



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES



SUBJECT: Uniformed Services University of the Health Sciences Travel Checklist

Instruction 4502

(ASD)

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ABSTRACT

This Instruction provides procedures and establishes policies for preparing Uniformed Services University of the Health Sciences (USU) orders for travel.

A. Reissuance and Purpose. This Instruction reissues USU Instruction 4502 (Reference a) and provides procedures and establishes policies for preparing USU orders for travel.

B. Reference. *See Enclosure 1.*

C. Applicability. The provisions of this Instruction apply to all USU travelers who are military members or Department of Defense (DoD) employees are required to use the Defense Travel System (DTS) for the preparation of their Temporary Duty (TDY) travel orders. The only exception is if the DoD Command funding the TDY has not implemented DTS.

D. Policy. It is USU policy to follow the guidelines of the Defense Travel Management Office and USU DTS Business Rules Guide when preparing DTS orders. The guidance regarding the preparation of paper TDY orders as indicated in this Instruction only applies to travelers not eligible to use DTS, or to USU Service members and DoD employees traveling on funding from another command that does not use DTS.

E. Responsibilities.

1. The Traveler shall adhere to the Joint Travel Regulations (Reference b).
2. The Supervisor shall:
 - a. Act as the requesting official.
 - b. Have full knowledge of the purpose and requirements of the travel mission.
 - c. Initial the request for the issuance of the travel order.

3. The Department Chair/Activity Head shall:
 - a. Act as the approving official.
 - b. Ensure effective control of travel necessity and justification for authorization.
 - c. Direct official travel.
 - d. Approve/disapprove travel requests and items in vouchers affecting reimbursements that require administrative determinations prior to claim settlement.
4. The Financial and Manpower Management Department shall provide a funding citation for the complete major accounting classification for an approved travel assignment or amendment thereof.
5. The Administrative Support Division (ASD) shall act as the authenticating official for order-issuing Invitational Orders or manually submitted DD Form 1610.

F. Procedures. *See Enclosure 2.*



Richard W. Thomas, MD, DDS, FACS
President

Enclosures:

1. References
2. USU Travel Procedures Checklist

REFERENCES

- a) USU Instruction 4502, "USU Travel Regulations," dated July 17, 2009, (cancelled).
- b) USU [Business Rules Guide for Defense Travel System](#) (DTS), April 2, 2012,

- b) Joint Travel Regulation, <http://www.defensetravel.dod.mil/site/travelreg.cfm>.
- c) DoDD 4500.54E, "Department of Defense Foreign Clearance Guide," dated December 28, 2009.
- d) DoD Manual 5200.01 V1, "Information Security Program: Overview, Classification, and Declassification," dated February 24, 2012.
- e) DoD Directive 5230.11, "Disclosure of Classified Military Information to Foreign Governments and International Organizations," dated June 16, 1992.

**UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
TRAVEL PROCEDURES CHECK LIST**

USU Instruction 4502



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Regular Travel Check List

DD Form 1610 Regular Travel, "Request and Authorization for TDY Travel of DoD Personnel," used by DoD civilian and military for government and permissive (performed at the traveler's expense) travel.

This form is completed for all government travel. Types of travel include: annual leave in conjunction with official travel, permissive TDY, or regular TDY. In some cases, this form is accompanied by a signed memorandum from USU Ethics Official/Office of General Counsel.

TRAVEL CHECK LIST FOR DD FORM 1610
REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DoD PERSONNEL
REGULAR TRAVEL

BLOCK#	INFORMATION NEEDED
1.	DATE OF REQUEST
2.	NAME (LAST AND FIRST) AND SSN
3.	POSITION, GRADE, RANK, BRANCH OF SERVICE (IF MILITARY)
4.	WHERE TRAVELER IS STATIONED (USU)
5.	NAME OF DEPARTMENT WHERE TRAVELER IS ASSIGNED
6.	TRAVELER'S WORK PHONE NUMBER (INCLUDE AREA CODE)
7.	TYPE OF ORDERS – TDY, PERMISSIVE, BLANKET, ETC.
8.	WHAT LEVEL OF CLEARANCE IS REQUIRED FOR <u>THIS</u> TRIP
9.	PURPOSE OF TRAVEL AND CATEGORY TRAVEL (SEE PAGE A-7)
10a.	HOW MANY DAYS TRAVELER WILL BE AWAY FROM OFFICIAL DUTY STATION. (DO NOT INCLUDE LEAVE DAYS IN THE BLOCK.)
10b.	WHAT DATE TRAVELER WILL BE LEAVING LOCAL AREA
11.	LEAVING FROM OFFICIAL DUTY STATION TO ACTUAL CITY OR MILITARY INSTALLATION WHERE TDY IS TAKING PLACE, AND RETURN TO OFFICIAL STATION. LEAVE AND DATES ARE USUALLY PUT IN THIS BLOCK AS INFORMATION. THERE CAN BE MORE THAN ONE DESTINATION.
12.	HOW TRAVELER IS GETTING TO DESTINATION.
13.	PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
14.	ASD COMPLETES TRAVEL COSTS; AND FMG COMPLETES OTHER COSTS; PER DIEM, TOTAL COST.

15. ALL TRAVEL ADVANCES ARE OBTAINED FROM ATM's, USING THE GOVERNMENT-ISSUED CHARGE CARD.
- 16a. IF NO REGISTRATION FEE IS REQUIRED, ZEROS SHOULD BE PLACED IN EACH BLOCK.
- 16b. TRAVELER MUST LIST ANY CORRESPONDING REMARKS IN "A" THROUGH "N" THAT PERTAIN TO TRAVEL (ex: 2A, H, and I).
17. TRAVELER'S SUPERVISOR SIGNS AS REQUESTING OFFICIAL.
18. CIVILIAN TRAVELERS: CHAIR, DIRECTOR, OR ACTIVITY HEAD SIGNS AS APPROVING OFFICIAL; MILITARY TRAVELERS: THE CHAIR; IF TRAVELER IS CHAIR: THE DEAN, SCHOOL OF MEDICINE/DEAN, SCHOOL OF NURSING (IF APPLICABLE) SIGNS AS APPROVING OFFICIAL; IF TRAVELER IS ASSOCIATE/ ASSISTANT DEAN: THE DEAN, SCHOOL OF MEDICINE SIGNS AS APPROVING OFFICIAL; IF TRAVELER IS VICE PRESIDENT(S): THE PRESIDENT, USU SIGNS AS APPROVING OFFICIAL; IF TRAVELER IS THE DEAN: THE PRESIDENT, USU SIGNS AS APPROVING OFFICIAL; IF TRAVELER IS THE PRESIDENT, USU: THE DEAN, SCHOOL OF MEDICINE SIGNS AS APPROVING OFFICIAL.
19. **DEPARTMENT'S COST CENTER OR GRANT NUMBER**
IF TRAVEL IS BEING PAID FOR BY HJF, AN ETHICS "GRANT TRAVEL REQUEST" FORM MUST BE COMPLETED AND SUBMITTED TO GENERAL COUNSEL (OGC) FOR APPROVAL.
- NON-FEDERAL SOURCE** – (e.g., BAYER ASPIRIN), ETHICS FORM MUST BE COMPLETED AND SUBMITTED TO GENERAL COUNSEL (OGC) FOR APPROVAL.
- ANOTHER GOVERNMENT AGENCY** – A SIGNED MEMORANDUM ON THAT AGENCY' LETTERHEAD WITH A FUND CITE IS REQUIRED.
- TRAVELER-** STATE "TRAVELER WILL BEAR EXCESS COST" WHICH IS NOT COVERED UNDER APPROVED ALLOTTED BUDGET. USU WILL ALWAYS HAVE COST INVOLVED WITH NON-FEDERAL SOURCE TRAVEL. PER DIEM WILL ALWAYS BE PAID ON DAYS OF TRAVEL. THE INCIDENT EXPENSE PORTION OF PER DIEM WILL BE PAID ON ALL DAYS IN TRAVEL STATUS.

20. SIGNATURE BLOCK OF AUTHORIZING OFFICIAL "DIRECTOR,
ADMINISTRATIVE SUPPORT DIVISION.
21. ASD WILL PROVIDE.
22. ASD WILL PROVIDE.

TRAVEL CATEGORIES

1. Site Visit. Visit to a particular site in support of an operational or managerial activity.
2. Information Meeting. To discuss general organizational operations.
3. Training Attendance. Duration of training.
4. Speech or Presentation. To give a speech or present a paper.
5. Conference Attendance. To attend a conference or seminar.
6. Relocation. To move from one official duty station to another (i.e., Permanent Change-of-Station (PCS) move).
7. Entitlement Travel. Employee entitlement as a result of an assignment.
8. Special Mission Travel. To carry out some special USU mission.
9. Other Travel. For reasons other than those mentioned above.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations (JTR), Chapter 3) (Read Privacy Act Statement on back before completing form)</small>										1. DATE OF REQUEST (YYYYMMDD)	
REQUEST FOR OFFICIAL TRAVEL											
2. NAME (Last, First, Middle Initial)				3. SOCIAL SECURITY NUMBER				4. POSITION TITLE AND GRADE/RATING			
5. LOCATION OF PERMANENT DUTY STATION (PDS)						6. ORGANIZATIONAL ELEMENT			7. DUTY PHONE NUMBER (Include Area Code)		
8. TYPE OF AUTHORIZATION				9. TDY PURPOSE (See JTR, Appendix H)				10a. APPROX. NO. OF TDY DAYS (Including travel time)			b. PROCEED DATE (YYYYMMDD)
11. ITINERARY				<input type="checkbox"/> VARIATION AUTHORIZED							
12. TRANSPORTATION MODE											
a. COMMERCIAL				b. GOVERNMENT				c. LOCAL TRANSPORTATION			
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	PRIVATELY OWNED CONVEYANCE (Check one)	
										RATE PER MILE:	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)										<input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT MILE AGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR	
13.		a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.						b. OTHER RATE OF PER DIEM (Specify)			
14. ESTIMATED COST										15. ADVANCE AUTHORIZED	
a. PER DIEM		b. TRAVEL		c. OTHER		d. TOTAL					
\$		\$		\$		\$ 0.00				\$	
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)											
<p>Contact Carlson Wagonlit Travel (CWT) for refund on all unused or partially used paper or e-tickets. Transportation paid for by: IBA _____ CBA _____ Other-explain _____</p> <p>The traveler is _____ The traveler is not _____ a Government Travel Charge Card holder</p>											
17. TRAVEL-REQUESTING OFFICIAL (Title and signature)						18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature)					
AUTHORIZATION											
19. ACCOUNTING CITATION											
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature) DIRECTOR, ASD								21. DATE ISSUED (YYYYMMDD)			
								22. TRAVEL AUTHORIZATION NUMBER			

DD FORM 1610, MAY 2003

PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 8.0

PRIVACY ACT STATEMENT
(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. §§5701, 5702, and E.O. 9397.

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

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.

16. REMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)

1. Special Authorizations

a. Special authorization(s) for rental cars, use of privately owned conveyance, excess baggage, etc. is/are required for mission accomplishment. The cost of the special authorization(s) has been reviewed and is justified as more advantageous to the government or necessary for mission accomplishment.

1. Rental car is limited to a GSA contracted compact car, your reimbursement is limited to a daily charge of \$_____ plus miscellaneous reimbursable expenses (gas, taxes, etc.)

2. Due to the mission requirement the use of a GSA rental car is waived. You are authorized the use of (specify the type of vehicle) _____.

- b. Reimbursement of transportation expenses necessarily incurred in the conduct of official business in and around the TDY station or area.
- c. Use of available government quarters or mess will adversely affect the mission.
- d. Authorized to purchase own commercial airfare. Reimbursement limited to the most economical government fare.

2. Additional Instructions

- a. Travel claims must be turned in within 5 working days after completion of travel.
- b. Government quarters and/or mess will be used. If government facilities are not available, a statement of non-availability must be obtained.
- c. Travel will be performed in group travel status.
- d. Overseas clearance is required.
- e. If assigned to government contract quarters. A letter of assignment must be obtained.
- f. Duty will be performed aboard ship. Traveler will provide times dates of sea duty.
- g. Duty will be performed under field training conditions, a certificate of field training must be attached to the travel claim if times and dates of field training are not shown on the order.
- h. Commercial transportation must be procured through the Contracted Travel Agency. The use of non-governmental travel agents is not authorized.
- i. Receipts are required for lodging, rental vehicles (regardless of costs), and all items of reimbursable expense of \$75.00 or more.
- j. The use of government procured transportation is required.
- k. Travel by government air is directed.
- l. Travel by government auto is directed.
- m. Travel is at no expense to the government, expenses are being paid by the Henry M. Jackson Foundation.
- n. Payment by electronic fund payment only.

3. If traveling overseas, please check the appropriate responses: (Yes or No)

- a. Traveler is authorized to disclose classified information: _____
- b. Traveler is authorized to carry classified information: _____
- c. Traveler has received Level 1 Anti-terrorism/Force Protection briefing: _____

NOTE: If (a) or (b) is YES, the traveler has been briefed on the requirements. A written statement of disclosures and authorization to carry classified material, and/or to disclose classified information, in compliance with DoD 5200.1-R and in accordance with DoD 5230.11 has been submitted with this order.

DIRECTOR, SECURITY

DATE

PHONE NUMBER

DD FORM 1610 (BACK), MAY 2003

Reset

USU Form 5310, "Invitational Travel Order"

This form is used to permit personnel not employed by the Department of Defense to travel at the expense of USU when performing a service for the University. This includes those invited as candidates for faculty appointments, consultants to USU personnel, and speakers/lecturers for mission-essential purposes.

TDY can be performed to and from anywhere as required for the completion of University business.

1. The Invitational Travel Order, upon completion, will be forwarded to the Travel Branch, Administrative Support Division, for assignment of a travel order number, accounting data, and signature by the authorizing official. The order will then be forwarded to the traveler with a travel packet, if applicable.
2. The requesting department will provide assistance to the traveler by obtaining the necessary receipts, completing the itinerary, and by having the traveler sign his/her travel voucher. Financial Management, Accounting Operations Division, and Travel Branch will provide assistance to the requesting department or traveler in filing for reimbursement.
3. USU Form 5310, "Invitational Travel Order" shall be authorized only by the Director, Administrative Support Division or designee.

**TRAVEL CHECK LIST FOR USU FORM 5310
INVITATIONAL ORDERS**

TITLE	INFORMATION NEEDED
DATE:	DATE OF REQUEST
ORDER NUMBER:	PROVIDED BY ASD
NAME:	TRAVELER'S NAME
SSN:	TRAVELER'S SOCIAL SECURITY NUMBER. IF TRAVELER IS A FOREIGN CITIZEN, PLEASE DESIGNATE SUCH IN THIS SPACE
HOME ADDRESS:	FULL ADDRESS AND HOME PHONE NUMBER (ORDERS MUST BE SENT TO TRAVELER)
ACCOUNT CODE:	COST CENTER OR GRANT NUMBER PAYING FOR TRAVEL
POC:	USU DEPARTMENT POINT OF CONTACT AND PHONE NUMBER
WORK NUMBER:	TRAVELER'S PHONE NUMBER (FOR EXPRESS SHIPPING)
FAX NUMBER:	TRAVELER'S FAX NUMBER

LINE 1

TO PROCEED FROM:	TRAVELER'S AREA OF DEPARTURE (CITY AND STATE)
ARRIVE AT:	TRAVELER'S AREA OF DESTINATION (CITY AND STATE)
BY:	DATE TRAVELER WILL BE ARRIVING
FOR THE PURPOSE OF:	REASON FOR TRAVEL
FOR APPROXIMATELY:	NUMBER OF DAYS OF TRAVEL

LINE 2

TRAVEL BY:	CHECK THE MODE OF TRAVEL REQUIRED
TICKET PROVIDED:	CIRCLE YES OR NO. TICKETS WILL BE PROVIDED BY USU-CONTRACTED TRAVEL AGENCY

LINE 4

REIMBURSEMENT: ASD WILL COMPLETE

TOP OF BACK PAGE: ASD WILL COMPLETE

LINE 7

A-D: MUST BE COMPLETED IF ANY OF THE FOLLOWING ARE
REQUIRED. THE APPROVING OFFICIAL IS RESPONSIBLE
FOR APPROVAL OF THESE REQUESTS

E: IF NO REGISTRATION FEE IS REQUIRED, PLACE ZEROS IN
EACH BLANK

ACCOUNTING AUTHORIZATION:

TRAVEL COSTS, OTHER: AMOUNTS COMPLETED BY ASD

PER DIEM, TOTAL: AMOUNTS COMPLETED BY FMG

APPROVING OFFICIAL: THE SUPERVISOR OF THE REQUESTING OFFICIAL

ORDER AUTHORIZING OFFICIAL: ASD WILL COMPLETE

IMPORTANT INFORMATION:

1. Invoice- An invoice is generated at the time of ticket issuance and shall include the travelers name, reservation information, confirmation numbers, method of payment, **air/rail**, ticket number/transportation charges, transaction fee imposed, and the CTO's toll free assistance number.

Tickets are issued three business days prior to departure; therefore, if the traveler does not receive a copy of their invoice, they should contact the CTO prior to going to the airport. If the reservation was booked in DTS, the traveler should ensure the authorization is approved prior to contacting the CTO. If the authorization is not approved, the traveler should consult their Authorizing Official (AO) or Defense Travel Administrator (DTA) for assistance.

Whether the reservations are booked in DTS or with the CTO, travelers **should not** proceed on travel if they do not have a copy of the invoice with their ticketing information.

2. Travelers orders/authorizations- Travelers should not fax their travel orders until the reservations have been made. Upon receipt of the CTO generated email containing the travel itinerary, the orders may be faxed. It is helpful, if the traveler references the reservation locator (six [6] alpha characters located at the top of the itinerary between sales person and customer number) on the fax cover sheet with a copy of the orders.



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 Jones Bridge Road
Bethesda, Maryland 20814-4799



INVITATIONAL TRAVEL ORDER

DATE: _____ ORDER NUMBER: _____
NAME: _____ SSN: _____
HOME ADDRESS: _____ ACCT CODE: _____

POC: _____

WORK #: _____ FAX #: _____

1. You are invited to proceed from: _____
in sufficient time to arrive at: _____ by (date) _____
for the purpose of _____
for approximately _____ days. Upon completion of the mission you will return to the
point of origin.
2. Travel by commercial aircraft _____, bus or rail _____, privately owned
automobile _____ is authorized. You are advised that the DoD policy requires that in
using regularly scheduled air transportation, accommodations selected will be the least
costly service which will permit satisfactory accomplishment of the mission.

TICKET PROVIDED (Yes/No): _____

3. If practicable, you will be provided Government procured transportation. If Government
procured transportation is not provided, transportation will be limited to:
 - a. The least costly of regularly scheduled air service between the points involved at the
lowest cost class of accommodations available at the time reservations were made;
 - b. The cost of rail fare and a lower berth, or the lowest coach class accommodation
available at the time reservations were made;
 - c. Actual cost of commercial bus fare.
4. Reimbursement for transportation at personal expense is limited to: _____
5. If you travel by privately owned automobile, reimbursement will be authorized at the rate
of per mile, plus the cost necessary for parking, bridge and ferry fees, as well as
other highway tolls incurred while in travel status under this travel order. The total
reimbursement will be limited to the cost of travel by the usual mode of common carrier,
including per diem. Reimbursement for limousine/taxis/public transportation to and from
transportation terminals is authorized. Mileage rate per mile:

(CONTINUED ON REVERSE SIDE)

ORDER #: _____

6. While traveling and performing the mission, you will be authorized a per diem equal to the daily amount you pay for lodging, plus a fixed amount for meals and incidental expenses, not to exceed the maximum amount prescribed in the JTR, VOL. 2. If the amount you spend is more than the maximum per diem prescribed, then only the maximum per diem rate will be authorized.
7. You are entitled to reimbursement for the special authorizations as indicated:
 - a. Hire of special conveyance for use within, to or from the TDY area. Conveyance being used is: _____ rental car, _____ taxi, or _____ public transportation. (Memo is required justifying the use of the above).
 - b. Excess baggage of _____ lbs/ _____ pieces per person.
 - c. Authorized to purchase own commercial airfare, reimbursement limited to the most economical government fare.
 - d. Travel by foreign carrier _____ is authorized.
 - e. Registration fee of _____ authorized and includes _____ meals and _____ nights lodging.
 - f. Contract quarters furnished.
 - g. Meals furnished as follows: _____

8. Receipts are required for reimbursement of lodging costs, for common carriers, and for items of reimbursable expenses over \$75.00.
9. A travel voucher is to be submitted to sponsoring department, for reimbursement within 5 working days after completion of travel.
10. If you have any reimbursement or travel order questions, please contact your sponsoring USUHS department.

This document cannot be used for contractors to the Department of Defense

Alternate methods (SVTC or other Web-based communication) cannot be used to fully accomplish travel objectives

ACCOUNTING AUTHORIZATION:

TRAVEL COST: _____ PER DIEM: _____ OTHER: _____ TOTAL: \$0.00

Approving Official

Order Authorizing Official/Date
Director, ASD

USUHS Form 5310 THIS INFORMATION IS PROTECTED UNDER THE PRIVACY ACT OF 1974.
(REMOVED 2/15/13)

USU Form 7006 "Travel Funding Authorization"

This form is issued by USU to provide funding authority for all DoD employees not assigned to USU. It is not a travel order; it authorizes USU funds to be used. It can only be used when the DoD employee is assigned to an organization that does not use DTS.

TDY can be performed to and from anywhere as required for the completion of University business.

1. USU Form 7006 will be forwarded to the Travel Branch, FMG, for assignment of a travel order number, accounting data, and signature by the authorizing official. Copies of the complete form will be forwarded to the proper department by FMG.

2. A travel order **must** be processed at the traveler's command post. In some cases, a DD Form 1610 can be processed at USU with a memorandum from the traveler's command post authorizing USU to process the order.

3. Tickets **cannot** be issued from USU contracted travel office, on Travel Funding Authorizations, unless it is accompanied by a completed travel order with the traveler's Authorizing Official's signature.

4. DoD appropriations cannot be used by other Federal entities, for example NIH **cannot** charge a USU appropriation.

**TRAVEL CHECK LIST FOR USU FORM 7006
TRAVEL FUNDING ORDER**

TITLE OF BLANK	INFORMATION NEEDED
DATE:	DATE OF REQUEST:
TA:	PROVIDED BY FMG
NAME/GRADE/RANK:	TRAVELER'S NAME, GRADE, AND/OR RANK
SSN:	TRAVELER'S SOCIAL SECURITY NUMBER
ADDRESS:	FULL OFFICIAL DUTY STATION ADDRESS OF TRAVELER (ORDERS MUST BE SENT TO TRAVELER)
PHONE (OFFICE):	TRAVELER'S PHONE NUMBER (INCLUDE AREA CODE WITH COMMERCIAL NUMBER AND/OR DSN)
PHONE (FAX):	TRAVELER'S FAX NUMBER (INCLUDE AREA CODE)
ITINERARY FROM/TO:	PLACE OF ORIGIN AND TO PLACE BEING TRAVELED TO
TRAVEL DATES:	DATES TRAVEL WILL OCCUR
REGISTRATION FEE, MEALS, LODGING:	COMPLETE IF REGISTRATION FEE IS REQUESTED
SPECIAL AUTHORIZATIONS:	CHECK THE AUTHORIZATIONS WHICH APPLY TO THIS TDY REQUEST (SEE REVERSE SIDE). THE APPROVING OFFICIAL APPROVES ALL SPECIAL AUTHORIZATIONS
PURPOSE:	REASON TRAVEL IS BEING PERFORMED
USU POC:	USU DEPARTMENT POINT OF CONTACT
USU POC'S TELEPHONE NUMBER:	<u>USU</u> POINT OF CONTACT PHONE NUMBER
ACCOUNT CODE:	DEPARTMENT COST CENTER OR GRANT NUMBER
ACCOUNTING AUTHORIZATION:	PROVIDED BY FMG

PER DIEM, OTHER,
TOTAL: PROVIDED BY FMG

TRAVEL COST: PROVIDED BY FMG

AUTHORIZATION FOR
TRAVEL AND FUNDS: APPROVED BY FMG

REQUESTING OFFICIAL/
DATE/ TELEPHONE #: DEPARTMENT CHAIR'S OR DESIGNEE'S SIGNATURE

ORDER AUTHORIZING
OFFICIAL: FMG



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799



TRAVEL FUNDING AUTHORIZATION
OFFICIAL TRAVEL ORDERS MUST BE PROCESSED.

DATE REQUESTED: _____

TA: _____

NAME/GRADE/RANK: _____

SSN: _____

ADDRESS: _____

PHONE/OFFICE: _____

PHONE/FAX: _____
(INCLUDE AREA CODE)

(INCLUDE STREET, CITY, STATE, AND ZIP CODE)

TRAVEL DATES:
FROM: _____

TO: _____

(ITINERARY):

FROM: _____

TO: _____
CITY/MILITARY BASE STATE

_____ Registration fees authorized Y/N _____ Nights Lodging included _____ Meals included Y/N

PURPOSE: _____

USUHS POC: _____

POC's TELEPHONE #: _____

ACCOUNT CODE: _____

(FINANCE APPROVAL) _____

ACCOUNTING CLASSIFICATION: _____

FUNDS HAVE BEEN: ☒ APPROVED ☐ DISAPPROVED

PER DIEM	TRAVEL	OTHER	TOTAL
			\$0.00

A. VARIATIONS IN ITINERARY ARE: ☐ AUTHORIZED ☐ NOT AUTHORIZED

B. SPECIAL AUTHORIZATIONS (WILL BE CHECKED IF APPROVED):

_____ Rental car within the TDY area.

_____ Rental car from permanent duty station to TDY station.

_____ Use of taxi in and around TDY station.

_____ Use of public transportation (buses, subways, streetcars) in and around TDY station.

Traveler ☐ IS ☐ IS NOT a government charge card holder

REQUESTING OFFICIAL/DATE/TBL#

ORDER AUTHORIZING OFFICIAL/DATE

USUHS FORM 7006
(REVISED 02/05)

THIS INFORMATION IS PROTECTED UNDER THE PRIVACY ACT OF 1974.

ADDITIONAL INFORMATION/ INSTRUCTIONS

PAYMENT AND TICKETING INSTRUCTIONS:

1. Send your claims to the sponsoring department of your TDY at USU for approval. The department will then process it through the University's Financial Management Directorate.

A. USUHS (Dept)
4301 Jones Bridge Rd.
Bethesda, MD 20814-4799

2. Travel Branch telephone numbers: Commercial / DSN: (301) 295-3496/3089

3. Documents to be submitted:

- A. DD Form 1351-2 (Travel Voucher)
- B. DD Form 1351-2c (Continuation Voucher) if necessary
- C. One copy of the completed travel order (Both sides, if applicable)
- D. One copy of any accompanying amendment(s)
- E. One copy of the travel funding authorization, if applicable
- F. One copy of each lodging receipt (Must detail charges)
- G. One copy of rental car receipts with contract, if applicable
- H. One copy of all receipts for claimed reimbursable expense of \$75 or more
- I. Since all payments will be made by electronic fund transfer, enclose one of the following:

1) SF 1199A, Direct Deposit sign up form

2) A voided check with enclosed bank account and routing numbers (no deposit slips)

4. Assure that your travel claim shows your duty telephone number.

5. Copies of all documents must be legible

6. For ticketing, during business hours of 7:30am-5:00pm, call Carlson-Wagonlit Travel at (866) 480-0659. For emergency assistance before 7:30am or after 5:00pm (Mon-Fri) or on Weekends/Holidays, call (800) 288-5999 and use code (V1M2/NCR). If overseas, call collect 1-210-805-3728. Orders can be faxed to local office at 1-866-228-2421.

USU Form 5312, "Change of Administrative Orders"

USU Form 5312, "Change of Administrative Orders" will be used for amendments, rescinding, and revoking orders.

An order may be amended, rescinded, or revoked by the organization that published the original order, or by:

1. The next higher level of command when the organization that published the original order has been inactivated.
2. A re-designated unit when the original order was published under its old designation.
3. A unit that assumes the records, personnel, functions, etc. of an inactivated or transferred unit that published the order.

When to publish an amendment:

An issued travel order may be changed or corrected within certain limitations by issuing an amendment. An amendment may be issued before or after completion of the travel under the order being amended to:

1. Recognize some essential aspect of travel not known before the completion of the travel order.
2. Change the period or place of the temporary duty assignment.
3. Include omitted pertinent information.
4. Change allowances for travel or duty that was not performed.

Examples of when not to publish an amendment:

1. To replace one name with another.
2. To add an individual after the original TDY order has been published.
3. To change an effective date after it has passed. Revoke the expired order and publish a new one.

When to Rescind an Order:

Rescind an order when it is no longer needed (i.e., if an individual has blanket or repeated travel orders and goes PCS, completes a project, has a change in duty, or separates from USU).

**TRAVEL CHECK LIST FOR USU FORM 5312
CHANGE OF ADMINISTRATIVE ORDERS**

TITLE OF BLANK	INFORMATION NEEDED
AMENDMENT NO.:	ASD WILL ASSIGN
DATE:	DATE REQUESTED
1. THE FOLLOWING ORDER IS:	CHECK AMENDED, RESCINDED OR REVOKED.
ORDER NO.:	TRAVEL ORDER NUMBER
DATE PUBLISHED:	DATE TRAVEL ORDER BECAME OFFICIAL
2. LAST NAME, FIRST, M.I.:	TRAVELER'S NAME
GRADE/RANK:	GRADE OR RANK OF TRAVELER
SSN:	SOCIAL SECURITY NUMBER OF TRAVELER (If orders were not submitted through DTS)
3. AMENDMENT (IDENTIFY WHAT IS BEING AMENDED IN TRAVEL ORDER)	
A. ITEM:	WHICH NUMBER OR LINE ON THE TRAVEL ORDER IS BEING AMENDED
AS READS:	WHAT THE TRAVEL ORDER AUTHORIZES
B. ITEM:	WHAT NUMBER OR LINE ON THE TRAVEL ORDER IS BEING AMENDED TO (INCLUDE)
(DELETE) or (READ):	HOW THE TRAVEL ORDER NEEDS TO BE CORRECTED
4. VERBAL ORDERS OF THE COMMANDER:	DATE OF VERBAL AUTHORITY
5. REMARKS:	ANY COMMENTS OR INFORMATION PERTAINING TO THE CHANGE OR CANCELLATION OF THE TRAVEL ORDER

APPROVING OFFICIAL/DATE:
CHAIR, DIRECTOR, OR ACTIVITY HEAD'S Signature:

AUTHORIZING OFFICIAL/DATE:
DIRECTOR, ASD, Signature:

USU Form 5312

Amendment No. _____

Date: _____

CHANGE OF ADMINISTRATIVE ORDERS	
1. The Following Order is: <input type="checkbox"/> Amended <input type="checkbox"/> Rescinded <input type="checkbox"/> Revoked Order No: _____ Date Published: _____	
2. Identification of individuals to whom change of action pertains. Last Name, First, MI: _____ Grade/Rank: _____ SSN: _____	
3. Amendment (Identify what is being amended in	
A. Item	As Reads:
B. Item	Is Amended to: <input type="checkbox"/> Include <input type="checkbox"/> Delete <input type="checkbox"/> Read
4. VERBAL ORDERS OF THE COMMANDER ARE CONFIRMED EFFECTIVE: _____ (DATE) EXIGENCIES PRECLUDED WRITTEN ORDERS IN ADVANCE.	
5. REMARKS: 	
NAME, GRADE, TITLE AND SIGNATURE BLOCK OF APPROVING OFFICIAL.	DATE
NAME, GRADE, TITLE AND SIGNATURE BLOCK OF AUTHORIZING OFFICIAL.	DATE

A. Authorized Users of Government Contract Rate Air Fares

USU has two categories for those who are eligible to receive the government contract rate for air travel:

1. All Federal employees traveling on "Official" government business. "Official" meaning with valid travel orders.
2. Non-Federal guests traveling on official government orders, as long as USU will **not** be reimbursed for the travel by a non-government source.

USU cannot process Invitational Travel Orders for Henry M. Jackson Foundation (HJF) employees, unless the Cost Center (area/org) being charged is a USU departmental O&M Cost Center, or a grant maintained at USU. Principal investigators wishing to pay for the travel of non-Federal individuals from an HJF grant must have the orders and reimbursement processed by HJF.

B. Use of Contract Carriers

The General Services Administration (GSA) has contracted with various air carriers to provide transportation at reduced fares for official travel between selected cities. Contract carriers must be used unless one of the following exemptions exists:

1. Mission requirements demand use of carriers other than contract carriers.
2. Space is not available in sufficient time to accomplish the traveler's mission.
3. The carrier's flight schedule for the travel involved is inconsistent with DoD's policy, wherein a traveler will not normally be expected to arrive or depart between 2400 hours and 0600 hours, if there are more reasonable schedules available that will meet mission requirements.
4. The flight schedule would require additional overnight lodging.
5. Flight origin and termination points result in excessive local travel time and costs.

C. Issuance of Airline Tickets for TDY and Leave

1. Tickets purchased with the University's Central Billing Account:

Tickets purchased on the University's central account can only be issued for the official travel as indicated in the travel order. The contracted travel agency cannot issue any ticket which deviates from the ordered itinerary. This account is only to be used for invitational travel.

2. Tickets purchased with the Individual Government Travel Charge Card: Individuals traveling on official funded TDY orders who wish to purchase tickets that include leave destinations or to be routed through alternative cities may do so under the following conditions:

a) The leave dates and leave destination are clearly identified in the travel order.

b) The orders clearly indicate the maximum amount you are authorized for your ticket. This amount is entered by the Administrative Support Division Travel Branch and cannot exceed the lowest government rate.

c) The ticket must be purchased from the contracted travel agency.

D. Sabbatical Leave

1. General.

To be eligible for sabbatical leave, a faculty member must have attained a tenured rank or have the assurance that tenure will be granted prior to initiation of sabbatical leave. The applicant must be on active, full-time service with USU for at least six years. The sabbatical leave will be granted for not more than six months with full pay (*see USU Instruction 1410*).

2. Travel.

USU member is not entitled to claim expenses for travel, per diem, or transportation of goods while on sabbatical leave.

E. Tangible and Intangible Gifts/Prizes/Incentives Acquired Incident to Official Travel

1. All Federal employees are obligated to account for gifts received from a public source incident to performance of official duty.

2. Employees may not retain any coupons, bonus points, or similar items of value received from a commercial airline on the basis of the purchase of an airline ticket or car rental used for official travel. However, under the frequent flyer-type programs, travelers may retain executive club membership benefits such as check cashing privileges, use of club facilities, and free upgrades to First Class. All other rights to coupons, points, gifts, prizes, or similar items obtained on official travel belong to the government, and not to the individual performing the travel.

3. Gifts (e.g., clocks, grooming kits, golf, and tennis balls) will be turned in to the Travel Branch, FMG, with the travel voucher at time of settlement. A hand receipt will be provided to reflect the transfer from the employee to the government. Items received will be given, in accordance with published guidelines, to sport activities, hospitals, or to other DoD agencies who can use the items.

F. USU Policy on Cancellation of Unused Airline Tickets

A General Accounting Office audit (GAO-04-398) of Centrally Billed Accounts (CBA) identified control weaknesses that led to millions of dollars wasted on unused airline tickets throughout the Department of Defense. As a result of this audit, military services and Defense agencies must implement a procedure to systematically provide reasonable assurances that all unused tickets purchased on the CBA are refunded.

USU Form 5301: “Overseas Travel Clearance Request”

The traveler is going overseas on Leave, Permissive, or official business, a USU Form 5301 request is required to be submitted at least 30 days in advance of travel, if applicable, to ASD to ensure compliance with the DoD Foreign clearance.

All foreign travel must be approved through USU Security Office for Anti-Terrorism/Force Protection Training or Area of Responsibility (AOR) brief when applicable, to ensure compliance with the DoD Foreign Clearance Guide 4500.54-G and DoD 5200.1(Reference d).

All USU employees must present a copy of the Level 1 AT Awareness Training Certificate to USU Security at least 30 days prior to travel.

All personnel traveling on official travel, leave, or permissive travel, must submit a USU Form 5301 at least 30 days in advance of travel when applicable, to ASD. Contact Administrative Support Division for guidance at (301) 295-9385 or (86).

**TRAVEL CHECKLIST FOR USU FORMS 5301
OVERSEAS TRAVEL CLEARANCE REQUEST**

TITLE OF BLANKS	INFORMATION NEEDED
A. PERSONAL DATA:	
NAME:	OVERSEAS TRAVELER'S NAME
RANK/GRADE	TRAVELER'S RANK/GRADE
SSN:	LAST FOUR (4) ONLY
CLEARANCE:	SECURITY CLEARANCE
TRAVEL ORDER NUMBER:	ASD WILL COMPLETE
DEPT:	TRAVELER'S DEPT
DUTY TITLE:	TRAVELER'S POSITION TITLE
PASSPORT NUMBER:	TRAVELER'S PASSPORT NUMBER
DOB:	TRAVELER'S DATE OF BIRTH (Only when requested by ASD)
POB:	TRAVELER'S PLACE OF BIRTH
B. VISIT SPECIFICATIONS:	
CITY & COUNTRY OR BASE TO BE VISITED AND POC:	WHERE TRAVELER IS VISITING
PURPORSE OF VISIT:	WHY TRAVELER IS VISITING
DATE(S) OF VISIT:	WHEN TRAVELER WILL BE LEAVING
ALTERNATE DATE(S):	CAN TRAVEL BE PERFORMED AT ANY OTHER TIME.
POC:	POINT OF CONTACT AND PHONE NUMBER OF PERSON TO CONTACT REGARDING TRAVEL

****ORGANIZATION & KEY**

PERSONNEL: NAME AND ADDRESS OF
ORGANIZATION AND/OR INDIVIDUAL
BEING VISITED

**** This is very important and may decide whether your clearance is granted**

PROPOSED ITINERARY: DATE OF DEPARTURE, DEPARTURE
LOCATION, TIME, VIA, FLIGHT NUMBER

NATURE OF INVITATION: HOW WAS THE TRAVELER INVITED? IF
INVITED BY LETTER, A COPY MUST
ACCOMPANY THIS FORM

CLASSIFIED INFORMATION: ANSWER YES OR NO. IF YES, USU
SECURITY MUST BE INFORMED

FOREIGN OFFICIAL: ANSWER YES OR NO. IF YES, USU
SECURIY MUST BE INFORMED

C. GENERAL INFORMATION

LOGISTICAL: DOES TRAVELER NEED
ADMINISTRATIVE HELP OVERSEAS OR
FROM EMBASSY

REMARKS: USED FOR ADDITIONAL INFORMATION

USU POC: USU EMPLOYEE TO CONTACT FOR
ADDITIONAL INFORMATION

TRAVELER'S SIGNATURE AND DATE:

DEPARTMENT CHAIR SIGNATURE AND DATE:

OVERSEAS TRAVEL CLEARANCE REQUEST
MUST BE SUBMITTED 30 DAYS IN ADVANCE OF TRAVEL

A. PERSONAL DATA:

NAME: _____

RANK/GRADE/BRANCH OF SERVICE: _____

SSN (LAST 4 DIGITS ONLY): _____ CLEARANCE: _____

DEPT: _____ DUTY TITLE: _____

PASSPORT#: _____ DATE ISSUED: _____ EXPIRES: _____

D.O.B.: _____ P.O.B.: _____ CITIZENSHIP: _____

B. VISIT SPECIFICATIONS:

CITY & COUNTRY/BASE TO BE VISITED: _____

PURPOSE OF VISIT: _____

OFFICIAL DATE(S) OF VISIT: _____ LEAVE DATE(S): _____

ORGANIZATION & KEY PERSONNEL TO BE VISITED (NAME AND ADDRESS OF ORGANIZATION(S) AND/OR INDIVIDUAL(S) TO BE VISITED. FOR EXAMPLE, AGENCIES OR OFFICIALS OF FOREIGN GOVERNMENTS, REPRESENTATIVES OF INDUSTRIAL FIRMS, AMEMBASSY PERSONNEL, OR DOD CIVILIAN OR MILITARY PERSONNEL. NAME, GRADE OR TITLE, AND LOCAL PHONE NUMBER OF THE POINT OF CONTACT OR PERSON EXTENDING THE INVITATION) (**VERY IMPORTANT**):

PROPOSED ITINERARY: (IF MORE ROOM IS NEEDED, USE REMARKS SECTION OR ATTACH A COPY OF YOUR ITINERARY):

DATE: _____ DEP: _____ /TIME: _____

VIA: _____ /FLT#: _____

DATE: _____ ARR: _____ /TIME: _____

DATE: _____ DEP: _____ /TIME: _____

VIA: _____ /FLT#: _____

DATE: _____ ARR: _____ /TIME: _____

NATURE OF INVITATION? (ATTACHMENTS, LETTERS, ETC.): _____

CLASSIFIED INFORMATION TO BE DISCUSSED/DISCLOSED? _____

FOREIGN OFFICIALS/AMERICAN EMBASSY PERSONNEL VISITED? _____

C. GENERAL:

1. LOGISTICAL/ADMINISTRATIVE SUPPORT: _____

2. REMARKS: _____

3. LIST DATES (**MM-DD-YY**) OF COMPLETION OF TRAINING FOR MISSION REQUIREMENTS:

TRAINING

DATES

AT/FP TRAINING

____/____/____

SERE 100

____/____/____

HUMAN RIGHTS

____/____/____

ISOPREP

____/____/____

4. LIST AT PLAN APPROVAL AUTHORITY (NAME, RANK/GRADE, TITLE, AND ORGANIZATION):

5. USUHS POINT OF CONTACT:

NAME: _____

DEPARTMENT: _____

PHONE NUMBER: _____

(TRAVELER'S SIGNATURE & DATE)

USUHS FORM 5301

THIS INFORMATION IS PROTECTED UNDER THE PRIVACY ACT OF 1974.
REVISED FEBRUARY 2012

Use of Coach, First, and Premium (Business) Class Accommodations

Use of Coach Class:

U.S. Government policy states that when on official business, Federal employees who use commercial air carriers for domestic and international travel should ascertain their travel requirements in sufficient time to book coach-class accommodations.

Use of First Class:

First-class accommodations may only be used in the following circumstances:

1. No other reasonably available accommodations exist. "Reasonably available" means no coach-class seats are available within 24 hours of proposed departure or arrival time. If the necessary reporting time and mission completion are compromised by a 24 hour delay, then upgrade to premium (business) class is permissible.
2. Travel by a disabled employee whose condition necessitates first-class travel. This must be substantiated in writing by a competent medical authority. An attendant, whose services are required en route, may also fly first-class.
3. Exceptional security circumstances. These include, but are not limited to, travel by agents-in-charge of protective details, couriers accompanying controlled pouches, and employees whose use of less than first-class would endanger their lives or government property.
4. Refer to DTS Business Rule (7) on Financial and Manpower Management (FMG) website, under "Travel Information."

First class travel can only be approved by the office of the Secretary of Defense, Director Administration and Management.

Use of Premium Class:

The use of Premium class (other than first class), such as business class, may be used under the following circumstances:

1. Regularly scheduled flights along the required route only provide premium class seats.
2. No space is available in coach and travel is urgent and cannot be postponed.
3. Travel involves an employee with a disability substantiated in writing by a competent medical authority. If necessary, an attendant may accompany the employee in premium class.
4. Security purposes or exceptional circumstances exist.

5. When travel on a foreign flag carrier has been approved, and the sanitation or health standards in coach are inadequate.
6. When overall savings to the government would result, such as avoidance of overtime, or lost productive time incurred while waiting for available coach seats.
7. When travel costs are paid by a non-Federal source. Payments from a non-Federal source may not be used for first-class travel, only for coach or premium class.
8. When travel is in excess of 14 hours. In these cases, employees who fly premium class are not authorized rest periods en route or upon arrival.
9. Frequent flyer benefits may be used for accommodations upgrades to premium class, but not first class.
10. Refer to DTS Business Rule (7) on Financial and Manpower Management (FMG) website, under "Travel Information."
11. Business class travel can only be approved by the President of USU.

Required OGC Ethics Approvals

1. If the traveler(s) is/are traveling on orders and will receive funds from a non-Federal source, the "Non-Federal Source Travel Request Form" must be completed and approved by the General Counsel's Office, Room A1030. If a non-Federal source intends to reimburse expenses by cash or check for reimbursed expenses or in-kind, the traveler(s) must be placed on funded orders. For reimbursed expenses, the funds will come from the USU department and will be reimbursed by the non-Federal source. The non-Federal source must make all reimbursements payable to "USU" and not the individual traveler.

Note: To ensure the money goes back into the department's account, the check should be sent to the department and hand carried to FMG. If a non-Federal source provides the transportation (tickets, etc.), lodging, and/or meals, with no expenses being paid by check or cash, this is called "reimbursement in kind."

2. A fund cite must be provided for each travel order submitted.

3. If the traveler(s) is/are in a leave status, the traveler must complete and obtain approval of the "Outside Activity Request" form. If the traveler is traveling as an approved outside activity, the non-Federal source may reimburse the traveler for travel expenses directly.

4. If the traveler(s) is/are traveling using funds that are part of a travel line on a grant, part of an agreement, or contract, the "Grant Travel Request" form must be completed and approved by the General Counsel's Office. Travel funded in this manner must also be on funded orders.

OGC Ethics forms can be accessed at www.usuhs.edu/ogc/ethics.

**TRAVEL CHECKLIST FOR ETHICS OFFICIAL/OFFICE OF GENERAL
COUNSEL TRAVEL AND OUTSIDE ACTIVITY FORMS**

1. These forms are self-explanatory; however, if there are any questions on filling it out, the best course of action is to call General Counsel at 301-295-3028.
2. The forms must be signed by the traveler(s) and approved by the Department Chair/Activity Head.
3. The forms should be forwarded to the General Counsel's office accompanied by the invitation from the non-Federal source if filling out the "Non-Federal Source Travel Form" and a copy of the travel orders.
4. Once approved by General Counsel, the travel order and a copy of the memorandum should be forwarded to ASD for completion.

HJF Form No. 321, "Travel Request/Authorization"

This form is to be completed and attached to all types of official travels order when government employees and others (by invitation) are using HJF funds for travel.

If you have any questions regarding this form, contact the Travel Sections at HJF for more information at (240) 694-4013 or email travel-docs@hjf.org.



HENRY M. JACKSON FOUNDATION
FOR THE ADVANCEMENT OF MILITARY MEDICINE

Advancing Military Medical Research

Form 321
V20160912

TRAVEL REQUEST/AUTHORIZATION

Cost Center: - , -
project task award

Traveler's Name: _____

 Print Name
 (as it appears on your government-issued ID)

****IMPORTANT****

Traveler must check one box

- ☐ HJF Employee
☐ US Government/Military*
☐ USUHS Government/Military*
☐ Other: _____

Home Address: _____

Daytime Phone: _____

Fax:	Return Location	Date
------	-----------------	------

E-mail Address: _____

Purpose of Travel: For documentation purposes, an agenda or detailed meeting summary is **REQUIRED** to accompany this form. You must account for each business day.

10

All expenditure items must be filled in. If the program is not paying for an expense category, please fill in \$0.00.
For per diem rates for your business location, please see gsa.gov/perdiem.

<u>Expenses</u>		<u>Estimate of Expense</u>	<u>Special Notes:</u>
Lodging	\$ _____ per day for _____ days	_____	
Meals*	\$ _____ per day for _____ days	_____	
Airfare		_____	
Transportation		_____	
Rental Car		_____	
Registration		_____	
TOTAL		\$ _____	

Travelers must complete and submit a Travel Expense Report Form 322 or Oracle IExpense (HJF employees only) within 10 days of return regardless of monies due or owed. Please see Travel Policy for reimbursement requirements.

Traveler: _____

Signature	Print Name	Date
_____	_____	_____

Authorized Approver**:

Signature	Print Name	Date

****A second signature is required, even if the traveler is an authorized signer on the account.**

***NOTE FOR FEDERAL TRAVELERS:** The traveler's organization must approve their acceptance of funds from a non-federal source prior to HJF paying any expense related to this travel. Travelers must be on official orders. Federal employees may not be directly reimbursed for any travel-related expenses.

Please email or fax both sheets of this form to the Travel Office.

6720A Rockledge Drive • Suite 100 • Bethesda, Maryland 20817 • Telephone: 240-694-4013 • Fax: 240-694-3134 • travel-docs@hlf.org

Page 1 of 2

Form 321
V20160912

TRAVEL REQUEST/AUTHORIZATION

Name: _____

Would you like an advance? (HJF employees only)
(75% of your estimated out-of-pocket expenses)

Yes ☐ No ☐

Do you wish to have your registration pre-paid by HJF?
(If yes, please attach a completed registration form or
screenshots with required registration information)

Yes ☐ No ☐

Detailed Travel Information

Please indicate below how you wish for each item to be booked, if applicable:

I will book via HJF's Online booking tool

☐ Air

☐ Hotel

☐ Rental Car

☐ Rail

I would like the Travel Office to book

☐ Air Airport preference: Departure time:
Return time:

☐ Hotel Preferred hotel:

☐ Rental Car Pickup location & time:

☐ Rail Station Preference: Departure time:
Return time:

☐ POV Consult Travel Policy for reimbursement requirements. For current rate, see gsa.gov/mileage.

Personal Travel

*A travel quote for business days of travel only is **REQUIRED**. You must contact the Travel Office prior to booking.

Are you including any personal travel on this trip?

Yes ☐ No ☐

Please indicate dates of
personal travel: _____

Foreign Travel

If traveling to a foreign country, have you completed the medical requirements?

Yes ☐ No ☐

Is this country on the State Department Warning List?

Yes* ☐ No ☐

(Please see http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html to verify)

*If yes, HJF employees are **REQUIRED** to submit HJF Form 325 prior to travel.

Questions? Please contact HJF's Occupational Safety and Health Manager at (240) 694-2039.

Please email or fax both sheets of this form to the Travel Office.

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Page 2 of 2

HJF Form No. 322, "Travel Expense Report"

This form is completed to accomplish reimbursement of travel expenses using HJF funds. The form is completed by the traveler, signed by the traveler and department chair, and sent to HJF along with a copy of HJF Form No. 321. This form must accompany all DD 1610's that are using HJF funds to pay for travel.

If you have any questions regarding this form, contact the Travel Section at HJF for more information at (240) 694-4013 or email travel-docs@hjf.org.

Form 322
V20120308



HENRY M. JACKSON FOUNDATION
FOR THE ADVANCEMENT OF MILITARY MEDICINE

Advancing Military Medical Research

TRAVEL EXPENSE REPORT

Cost Center: - . -
project task award

Traveler's Name: _____
Home Address: _____
Daytime Phone: _____
Email Address: _____

**** IMPORTANT -- CHECK ONE BOX ****

- ☐ Official (For Foundation Employees)
☐ Invitational (Government Employees)
☐ Invitational (Gov't Employees Billeted at USU)
☐ Invitational (Other: _____)

Departure Location: _____ Date: _____
Destination: _____
Return Location: _____ Date: _____

Total Costs Incurred (From Itemization Detail on Page 2):

Purpose: _____

Lodging _____
Meals _____
Transportation _____
Other (e.g., meeting registration) _____

Special Instructions:

Total Cost: \$ _____
Total Advance Received: (_____)
Reimbursement Requested: \$ _____
(Total cost minus advance received)

Receipts for all non per-diem costs of \$75 or more each must be submitted for final reimbursement.

I certify that I completed the trip for which this travel reimbursement was requested and that the declared expenses were actual and necessary. I have not been/will not be reimbursed for any of these expenditures from another source.

Traveler: _____ *

Authorized Signature _____ Print Name _____ Date _____

Approver: _____ **

Signature _____ Print Name _____ Date _____

* If requester is Principal Investigator or Project Coordinator, no concurrence is required.

**Signature mandatory regardless of final payment.

See Page 2 for Itemization of Expenses →

For Use by Foundation Accounting Office	
Approving Initials _____	Voucher #: _____
Date _____	Travel Purchase Order # _____

Please email or fax both sheets of this form to the Travel Office.

6720-A Rockledge Drive • Suite 100 • Bethesda, Maryland 20817 • Telephone: (240) 694-4013 • Fax: (240) 694-3134 • travel-docs@hjf.org

Form 322
V20120308

ITEMIZATION OF TRAVEL EXPENSES

Date	LODGING	\$ Amount
Date	MEALS	\$ Amount
Date	TRANSPORTATION	\$ Amount
Date	OTHER	\$ Amount
TOTAL:		

- a) Receipts must be attached for all lodging and registration costs, regardless of amount.
- b) Receipts must be attached for each individual cost that totals \$75 or more.
- c) Per-diem costs for meals do not need to be itemized and no receipts are required.
- d) Federal Employees – Please note the U.S. Treasury address, POC name, telephone number and email address in the "Special Instructions" section of Page 1.

Please email or fax both sheets of this form to the Travel Office.
6720-A Rockledge Drive • Suite 100 • Bethesda, Maryland 20817 • Telephone: (240) 694-4013 • Fax: (240) 694-3134 • travel-docs@hlf.org