

*Guidance and Examples  
For Requesting*

# **Reimbursement**

*(Mileage, Childcare, phone charges)*

**FOR**

**Official**

**Key Volunteer**

**Or**

**Family Readiness**

**Business**

***SF 1164 Instructions***

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## Allowable Items for Reimbursement

The following items may be reimbursed if performed in conjunction with or for official functions of the Key Volunteer or Family Readiness Program.

Mileage for official travel in a Privately Owned Vehicle (POV) reimbursable at the currently approved rate. Mileage reimbursement rates do change periodically. If you are unsure of the current rate, you may leave the rate block blank on the SF 1164. Only the owner/operator of a vehicle may claim mileage.

Long Distance Charges from either a home phone or a cell phone and/or cell phone charges that are in excess of a pre-determined plan, may be claimed for the exact amount billed.

Documentation must be provided for each call. Each call must be claimed as an individual item on the SF 1164. A phone bill with the claimed calls annotated is the best method to claim reimbursement.

Childcare is limited by an hourly rate per child only. Reimbursement up to \$2.50 per child per hour may be claimed. For instance, a family with 4 children who are cared for 4 hours, may be reimbursed up to \$40.00 ( $4 \text{ children} \times \$2.50 = \$10.00 \times 4 \text{ hours} = \$40.00$ ). Childcare must coincide with an official function.

# Required Receipts or Documentation

## Mileage Reimbursement

No receipts are required to support an official mileage claim. Mileage and places traveled from and to are already documented on the SF 1164.

## Telephone Charges (home phone)

All telephone reimbursement requests may only be paid if receipts are provided. The best receipt to substantiate telephone calls is the detailed portion of your phone bill. To claim a long distance call, provide the portion of the phone bill that reflects your name and address and the portion that provides the details of the item you are claiming. Do not just attach the portion showing a total, nor just a copy of the itemized portion. A copy of a phone bill must be submitted for each call claimed. For example, if a phone bill has 25 long distance calls, 3 of which were official calls, the claimant must provide a copy for each call. Each individual call must be substantiated with a single receipt. Submitting an entire copy of a bill with 3 calls highlighted is not the correct method and could result in non-payment or return of the entire claim. Please note that calls made on someone else's phones may not be claimed. Only the person whose name the phone is billed to may submit a claim for reimbursement.

## Cell Phone Charges (excess)

If a claimant has used a personal cell phone (contract is in claimant's name) for official calls and incurs additional debt, these charges may be claimed. However, only those charges that exceeded a pre-determined cell phone plan may be submitted for reimbursement. For example, if Mrs. Jones has a cell phone plan that provides for 500 minutes of "any time calls" for a specified monthly rate, and she makes calls but does not exceed 500 minutes, nothing may be submitted for claim.

If Mrs. Jones, using the same figures above, exceeds her plan by 85 minutes, and 50 minutes of that 85 were for official business, the fees incurred for the 50 minute portion only may be claimed.

Specifically, no one may claim the normally incurred monthly fees for a cell phone. Obtaining a cell phone is a personal choice and was not acquired to facilitate Key Volunteer or Family Readiness issues only. However, this convenience does aid volunteers, and any additional debts incurred for official business are eligible for reimbursement.

## Child Care

Child Care for any Key Volunteer member is reimbursable at the specified maximum rate of \$2.50 per child per hour. There is no limit on the number of children. The receipt must state how long child care was provided and for the number of children child care was provided.

## FREQUENTLY ASKED QUESTIONS

Q: May I claim any other costs associated with my car such as road assistance for a flat tire while traveling to or from an official meeting?

A: No. The only reimbursable items for personal transportation is a specified rate per mile traveled and exact tolls charged along your route of travel.

Q: Why can I not combine all of my phone charges into a single amount and list it once on the claim?

A: Combining charges could lead to errors resulting in non-payment of a claim or return for clarification. For instance, if a claimant has four long distance charges (\$1.15, \$2.35, \$1.76 & \$2.23) and claims LONG DISTANCE \$7.19, the claim could be returned for clarification. The correct total was \$7.49, but due to a math error, the improper amount was entered. This only creates confusion and could delay proper settlement. To help the clerk processing your claim, each individual charged needs to be listed separately. This will aid in the timeliness and accuracy of your payment.

Q: How long will it be before this money appears in my account?

A: Normally funds will be credited to your account within 2 weeks.

Q: How do I get reimbursed for postage stamps?

A: Reimbursement for postage stamps is not allowed. All official letter mail must be processed through your unit. Reimbursement for "Official packages" may be permitted. Prior approval should be received before the package is mailed to ensure proper documentation is obtained.

Q: Instead of submitted numerous claims, may I save up multiple items and submit them together.

A: The regulations governing the reimbursement of travel states that requests for reimbursement should be filed within 5 days of the event. Failure to submit a claim within the 5 day window does not preclude payment, however, combining multiple trips with other reimbursable items that have occurred over large periods of time could result in the claimant misplacing receipts or forgetting pertinent information. Submitting claims timely is always the best approach.

## The "DO's" Checklist for SF 1164 Submission

**Do** submit your claim timely. To help ensure funds are allocated properly, submitting claims within 30 days of the event is best.

**Do** submit claims for events that occur in a specific fiscal year. Combining events on a single claim form that overlap two fiscal years, will be returned without action. The fiscal year always ends on the 30<sup>th</sup> of September. As an example, if you have an event that you are claiming for the 25<sup>th</sup> of September and then another event that occurred on the 2<sup>nd</sup> of October, two separate SF 1164's must be completed. Each event is paid for out of different funding accounts.

**Do** provide a Travel FedLine Authorization form with every claim. This will ensure that current banking information is received by the Disbursing Officer. This will preclude payments being sent to "old" accounts.

**Do** make a copy of the entire claim, to include your receipts. Claims are sometimes lost and this will help alleviate any problems.

**Do** have someone audit your claim.

**Do** sign your claim.

**Do** date your claim.

**Do** only use one line on the SF 1164 per each "leg" of a trip.

**Do** only use one line per other items claimed.

**Do** provide legible receipts that adequately correspond to the claimed amount. The more help you provide the clerk who is settling your claim, the less likely a claim will be returned for corrective action.

**Do** use a black ink pen to complete the document. Colors such as red do not copy well and felt tip pens are not too forgiving of spilled water (the writing will usually run and cannot be read).





<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>	1 DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Headquarters, 2nd FSSG	2 VOUCHER NUMBER <b>PUT NOTHING IN THIS BLOCK</b>
Read the Privacy Act Statement on the back of this form.		3 SCHEDULE NUMBER <b>PUT NOTHING IN THIS BLOCK</b>
<b>CLAIMANT</b>	4. a. NAME (Last, first, middle initial) JONES, Shelly J.	b. SOCIAL SECURITY NO. 123-45-6789
	c. MAILING ADDRESS (Include ZIP Code) 1313 Mockingbird Lane Richlands, NC 28565	d. OFFICE TELEPHONE NUMBER (910) 353-0000
5. PAID BY <b>PUT NOTHING IN THIS BLOCK</b>		

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 \$0.365	AMOUNT CLAIMED				
				MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCELLANEOUS	
(a)	(b)	(c) FROM	(d) TO	(e) NO. OF MILES	(f)	(g)	(h)	
6 Nov	A	1313 Mockingbird Lane Richlands, NC	KV Training Ctr Camp Lejeune, NC	30	10.950			
6 Nov	A	KV Training Ctr Camp Lejeune, NC	KV Training Ctr MCAS New River, NC	18	6.570			
6 Nov	A	KV Training Ctr MCAS New River, NC	1313 Mockingbird Lane Richlands, NC	25	9.125			
6 Nov	B	Long Distance			0.000		1.35	
6 Nov	B	Long Distance Call			0.000		2.65	
					0.000			
		This is an example for multiple stops and long distance calls	The milage rate is an example only - rates change periodically		0.000			
					0.000			
					0.000			
					0.000			
					0.000			
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols (f), (g) and (h))				\$ 30.65	<b>TOTALS</b>	73	26.645	4.00

<p>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).)</p> <p style="text-align: center;">Sign Original Only</p> <p>APPROVING OFFICIAL SIGN HERE <b>▶ Glenn Mayberry signs here</b></p> <p>9. This claim is certified correct and proper for payment.</p> <p style="text-align: center;">Sign Original Only</p> <p>AUTHORIZED CERTIFYING OFFICER SIGN HERE <b>▶ MEF Comptroller will sign here</b></p>	<p>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.</p> <p style="text-align: center;">Sign Original Only</p> <p>CLAIMANT SIGN HERE <b>▶ You sign here</b></p> <p>DATE <span style="float: right;">Must fill</span></p> <hr/> <p>11. CASH PAYMENT RECEIPT</p> <table style="width:100%;"> <tr> <td>a. PAYEE (Signature)</td> <td>b. DATE RECEIVED</td> </tr> <tr> <td></td> <td>c. AMOUNT \$ 30.65</td> </tr> </table> <hr/> <p>12. PAYMENT MADE BY CHECK NO.</p>	a. PAYEE (Signature)	b. DATE RECEIVED		c. AMOUNT \$ 30.65
a. PAYEE (Signature)	b. DATE RECEIVED				
	c. AMOUNT \$ 30.65				

ACCOUNTING CLASSIFICATION

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE  II MEF Command Element	2. VOUCHER NUMBER <b>PUT NOTHING IN THIS BLOCK</b>
		3. SCHEDULE NUMBER <b>PUT NOTHING IN THIS BLOCK</b>
<i>Read the Privacy Act Statement on the back of this form.</i>		5. PAID BY  <b>PUT NOTHING IN THIS BLOCK</b>
CLAIMANT	4. a. NAME (Last, first, middle initial) <b>JONES, Shelly J.</b>	b. SOCIAL SECURITY NO. <b>123-45-6789</b>
	c. MAILING ADDRESS (include ZIP Code) <b>1313 Mockingbird Lane Richlands, NC 28565</b>	d. OFFICE TELEPHONE NUMBER <b>(910) 353-0000</b>

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)	[Explain expenditures in specific detail.]		MILEAGE RATE <b>\$0.365</b>	AMOUNT CLAIMED			
					MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCELLANEOUS
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)
6 Nov	A	1313 Mockingbird Lane Richlands, NC	KV Training Center Camp Lejeune, NC	30	10.950			
6 Nov	A	KV Training Ctr Camp Lejeune, NC	1313 Mockingbird Lane Richlands, NC	30	10.950			
6 Nov	C	Childcare 2 children @ \$2.50 per hour for 3 hours			0.000			15.00
					0.000			
					0.000			
					0.000			
		This is an example for a single trip with childcare	The milage rate is an example only - rates change periodically		0.000			
					0.000			
					0.000			
					0.000			
					0.000			
<i>If additional space is required continue on the back.</i>				SUBTOTALS CARRIED FORWARD FROM THE BACK				

<b>7. AMOUNT CLAIMED</b> (Total of cols (f), (g) and (i))	<b>\$</b>	<b>36.90</b>	<b>TOTALS</b>	<b>60</b>	<b>21.900</b>			<b>15.00</b>
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c. AMOUNT <b>\$ 36.90</b>					

ACCOUNTING CLASSIFICATION

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE <b>MHG, II MEF</b>	2. VOUCHER NUMBER <b>PUT NOTHING IN THIS BLOCK</b>
Read the Privacy Act Statement on the back of this form.		3. SCHEDULE NUMBER <b>PUT NOTHING IN THIS BLOCK</b>
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	b. SOCIAL SECURITY NO. <b>123-45-6789</b>	
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				MILEAGE (f)	FARE OR TOLL (g)	ADD. PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)		
(a)	(b)	(c) FROM	(d) TO	(e) NO. OF MILES (e)					
6 Nov	A	1313 Mockingbird Lane Richlands, NC	KV Training Ctr Camp Lejeune, NC	30	10.950				
6 Nov	A	KV Training Ctr Camp Lejeune, NC	1313 Mockingbird Lane Richlands, NC	18	6.570				
6 Nov	C	Childcare 2 Children @ \$2.50 per hour for 3 hours			0.000		15.00		
6 Nov	B	Long Distance Call			0.000		1.35		
6 Nov	B	Long Distance Call			0.000		2.65		
		This is an example for a single stop, childcare & long distance		The mileage rate is an example only - rates change periodically	0.000				
					0.000				
					0.000				
					0.000				
					0.000				
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK						
<b>7. AMOUNT CLAIMED</b> (Total of cols (f), (g) and (i).)				<b>\$ 36.52</b>	<b>TOTALS</b>	48	17.520		19.00

<p>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. 880a).)</p> <p style="text-align: center;">Sign Original Only</p> <p>APPROVING OFFICIAL SIGN HERE <b>Glenn Mayberry signs here</b>      DATE <b>Must Fill</b></p> <p>9. This claim is certified correct and proper for payment.</p> <p style="text-align: center;">Sign Original Only</p> <p>AUTHORIZED CERTIFYING OFFICER SIGN HERE <b>MEF Comptroller will sign here</b>      DATE <b>Must fill</b></p>	<p>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.</p> <p style="text-align: center;">Sign Original Only</p> <p>CLAIMANT SIGN HERE <b>You sign here</b>      DATE <b>Must fill</b></p> <p>11. CASH PAYMENT RECEIPT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. PAYEE (Signature)</td> <td>b. DATE RECEIVED</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">c. AMOUNT <b>\$ 36.52</b></td> </tr> </table> <p>12. PAYMENT MADE BY CHECK NO.</p>	a. PAYEE (Signature)	b. DATE RECEIVED			c. AMOUNT <b>\$ 36.52</b>	
a. PAYEE (Signature)	b. DATE RECEIVED						
c. AMOUNT <b>\$ 36.52</b>							

ACCOUNTING CLASSIFICATION



**TRAVEL FEDLINE AUTHORIZATION**  
**ELECTRONIC FUNDS TRANSFER**  
**ACCOUNT INFORMATION**

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

UNIT/SECTION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

HOME PHONE: (CIV ONLY) \_\_\_\_\_

MILITARY SPOUSE'S SSN: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_  
(NINE DIGIT IDENTIFICATION NUMBER OF YOUR BANK)

BANK ACCOUNT: \_\_\_\_\_

(check one) CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_

**COMMON ROUTING NUMBERS:**

NAVY FEDERAL CREDIT UNION	256074974
MARINE CORPS FEDERAL	253174893
WACHOVIA BANK OF NC	053100494
FIRST CITIZENS BANK	053100300
MARINE CORPS WEST	322274925

SIGNATURE: \_\_\_\_\_

# TRAVEL FEDLINE AUTHORIZATION

## ELECTRONIC FUNDS TRANSFER ACCOUNT INFORMATION

NAME: Enter the name of the person who is claiming reimbursement on the SF 1164. This name must correspond to the name on the account information provided below. For Joint Accounts, the above name must be a part of the joint account.

SSN: Enter the Social Security Number of the person who is claiming reimbursement

UNIT/SECTION: Enter the work section of the military member

WORK PHONE: Enter the work phone of the claimant to include area code

HOME PHONE: Enter your home phone to include area code

MILITARY SPOUSE'S SSN: Enter the Military member's Social Security Number here

NAME OF BANK: Enter the Name of the financial institution that corresponds to the routing numbers and account numbers that you are providing below.

BANK ROUTING NUMBER: This is a nine digit number that identifies your particular financial institution. This number is normally in the bottom middle of your checks. Please verify your routing number with your financial institution.

BANK ACCOUNT NUMBER: This number varies in length and is usually on the bottom of your check. Please verify the number with your financial institution.

(check one) CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_

### COMMON ROUTING NUMBERS:

NAVY FEDERAL CREDIT UNION	256074974
MARINE CORPS FEDERAL	253174893
WACHOVIA BANK OF NC	053100494
FIRST CITIZENS BANK	053100300
MARINE CORPS WEST	322274925

SIGNATURE: The person claiming reimbursement signs here

