


# EXPEDITIONARY COMBAT READINESS CENTER ECRC NORFOLK VIRGINIA



## TRAVEL CLAIM BRIEF

# Travel Claim Brief Introduction

- Brief will begin at 0910
- Please fill in from the front of the room
- Introduction (GSA, local mob, & ADSW may leave)
- Everyone should have 3 forms
  - EFT (passed out on Monday)
  - DD Form 1351-2 (Reserve or Active)
  - Travel Claim Checklist



Please follow instructions  
line by line and **do not** skip  
ahead to ensure prompt  
reimbursement of travel  
claim.

# EFT Form

We will go through the form briefly to ensure you fill it out correctly.

You should have received this form earlier in the week.

## NPPSC Travel Electronic Funds Transfer Information

I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify the travel section of my servicing PSD or the Travel Central Processing Site of any banking changes that I make on this Travel EFT information form.

(LAST)  (FIRST)  (M.I)

ADDRESS:

CITY:  STATE:

WORK #

CELL or HOME #:

ORGANIZATION:

### BANKING INFORMATION

BANK NAME:

ROUTING NUMBER:

ACCOUNT NUMBER:

TYPE OF ACCOUNT:  CHECKING  SAVINGS

MEMBER'S SIGNATURE / DATE

### PRIVACY ACT STATEMENT

AUTHORITY: 31 C.F.R Part 209, Department of the Treasury Financial Manual, Bulletin No: 95-07, E.O 9397, DOD Financial Management Regulation, Volume 5.PRINCIPAL PURPOSES: This form authorizes direct deposit of travel payments to financial institutions to which payment is directed.

# Member's Info

- Name
  - Last, First, MI
- Address
  - City, State, Zip (current)
- Phone Numbers
  - Work (if applicable)
  - Home/Cell number
- Organization
  - ECRC/NMPS Norfolk

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(LAST) [ ] (FIRST) [ ] (M.I) [ ]  
ADDRESS: [ ]  
CITY: [ ] STATE: [ ]  
WORK # [ ]  
CELL or HOME #: [ ]  
ORGANIZATION: [ ]

## BANKING INFORMATION

BANK NAME: [ ]  
ROUTING NUMBER: [ ]  
ACCOUNT NUMBER: [ ]  
TYPE OF ACCOUNT: [ CHECKING ] [ SAVINGS ]  
[ ]  
MEMBER'S SIGNATURE / DATE

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# Financial Info

## \*Required for Direct Deposit of Claim

Financial Institution Name

Bank Routing Number (9 digits)

Most Common

NFCU 256074974

USAA 314074269

CITIBANK, NY 021000089

Account Number

Type of Account (Checking/Savings)

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I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify the travel section of my servicing PSD or the Travel Central Processing Site of any banking changes that I make on this Travel EFT information form.

(LAST) [REDACTED] (FIRST) [REDACTED] (M.I.) [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED]

WORK # [REDACTED]

CELL or HOME #: [REDACTED]

ORGANIZATION: [REDACTED]

### BANKING INFORMATION

BANK NAME: [REDACTED]

ROUTING NUMBER: [REDACTED]

ACCOUNT NUMBER: [REDACTED]

TYPE OF ACCOUNT:  CHECKING  SAVINGS

[REDACTED]

MEMBER'S SIGNATURE / DATE

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# Signature & Date

Your signature and the date  
you filled the form out

**SIGNATURE IS REQUIRED**

## NPPSC Travel Electronic Funds Transfer Information

I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify the travel section of my servicing PSD or the Travel Central Processing Site of any banking changes that I make on this Travel EFT information form.

(LAST) [REDACTED] (FIRST) [REDACTED] (M.I) [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED]

WORK # [REDACTED]

CELL or HOME #: [REDACTED]

ORGANIZATION: [REDACTED]

### BANKING INFORMATION

BANK NAME: [REDACTED]

ROUTING NUMBER: [REDACTED]

ACCOUNT NUMBER: [REDACTED]

TYPE OF ACCOUNT:  CHECKING  SAVINGS

[REDACTED]  
MEMBER'S SIGNATURE / DATE

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# Box 1 & Split Disbursement

- EFT (Electronic fund transfer) should be checked
- Split Disbursement
  - Optional choice
  - Payment may take up to **(30-45 business days)** once completed claim has been accepted by PSD.
  - If checked, indicate the amount desired to go to card
    - Indicate “All” “Lodging” or any amount desired on line
- You are **REQUIRED** to make bill payments even if elected

<b>TRAVEL VOUCHER OR SUBVOUCHER</b>		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.	
<b>1. PAYMENT</b>		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>	
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)	<input type="checkbox"/> Payment by Check	<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:	\$ <input type="text"/>

# Box 2, 3, 4, 5, 6A-E

- (2) Enter your Last Name, First Name M. I.
- (3) Rate/Rank
- (4) Full Social Security number
- (5) Should already be checked if not then “TDY” & “Mbr”
- (6a-d) Current Mailing Address or home address
- (6e) E-mail you **have access too** in case of problems.

**Write clearly! If we can't read it we can't contact you!**

2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
					<input checked="" type="checkbox"/> TDY	<input checked="" type="checkbox"/> Member/Employee
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> PCS	<input type="checkbox"/> Other
					<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA
e. E-MAIL ADDRESS					10. FOR D.O. USE ONLY	

# Box 7, 8, 9, 11, 12, 13

- (7) Contact phone number for you
- (8) Leave Blank \*we have copy of orders to submit\*
- (9) Indicate any advances if received if not the “None”
- (11) Pre-filled if not then “ECRC/NMPS Norfolk”

**10, 12, 13, & 14 Skip!**

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES
11. ORGANIZATION AND STATION ECRC/NMPS NORFOLK VA		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) N/A
12. DEPENDENT(S) (X and complete as applicable)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?

# Active Duty Only

Date 2011	PLACE (Home Office, Base Activity, City and State; City and Country, etc.)		MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COSTS	POC MILES
9/25	DEP	HOME (CITY, STATE) OR COMMAND	TP			
9/25	ARR	NMPS NORFOLK, VA		TD		
10/1	DEP		GB		336.00	
	ARR					

- 1) DEP (departure) is the month/ day (MM/DD) you departed from your home of record on your orders to go to the NOSC
  - a) City, State of your home of record
  - b) Means of Travel (how you got to your NOSC)
    - TP- SATO booked your flight (anyone who received an itinerary)    CP- You paid out of pocket (no gov't involvement)
    - PA- You drove    \*All others please ask\*
  
- 2) ARR (arrival) is the month/ day (MM/DD) you arrived here in Norfolk \*not date of check-in
  - a) ECRC should already be filled in as well as reason for stop is TD
  - b) Lodging costs is completed by us once we verify your receipt
  - c) POC miles only if you drove to ECRC from NOSC \*must indicate number if claiming \*estimate\*
  - d) DEP (departure) is the month/ day (MM/DD) you will be checking out
  - e) Means of Travel (how you are leaving us)
    - TP- SATO booked your flight (anyone who received an itinerary)    GB- Gov't Bus
    - PA- You drove    \*All others please ask\*

# Reservists Only

15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2016	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
12/01	DEP	HOME (CITY, STATE	PA		
12/01	ARR	NOSC MIAMI, FL		336.00	
12/03	DEP		TP		
12/03	ARR	NORFOLK, VA			
	DEP		GB		

- 1) DEP (departure) is the month/ day (MM/DD) you departed from your home of record on your orders to go to the NOSC
- City, State of your home of record
  - Means of Travel (how you got to your NOSC)
    - TP- SATO booked your flight (anyone who received an itinerary) CP- You paid out of pocket (no gov't involvement)
    - PA- You drove \*All others please ask\*
- 2) ARR (arrival) is the month/ day (MM/DD) you arrived at the NOSC (more than likely that Friday)
- City, State of your NOSC
  - Reason for stop \*should be pre-filled as TD
  - Lodging costs (applies to those outside 50 miles and must provide receipt)
  - POC miles (only if you drove to your NOSC) \*must indicate number if claiming \*estimate\*
  - Means of Travel (how you got to ECRC/NMPS)
    - TP- SATO booked your flight (anyone who received an itinerary) CP- You paid out of pocket (no gov't involvement)
    - PA- You drove \*All others please ask\*
  - DEP (departure) is the month/ day (MM/DD) you left the NOSC (more than likely that Sunday) to come here  
\*TRIPS TO AND FROM HOME DO NOT QUALIFY FOR THIS CLAIM\*
- 3) ARR (arrival) is the month/ day (MM/DD) you arrived here in Norfolk \*not date of check-in
- ECRC should already be filled in as well as reason for stop is TD
  - Lodging costs is completed by us once we verify your receipt
  - POC miles only if you drove to ECRC from NOSC \*must indicate number if claiming \*estimate\*
  - DEP (departure) is the month/ day (MM/DD) you will be checking out
  - Means of Travel (how you are leaving us)
    - TP- SATO booked your flight (anyone who received an itinerary) GB- Gov't Bus
    - PA- You drove \*All others please ask\*

# Box 18 REIMBURSABLE EXPENSES

16. POC TRAVEL (X one)		<input checked="" type="checkbox"/>	OWN/OPERATE	<input type="checkbox"/>	PASSENGER
18. REIMBURSABLE EXPENSES					
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT		d. ALLOWED	
12/10	TAXI/SHUTTLE TO AIRPORT #MILES TO AIRPORT	20.00			
12/10	TAXI/SHUTTLE TO ECRC	25.00			
12/10	NGIS/NAVY LODGE	330.00			
12/10	RENTAL CAR	183.54			
12/10	RENTAL GAS	28.62			

## Taxi/Shuttle to Airport

(Taxi taken to the Airport to fly here to Norfolk)

## # Miles to Airport (One Way)

Indicate before the # symbol miles trip from your home to the airport (if you flew here)

## Taxi/Shuttle NMPS/ECRC

(Taxi taken to ECRC from the airport once landed)

## Navy Gateway Lodging

(If you know your current amount please annotate in Column C. If you don't know we will input amount once we receive your zero balance receipt.)

## Rental Car

(If you are renting it must be authorized in your orders if not then you should have been given a letter by operations. Also required is your rental agreement, a quote from SATO/operations for rental car, proof of payment, and gas receipt.)

## Out in Town Lodging

If lodging out in town, you will indicate hotel name on one line and the taxes for "hotel name" underneath (Also, if out in town an 11 digit CNA number is required to receive the full amount of per diem.)

# Box 20 Signature Block

20.a. CLAIMANT SIGNATURE		b. DATE
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- Your signature is required  
**(No signature! No payment!)**
- Form is dated upon submission of all receipts to us once you depart

**FINISHED!!!**

# TDY Checklist

This form is to *inform* you that we walked you through the travel claim and that you *understand* what you are submitting to us as well as what is required for processing.

Temporary Duty Travel Checklist		
<b>User:</b> All military personnel on Annual Training - Active Duty for Training - Temporary Duty (TDY) - Individual Augmentee (IA) - Mobilization (MOB) travel - DOD Civilians.		
<b>Purpose:</b> This checklist should be used by the Traveler (TVLR) and Authorizing Officials (AO) to ensure travel claims are completed correctly, and comply with the intent of the orders before submitting. Claims are to be completed within five business days upon completion of travel.		
	<b>TVLR</b>	<b>AO</b>
Given at Check In		Provide Initial Orders (with no highlights)
		Do you have an order modification? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, provide all order modifications.</b>
		Provide NPPSC Travel EFT Information Form
		Signed 1351-2 (Travel Voucher) Verify all blocks with close attention to:
		<b>Block 1</b> (this is mandatory for ALL Government Travel Charge Card holders)
		<b>Block 4</b> (full SSN is required)
		<b>Block 5</b> (TDY Member/Employee)
		<b>Block 15</b> (Please refer to the reverse page of the DD 1351-2 for correct codes)
		<b>Block 16</b> (must be marked if mileage is claimed)
		<b>Block 18</b> (must contain all reimbursable expenses)
		<b>Block 21</b> (must have AO's signature)
		Provide all lodging receipts with a zero balance ( <b>regardless of the amount</b> )
		Did you obtain commercial lodging? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <b>provide Certificate of Non-Availability</b> )
N/A		Did you utilize a lease while TDY? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, the paid receipt and lease are required.</b>
		Receipts with a zero balance for all reimbursable expenses \$75.00 and above.
N/A		Was leave taken while TDY? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, please provide approved leave request.</b>
		Are you claiming in and around mileage? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, provide signed daily log.</b>
		Is airline ticket claimed? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, provide paid receipt and CTO endorsement.</b>
		Is rental car claimed? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, provide paid receipt and CTO endorsement.</b>
Remarks: *Members are aware that all claims will be submitted within one-two weeks from the date of this brief whether or not all receipts have been turned in at that time.*		
Member Signature		Date:





# Paperwork to turn in...

1) Travel Claim form DD  
Form 1351-2

2) Checklist for Travel  
Claims

3) EFT Form

4) Receipts or  
Paperwork

NGIS Lodging Receipts (email upon checkout)  
C.N.A. (letter/11 digit #) if staying out in town  
with receipt

Receipts you paid over \$75 or if same line item  
totaled over \$75 (ex: 65 taxi + 15 taxi = \$80)

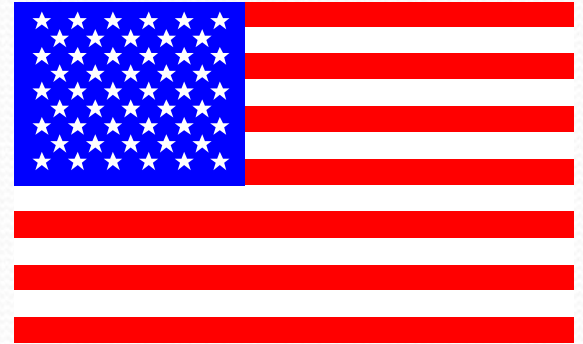
If claiming a rental car you require: Sato  
Endorsements, Rental Car Authorization Letter  
(If rental was authorized by NMPS), Rental  
Agreement, Proof of payment, and gas receipt.

**ALL FORMS MUST BE SIGNED**

# Travel Claim

# Points Of Contact

**ECRC\_RECEIPTS@NAVY.MIL**



PO1 Ariel Calosa

PO2 Zina Mitchell

PO3 Osamah Almakki

Travel Claim Department Contact: 757-341-7428

**SUBJECT LINE “LAST NAME, FIRST TRAVEL RECEIPT”**