DOCUMENT NAME: Travel - TDY

DOCUMENT TYPE: 11

1. **Description:** Covers all Temporary Additional Duty (TAD) and Temporary Duty (TDY) travel for military, reservists, and civilian members.

2. **Primary Forms:** DD-1351-2, Travel Voucher or Subvoucher

3. **Related Forms:** CG-4251, Military and Civilian (TAD/TD) Request and Travel Orders
   CG-5131, Standard Travel Orders For Military Personnel (refer to Figure 12C-21)
   SF-1038, Advance of Funds Application and Account

4. **Document Number:** Standard Number - unit assigned.

   SAMPLE: 1104904FAB001

Document Type	FY Funded	Procurement Site Code	FY Contract Originated	Region	Program Element	Document Sequence	Suffix
11	04	90	4	F	AB	001	

5. **Accounting Line:** If multiple lines are used, a different suffix is required for each line starting with 000.

   SAMPLE: 2/F/401/136/30/0/AB/12345/2100 (See Note)

   Note: Include the appropriate reimbursable number after the object class code for reimbursable travel. For further information see Chapter 9.

6. **FINCEN Critical Processing Requirements:**

   a. Issuing units must ensure travel orders CG-4251 or CG-5131 are completed in entirety. The following information is critical for processing:

      (1) Name and SSN of traveler.

      (2) Accounting data - CG-4251, block 14; CG-5131, block 7.

      (3) Standard document number - CG-4251, block 15 under Document ID, Travel Order Number (TONO) heading; CG-5131, block 7 under Document Identification Number heading.

      (4) Appropriate Treasury Symbol (Appendix B) - CG-4251, block 12; CG-5131, block 10.

      (5) Estimated cost - CG-4251, block 15; CG-5131, block 7.

6. a. (6) Civilian Mileage/Per diem - CG-4251, blocks 16 and 17 must be completed for civilian personnel.

7. Other Information: A different suffix must be assigned for each member traveling under group orders. Begin with suffix 001 and number each traveler consecutively.

8. FPD Information:

a. Travel Orders (CG-4251) are created in the Requisitions Applet. Generic input is made through Simplified Acquisitions under the Miscellaneous Icon.

b. Obligation will transmit electronically via FPD.

c. A copy of this document is NOT to be mailed to FINCEN as all obligations should be transmitted via FPD.

9. Document Flow:

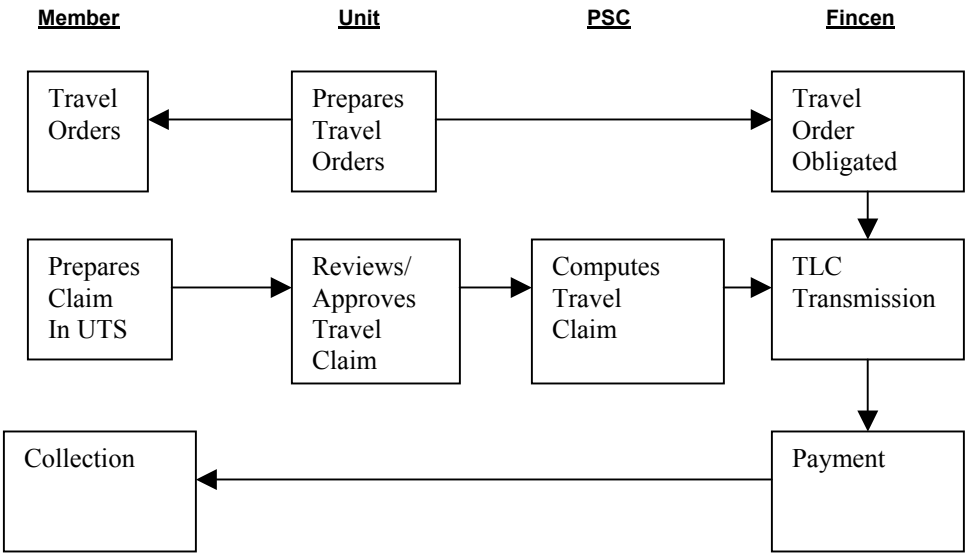

Figure 12C-3 Travel - TDY

9. a. Figure 12C-3 describes the procedures for processing Travel - TDY.

b. The unit prepares the travel orders for the member, retains a copy for the unit files and gives the original to the member.

c. Travel will then be arranged either by the member with their personal Government Travel card or by the unit's corporate travel card. If a Government Transportation Request (GTR) is involved, see the document type 14 section of this chapter.

d. When a cash advance is required and the member does not have a Government Travel card, the unit prepares a SF-1038 for the member. Advances may be paid via cash or traveler's checks and the SF-1038 is submitted to the authorized approving official for signature. (For more information on Traveler's Checks see Chapter 11). Cash advances are limited to **$500.00**. The member gives the imprest fund cashier the SF-1038 along with the original and one copy of the travel orders.

e. The imprest fund cashier endorses the original copy of the travel orders and gives the member the cash advance. The cashier also returns the original copy of the travel orders to the member. The imprest fund cashier forwards the original SF-1038 and a copy of the travel orders weekly to the FINCEN for replenishment.

f. Upon completion of travel, the traveler prepares a DD-1351-2 in UTS and submits it along with the original and three copies of the travel orders to the unit for audit purposes.

g. The IATS program at PSC computes the claim and transmits it to the FINCEN via the Travel Liquidation Certification (TLC) program. Payment will then be made to the member, if required. See Chapter 11 for more information on TLC. Also see the Travel Advance Control (TAC) section of Chapter 11 if an advance has been made.

h. If the travel is performed on a reimbursable basis, a copy of the agreement must be FAXED to the FINCEN (OGR) at (757) 523-6024 at the time the order is created. See the Reimbursable Travel section of Chapter 9.

i. TAD and Reserve Training spanning more than one FY are discussed in Chapter 11, paragraph 21, Section II on fiscal year closeout procedures. Most expenditures are prorated to each FY, but airfare is charged to the FY in which the travel began.

10. Sample Forms: See Figures 12C-4, 12C-4a, 12C-4b, 12C-5 and 12C-6.

11. PES Report Sample:

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
1104904FAB001000	051	04216FHBF	12345	2100	0.00	150.00	0.00	0.00
1104904FAB001000	0512	04259FXHB	12345	2100	0.00	150.00-	0.00	0.00
1104904FAB001000	102F	04259FXHB	12345	2100	0.00	0.00	0.00	150.00

12. References:

a. COMDTINST M4600.17, Coast Guard Supplement to Joint Federal Travel Regulations, Volume I.

b. COMDTINST 4600.14A, Travel Charge Card Program.

c. COMDTINST M7210.1B, Certifying and Disbursing Manual.

d. COMDTINST 12570.4, Civilian Travel Management Program.

e. DOT Order 1500.6, Travel Manual.

f. Joint Federal Travel Regulations, Volume I.

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
[ ] Electronic Fund Transfer (EFT) [ ] Payment by Check
[ ] Split Disbursement: Amt to Govt Tvl Charge Card $_____

2. TYPE OF PAYMENT *(X as applicable)*
[X] TDY [ ] Member/ Employee [ ] PCS
[ ] Other [ ] Dependent(s) [ ] DLA

3. FOR D.O. USE ONLY
a. D.O. VOUCHER NUMBER
b. SUBVOUCHER NUMBER

4. NAME *(Last, First, Middle Initial) (Print or type)*: Smith, John
5. GRADE: SK1
6. SSN: 123-45-6789

7. ADDRESS. a. NUMBER AND STREET: 1800 Portsmouth Blvd
b. CITY: Portsmouth
c. STATE: Va
d. ZIP CODE: 23706

8. DAYTIME TELEPHONE NUMBER & AREA CODE: 757-523-XXXX
9. TRAVEL ORDER NUMBER: 1104904FAB001
10. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES
11. ORGANIZATION AND STATION: USCG Finance Center

12. DEPENDENT(S) *(X and complete as applicable)*
[ ] ACCOMPANIED [ ] 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)*

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*
[ ] Yes [ ] No *(Explain in Remarks)*

c. PAID BY

d. COMPUTATIONS

15. ITINERARY

a. DATE 2004		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
1/04	DEP	Home	PA			
1/04	ARR	Airport		AT		10
1/04	DEP		CP			
1/04	ARR	Destination - Airport		AT		
1/04	DEP	New York Mills, NY	CA			
1/04	ARR	Destination - Hotel		TD	100.00	
1/06	DEP	New York Mills, NY	CA			
1/06	ARR	Departure - Airport		AT		
1/06	DEP	New York Mills, NY	CP			
1/06	ARR	Home		MC		10
	DEP					
	ARR					
	DEP					
	ARR					

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

16. POC TRAVEL *(X one)* [ ] OWN/OPERATE [ ] PASSENGER

17. DURATION OF TDY TRAVEL
[ ] 12 HOURS OR LESS
[ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
[X] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
1/04/2004	Taxi	12.00	
1/06/2004	Taxi	12.00	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20. a. CLAIMANT SIGNATURE: Signature Required
b. DATE: 1/07/2004
c. SUPERVISOR SIGNATURE
d. DATE

21. a. APPROVING OFFICER SIGNATURE: Signature Required
b. DATE

22. ACCOUNTING CLASSIFICATION: 2/F/401/136/30/0/AB/12345/2100

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, MAR 2000 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.

Figure 12C-4 DD-1351-2, Travel Voucher or Subvoucher

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: $250.00 in the "Amount to Government Travel Charge Card" block means that $250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, $250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, $250.00, $15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of $75.00 or more.
6. Other attachments will be directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation *(Own expense)*	- C	Bus	- B
		Plane	- P
Privately Owned Conveyance *(POC)*	- P	Rail	- R
		Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess *(see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals)*. Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS _____

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN _____

DD FORM 1351-2, MAR 2000 (PAGE 2)

Figure 12C-4a DD-1351-2, Travel Voucher or Subvoucher (con't)

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE OF PAGES

4. NAME *(Last, First, Middle Initial) (Print or type)*

15. ITINERARY

3. FOR D.O. USE ONLY

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	
	DEP						
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18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

29. REMARKS

DD FORM 1351-2C, MAR 2000 PREVIOUS EDITION MAY BE USED Exception to SF 1012A approved by GSA/IRMS 12-91.

Figure 12C-4b DD-1351-2, Travel Voucher or Subvoucher (con't)

DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD
CG-4251 (TEST)

MILITARY TEMPORARY ADDITIONAL DUTY (TAD) OR CIVILIAN TEMPORARY DUTY (TD) REQUEST AND TRAVEL ORDER

SOCIAL SECURITY NO. 123-12-1234

When signed by Authorizing Official, this form becomes an Official Travel Order.
Request below named person be authorized to perform the following TAD/TD on official business of the Coast Guard.

1. NAME	2. GRADE/RATE	3. DIV/BRANCH	4. EXT.
John Smith	GS-15	Management	(757) 523-XXXX

5. DEPARTURE DATE	6. ESTIMATE DAYS ABSENT	7. ESTIMATED COST	8. REPEAT TRAVEL ORDERS FOR THE PERIOD
01/20/04		$800.00	FROM _____ TO _____

9. Places to visit: A. Command, District, Firm or Organization. *(List in sequence)*	B. LOCATION	C. DATE/TIME *(If critical)*	D. REVISIT *(yes/no)*
	Various	01/20/04	

10. REQUEST

		NOT APPVD.	NOT AUTH.
A.	☐ REGIS. FEE $ _____	☐	☐
B.	☐ EXCESS BAGGAGE (_____ LBS.)	☐	☐
C.	☒ LOCAL TRAVEL-TAXI	☐	☐
D.	☐ 1ST CLASS JET	☐	☐
E.	☐ U-DRIVE/GSA VEHICLE	☐	☐
F.	☐ _____ DAYS LEAVE	☐	☐

11. MODE OF TRAVEL

	NOT APPVD.	NOT AUTH.
☒ COMMERCIAL CARRIER ☐ GOVT. CONVEYANCE	☐	☐

☐ PRIVATELY OWNED CONVEYANCE

☐ It has been administratively determined that this method of travel is more advantageous to the Government, IAW JTR, M4204.5.b.

☐ The total cost to the Government, including per diem, does not exceed the total cost of travel by common carrier, including per diem. *(Civilians only.)*

12. PURPOSE OF TRAVEL AND JUSTIFICATION(S) FOR REQUIREMENTS CHECKED IN ITEM 10, AND/OR 11.

PURPOSE: QUARTERLY TRAVEL AUTHORIZATION IN SUPPORT AND ADMINISTRATION ON BEHALF OF THE U.S. COAST GUARD AND DEPARTMENT OF HOMELAND SECURITY.
SNM IS A GOVERNMENT TRAVEL CARD HOLDER
SNM IS AUTHORIZED RENTAL CAR OR COMMERCIAL CARRIER MODE OF TRAVEL LOCAL/LONG DISTANCE
TELEPHONE CALLS ARE AUTHORIZED FOR OFFICIAL BUSINESS
SYMBOL 7040610

13. DATE	TRAVEL REQUESTED BY *(Signature and Position Title)*
01/2/04	JAMES DARYL, Deputy Director

14. Except as noted, TAD/TD is approved and chargeable below.
15. Funds available for request as estimated below.

DIST	APPN. CODE	LIM. CODE	ALLOT FUND	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT ID. TYPE	FY	TONO NO.	SUFFIX	ESTIMATED COST
F	401	136	300	AB	12345	2100	13	04	904FAB001	000	$800.00

14a. DATE	SIGNATURE *(Approving Official)*	15a. DATE	SIGNATURE *(Accounting Division/Branch)*
01/07/04	I.M. Guard, DIRECTOR, OC	1/07/04	WILLIAM JONES, OPA

16. Authorized Civilian mileage *(See DOT Travel Manual, 1500.6, Appendix C.)*
☐ _____ ☐ NONE
☐ NTE COST BY COMMON CARRIER INCLUDING PER DIEM

DATE
SIGNATURE *(Authorizing Official, Items 16. & 17.)*

17. Authorized CIVILIAN per diem *(See DOT Travel Manual, 1500.6, Appendix D/Chapter 4, respectively.)*
☒ _____ PLUS LODGING NTE _____
☐ TRAVEL OF 24 HOURS OR LESS
☐ NONE
☐ OTHER *(Specify)* _____

18. FROM: COMMANDANT
TO: John Smith

1. Except as noted, the approved TAD/TD is authorized and directed. Proceed and report to the places and in the order listed in Item 9, above. Deviations should not be made to visit places or areas not listed in Item 9, above, without prior written or verbal orders from proper authority. Upon completion of the TAD/TD directed, return to this command and resume your regular duties. *(Military per diem is authorized as prescribed in Joint Travel Regulations.)*

DISTRIBUTION:
FILE

19. DATE	SIGNATURE *(Authorizing Official)*
01/07/04	I.M. Guard, DIRECTOR, OC

Figure 12C-5 CG-4251, Military Temporary Additional Duty (TAD) or Civilian Temporary Duty (TD) Request and Travel Order

ADVANCE OF FUNDS APPLICATION AND ACCOUNT

1. TYPE OF ADVANCE: [X] CASH [ ] CHECK
2. TYPE OF TRAVEL: [X] TEMPORARY [ ] PERMANENT
3. NAME (Last, first, middle initial): SMITH, JOHN Q.
4. ACCOUNT NO.: SK1
5. TELEPHONE NUMBER(S): (757)523-XXXX
6. SOCIAL SECURITY ACCOUNT NO.: 123-12-1234

In compliance with 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 27, 1962, and E.O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting and advancement of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will 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, security clearances, or other investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary; however, failure to provide the information required may result in delay or suspension of your advance of funds request.

7. DEPARTMENT OR ESTABLISHMENT: DHS
8. BUREAU, DIVISION OR OFFICE: USCGC EVEREADY

9. **APPLICATION** - *(For completion by applicant)*

An advance of funds is hereby requested for travel and other expenses to be incurred by me.

a. UNDER AUTHORIZATION NUMBER: 1304904FAB001
b. DATE OF AUTHORIZATION: 01/07/04
c. TRAVEL PERIOD: From 01/20/04 To 01/22/04
d. MAIL CHECK TO [ ] OFFICE [ ] RESIDENCE
(Give address - number, street, city, State, ZIP code)
1800 PORTSMOUTH BLVD.
PORTSMOUTH, VA 23706
e. BALANCE DUE U.S. FROM PREVIOUS ADVANCE: $
f. AMOUNT HEREIN APPLIED FOR: $
g. TOTAL: $

Note: Outstanding advances not fully recovered by deductions from reimbursement vouchers must be promptly repaid. When travel is canceled or indefinitely postponed, the full amount of any outstanding advance shall be repaid immediately.

APPLICANT SIGN HERE ▶ DATE

10. APPROVAL ▶ SIGNATURE AND TITLE OF APPROVING OFFICIAL: JAMES HILTON, SWO4, USCG
DATE APPROVED: 01/07/04
11. APPROPRIATION TO BE CHARGED: 2/F/401/136/30/0/AB/12345/2100

12. REMARKS
13. CASH PAYMENT RECEIVED
DATE / /

STANDARD FORM 1038 (Rev. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

Figure 12C-6 SF-1038, Advance of Funds Application and Account