

CHAPTER 9. AUXILIARY TRAVEL

A. Travel Orders.

1. Travel Order Request. A Temporary Assignment to Duty (TAD) Request form must be submitted via the chain of command to receive official TAD orders from the Director of Auxiliary (DIRAUX). TAD request forms are available via the web site <http://www.uscgaux.org/08C/d8diraux.htm> or may be requested from DIRAUX. TAD request forms must be submitted to DIRAUX a minimum of two weeks prior to the beginning date of official travel. **Travel requests in conjunction with the two regional conferences are requested 30 days prior to the conference dates.**
2. Travel Orders. When authorized, travel orders shall be issued to an Auxiliarist via DIRAUX using the Military Temporary Additional Duty (TAD) or Civilian Temporary Duty (TD) Request and Travel Order, CG-4251. Refer to the Auxiliary Manual, COMDTINST M16790.1 (series) for more information on the types of travel orders and reimbursements.

B. Travel Reimbursement.

1. Travel Claim Submission. Upon completion of TAD travel, a Travel Voucher or Sub-Voucher, DD Form 1351-2 (Aug 1997), must be submitted to claim reimbursements. Travel claims should normally be submitted to the DIRAUX Storekeeper (SK) within three days after completion of TAD travel. Failure to promptly return orders along with the travel claim may result in the orders being cancelled. Refer to Enclosure (1) for detailed instructions on the DD Form 1351-2.
2. Reimbursement. Reimbursement for TAD travel may include:
 - a. Per Diem. Per Diem rates include the cost of lodging and meals and will only be reimbursed for the dates authorized on the official TAD orders. The authorized per diem rate will be included on the TAD orders and **should not be exceeded**. To claim reimbursement for lodging, lodging receipts must be submitted with the DD Form 1351-2. Any hotel room taxes included in the lodging cost must **be** itemized as a separate reimbursable expense item. All other charges to the hotel room bill are the responsibility of the member. Reimbursement for meals authorized under per diem do not require receipts and should not be itemized on the DD Form 1351-2.
 - b. Transportation. Transportation costs resulting in the least cost to the government shall be authorized. The mode of travel used must be authorized by DIRAUX and will be stated on the TAD orders. **ANY CHANGES IN THE MODE OF TRAVEL PRIOR TO COMMENCEMENT OF TRAVEL MUST BE AUTHORIZED BY DIRAUX**. To claim reimbursement for authorized **commercial** transportation, receipts must be submitted with the DD Form 1351-2. Members **may use a privately owned conveyance (POC), if authorized, but CANNOT be directed to use a POC for official travel. When use of a POC is at the member's request and/or convenience,**

reimbursement shall be limited to the cost of government procured transportation (GTR).

- c. Registration Fees. Personnel on official orders may be authorized reimbursement for registration fees including official business luncheons or dinners. When meals are included in the registration fee, each attendee will be paid proportional per diem on those days. To claim reimbursement, the registration fees shall be itemized under "Other Expenses" on the DD Form 1351-2. A receipt for the registration fee is required to be submitted with the DD Form 1351-2.
- d. Other Reimbursable Expenses. Other reimbursable expenses may include items such as airfare, hotel taxes, airport parking fees, cab fares, etc. These expenses must be itemized by date on the DD Form 1351-2.

3. Local Mileage Reimbursement. Local mileage shall be reimbursed in accordance with the Joint Federal Travel Regulations (JFTR) chartered under the Department of Defense. To claim local mileage reimbursement, members must complete the Claim for Reimbursement for Expenditures on Official Business Instructions Form, SF-1164 and submit to DIRAUX for approval. Refer to Enclosure (2) for detailed instructions on the SF-1164.

4. No Claim for Reimbursement Requested. If a member does not wish to claim reimbursement against authorized travel orders, the member must return the original orders to DIRAUX with a notation on the orders stating "No claim for reimbursement requested".

C. Auxiliary Conferences.

1. Registration Fees. The District Commodore (DCO) with the advise of DIRAUX shall prescribe reasonable conference registration fees for associated administrative costs and meals essential to conduct official business during the conference (e. g. awards ceremony, working lunch, program speaker etc.). **WHEN THE REGISTRATION FEE INCLUDES MEALS, ALL PERSONNEL ON OFFICIAL COAST GUARD ORDERS ARE REQUIRED TO ATTEND and will be charged for those meals.** All attendees shall receive a receipt of payment that specifies which meals have been included in the registration fee. On the dates which meals are included in the registration fee, attendee's will receive proportional per diem. Socials or "Fun Nights" are not authorized reimbursable expenses even if included in the registration fee.

2. Duration.

- a. Auxiliary Conference. Auxiliary conference activities should be scheduled to convene no later than 0900 on a Friday and end prior to 1200 on a Sunday. Under normal circumstances, authorized travel days for personnel on official orders will be Thursday and Sunday which will require three authorized overnights (e. g. Thursday

night, Friday night and Saturday night). All exceptions must be approved by DIRAUX in advance and stated on the official travel order.

b. Conference Meetings. Sufficient time should be allocated to provide increased member training opportunities and strategic planning and development sessions for District Board members. At a minimum, eight hours of scheduled activities dedicated to membership training or official board meetings should be accomplished on both Friday and Saturday. Additionally, Thursday night and Sunday mornings should be used to conduct EXCOM, District Staff or study group meetings.

c. Recognition: Appropriate member recognition is one of the most important leadership responsibilities. Each Auxiliary conference should include an awards program that ensures stellar individual and unit performance is acknowledged either during the Saturday evening banquet or at other appropriate times throughout the conference. All Coast Guard awards will be presented by the most senior Coast Guard officer present while the Director of Auxiliary or his designee reads the citations. DIRAUX and the DCO shall coordinate all awards presentations.

3. Uniforms. Uniforms authorized for wear shall be clearly specified in writing and worn at all business meetings and scheduled conference activities. When authorized by DIRAUX and the DCO, appropriate civilian attire may be worn to informal meetings prior to or following scheduled conference activities. The following schedule will be adhered to when prescribing the appropriate uniform:

Schedule of Uniforms for Conferences

<u>Uniform</u>	<u>Start Date</u>	<u>End Date</u>
Service Dress Blue B	1 January	31 December
Topical Blue Long (optional)	1 January	31 December
Dinner Dress White Jacket	1 April	15 October
Dinner Dress Blue Jacket	16 October	31 March
Dinner Dress Blue	1 January	31 December

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 type="checkbox"/> Electronic fund transfer (EFT) <input type="checkbox"/> Payment by Check <input type="checkbox"/> Split Disbursement. Amt to Govt Tvl Charge Card \$ _____				2. TYPE OF PAYMENT (X as applicable) <input 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				3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER _____							
4. NAME (Last, First, Middle Initial) (Print or type) _____				5. GRADE _____		6. SSN _____		b. SUBVOUCHER NUMBER _____							
7. ADDRESS: a. NUMBER AND STREET _____				b. CITY _____		c. STATE _____		d. ZIP CODE _____		c. PAID BY _____					
8. DAYTIME TELEPHONE NUMBER & AREA CODE _____				9. TRAVEL ORDER NUMBER _____				10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES _____							
11. ORGANIZATION AND STATION _____				12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) _____							
a. NAME (Last, First, Middle Initial) _____				b. RELATIONSHIP _____		c. DATE OF BIRTH OR MARRIAGE _____		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain in Remarks) _____							
15. ITINERARY				d. COMPUTATIONS _____				e. SUMMARY OF PAYMENT							
a. DATE		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		(1) Per Diem		(2) Actual Expense Allowance	
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16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TDY TRAVEL				(4) Dependent Travel							
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS				(5) DLA							
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED		(6) Reimbursable Expenses							
								(7) Total							
								(8) Less Advance							
								(9) Amount Owed							
								(10) Amount Due							
				19. GOVERNMENT/DEDUCTIBLE MEALS											
								a. DATE		b. NO. OF MEALS					
20.a. CLAIMANT SIGNATURE _____				b. 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 _____															

DD FORM 1351-2, AUG 1997

PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED

Exception to SF 1012 approved by GSA/IRMS 12-91.

DD FORM 1351-2 TRAVEL VOUCHER OR SUBVOUCHER INSTRUCTIONS

1. Block 1 – Payment: Mark the block for the method of payment desired.
2. Block 2 – Type of Payment: Coast Guard Auxiliary members should mark “**Other**”.
3. Block 4 – Name: Enter your LAST name, FIRST name and middle initial.
4. Block 5 – Grade: Auxiliary members should enter “**AUX**”.
5. Block 6 – SSN: Enter your social security number.
6. Block 7 – Address: Enter your complete mailing address **and e-mail address** (if applicable).
7. Block 8 – Telephone Number: Enter your daytime telephone number with the area code.
8. Block 9 – Travel Order Number (TONO) – Enter the 13 digit number listed in block 20 of your travel orders.
9. Block 10 – Previous Payments/Advances: Leave Blank.
10. Block 11 – Organization and Station: Enter “**USCG D8 Auxiliary**”.
11. Block 12 – Dependent(s): Leave Blank
12. Block 13 – Dependent(s) Address: Leave Blank
13. Block 14 – Household Goods: Leave Blank
14. Block 15 – Itinerary: Use this section to account for the days of travel. Use dates only.
15. Block 15a – Date: Enter the year you started the travel (e. g. 2000).
16. Block 15b – Place: Enter the location of each departure or arrival made during travel. Include the unit name or other identifying title (home, airport, etc.), city, county and country or state.
17. Block 15c – Means/Mode of Travel: Enter the appropriate two letter code from this table (e. g. Commercial Plane (CP), Privately-Owned Auto (PA)).

FIRST LETTER

SECOND LETTER

Transportation Request	T	Auto	A
Government Request	G	Motorcycle	M
Commercial Transportation (own expense)	C	Bus	B
Privately-Owned Conveyance (POC)	P	Plane	P
		Rail	R
		Vessel	V

18. Block 15d – Reason for Stop: Enter the appropriate two letter code from this table

<u>REASON</u>	<u>CODE</u>
Awaiting Transportation	AT
Leave En Route	LV
Mission Complete	MC
Authorized Delay	AD
Temporary Duty	TD

19. Block 15e – Lodging Costs: Enter the total lodging costs excluding any applicable taxes.

20. Block 15f – POC miles: Enter the number of miles driven by POC during this portion of the trip.

21. Block 16 – POC Travel: If you traveled via POC during any portion of your trip you must complete this block to indicate whether you were the owner/operator or passenger.

22. Block 17 – Duration of TDY Travel: Mark the appropriate block.

23. Block 18 – Reimbursable Expenses: Itemize any reimbursable expenses. An original itemized receipt must accompany expenses of **\$75.00** or more. Utilize this block to enter any applicable lodging tax, airfare, cab fare, registration fee, etc. Itemized receipts for lodging is required regardless of the cost.

24. Block 18a – Date: Enter the date the expenses were incurred.

25. Block 18b – Nature of Expenses: Enter the purpose of the expense (e. g. Taxi, Hotel)

26. Block 18c – Amount: Enter the amount you are claiming

27. Block 18d – Allowed: Leave Blank

28. Block 19 – Government/Deductible Meals: Record prepaid meals provided within a registration or seminar fee.

29. Block 20 – Claimant Signature: **SIGN AND DATE YOUR TRAVEL VOUCHER.**

30. Block 21 – Approving Officer Signature and Date: Signed by DIRAUX SK or YN.

31. Blocks 22 – 28: Leave Blank

**SF-1164 CLAIM FOR REIMBURSEMENT FOR EXPENDITURES
ON OFFICIAL BUSINESS INSTRUCTIONS**

1. Block 1 – Department, Division or Office: Enter complete unit address.
2. Block 2 – Voucher Number: Leave Blank
3. Block 3 – Schedule Number: Leave Blank
4. Block 4a – Name: Enter your LAST name, FIRST name and middle initial.
5. Block 4b – Social Security Number: Enter your social security number.
6. Block 4c – Address: Enter your complete mailing address and e-mail address (if applicable).
7. Block 4d – Telephone Number: Enter your daytime telephone number with the area code.
8. Block 5 – Paid By: Leave Blank
9. Block 6 – Expenditures: Use this section to itemize reimbursable expenditures.
10. Block 6a – Date: Enter the date expenses were incurred.
11. Block 6b – Code: Enter the appropriate single digit code from this table

<u>CODE</u>	<u>REASON</u>
A	Local Travel
B	Official Telephone calls
C	Other Expenses (e. g. registration fee)

12. Block 6c and 6d – From and To: Explain expenditures in detail.
13. Block 6e – No. of Miles: : Enter the number of miles driven by POC during this portion of the trip.
14. Block 6f, 6g, 6h and 6i – Amount Claimed: Enter the total amount(s) claimed.
15. Block 7 – Amount Claimed: Enter the total amount from all columns.
16. Block 8 – Approving Official: DIRAUX signature.
17. Block 9 – Certifying Officer: DIRAUX SK or YN signature.
18. Block 10 – Claimant Signature: **SIGN AND DATE YOUR TRAVEL VOUCHER.**
19. Block 11 & 12 – Leave Blank