



16790
05 Dec 2011

SEVENTEENTH COAST GUARD DISTRICT AUXILIARY DIRECTIVE 05

Subj: TRAVEL ORDERS AND CLAIM REIMBURSEMENT

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

1. **PURPOSE.** To provide policy and guidance to all District Seventeen Auxiliary Members concerning travel orders and travel reimbursement.
2. **DIRECTIVES AFFECTED.** 17th Coast Guard District Directive 05 dated 27 Oct 2010 is cancelled.
3. **DISCUSSION.** 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. **Introduction.** 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. **Direct Deposit.** 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 must 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.
 - c. **Travel Orders.**
 - (1) Travel orders specifically authorize Auxiliarists to travel for Coast Guard business. These orders are written and signed by a Coast Guard unit's Authorizing Official. 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

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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/site/perdiemCalc.cfm>. 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/Permissive 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 shall 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. Authorization to Travel (Reimbursable Orders). To be eligible for reimbursement for travel, the Auxiliarist must be traveling on reimbursable orders issued by an Order Issuing Authority (OIA). 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. Non-reimbursable Orders (Permissive Orders). 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:

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- (1) Written Permissive orders. 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) E-mail Permissive Orders. 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) From DIRAUX office. Auxiliarists shall submit a D17 Aux TAD Orders Request/Authorization Worksheet (Enclosure 1), to the DIRAUX office, to request reimbursable or written non-reimbursable orders.
 - (2) From Coast Guard units. 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. All Auxiliary travel claims shall be submitted to the DIRAUX office for processing, see Para. j.)
- 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. Problem resolution. 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).

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- (1) Airline. It is mandatory for all official travel to be arranged through SATO Travel by calling 1-800-753-7286. 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 or OIA. 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) POV Travel. 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) Lodging. 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) Cancellation. 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 found on the National Auxiliary website at <http://forms.cgaux.org/forms.php>. The online form provides drop-down boxes in several of the boxes to help you choose the correct entry. When completed, sign in **blue ink** in Block 20.a, **mail** the original form, and all original receipts to DIRAUX within **five (5) calendar days** of travel completion. Faxed, scanned and/or

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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 or by proxy in the Coast Guard T-Pax system. See Enclosure 5 for block-by-block, instructions on how to fill out the DD-1351-2 Travel Voucher form correctly.

- (1) Travel Claim package. The travel claim package consists of the following documents which are required to be submitted to the D17 DIRAUX office.
 - (a) Original Orders. Usually the original is kept at the DIRAUX office, so the Auxiliarist may submit a copy of the orders with their claim package. 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. Common errors. 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 up

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- to the cost of the locality rate for lodging. Auxiliarists should ask the hotel that their hotel receipt show that only one (1) 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 based on the itinerary portion of the claim, 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 first be routed 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 and Optional Proxy. 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, 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

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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 and 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 via mail. 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 the originals of both forms shall be mailed to the DIRAUX office. This will allow the Assistant Director, as the Authorizing Official (AO), 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. Travel Claim Payment Status. 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. Travel Voucher Summary (TVS). 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. **ACTION**. 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.



STEPHANIE BRENNELL
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) REQUEST/AUTHORIZATION WORKSHEET



NAME: _____
TITLE: _____

Emp. ID: _____
Phone #: _____
Cell #: _____

Purpose: Use this form to indicate mode of travel and entitlements. If you have any questions, call the DIRAUX staff at 907-463-2246 or 907-463-2249.

Privacy Act Statement: In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:

- ◆ **Authority** - 10 USC Section 2771
- ◆ **Principle Purpose** - Used to indicate a member's intention during TAD
- ◆ **Routine Uses** - Same
- ◆ **Disclosure** - Disclosure of this information is voluntary, but without disclosure the member may not receive authorization to purchase airline tickets at government expense.

Travel Order Number (TONO): _____

Departure Date: _____ **Estimated Days Absent:** _____
Return Date: _____ **Destination:** _____

Purpose of Travel: _____

Mode of Travel:

- Government Conveyance** (Indicate CG C-130, etc.): _____
- Privately Owned Vehicle (POV)**
- Commercial Airline** (Indicate Ticket Price & Answer Question Below):
Are You Charging the Price of the Ticket to a . . . CG Account Personal Account
- Rental Car** (Indicate Rental Price): _____
- Are Quarters Available?** (Government Lodging): _____
- Is Messing Available?** (Government Mess Hall): _____

Member's Comments:

PLEASE INCLUDE A FAX NUMBER



To speed processing of your request, complete this form thoroughly and accurately, and submit to the DIRAUX staff as soon possible by email or fax. FAX: 907-463-2820

DIRAUX approval _____

ENCLOSURE (1)

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5223 (Rev: 05-10) ANSC 7059	SHORT-TERM RESIDENT TRAINING REQUEST <i>(Information on this form are Privacy Act Protected, 5USC 522(a))</i> (When filling in items 1. thru 22. NOTE (M) MANDATORY or (O) OPTIONAL				1. DATE (M)			
					2. REQUEST STATUS <i>(Check one)</i>			
					A. (M) INITIAL	C. (M) CORRECTED		
3. SOC. SECURITY NO. (M)		4. NAME <i>(Last, Initials)</i> (M)		5. RANK/RATE (M) CIV/AUX		N/A		
						7. COURSE TITLE/NUMBER (M)		8. FLOTILLA(M)
		10. POINT OF CONTACT <i>(FSO-MT name)</i> (M)				11.FSO-MT TELEPHONE NUMBER (M)		
						AREA CODE	NUMBER	EXT
Not Applicable		Not Applicable		Not Applicable		15. PRIORITY <i>(Code)</i> (M)		
						16. COURSE DURATION (M)		
						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
18. STAFF OFFICER POSITIONS HELD (M)			19. MEETS COURSE PREREQUISITES (M) <i>(e.g. Prior courses/rate)</i> <i>(Check applicable box)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			20. LENGTH OF AUXILIARY SVC (YRS) (M)		
Not Applicable								
22. SUPPORTING REMARKS AND COURSE DESCRIPTION <i>(Attach course literature; for commercial sources).</i> (O)								
23. FIRST ENDORSEMENT FORWARDED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <i>(Remarks required)</i>			A. FLOTILLA				B. DATE	
			C. REMARKS					
			D. TITLE Flotilla Commander				E. SIGNATURE	
Not Applicable			A. DIST/UNIT/DIRAUX				B. DATE	
			C. REMARKS					
			D. TITLE				E. SIGNATURE	
Not Applicable								

Auxiliary Applicant Short Term Resident Training Request (CG-5223)

- Block 1 Enter date request prepared.
- Block 2 Check appropriate request status box.
- Block 3 Utilize Social Security Numbers; Privacy Act statement applies. (Not used on Auxiliary Forms.)
- Block 4 Complete as indicated; request must specify a specific person, not office held.
- Block 5 Pre-filled in.
- Block 6 Not applicable.
- Block 7 Provide course title number: example AUX-01 Career Counselor School.
- Block 8 Enter unit title as listed in AUXDATA: example: Flotilla Phoenix, AZ.
- Block 9 Enter Auxiliary member number: example: 1234567
- Block 10 Enter name of staff office position of individual to contact for follow up. Typically, this is the FSO-MT.
- Block 11 Insert telephone number with area code for FSO-MT listed in Block 10.
- Block 12 Enter command location where training is desired.
- Block 13 Not applicable.
- Block 14 Not applicable.
- Block 15 Use priority codes 1, 2, or 3 as defined below.
1. Essential to mission accomplishment or program objectives (example: All CC officers are priority 1 for AUX-01 training).
 2. Directly relates to mission accomplishment or program objectives and should result in improved performance (example: members who assist in AIM candidate selection, but are not appointed officers).
 3. Indirectly relates to mission accomplishment.
- Block 16 List duration of course.
- Block 17 Complete choice as indicated. List any amplifying remarks regarding preference in Block 22.
- Block 18 List all current staff officer positions held.
- Block 19 Complete as indicated.
- Block 20 Length of Auxiliary service (# of years).
- Block 21 Not applicable.
- Block 22 This block should be used to provide any pertinent information affecting the training request, for example, if early notification (greater than 4 to 6 weeks before convening) is essential, provide reason. Auxiliarist must provide mailing address for orders, additional telephone numbers for notification. ***Email address is required*** for AUX-04 (*Distance Learning Education- Basic*), AUX-05 (*Virtual Instructor Training, formerly Instructor Training Course*), and AUX-08 (*Distance Learning Technology Education- Advanced*), and would be helpful for other classes, such as AUX-03 (*Accessions Recruiting Training- formerly Career Counselor Training*). Indicate any physical disabilities that may require special equipment or special dietary considerations. Due to command policy there are no cohabitation berthing facilities. Indicate gender (male/female) for berthing purposes at training centers.
- Block 23 For command endorsement block, Flotilla Commander should sign and forward applicable forms to the Director of Auxiliary by mail or fax.
- Block 24 Not applicable.
- Block 25 Not applicable.

SATO Travel Reservations: 1-800-753-7286

All official, reimbursable travel must 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. To request orders, submit the appropriate worksheet.

- a. **To request orders issued by the Director of Auxiliary Office, fill out the CGD17 Auxiliary Temporary Assignment to Duty (TAD) Request Worksheet based on the meeting/course travel information you received.**
 - (1) Email or fax the worksheet to the Director's office (numbers are listed below).
 - (2) 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 official orders will be emailed to you.
- b. **To request orders for C-Schools fill out the Short Term Training Request (STTR) ANSC 7059 (CG-5223) found on the National website forms page.**
 - (1) Email or fax the worksheet to the Director's office (numbers are listed below).
 - (2) Once the Director has received your C-School orders,
 1. If traveling by plane, you will be notified to call SATO to make your travel reservations.
 2. If the C-School is local and you are traveling by privately owned vehicle, your official orders will be emailed to you.

2. Call SATO to make your travel reservations.

- a. After receiving the authorized dates for your official travel with the Coast Guard Auxiliary, call a SATO representative at **1-800-753-7286** 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 pre-approved 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 noted 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 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, Lori.E.Cook@uscg.mil

-- or --

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

Fax: 907-463-2820



ENCLOSURE (3)

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.

Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNS/component/dfas/preamble.html>.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

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.
5. 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	- G	Motorcycle	- M
Commercial Transportation (Own expense)	- C	Bus	- B
Privately Owned	- P	Plane	- P
Conveyance (POC)	- P	Rail	- R
		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	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

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

29. REMARKS

- 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 Warehouse 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 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) 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. 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, WANNA B.		3. GRADE AUX	4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA		
6. ADDRESS: a. NUMBER AND STREET 123 ANYWHERE ST		b. CITY JUNEAU	c. STATE AK	d. ZIP CODE 99999		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
7. DAYTIME TELEPHONE NUMBER AREA CODE 907-123-4567		8. TRAVEL ORDER AUTHORIZATION NUMBER 1110350JAU999000		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00		11. ORGANIZATION AND STATION D17 170-01-01	
12. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		14. PAID BY			

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 **ITINERARY**. 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.

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) 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. 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, WANNA B.		3. GRADE AUX	4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA		
6. ADDRESS: a. NUMBER AND STREET 123 ANYWHERE ST		b. CITY JUNEAU	c. STATE AK	d. ZIP CODE 99999		10. FOR D.O. USE ONLY a. D.O. VOUCHER b. SUBVOUCHER	
7. DAYTIME TELEPHONE NUMBER AREA CODE 907-123-4567		8. TRAVEL ORDER AUTHORIZATION NUMBER 1110350JAU999000		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00		11. ORGANIZATION AND STATION D17 170-01-01	
12. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		14. PAID BY			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES		15. REASON FOR STOP		16. COMPUTATIONS			
16. ITINERARY		15c. MEANS/MODE OF TRAVEL (Use two letters)		15d. REASON FOR STOP		15e. LODGING COST	
a. DATE 2010	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	15f. DEDUCTIBLE MEALS	
02/11 DEP	JUNEAU, AK	TP	TD			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 JTR, 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.	
02/11 ARR	ANCHORAGE, AK			396.00	18		
02/15 DEP	JUNEAU, AK						
02/15 ARR							

Using the instructions on the back of the form, pick the codes that apply to your travel.

ITEM 15 - ITINERARY - SYMBOLS

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

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

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

15d. REASON FOR STOP

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

ITEM 15e. LODGING COST
Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS
Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JTR, 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.

ENCLOSURE (5)

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 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) Payment by Check <input type="checkbox"/>		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.			
2. NAME (Last, First, Middle Initial) (Print or Type) MEMBER, WANNA B		3. GRADE AUX	4. SSN 123-45-6789	5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS: a. NUMBER AND STREET 123 ANYWHERE ST		b. CITY JUNEAU	c. STATE AK	d. ZIP CODE 99999	
7. DATE/TIME TELEPHONE NUMBER 907-123-4567		8. TRAVEL ORDER/ORDINATION NUMBER 1110350JAU999000		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00	
10. ORGANIZATION AND STATION 17 170-01-01		11. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <input type="checkbox"/>		12. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	
13. ITINERARY a. DATE 2010 b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) 02/11 DEP JUNEAU, AK 02/11 ARR JUNEAU, AK 02/15 DEP ANCHORAGE, AK 02/15 ARR JUNEAU, AK		14. MEALS, REASON FOR STOP, LODGING COST, POC MILES 02/11 TP TD 396.00 18 02/15 TP MC 18		15. FOR DDO USE ONLY a. DDO VOUCHER NUMBER b. SUBVOUCHER NUMBER c. COMPUTATION	
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER <input type="checkbox"/>		17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS			
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED		19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS 02/13/10 Lunch 02/13/10 Dinner 02/14/10 Dinner			

Mileage to the airport (or if you travel to your destination by car) will be entered in the **POC MILES** block.

Continue filling in the rest of your itinerary in the same manner using MC (Mission Complete) as your final "Reason for Stop".

If you have entered mileage in the POC MILES, make sure you also check the **POC TRAVEL OWN/OPERATE** in block 16.

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

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.

18. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER <input type="checkbox"/>				17. DURATION OF TRAVEL	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
02/15	Lodging taxes	48.00		0.00	
02/15	Airport Parking	36.00			
02/11	Registration Fee	125.00		<input checked="" type="checkbox"/> MORE THAN 24 HOURS	
19. GOVERNMENT/DEDUCTIBLE MEALS					
a. DATE	b. NO. OF MEALS	c. DATE	d. NO. OF MEALS		
02/13/10	1	Lunch			
02/13/10	1	Dinner			
02/14/10	1	Dinner			
20. CLAIMANT'S SIGNATURE Wanna B. Member				21. DATE 2/16/10	
21. APPROVING OFFICIAL'S PRINTED NAME		22. SIGNATURE		23. TELEPHONE NUMBER	
24. ACCOUNTING CLASSIFICATION 1110350JAU999000 2 J 001 117 30 0 AU 71830 2155		25. COLLECTION DATA			
26. COMPUTED BY	27. AUDITED BY	28. TRAVEL ORDER AUTHORIZATION POSTED BY	29. RECEIVED (Payee Signature and Date or Check No.)	30. AMOUNT PAID	

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.

Section 22 is for the **ACCOUNTING CLASSIFICATION**. Enter the full travel order number and the accounting information from the bottom of your orders.

ARR						1) Per Diem	
DEP						2) Actual Expense Allowance	
ARR						3) Mileage	
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWNOPERATE <input type="checkbox"/> PASSENGER						17. DURATION OF TRAVEL	
18. REIMBURSABLE EXPENSES						4) Dependent Travel	
a. DATE	b. NATURE OF EXPENSE	AMOUNT	c. ALLOWED	12 HOURS OR LESS		5) DLA	
02/15	Lodging taxes	66.00		MORE THAN 12 HOURS BUT 24 HOURS OR LESS		6) Reimbursable Expense	
02/15	Airport Parking	36.00		X MORE THAN 24 HOURS		7) Total 0.00	
02/11	Registration Fee	125.00				8) Less Advance	
						9) Amount Owed	
						10) Amount Due	
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE	b. NO OF MEALS	c. DATE	d. NO OF MEALS				
02/13/10	1	02/13/10	1	Lunch			
02/13/10	1	02/13/10	1	Dinner			
02/14/10	1	02/14/10	1	Dinner			
20. CLAIMANT'S SIGNATURE						20b. DATE	
Wanda B. Mendenhall						2/16/10	
21a. APPROVING OFFICIAL'S PRINTED NAME		21b. SIGNATURE		21c. TELEPHONE NUMBER		21d. DATE	
22. ACCOUNTING CLASSIFICATION 1110350JAU999000 2 J 001 117 30 0 AU 71830 2155							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER AUTHORIZATION POSTED BY		27. RECEIVED (Payee's Signature and Date or Check #)	
						28. AMOUNT PAID	

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 or 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 Itemized receipt must be provided, when an Itemized receipt is lost, destroyed, or impractical to obtain, 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 \$ _____ per night for Lodging,
and _____ per night for lodging taxes between the dates of _____
and _____.

I stayed at: _____
Address : _____
In city of : _____
Zip code : _____

Travel was Under TONO number _1108G88MNG190000.
An Itemized receipt was either lost or impractical to obtain therefore it could not be submitted for reimbursement. If a copy of this receipt is found, I will not make another claim against this TONO#.

Sincerely,

(Traveler)

(Date)

Approved By:

(Unit Approving Official)

_____/_____/_____
(Date)



PROXY PROCESS FOR TRAVEL CLAIM PROCESSING

For all members traveling on official government, reimbursable orders, there is an optional proxy process for travel claim processing. The use of this process is highly encouraged especially for leaders and staff officers that may travel often.

This proxy process eliminates the requirement for the Director's Office to mail your paper claim to the Pay and Personnel Center (PPC) for processing. Instead, it allows Lori Cook, Assistant Director of Auxiliary to act as your proxy and enter your claim into the Coast Guard's electronic travel system (T-PAX). The process will speed up the reimbursement time for electronic deposit of funds into the Member's bank account.

This process is not mandatory. However, the travel claim reimbursement time using the proxy system will be 4-5 days instead of the 20 or more days it takes when the paper claims are mailed and manually processed.

To request the electronic forms, contact Lori Cook, Assistant Director of Auxiliary at 907-463-2246 or Lori.E.Cook@uscg.mil

When you receive the forms, follow these simple instructions:

PSC 7421 FORM:

Fill out blocks 1, 3, 5, 6, 8 and 9.
Print the form and sign and date in block 14.

T-PAX PROFILE REQUEST and POA:

Fill out the form completely, print it and have the "Special Limited Power of Attorney" portion notarized.
Note: Any notary fees are not reimbursable.

Mail both originals to:
Director of Auxiliary
17th Coast Guard District
P.O. Box 25517
Juneau, AK 99802-5517

Members will continue to fill out, sign in blue ink, and mail their original travel claims with receipts to the Director's Office. Once your completed claim is received it will be entered in the e-travel system instead of being mailed to PPC, speeding up the reimbursement process. The original paper claim will be kept on file in the Director's Office for seven (7) years in case of auditing. **The Special Limited Power of Attorney is only good for one year from the date of signature as noted in number 6 of the last paragraph. This Proxy must be re-submitted each year.**

ENCLOSURE (7)

Please fill out online or print neatly! This authorization supercedes previous applications.

Department of Homeland Security U. S. Coast Guard CG PPC 7421 (Rev. 03/09)		T-PAX/WINIATS User Access Authorization & Approving Official (AO) Designation														
1. User's Name (Last, First, MI.) (Please print)		2. Rank/Rate: AUX	3. Employee ID # (SSN if not USCG Employed)													
4. Official Duty Station & OPFAC District 17 (dpa) 17-71117		5. Area Code & Work Phone Number:	6. e-Mail address:													
7. User Role Description (see instructions) (Include current roles, this authorization supersedes all of your previous authorizations): T-PAX (Travel Preparation & Examination System Permissions) <input checked="" type="checkbox"/> Create "Non-CG Employee" Self Service User Profile (CONTRACTORS ARE NOT ALLOWED TO COMPLETE TRAVEL CLAIMS NOR DO THEY HAVE ACCESS TO T-PAX) **Must fill out blocks 1-6, 8-12 <input checked="" type="checkbox"/> T-PAX AO (Authorizing Official) Permissions <input type="checkbox"/> Date of Expiration: _____ (Enter a date if desired. 1-Year is recommend) <input checked="" type="checkbox"/> Advance Signature Proxy Permissions <input type="checkbox"/> Date of Expiration: _____ <input type="checkbox"/> Customer Service Representative Permissions (PPC Only) <input type="checkbox"/> Date of Expiration: _____ (Enter a date if desired. 1-Year is recommend) <input type="checkbox"/> System Administrator (PPC TVL Only) <input type="checkbox"/> Date of Expiration: _____ (Enter a date if desired. 1-Year is recommend) Winlats Access Permissions (PPC TVL Only) <input type="checkbox"/> Examiner Permissions <input type="checkbox"/> Auditor Permissions <input type="checkbox"/> Distribution Permissions <input type="checkbox"/> System Administrative Restricted Permissions <input type="checkbox"/> System Admin Permissions (full) <input type="checkbox"/> Super User Permissions (system suppt users only) Web/Image Now Access Permissions (PPC TVL Only) <input type="checkbox"/> Examiner Permissions (all travel folders) Exception: _____ <input type="checkbox"/> System Admin Permissions (all travel folders) <u>(JUMPS and Direct Access are separate permission forms that must be filled out separately.)</u>		Blocks 8 to 12 required only for Non-CG Employee requests 8. Home Address: Street Address, Apt #: 9. Home Address: City, State, Zip Code: 10. Check all that apply as well as status within branch: <input type="checkbox"/> CGES <input type="checkbox"/> USMC <input type="checkbox"/> Civilian DOD Employee <input checked="" type="checkbox"/> USCG AUX <input type="checkbox"/> USAF <input type="checkbox"/> Chaplain <input type="checkbox"/> USPHS <input type="checkbox"/> USN <input type="checkbox"/> Active Duty <input type="checkbox"/> USA <input type="checkbox"/> Reserve Duty <input type="checkbox"/> Other: _____ (specify) 11. USCG Work Address: Street Address, Apt #: P O BOX 25517 12. USCG Work Address: City, State, Zip Code: JUNEAU, AK 99802-5517														
		Scope of Authorization Subject to the limitations that follow, the user is authorized access to the 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, retirement, reassignment of duties, change of organization or when determined by the Information Systems Security Officer to be in the best interest of the Government. WARNING: Only Authorized Users May Use These Systems. 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, are subject to having all of their activities on these systems monitored and recorded by system personnel. In the course of monitoring individuals 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 advised that if such monitoring reveals possible evidence of criminal activity, management may authorize system personnel to provide the evidence of such monitoring to law enforcement officials.														
13. CMD Designation (Signature & printed name, Rank, Title (CO/OIC, XO/XPO or HQ/PSC/AREA/MLC/DIST Branch Chief) & Phone Number): I certify that the access I have authorized is based on an official need. I'm aware of the general functionality I have authorized and I'm aware of what this will allow this member to complete. This member has demonstrated that they are knowledgeable in the use of the program I've authorized and has my confidence that they will diligently make entries and if in doubt they will seek assistance. I also acknowledge that if I lose confidence in this member for any reason I have a responsibility to withdraw this authorization. <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Lori E. Cook</td> <td style="width:10%; border: none;">Civ</td> <td style="width:10%; border: none;">AO</td> <td style="width:15%; border: none;">907-463-2246</td> <td style="width:15%; border: none;">17-71117</td> <td style="width:20%; border: none;">Date:</td> </tr> <tr> <td colspan="5" style="border: none;">Signature AND PRINTED or TYPED Name, Rank, Title, Phone OPFAC</td> <td style="border: none;"></td> </tr> </table>					Lori E. Cook	Civ	AO	907-463-2246	17-71117	Date:	Signature AND PRINTED or TYPED Name, Rank, Title, Phone OPFAC					
Lori E. Cook	Civ	AO	907-463-2246	17-71117	Date:											
Signature AND PRINTED or TYPED Name, Rank, Title, Phone OPFAC																
For User Reference 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 WEBPAGE...http://www.uscg.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 and Liability, located on page 2-3 of this document, for each of the permissions assigned above.																
14. User's Signature:			Date:													
(For PPC Use Only) T-PAX/Winlats Access Systems Administrator & CS			Fax to: (785) 339-3737													
Operator ID (if not = to Emplid):	OPRCLASS:	T-PAX/Winlats System Administrator Signature:		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 Sign) _____																

Previous editions are obsolete and may not be used.

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/Webhelp/>)
- JFTR, Appendix O, Temporary Duty (TDY) Travel Entitlements (*Information Only*) (<http://www.defensetravel.dod.mil/perdiem/trvlregs.html>)
- CG Supplement to JFTR, (http://www.uscg.mil/directives/cim/4000-4999/CIM_4600_17.pdf)
- Chapter 2, 3PM. (<http://www.uscg.mil/PPC/3pm.asp>)
- Federal Travel Regulations (FTR) (<http://www.gsa.gov/federaltravel/regulation>)
- The Coast Guard Freedom of Information (FOIA) And Privacy Acts Manual (http://www.uscg.mil/directives/cim/5000-5999/CIM_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 process 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-PAX.The 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 IATS 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.

WinIats System Administrator (limited/full) Statement of Responsibility and Liability:

- The System Administrator is the individual responsible for the overall operation of IATS and controlling the work flow throughout the system. System Administrators are responsible for the set-up and configuration of IATS for the particular travel office. In addition, System Administrators perform the following additional functions: Performing system maintenance; Establishing user accounts; Assigning/re-assigning blocks and claims; Deleting completed blocks; Deleting un-needed traveler or travel order details; Debt management; Importing and updating system rates files; Processing interfaces between accounting, disbursing, and personnel systems; Generating management reports; Running utility programs.

WinIats SuperUser Statement of Responsibility and Liability:

- When user accounts are created by the System Administrator, a View mode must be established. The functions a user may perform are dependent upon the View mode associated with their user ID. The Super User View allows the user to switch between various View modes without logging out and logging back in with a different user ID. When the Super User logs-in initially, their View mode defaults to System Administrator.

T-PAX PROFILE REQUEST FORM
ADDENDUM FOR SIGNATURE PROXY
ASSIGNMENT

MEMBER INFORMATION

EMPLOYEE ID: _____ AUXILIARIST
SSN: _____
LAST NAME: _____ FIRST NAME: _____ MI: _____

PSC requires the information below to properly complete an account within the TPAX travel claim processing system. It will be safeguarded similar to other sensitive personal information retained by PSC (Travel).

MOTHER'S MAIDEN NAME: _____
CITY OF BIRTH: _____
DATE OF BIRTH: _____

SPECIAL LIMITED POWER OF ATTORNEY

I, (1) _____, currently residing at (2) _____ a member of the United States Coast Guard Auxiliary and stationed at (3) District 17 - _____ Flotilla 17-71117, do appoint (4) Lori E. Cook _____ who is presently assigned to (5) D17 (dpa), Juneau, AK 17-71117 _____ as my attorney-in-fact to act as "signature proxy" in order to complete, and submit for payment on my behalf, official travel claims through the US Coast Guard's TPAX system.

I authorize my attorney-in-fact to perform all necessary acts with the same validity as I could effect if personally present. Any act or thing lawfully done by my attorney shall be binding on me and my heirs, legal and personal representatives, and assigns whether the act was done either before or after my death, or other revocation of this instrument.

All business transacted for me or my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out "signature proxy" powers shall include my name, followed by that of my attorney and the designation "attorney-in-fact." My attorney's acts will not be binding if reliable intelligence or notice was received by my attorney that this Special Power of Attorney was revoked.

Unless sooner revoked or terminated by me, this Special Power of Attorney is void on (6) _____
(enter date this becomes void; date should not exceed one year from the date of signature and notarization).

SIGNATURE: _____

Date: _____

NOTARY: _____

MY COMMISSION 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.
4. **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).