



DEPARTMENT OF THE NAVY
COMMANDER MILITARY SEALIFT COMMAND
914 CHARLES MORRIS CT SE
WASHINGTON NAVY YARD DC 20398-5540

REFER TO:

COMSCINST 4650.23E
N85
10 August 1998

COMSC INSTRUCTION 4650.23E

Subj: LOCAL TRAVEL AND REIMBURSABLE EXPENSES IN THE NATIONAL CAPITAL REGION

Ref: (a) NDWINST 4650.3B
(b) SECNAVINST 11240.17C
(c) Joint Travel Regulations, Vol. 2

Encl: (1) Standard Form 1164 (Sample Template)
(2) Signature Cards (Sample Template)

1. Purpose. To establish policy for official local travel in the National Capital Region (NCR) and procedures for reimbursement.

2. Cancellation. COMSCINST 4650.23D.

3. Definition. A local commuting area is a geographical area within which the commuting public travels during normal business hours. Per reference (a), the NCR local commuting area is defined as including the District of Columbia; Montgomery, Prince George's, Anne Arundel, Baltimore, Charles, Calvert, Howard, Harford, Frederick, St. Mary's, Carroll and Washington counties in Maryland; Arlington, Fairfax, Loudoun, Fauquier, Prince William, Culpeper, Madison, Orange, Greene, Albemarle, Stafford, Spotsylvania, King George, and Clarke Counties in Virginia; Adams County in Pennsylvania; the City of Baltimore in Maryland; the cities of Alexandria, Fairfax, Falls Church, Fredericksburg and Richmond in Virginia; and all cities now or hereafter existing in Maryland or Virginia within the geographic area bordered by the outer boundaries of the combined areas of the aforesaid counties. (R)

4. Policy. It is government policy to provide transportation to Federal employees while traveling on official business in the NCR. The most economical mode of transportation will be selected to fulfill these travel requirements and shall not be used for personal business.

5. Requirements. Personnel Support Activity Detachment (PSD) Anacostia, requires signature cards (enclosure (2)) for all Approving Officials (Block 8) and Certifying Officers (Block 9), and that all signature blocks be signed. Although local travel claims can be processed without official TDY travel orders, a valid line of accounting must appear in the (A)

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“Accounting Classification” block and a travel order number must appear as the Schedule Number (Block 3).

6. Modes of Travel. In accordance with reference (b), the following order of priorities will be considered by Directors/Special Assistants, Program Managers and Division Directors when authorizing local travel.

a. Department of Defense Buses. Department of Defense (DOD) buses shall be used whenever practicable. Bus schedules are printed in the back of the DOD telephone directory. Military personnel in uniform or on presentation of their active duty Armed Forces Identification Cards are authorized to use this service without special passes. All other personnel must present a DOD building pass.

b. Commercial Bus/Subway Service. When it is impractical to use the DOD bus, commercial buses/subways may be used.

R) c. National Capital Region Department of the Navy Motor Pool (NCRDNMP). Flag Officers and Senior Executive Service Personnel may utilize NCRDNMP vehicles when appropriate. The NCRDNMP is restricted to use within the NCR.

d. Privately-Owned Vehicles (POV). If it is determined that local travel cannot be made by any of the above means, privately-owned vehicles may be used provided that such use is authorized by the office head or division director as most advantageous to the government and justification included with the claim for reimbursement. Justification will indicate reasons for not utilizing the other modes listed above. When local travel is performed by means of the individual's privately-owned vehicle, in accordance with reference (c), mileage incurred between either residence or permanent place of work and temporary place of work will be reimbursed. All computations will be based on the shortest and most direct route and not on personal convenience.

e. Taxicabs. Taxicabs will be used only if the above modes cannot meet local travel requirements. Justification for use of taxicabs must be included with the claim for reimbursement.

7. Action. When local travel is authorized to be performed at government expense, the following procedures will apply:

R) a. Reimbursement for authorized local travel performed at personal expense will be made by submitting a Claim for Reimbursement for Expenditures on Official Business (SF 1164) to the Travel Office. Such claims will be signed by the Approving Official and certifying Officer to indicate that local official travel was approved prior to submission for payment and will include the nature of the official business. Payment will be made through Electronic Funds Transfer (EFT). A minimum claim of \$5.00 is required by PSD Anacostia.

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A single SF 1164 may be used for more than one instance of local travel as indicated in enclosure (1), provided each trip shown has had prior approval.

b. Miscellaneous Expenditures. Occasionally, personal funds are expended for miscellaneous items in connection with official business. Claims for reimbursement of such expenditures may be submitted in the same manner as described in subparagraph 7b above. Receipts must be submitted for all miscellaneous expenditures.

8. Forms. An electronic version (template) of SF1164 is available on the MSC Headquarters Local Area Network (LAN). To access, from the Word for Windows menu, click on "File," "New" and SF1164.

Distribution:

COMSCINST 5000.19

List I (Case A, B, C)

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SAMPLE

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OF ESTABLISHMENT, BUREAU, DIVISION OR OFFICE MSC WASHINGTON DC N85 DIRECTOR		2. VOUCHER NUMBER						
				3. SCHEDULE NUMBER N00033-98-TO08039						
<i>Read the Privacy Act Statement on the back of this form.</i>										
CLAIMANT	a. NAME (Last, first, middle initial) McLACHLAN, KELLY A.		b. SOCIAL SECURITY NO. 555-55-5555		5. PAID BY					
	c. MAILING ADDRESS (Include ZIP Code) 123 Main Street Rockville, MD 55555		d. OFFICE TELEPHONE NO. 202-685-5968							
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant)										
DATE	C O D E	Show appropriate code in col. (b): A - Local Travel B - Telephone or telegraph, or C - Other Expenses (Itemized)		MILEAGE RATE .31	AMOUNT CLAIMED					
		(a)	(b)		(c) FROM	(d) TO	NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)
1997/98										
10/22/97	A	Rockville, MD	Rosslyn VA and return to Rockville, MD	0	\$0.00	\$5.90	0	\$2.25		
10/23/97	A	Rockville, MD	Rosslyn, VA and return	0	\$0.00	\$5.90	0	\$2.25		
10/24/97	A	Rockville, MD	Rosslyn, VA and return	0	\$0.00	\$5.90	0	\$2.25		
	A	To attend USDA Preretirement Seminar		0	\$0.00	\$0.00	0	\$0.00		
02/18/98	A	Rockville, MD	Crystal Mall 3 and return	0	\$0.00	\$0.00	0	\$17.00		
	A	To attend DFAS A-76 Steering Group Meeting		0	\$0.00	\$0.00	0	\$0.00		
02/19/98	A	Rockville, MD	Fairfax, VA to Herndon, VA and return	44	\$13.64	\$1.00	0	\$0.00		
	A	To attend Financial Systems Demos at AMS/ORACLE	84 miles total less normal commute	0	\$0.00	\$0.00	0	\$0.00		
If additional space is required continue on the back.		SUBTOTAL CARRIED FORWARD FROM THE BACK								
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).)		\$56.09	TOTALS	44	\$13.64	\$18.70	0	\$23.75		
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. 680a).) APPROVING OFFICIAL SIGN HERE /S/ BRADLEY E. LINCOLN DATE 3/10/98 <i>Sign Original Only</i>			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. PAYMENT DESIRED X CHECK <input type="checkbox"/> CASH CLAIMANT SIGN HERE /S/ KELLY A. McLACHLAN DATE 3/11/98							
9. This claim is certified correct and proper for payment. AUTHORIZED CERTIFYING OFFICER SIGN HERE /S/ JOSHUA T. MARSH DATE 3/16/98 <i>Sign Original Only</i>			11. CASH PAYMENT RECEIPT							
			a. PAYEE (Signature)		b. DATE RECEIVED					
					c. AMOUNT \$					
			12. PAYMENT MADE BY CHECK NO.							
ACCOUNTING CLASSIFICATION										

DD 1610 (SAMPLE)

From: Comptroller, Military Sealift Command
To: Disbursing Office, Personnel Support Activity Detachment, Anacostia

Subj: AUTHORIZATION FOR SIGNATURE AUTHORITY ON TDY TRAVEL
FORM (DD FORM 1610)

1. The Command Representatives listed below are authorized to sign Local Travel Orders as the Approving Official (Block 8 SF Form 1164) for the Military Sealift Command.

<u>Name and Title (Please Print)</u>	<u>Signatures</u>
JOSHUA T. MARSH, Comptroller	/S/ Joshua T. Marsh
BRADLEY E. LINCOLN, Deputy Comptroller	/S/ Bradley E. Lincoln

DD 1610

2. Should changes occur in the status of individuals listed above, PSD Anacostia will be notified immediately.

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DD 1610 (SAMPLE, CON'T)

From: Comptroller, Military Sealift Command

To: Disbursing Office, Personnel Support Activity Detachment, Anacostia

Subj: AUTHORIZATION FOR SIGNATURE AUTHORITY ON TDY TRAVEL
FORM (DD FORM 1610)

1. The Command Representatives listed below are authorized to sign Local Travel Orders as the Authorized Certifying Officer (Block 9 SF Form 1164) for the Military Sealift Command.

<u>Name and Title (Please Print)</u>	<u>Signatures</u>
JOSHUA T. MARSH, Comptroller	/S/ Joshua T. Marsh
BRADLEY E. LINCOLN, Deputy Comptroller	/S/ Bradley E. Lincoln

DD 1610

2. Should changes occur in the status of individuals listed above, PSD Anacostia will be notified immediately.