

CA ESGR REIMBURSEMENT PROCEDURES

There are three types of reimbursements that are approved for submission to help defray the “Out of Pocket” expenses that you may incur as a committee member.

DD1351-2 for official travel

SF 1164 for mileage & expense reimbursements

You should familiarize yourself with the different types of forms and their purpose. Samples are attached to help you complete the forms.

When you are required to travel on official business ESGR travel orders will be issued by HQ California National Guard for which you shall be required to file for reimbursement. The required form is available on the ESGR web site and is DD Form 1351-2.

DD FORM 1351-2

BLOCK

1. Unless you have an EFT account select "Check"
2. Your name
3. Civilian
4. Your SSAN
5. Put an "X" in TDY
6. Your mailing address for the check
7. Your daytime contact phone number
8. This is found on your TDY Travel order and is listed as "Authority Number"
9. None
10. N/A
11. ESGR Arlington VA 22209
12. N/A
13. N/A
14. N/A
15. Enter the start date of your travel and from where.
Enter the info in the small line after "DEP". If you started by driving enter "PA" (private auto) under mode of travel. The codes are listed on page 2 of the DD 1351-2. On the next line "ARR" enter where you arrived. If you had a billeting/lodging cost enter the amount paid WITHOUT the taxes under "Lodging Cost". After completion of travel enter the info in reverse order. The last item should have you arriving at home or in some cases at your work location. There is also a block to list your driving mileage in each direction.
16. If you drove your vehicle put an "X" in Owner/Operator. If you were a passenger put an "X" in the passenger block.

DD FORM 1351-2 (Cont)

BLOCK #

17. Select the appropriate box.
18. This is where you list miscellaneous items for reimbursement. Some appropriate items are:
 - Hotel room tax
 - Airport Parking
 - Tolls
 - Taxis
19. If any meals were provided to you at "No Cost" during your travel you must claim them. You are not allowed to be reimbursed for a meal and receive it at no cost.
20. Be sure to SIGN and DATE you claim.

" BE SURE" To attach all original billeting receipt and any receipt that is \$75.00 or more.

Send your travel voucher to:

**John Colombo
Box 6275 P S Center
March ARB CA 92518**

SAMPLE

| 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) <input type="checkbox"/> Split Disbursement: Amount to Government Travel Charge Card <input type="checkbox"/> Payment by Check | | | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) COLOMBO JOHN A | | 3. GRADE C | 4. SSN | 5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA | | | |
| 6. ADDRESS. a. NUMBER AND STREET [REDACTED] | | b. CITY [REDACTED] | c. STATE CA | d. ZIP CODE [REDACTED] | | | |
| e. E-MAIL ADDRESS [REDACTED] | | | | 10. FOR D.O. USE ONLY | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE [REDACTED] | 8. TRAVEL ORDER NUMBER 10-050 | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00 | | a. D.O. VOUCHER NUMBER | | | |
| 11. ORGANIZATION AND STATION ESGR | | | | b. SUBVOUCHER NUMBER | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | c. PAID BY | | | |
| | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | d. COMPUTATIONS | | | |
| 15. ITINERARY | | | | e. SUMMARY OF PAYMENT | | | |
| 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 | | |
| 10Apr | DEP Woodcrest CA | PA | | | | | |
| | ARR Ontario Airport CA | CA | AT | | | | |
| | DEP Sacramento Airport CA | CP | AT | | | | |
| | ARR Sacramento CA | CA | TD | | | | |
| | DEP Sacramento CA | CA | TD | | | | |
| 11Apr | ARR Sacramento Airport CA | CP | AT | | | | |
| | DEP Ontario Airport CA | PA | AT | | | | |
| | ARR Woodcrest CA | | MC | | | | |
| | DEP Woodcrest CA | | | | | | |
| | ARR Woodcrest CA | | | | | | |
| 16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | | | 17. DURATION OF TDY TRAVEL | | | |
| 18. REIMBURSABLE EXPENSES | | | | 17. DURATION OF TDY TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | (4) Dependent Travel | (5) DLA | | |
| | | | | (6) Reimbursable Expenses | (7) Total | | |
| | | | | (8) Less Advance | (9) Amount Owed | | |
| | | | | (10) Amount Due | | | |
| 19. GOVERNMENT/DEDUCTIBLE MEALS | | | | | | | |
| | a. DATE | b. NO. OF MEALS | | a. DATE | b. NO. OF MEALS | | |
| | | | | | | | |
| | | | | | | | |
| 20.a. CLAIMANT SIGNATURE | | b. DATE | c. SUPERVISOR SIGNATURE | | d. DATE | | |
| 21.a. APPROVING OFFICER SIGNATURE | | | | | b. DATE | | |
| 22. ACCOUNTING CLASSIFICATION | | | | | | | |
| 23. COLLECTION DATA | | | | | | | |
| 24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER POSTED BY | 27. RECEIVED (Payee Signature and Date or Check No.) | | 28. AMOUNT PAID | | |

SF 1164

Do NOT submit this form until you have driven at least 150 miles on ESGR business.

BLOCK

1. Enter: California ESGR
2. Leave Blank
3. Leave Blank
4. Your name, SSAN, address and daytime phone number.
5. Blank
6. Date: Day-month-year. Enter the "From location" and the "TO" location followed by the number of one-way miles. If you used a toll road or paid a bridge toll make an enter under column "G". Leave everything else blank under block 6.
7. Leave the \$ amount blank but DO total your miles under "Totals".
8. Blank
9. Sign and date the form and mail

Standard Form 1164

This form is used for reimbursement of local driving, not over night travel. Orders are not required. Mail these to: CA National Guard ATTN: ESGR Box 37, 9800 Goethe Road P.O. Box 269101 Sacramento, CA 95826-9101.

See the appendix for a copy of the SF 1164.

Exercise: You are to complete the appropriate form (located in the appendix) using the information provided.

Samuel T. Adams lives at 123 Patriot Lane, Victory, NY 37900. SSN is 123-XX-4567, email STA@best.net, Phone 010-987-6543. Travel Order No. 1-234. Organization: CA ESGR

Sam traveled 211 miles each way to Happiville, CA, to support the annual conference of the Society of Human Resource Managers. While there, Sam stayed at the N Tell Motel; costs were \$58 per night plus taxes and fees of \$7.50. Meal costs ranged from \$25 to \$65 each day. Parking at the hotel was \$3.00 per night and \$6.00 per day at the conference center.

Sam traveled from home to Happiville, CA on January 27, 2006, arriving at the conference center to drop off some supplies and help set up the display. On January 30, 2006 Sam checked out of the motel and spent the morning at the conference center before driving home that afternoon.

SAMPLE

| | | |
|--|---|--------------------|
| CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS | 1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE CALIF ESGR | 2. VOUCHER NUMBER |
| | | 3. SCHEDULE NUMBER |

Read the Privacy Act Statement on the back of this form.

| | | | |
|--------------------|---|---|-------------------|
| 4. CLAIMANT | a. NAME (Last, first, middle initial) SMITH GEORGE M | b. SOCIAL SECURITY NO. 123-45-6789 | 5. PAID BY |
| | c. MAILING ADDRESS (Include ZIP Code) 123 MAIN ST ANYTOWN, CA 95123 | d. OFFICE TELEPHONE NUMBER 310 123-4567 | |

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 | CODE | Show appropriate code in col. (b): | | MILEAGE RATE | AMOUNT CLAIMED | | | |
|--------|------|---|----------------------------|--------------|---|--------------|--------------|-------------------------|
| | | A - Local travel | D - Funeral Honors Detail | | MILEAGE | FARE OR TOLL | ADD PER-SONS | TIPS AND MISCEL-LANEOUS |
| | | B - Telephone or telegraph, or | E - Specialty Care | | | | | |
| | | <i>(Explain expenditures in specific detail.)</i> | | | | | | |
| (a) | (b) | (c) FROM | (d) TO | (e) | (f) | (g) | (h) | (i) |
| 15 Apr | A | Los Angeles CA | Anaheim CA & return | 66 | | | | |
| 20 Apr | A | Los Angeles | Camp Pendelton CA & return | 90 | | | | |
| 20 Apr | C | Wal Mart | Awards: Frames | | | | | 64.75 |
| 24 Apr | A | Los Angeles CA | Long Beach CA & return | 42 | | | | |
| | | | | | SUBTOTALS CARRIED FORWARD FROM THE BACK | | | |

If additional space is required continue on the back.

| | | | | | | | |
|--|---------------|-----|--|--|--|--|-------|
| 7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i.)) ▶ \$ | TOTALS | 198 | | | | | 64.75 |
|--|---------------|-----|--|--|--|--|-------|

| | | | | | |
|--|--|----------------------|------------------|--|--------------|
| <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;"><i>Sign Original Only</i></p> <p style="text-align: right;">DATE</p> <p>APPROVING OFFICIAL SIGN HERE ▶</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;"><i>Sign Original Only</i></p> <p style="text-align: right;">DATE</p> <p>CLAIMANT SIGN HERE ▶</p> | | | | |
| <p>9. This claim is certified correct and proper for payment.</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p style="text-align: right;">DATE</p> <p>AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶</p> | <p>11. CASH PAYMENT RECEIPT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. PAYEE (Signature)</td> <td style="width: 30%;">b. DATE RECEIVED</td> </tr> <tr> <td></td> <td>c. AMOUNT \$</td> </tr> </table> <p>12. PAYMENT MADE BY CHECK NO.</p> | a. PAYEE (Signature) | b. DATE RECEIVED | | c. AMOUNT \$ |
| a. PAYEE (Signature) | b. DATE RECEIVED | | | | |
| | c. AMOUNT \$ | | | | |

ACCOUNTING CLASSIFICATION