

Travel Guidance for Memorial, Funeral, and Bedside Warranted with QA and Travel Claim Cover Sheet

AIR FARE: When PERS provides plane tickets in advance through DTS, the Travel Request (1770-2) must be submitted three working days before the desired travel date, usually *a day or two before the ceremony*. Families should be offered the option to either self-fund their travel or request PERS to provide the plane tickets. If travelers self-fund their trip, they will be reimbursed at the government rate, potentially incurring a financial loss. For full reimbursement, travel claims must include the correct receipts. Please note, PERS only arranges air travel reservations through DTS, which does not support group bookings. This can lead to situations where, due to last-minute bookings, next of kin might not be seated together or might not be on the same flight. The itinerary is emailed to the travelers no later than two days from departure. If they miss the flight, the tickets may not be re-issued.

HOTEL: The traveler must make their own hotel reservations and should request GSA rates to avoid overpaying, since the Navy reimburses only at government rates. The authorized stay is typically two nights. For reimbursement, they need to submit a full receipt in their name showing a zero balance; credit card statements are not considered valid receipts. We adhere to the Joint Federal Travel Regulations. When attending Command Sponsored Memorial Services, the command should provide recommendations for the closest hotel to the ceremony, facilitating transportation to the event. VRBO/Airbnb: Daily Receipt breakdown needs to be provided. Group Receipt is not acceptable.

TRAVEL REQUEST: In the 1770-2 Travel Request form, the departure and return airports must be the closest to the traveler's residence and the ceremony location, respectively. For example, if someone lives in Maine, they cannot request flights from or to Boston for a ceremony in San Diego, nor can they request to fly into LAX for the same ceremony; such a request would be rejected.

DTS! ASAP - Individuals who are already in DTS due to their occupation or status (Military/DOD Civilian) must request that their organizations release them from DTS. This allows Navy Casualty to take over and arrange their travel itinerary. This process might delay ticket acquisition, potentially causing these individuals to miss traveling with their group. In such cases, they would need to purchase their tickets at full price and travel separately.

TO MAKE SURE THEY GET REIMBURSED PROPERLY (NO SURPRISES)

RECEIPT-SPECIFIC GUIDANCE: All expenses claimed for reimbursement must be supported by an original PAID receipt. The receipt must come from the hotel or airline and be in the name of the traveler requesting reimbursement; otherwise, an affidavit for payment must be submitted. Hotel receipts must show a zero balance and total expenses paid. An online itinerary or confirmation alone is not acceptable.

For reimbursement related to lodging and personally procured airfare through an online booking agent, the following documentation is required:

RECEIPT GUIDANCE:

1. Reimbursement requires original PAID receipts.
2. Receipts must be in the traveler's name; otherwise, submit an Affidavit.
3. Receipts from hotels or Airbnb/similar lodging must show these details:
4. For Lodging: Itemized costs including rate, taxes, and payment method, with a ZERO balance.
5. Airline Receipts (personally procured): Itemized with traveler's name, full itinerary, cost, and payment method.
6. Reimbursement up to GSA Pair rate; no value for award miles or exchanges.
General Notes:
7. Rental Cars: Not reimbursable under any circumstances.
8. Lodging: Must have actual receipt or payment confirmation; award points not reimbursable. Cleaning charges or other fees are not reimbursable.
9. Additional Reimbursement for Airport Parking: Up to 3 days for funeral/memorial travel, receipt required.
10. Baggage Fees: One checked bag per person, up to \$35 each way, receipt needed.

NORTHWEST TRAVEL CLAIM COVER SHEET

CASE LAST NAME	
DATE OF CEREMONY	
TYPE OF TRAVEL (circle)	Memorial -- Funeral -- Illness -- Other
TYPE OF NOK	
Submitted by:	

Any Details needing explanation about missing receipts, etc.?

Before you scan checklist:

- Names /address for travelers' match in all documents?
- 1770-2 TRAVEL REQUEST
- TRAVEL VOUCHER FORM 1351-2 (SIGNED and Legible)
- TRAVEL EFT FORM (Legible?)
- Airline Receipt with proof of payment/zero balance
- Baggage Claim (1) with proof of payment/zero balance - 35\$ max
- Hotel Receipt with proof of payment/zero balance
- TOLLS RECEIPT
- PARKING RECEIPT
- OTHER SUSTANTIATING RECEIPTS FOR _____

CREDIT CARD STATEMENTS ARE NOT VALID FOR THESE CLAIMS

CUI (when filled in)

NEXT OF KIN TRAVEL REQUEST

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 5013; DoDD 1300.15, Military Funeral Support; DoDD 1300.22, Mortuary Affairs Policy; DoDI 1300.18, Personnel Casualty Matters, Policies, and Procedures; Office of the Assistant Secretary of Defense Memorandum, Subject: Defense Casualty Information Processing System, dated Oct 22, 1999; E.O. 9397 (SSN), as amended; and SORN A0600-8-1c AHRC DoD.

Purpose: To provide official travel services; determine eligibility for transportation; to authorize or deny transportation; and otherwise manage the Navy-wide passenger transportation system. Information is also used for audit or research purposes to obtain background information/data.

Routine Uses: In addition to those disclosures generally permitted under Title 5 US Code Section 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to Title 5 US Code Section 552a(b)(3) as follows: Information from these records may be disclosed to the Department of Veterans Affairs, and other Federal agencies in connection with eligibility, notification and assistance in obtaining benefits due, to third parties offering private victim relief and condolences as a result of a Service Member's death.

Disclosure: Voluntary. However failure to provide the requested information may cause payments of benefits and entitlements to be delayed.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB 0703-0076, is estimated to average .5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-afex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. Service Member's Full Name (Last, First, Middle):	2. Date of Request:
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SECTION 1: INFORMATION OF TRAVELER

3. <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MRS Full Legal Name of Traveler (last, first, middle):				
4. Date of Birth:	5. Full SSN:	6. Gender:	7. Relationship to Service Member:	8. Telephone Number:
9. Address (street address, city, state, and zip code+4):			10. E-Mail Address:	
11. Is Traveler in the Defense Travel System (DTS)? if YES proceed to field 12, if NO proceed to Section 2 field 13. <input type="checkbox"/> YES <input type="checkbox"/> NO			12. Is Traveler <input type="checkbox"/> Military or <input type="checkbox"/> DoD Employee? Provide Command Travel Coordinator Contact Information below:	

SECTION 2: TRAVEL SPECIFIC INFORMATION

13. Purpose of Travel (i.e. funeral, memorial, dignified transfer, bedside travel):		14. Date of Event:	15. Location of Event (city and state: if applicable, name of cemetery):
16. Traveling via personally owned vehicle (POV)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate as driver or passenger: <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER		17. Traveling via commercial airline? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was flight scheduled by U.S. Navy or traveler: <input type="checkbox"/> U.S. NAVY <input type="checkbox"/> TRAVELER	
18. Preferred Airport for Departure to Event:			19. Date and Time of Departure:
20. Traveling via POV to Airport? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate as driver or passenger: <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER		21. POV parked at Airport? <input type="checkbox"/> YES <input type="checkbox"/> NO	
22. Preferred Airport for Arrival to Event:			23. Date and Time of Return:

NEXT OF KIN TRAVEL REQUEST INSTRUCTIONS

Field 1. Service Member's Full Name: Enter last name, first name, and middle name of the ill, injured, or deceased sailor.

Field 2. Date of Request: Enter date the traveler completes the form. Date format DD Mmm YYYY.

Section 1: INFORMATION OF TRAVELER

Field 3. Full Legal Name of Traveler: Check the block that applies to the traveler, enter last name, first name, and middle name of the traveler.

Field 4. Date of Birth: Enter traveler's date of birth. Date format DD Mmm YYYY.

Field 5. Full SSN: Enter traveler's full SSN number.

Field 6. Gender: Enter traveler's gender. (Male/Female).

Field 7. Relationship to Deceased: Enter traveler's relationship to the ill, injured or deceased sailor (i.e., spouse, mother, father, brother, sister, child, etc.).

Field 8. Telephone Number: Enter traveler's phone number (format 999-999-9999).

Field 9. Address: Enter traveler's full home address.

Field 10. E-Mail Address: Enter traveler's full e-mail address.

Field 11. Is Traveler in the Defense Travel System (DTS): Check either "Yes" or "No" check box. If "Yes" proceed to field 12, if "No" proceed to Section 2 field 13.

Field 12. Is Traveler Military or DoD Employee? Provide Command Travel Coordinator Contact Information below: Check either "Military" or "DoD Employee" check box. Enter traveler's Command Travel Coordinator contact information.

Section 2: TRAVEL SPECIFIC INFORMATION

Field 13. Purpose of Travel: Enter purpose of travel (i.e. funeral, memorial, dignified transfer, bedside travel, etc.).

Field 14. Date of Event: Enter date if the event from field 13.

Field 15. Location of Event: Enter the city and state where the event from field 13 is to be held, if applicable, enter name of cemetery.

Field 16. Traveling via personally owned vehicle (POV)? If "YES", indicate as driver or passenger. Check either "Yes" or "No" check box, if check "Yes", check either the "Driver" or "Passenger" check box.

Field 17. Traveling via commercial airline? If "YES", was flight scheduled by U.S. Navy or traveler. Check either "Yes" or "No" check box, if check "Yes", check either the "U.S. Navy" or "Traveler" check box.

Field 18. Preferred Airport for Departure to Event: Enter name of airport, city and state.

Field 19. Date and Time of Departure: Enter day and time traveler wants to leave (format DD MMM YYYY, 0000).

Field 20. Traveling via POV to airport? If "YES", indicate as driver or passenger. Check either "Yes" or "No" check box, if check "Yes", check either the "Driver" or "Passenger" check box.

Field 21. POV parked at Airport?: Check either "Yes" or "No" check box.

Field 22. Preferred Airport for Arrival: Enter name of airport, city and state.

Field 23. Date and Time of Return: Enter day and time traveler wants to travel back to place of departure (format DD MMM YYYY, 0000).

Additional Information:

- * Casualty Assistant Call Officer provides travel claims and receipts to Navy Personnel Command (PERS-00C) upon completion of travel liquidation. A separate travel claim must be completed for each traveler, including minors. *(Parents are authorized to sign travel claims for the minors.)*
- * All receipts must be in the traveler's name.
- * When POV is utilized, mileage will be computed per Defense Travel System (DTS) charts.
- * Reimbursement for self-procured airfare and lodging will be limited to government cost.
- * Rental cars are not an authorized expense.
- * Travel is authorized from residence to event site and back. Travelers are not authorized to visit other locations at government expense.
- * Electronic Funds Transfer (EFT) information must be provided as soon as possible for reimbursement unless payment is requested by check.

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 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			
4. NAME (Last, First, Middle Initial) (Print or type)		5. GRADE	6. SSN	a. D.O. VOUCHER NUMBER		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		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)					
12. DEPENDENT(S) (X and complete as applicable)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)					
ACCOMPANIED	UNACCOMPANIED	YES	NO (Explain in Remarks)	d. COMPUTATIONS			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE					
15. ITINERARY							
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							
ARR							
DEP							
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DEP							
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ARR							
DEP							
ARR							
DEP							
ARR							
16. POC TRAVEL (X one)						17. DURATION OF TDY TRAVEL	
OWN/OPERATE	PASSENGER	12 HOURS OR LESS	MORE THAN 12 HOURS BUT 24 HOURS OR LESS	MORE THAN 24 HOURS	e. SUMMARY OF PAYMENT		
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	(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	
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS				
20. a. CLAIMANT SIGNATURE	b. DATE	c. SUPERVISOR SIGNATURE	d. 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			

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 as 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		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	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

TAKE NOTES

Go Slow

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		2. TYPE OF PAYMENT (X as applicable)		3. FOR D.O. USE ONLY			
<input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt to Govt Tvl Charge Card \$		<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		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	
8. DAYTIME TELEPHONE NUMBER & AREA CODE		9. TRAVEL ORDER NUMBER		10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
12. DEPENDENT(S) (X and complete as applicable)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)					
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE		<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS			
15. ITINERARY							
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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16. POC TRAVEL (X one)				OWN/OPERATE		PASSENGER	
18. REIMBURSABLE EXPENSES				17. DURATION OF TDY TRAVEL			
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	12 HOURS OR LESS		(4) Dependent Travel
					MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(5) DLA
					MORE THAN 24 HOURS		(6) Reimbursable Expenses
							(7) Total
							(8) Less Advance
							(9) Amount Owed
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19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20. a. CLAIMANT SIGNATURE		b. DATE		c. SUPERVISOR SIGNATURE		d. 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.)	
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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
