend)	JUNEAU. AK 99802-5517 Scope of Authorization			
Winlats Access Per	missions (PP	C TVL Only)				at follow, the us	ser is authorized access to the
☐ Examiner Permissions				computer systems identified above. This authorization contains no implied authorization to access any computer system of the United States Government not specifically identified herein. Authorization will be revoked upon separation,			
☐ Auditor Permissions							
☐ Distribution Permissions				retirement, reassignment of duties, change of organization or when determined by the Information Systems Security Officer to be in the best interest of the			
System Administrative Restricted	Permissions			Government.			
System Admin Permissions (full)				WARNING: Only Authorized Users May Use These Systems.			
Super User Permissions (system s	suppt users on	ly)		To protect these systems from unauthorized use and to ensure that these systems are functioning properly, system administrators monitor these systems.			
				Individuals using these systems without authority, or in excess of their authority,			
Web/Image Now Access				are subject to having all of their activities on these systems monitored and recorded by system personnel. In the course of monitoring individuals			
Examiner Permissions (all travel folders) Exception: System Admin Permissions (all travel folders)			improperly using these systems, or in the course of system maintenance, the				
- · · · · · · · · · · · · · · · · · · ·			activities of authorized users may also be monitored. Anyone using these systems expressly consents to such monitoring and is				
out separately.)			advised that if such monitoring reveals possible evidence of criminal activity,				
management may authorize system personnel to provide the evidence of su- monitoring to law enforcement officials.							
13.CMD Designation (Signature & p	rinted name, i	Rank, Title (CO/OIC,)	the gener	or HQ/P	SC/AREA/MLC/DIST	Branch Chief)	& Phone Number):
to complete. This member has demonstra entries and if in doubt they will seek assist	ated that they are	knowledgeable in the us nowledge that if I lose co	se of the pr infidence in	ogram I'v this mer	e authorized and has m nber for any reason I ha	y confidence tha	t they will diligently make
Lori E. Cook			7-463-2	2246	17-71117	_	Date:
Signature AND PRINTED or TYPED	Name, F	Rank, Title, I	Phone	OPFAC	;		
			er Refe				
Your T-PAX Profile should be updated within 05 business days from the date this form is received at PPC Travel. (Please ensure that it has been 05 days & that you have reviewed your T-PAX profile for status prior to contacting PPC-TVL for designation status.)							
PPC-TVL WEBPAGEhttp://www.uscq.mil/PPC/tvl.asp							
T-PAX Profiles must be set up with user's password and general information required prior to submitting request for permissions other than self service. Designation request without basic profile information already entered by traveler will not be updated by PPC.							
Acknowledgment: I understand that I am authorized to access the T-PAX/Winlats system and that accessing it for purposes beyond the Scope of							
Authorization is a violation of Federal law (18 U.S.C. 1030 et al). My password meets the DHS Information Systems Security requirements, and I may							
be held responsible for my inappropriate protection or sharing of my password. I understand that prior to entering any transactions into T-PAX/Winlats I must be knowledgeable on the validity of the entry, the impact of that entry within T-PAX/Winlats, and the impact on the member. Personal monetary							
liability, adverse personal evaluation, and or further administrative or disciplinary actions may result if I am found negligent in the performance of any of my duties assigned here in. By signing the User Signature below, I certify that I have read and understand the Statements of Responsibility							
my duties assigned here in. By sign and Liability, located on page 2-3 o	<u>ing the User S</u> of this docum:	<u>signature below, I ce</u> ent. for each of the r	rtify that ermissio	<u>l have i</u> ns assi	<u>read and understan</u> igned above.	d the Stateme	ents of Responsibility
14. User's Signature:					Date:		91
(For PPC Use Only)T-PAX/Winlats	Access System	ns Administrator & CS			Fax t	o: (785) 339-3	737
	OPRCLASS:	T-PAX/Winlats Sys	tem Adn	ninistrat		Date:	
		-					
Revocation/Termination of Access Authority Complete this section when the user is reassigned, separates from the service/terminates employment or the access needs to be terminated for any other reason. Fax it to (785) 339-3737.							
DATE: REASON:							
Command Signature (Print and S	iion)						

CG PPC 7421/2 (Rev. 03/09) Instructions

- Fax the completed form to PPC at the number on the form ((785) 339-3737)
- · Retain the original form in the unit's files until the member departs the unit.
- When the member departs the unit or access needs to be terminated for some other reason, have the user sign and date the Revocation of
 Access Notice section of the form. Fax the complete form to PPC.
- T-PAX/WinIats termination should be part of your unit checkout process.

All T-PAX/WinIats System permissions:

Read and be familiar with:

- Contractor's T-PAX User Guide at PPC Website (http://cgweb.PPC.uscg.mil/travel/T-PAX/Webbs/pp)
- JFTR, Appendix O, Temporary Duty (TDY) Travel Entitlements (Information Only) (http://www.defensetravel.dod.mil/perdiem/trv/regs/html)
- CG Supplement to JFTR, (http://www.uscg.mil/directives/cim/4000-4999/CIM_4600_17.pdt)
- Chapter 2, 3PM.(http://www.uscg.mil/PPC/3pm.asp)
- · Federal Travel Regulations (FTR) (http://www.gsa.gov/federaltravelregulation)
- The Coast Guard Freedom of Information (FOIA) And Privacy Acts Manual (http://www.uscg.mil/directives/cim/5000-5999/C1M_5260_3.pdf)

T-PAX Authorizing Official Statement of Responsibility and Liability:

T-PAX AO Statement of Responsibility & Liability: AOs have the authority to review & approve travel payment transactions in T-PAX and therefore, shall become knowledgeable in the matters of document(s) being approved. T-PAX AO's have broad authority to determine when TDY travel is necessary to accomplish the unit's mission, authorize travel, obligate unit travel funds, approve trip arrangements & authorize travel expenses incurred in connection with the travel. T-PAX AOs shall ensure documents are carefully reviewed before approval and not signed only as a matter of formality. The T-PAX AO shall not compromise system integrity by revealing their personal passwords. The T-PAX AO is fully accountable to the Coast Guard and may be found liable for erroneous or improper payments. T-PAX AO designation is terminated with a permanent transfer, inter-unit transfer, or when deemed necessary by competent authority.

T-PAX Advance Signature Proxy Statement of Responsibility and Liability (SPO Designation):

T-PAX AdvSigProxy Statement of Responsibility & Liability: AdvSigProxy have the authority to prepare Travel Advances on the member's behalf in T-PAX, electronically sign for the member and forward to the appropriate AO and therefore, shall become knowledgeable in the matters of document(s) being created. T-PAX AdvSigProxies have broad authority to processes advances in connection with the travel on behalf of any member within their area of responsibility (typically any unit that fall under the SPO). T-PAX AdvSigProxy shall ensure documents are carefully reviewed before forwarding to AO. The T-PAX AdvSigProxy shall not compromise system integrity by revealing their personal passwords or personal information contained within the T-PAX system. The T-PAX AdvSigProxy is fully accountable to the Coast Guard and may be found liable for erroneous or improper payments and may be held accountable for failure to follow the Privacy Act. T-PAX AdvSigProxy designation is terminated with a permanent transfer, inter-unit transfer, or when deemed necessary by competent authority. By my signature above I certify I understand and agree to this Statement of Responsibility and Liability.

T-PAX Customer Service Representative Statement of Responsibility and Liability:

T-PAX CSR Statement of Responsibility & Liability: CSR have the authority to review all CG travel accounts in T-PAX, to assist members with questions, reset of passwords, and necessary instruction and therefore, shall become knowledgeable in the matters of travel regulations for both military and civilian personnel, privacy act regulations, and the operation of T-PAX. T-PAX CSR shall not compromise system integrity by revealing their personal passwords or personal information contained within the T-PAX system. The T-PAX CSR is fully accountable to the Coast Guard and may be held accountable for failure to follow the Privacy Act. T-PAX CSR designation is terminated with a permanent transfer, inter-unit transfer, or when deemed necessary by competent authority.

T-PAX System Administrator Statement of Responsibility and Liability:

• T-PAX SA Statement of Responsibility & Liability: T-PAX SA have the broad authority within T-PAXThe T-PAX SA is fully accountable to the Coast Guard and may be found liable for erroneous or improper payments and may be held accountable for failure to follow the Privacy Act. T-PAX SA designation is terminated with a permanent transfer, inter-unit transfer, or when deemed necessary by competent authority.

WinIats Examiner Statement of Responsibility and Liability:

An Examiner is the individual primarily responsible for the overall processing of travel payments

WinIats Auditor Statement of Responsibility and Liability:

An Auditor is the individual responsible for reviewing travel claims that have been processed and are flagged for audit. When a claim has been flagged by lATS for audit, an individual with Auditor Function capabilities must access the flagged block and either review the flagged claim on-screen, or review a printed audit report. The Auditor must review every input screen for a claim flagged for audit.

WinIats Disbursing Statement of Responsibility and Liability:

An individual with Disbursing capabilities is responsible for preparing a block of processed claims for payment. In addition, this individual must release the
processed blocks and carries the same accountability as a PAO.

T-PAX PROFILE REQUEST FORM ADDENDUM FOR SIGNATURE PROXY ASSIGNMENT

MEMBER INFORMATION

EMPLOYEE ID:	AUXILIARIST	
SSN:		
LAST NAME:	FIRST NAME:	MI:
	o properly complete an account within the TPA to other sensitive personal information retained	
MOTHER'S MAIDEN NAME	:	
CITY OF BIRTH: DATE OF BIRTH:		
SPECI	AL LIMITED POWER OF ATTORNI	<u>EY</u>
I, (1) member of the United States Coast (71117_, do appoint (4) Lori E. C71117 as my attorney-in-fact the behalf, official travel claims through the state of th	, c urrently residing a t (2) Guard Auxiliary and stationed at (3) District took who is presently assigned to (5) to act as "signature proxy" in order to complete the US Coast Guard's TPAX system.	a 17 - Flotilla 17- D17 (dpa), Juneau, AK 17- e, and submit for payment on my
present. Any act or thing lawfully de	rform all necessary acts with the same validit one by my attorney shall be binding on me a the act was done either before or after my de	nd my heirs, legal and personal
executed by my attorney for the purp by that of my attorney and the desi	account shall be transacted in my name, and a ose of carrying out "signature proxy" powers signation "attorney-in-fact." My attorney's acts my attorney that this Special Power of Attorney	shall include my name, followed will not be binding if reliable
	by me, this Special Power of Attorney is vo- should not exceed one year from the date of	
SIGNATURE:	Date:	
NOTARY:	MY COMM	ISSION EXPIRES:
	SEAL:	

Instructions (Print all except for signatures)

MEMBER INFORMATION: Self-explanatory

SPECIAL LIMITED POWER OF ATTORNEY:

- (1) First name, MI, Last name
- (2) City and State of legal residence
- (3) Designator for local Director of Auxiliary regional office (e.g. "D1-NR")
- (4) Name and title of Director of Auxiliary office staff member who will enter information to TPAX on behalf of the Auxiliarist (e.g. "YN1 Mark E. Jones")
- (5) Designator for local Director of Auxiliary regional office (e.g. "D1-NR")
- (6) Date not to exceed one year from date of signature and notarization

The Auxiliarist must provide the original to the Director of Auxiliary. The Director of Auxiliary shall make two copies, one for the Auxiliarist and one for retention in the Auxiliarist's service record (the latter copy must be disposed of upon expiration). The original must be mailed to PSC (Travel):

Commanding Officer U.S. Coast Guard Personnel Service Center (TVL) 444 SE Quincy Street Topeka, KS 66683-3591

Privacy Act Statement

- 1. AUTHORITY This information is being collected under the authority of 5 U.S.C. § 5701, 37 U.S.C. § 404-427, and E.O. 9397 dated November 22, 1943.
- 2. PRINCIPAL PURPOSES The principal purpose of the information collected is for use in reviewing, approving, accounting, and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. The use of SSNs is necessary because of the large number of current Federal employees who have identical names and/or birth dates, and whose identities can only be distinguished by their SSNs.
- 3. ROUTINE USES To process and 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 (18 U.S.C. § 287 and § 1001, and Title 31, § 3729).