

DOCUMENT NAME: Travel - Local**DOCUMENT TYPE: 11**

1. **Description:** Claim for authorized local travel on official business.
2. **Primary Forms:** None.
3. **Related Forms:** SF-1164, Claim for Reimbursement for Expenditures on Official Business
4. **Document Number:** Standard Number - unit assigned.

SAMPLE: 1104904FAB001

<u>Document Type</u>	<u>FY Funded</u>	<u>Procurement Site Code</u>	<u>FY Document Originated</u>	<u>Region</u>	<u>Program Element</u>	<u>Document Sequence</u>	<u>Suffix</u>
11	14	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/12345/2136

6. FINCEN Critical Processing Requirements:

- a. All SF-1164 Claims for local travel must be submitted to your unit for approval and audit purposes.
- b. The following information must be completed on the SF-1164:
 - (1) Name, SSN, and mailing address of claimant.
 - (2) Itemized list of expenditures - block 6.
 - (3) Claimant signature - block 10.
 - (4) Local Approving Authority signature - block 8.
 - (5) Standard document number and accounting data.
- c. The Authorizing Official (AO) will validate claim, authorize payment, and mail to Pay and Personnel Center (PPC).
- d. Submitted hard copy documents must be legible.

7. Other Information:

- a. Cash payments for SF-1164 are not authorized.

7. b. For phone calls claimed on SF-1164 see document type 33, Miscellaneous Costs, in this chapter.

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.

9. Document Flow:

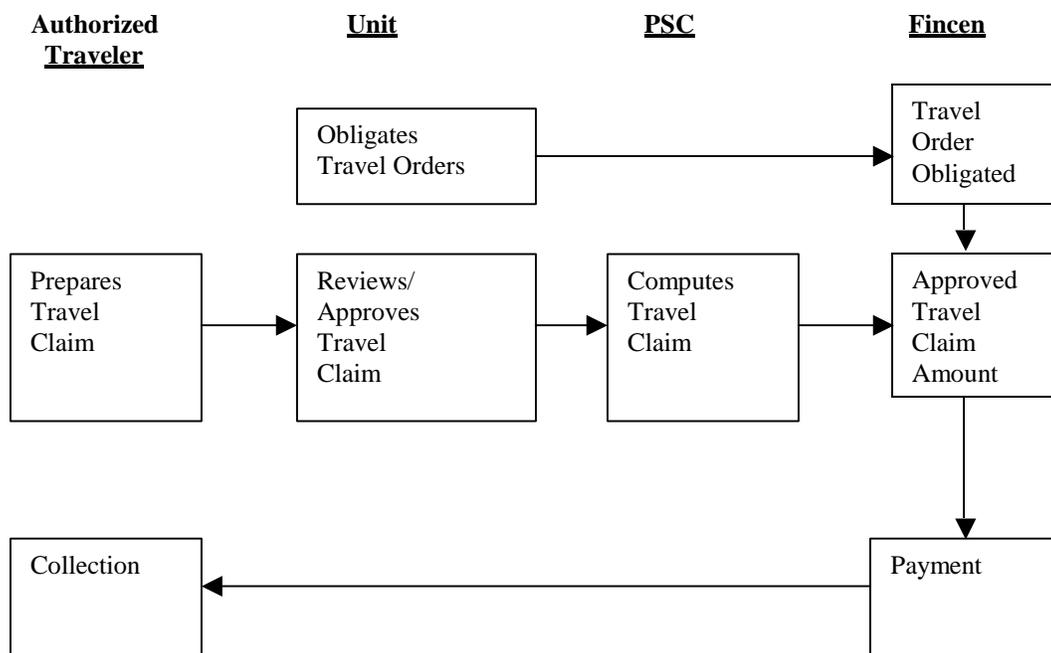


Figure 12C-1 Travel - Local

- a. Figure 12C-1 describes the procedures for processing Travel - Local.
- b. The traveler submits the SF-1164 to the AO and a copy is kept by the traveler.
- c. The AO reviews, approves, and forwards the claim to PSC.
- d. PSC computes the amount owed and forwards the approved amount to FINCEN.
- e. FINCEN makes the payment to the traveler.

10. Sample Forms: See Figure 12C-2.

11. PES Report Sample:

DOCUMENT ID	TRANS	BATCH	COST	OBJ	COMMIT	UNDELIVERED ACCRUED		
	CODE	NUMBER	CENTER	CLASS		ORDERS	EXPEND	EXPEND
1114904FAB001000	051	04112FHAC	12345	2136	0.00	8.50	0.00	0.00
1114904FAB001000	0512	04150FHXD	12345	2136		8.50-	0.00	0.00
1114904FAB001000	102F	04150FHXD	12345	2136	0.00	0.00	0.00	8.50

12. References:

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

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE USCGC EVEREADY 1234 COAST GUARD BOULEVARD PORTSMOUTH, VA. 23703-2199		2. VOUCHER NUMBER 1104904FAB001	
				3. SCHEDULE NUMBER	
<i>Read the Privacy Act Statement page 2 of this form.</i>				5. PAID BY	
C L A I M A N T	4. a. NAME (Last, first, middle initial) SMITH, J.J., SK1		b. SOCIAL SECURITY NO. 123-12-1234		
	c. MAILING ADDRESS (Include ZIP Code) 1800 PORTSMOUTH BOULEVARD PORTSMOUTH, VA. 23706		d. OFFICE TELEPHONE NUMBER (757) 523-XXXX		
	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 .37 ¢	AMOUNT CLAIMED				
				MILEAGE NO. OF MILES (e)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)	
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)
2004	A	PORTSMOUTH, VA 23703	FED BLDG, NORFOLK, VA	15	5.55	1.00		
1/1/2004	A	FED BLDG, NORFOLK, VA	PORTSMOUTH, VA 23703	15	5.55	1.00		
			SUBTOTALS CARRIED FORWARD FROM THE BACK					
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).)				TOTALS	30	11.00	2.00	

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).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE **SIGNATURE REQUIRED** DATE 1/2/2004

9. This claim is certified correct and proper for payment. Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE **SIGNATURE REQUIRED** DATE 1/2/2004

ACCOUNTING CLASSIFICATION

2/F/401/136/30/0/AB/12345/2136
Document No. 1104904FAB001

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.
Sign Original Only

PAYMENT DESIRED
 CHECK CASH

DATE

CLAIMANT SIGN HERE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)	b. DATE RECEIVED
	c. AMOUNT

12. PAYMENT MADE BY CHECK NO.

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

Figure 12C-2 SF-1164, Claim for Reimbursement for Expenditures on Official Business