

STANDARD OPERATING PROCEDURE REIMBURSEMENT FOR LOCAL TRAVEL (SF FORM 1164)

Purpose: To establish guidelines for claiming reimbursement for local travel expenses so that district financial resources can be utilized effectively.

Applicability: This guidance applies to all district employees and certifying officers whose duties require local travel in the performance of their duties.

Definition: Local travel involves mission-related travel away from the normal place of duty for 12 hours or less, including travel time, in the same day. TDY orders are not issued and no per diem is authorized.

Procedures:

1. With the exception of itinerant employees, supervisors must approve all local travel in advance. Approval must be based upon mission requirements and not personal convenience.
2. When requesting reimbursement for local travel expenses, SF 1164, Claim for Reimbursement for Expenditures on Official Business, must be used. The form is available at <http://www.web1.osd.mil/icdhome/forms.htm>. (Detailed instructions for completing the SF form 1164 are attached.)
3. The employee must complete the SF form 1164, attach any receipts, and submit to their supervisor who will review and sign the form in Block 8. Authorized expenses include train, taxi, tips, mileage for personal vehicle, and parking. The completed SF form 1164 and receipts must be forwarded (via mail or fax) to the DSO Budget Assistant for review and certification by the Budget Officer. The employee should make a copy of the SF form 1164 and receipts for their records.
4. When certified, the DSO will forward the SF form 1164 to the travel pay office for payment. The DSO will reimburse local travel expenses at the Official Mileage Rate. Forms that are incomplete will be returned to the employee for completion.
5. Claims for local travel should be filed **monthly**. Expenses for local travel that cross fiscal years must be filed separately. The fiscal year ends on 30 September and begins on 1 October. If there are expenses that cross that date, two separate SF form 1164s must be submitted. **Each SF form 1164 should be submitted for payment within five days of the end of the month for which the claim is submitted.**
6. A copy of the settlement travel voucher (DD form 1351) from DFAS must be sent to the DSO Budget Assistant. This notice can be accessed and printed at <http://mypay.dfas.mil>

Controls:

1. Guidelines from Joint Travel Regulation (JTR).
2. Advance approval of all local travel, other than for itinerant employees.
3. Verification and approval of local travel expenses by the supervisor.
4. Verification and certification of local travel expenses by the DSO budget office.
5. Travel budget reports.

// original signed //

DR. DELL MCMULLEN
Superintendent

Attachments

1. Instructions for Completing SF form 1164
2. Claim for Reimbursement for Expenditures on Official Business (SF form 1164)

Instructions for Completing Claim for Reimbursement for Expenditures on Official Business (SF form 1164)

Block 1: Enter DoDDS and your school/location. **(It is important that “DoDDS” is indicated.)**

Blocks 2 and 3: Leave blank.

Block 4: Enter your name, SSN, APO mailing address, and duty telephone number.

Block 5: Leave blank. (For DSO Reviewer)

Block 6: In the left-hand column, enter the date of the expense and the code. Enter the “from” and “to” information and the number of miles as follows

- The DSO Budget Assistant will verify mileage from **duty station to an alternate location** based on the Defense Table of Official Distances.
- If the traveler goes from his/her **residence** to a location other than the regular place of duty, the mileage should be clocked on the odometer and entered in column “e.” If the distance is **less** than the distance from the residence to the duty location, miles should not be submitted for reimbursement.
- **NOTE**: Reimbursement for mileage will be based on mileage **not to exceed the distance from the place of duty to the alternate location**, per the Joint Travel Regulation (JTR).

Block 7: Enter total amount claimed. (From 6f, g, i)

Block 8: Principal, assistant principal or supervisor’s signature, and date of signature.

Block 9: Leave blank. (For DSO certification)

Block 10: Sign and date as “claimant.” All payments are made with Electronic Fund Transfer (ETF). If you have not previously submitted a claim to the appropriate finance office, attach a voided check or a deposit slip for the account to be credited.

Blocks 11 and 12: Leave blank.

NOTE: Attach one copy of each receipt for an item of expenses of \$75.00 or more.

In compliance with the Privacy act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 17 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 601(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943 for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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