



DEPARTMENT OF THE NAVY
NAVY RECRUITING DISTRICT, PORTLAND
7028 N.E. 79TH COURT
PORTLAND, OREGON 97218-2813

NAVCRUITDISTPORTLANDINST 7220.1P CH-2
N1
20 Jun 10

NAVCRUITDIST PORTLAND INSTRUCTION 7200.1P CHANGE 2

Subj: CLAIM FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES
(OPE) INCURRED WHILE PERFORMING OFFICIAL RECRUITING
DUTIES

Encl: (1) Revised "Claim for Reimbursement for Expenditures
On Official Business"

1. Purpose. To transmit change 1 to the basic instruction.
2. Change. Remove enclosure (1) from the basic instruction and replace with enclosure (1) of this change transmittal.


S. E. STOCKING

Distribution:
NAVCRUITDISTPORTLANDINST 5216.1S
Lists A, B, C, D and E

| | | | | | | | | |
|--|--|--|--|---|--------------|------------------|---------------|-----|
| CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS | | 1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE NRD PORTLAND 7028 NE 79TH CT PORTLAND, OR 97218-2813 | | 2. VOUCHER NUMBER | | | | |
| | | | | 3. SCHEDULE NUMBER | | | | |
| <i>Read the Privacy Act Statement on the back of this form</i> | | | | | | | | |
| CLAIMANT | 4 a. NAME (Last, first, middle initial) | | b. SOCIAL SECURITY NO. | | 5. PAID BY | | | |
| | c. MAILING ADDRESS (include ZIP Code) | | d. OFFICE TELEPHONE NUMBER | | | | | |
| | | | | | | | | |
| 6. EXPENDITURES <i>(If fare claimed in col. (g) exceeds charge for one person. Show in col. (h) the number of additional persons which accompanied the claimant.)</i> | | | | | | | | |
| DATE 200 9 | C Show appropriate code in col (b): O A - Local travel D B - Telephone or telegraph, or E C - Other Expenses (itemized) | | MILEAGE RATE | AMOUNT CLAIMED | | | | |
| | <i>(Explain expenditures in specific detail)</i> | | NO. OF MILES | MILEAGE | FARE OR TOLL | ADD. PERS ONS | TIPS AND MISC | |
| (a) | (b) | (c) FROM | (d) TO | (e) | (f) | (g) | (h) | (i) |
| | | This claim for OPE reimbursement | | | | | | |
| | | of expenses incurred in the | | | | | | |
| | | performance of official recruiting | | | | | | |
| | | duty is submitted in accordance with | | | | | | |
| | | Joint Federal Travel Regulations | | | | | | |
| | | (JFTR) Volume I, Part C, article | | | | | | |
| | | U7030 for the period of | | | | | | |
| | | to _____, 2010 | | | | | | |
| If additional space is required continue on the back | | | SUBTOTAL CARRIED FORWARD FROM THE BACK | | | | | |
| 7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) | | | | TOTALS | | | | |
| 8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. <i>(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).)</i> Sign Original Only | | | | 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 <input type="checkbox"/> CHECK <input type="checkbox"/> CASH | | | | |
| APPROVING OFFICIAL SIGN HERE | | DATE | | CLAIMANT SIGN HERE | | DATE | | |
| 9. This claim is certified correct and proper for payment. Sign Original Only | | | | CASH PAYMENT RECEIPT | | | | |
| AUTHORIZED CERTIFYING OFFICER SIGN HERE | | DATE | | 11 | | b. DATE RECEIVED | | |
| ACCOUNTING CLASSIFICATION N62429 RV4 | | | | c. AMOUNT \$ | | | | |
| AA17 1804.22N5/260/66715/0/068566/2D/V4 | | | | 12. PAYMENT MADE BY CHECK NO. | | | | |
| | | | | STANDARD FORM 1164 (Rev 11-77) | | | | |
| | | | | /62429 WNR3TT \$ | | | | |

1164-210



DEPARTMENT OF THE NAVY

NAVY RECRUITING DISTRICT, PORTLAND

7028 N.E. 79TH COURT

PORTLAND, OREGON 97218-2813

NAVCRUITDISTPORTLANDINST 7220.1P CH-1

N1

16 June 2009

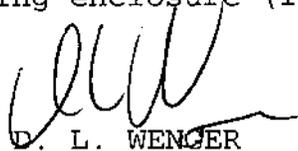
NAVCRUITDIST PORTLAND INSTRUCTION 7220.1P CHANGE 1

Subj: CLAIM FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES
(OPE) INCURRED WHILE PERFORMING OFFICIAL RECRUITING
DUTIES

1. Purpose. To transmit change 1 to the basic instruction.

2. Action

a. Make the following pen and ink change to paragraph 7 to read "OPEs will be submitted once per month on the 10th day of the following month claimed using enclosure (1)".


D. L. WENGER

Distribution:

NAVCRUITDISTPORTLANDINST 5216.1S

Lists A, B, C, D and E



DEPARTMENT OF THE NAVY

NAVY RECRUITING DISTRICT, PORTLAND
7028 N.E. 79TH COURT
PORTLAND, OREGON 97218-2813

NAVCRUITDISTPORTLANDINST 7220.1P
N4
28 May 2008

NAVCRUITDIST PORTLAND INSTRUCTION 7220.1P

Subj: CLAIM FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES
(OPE) INCURRED WHILE PERFORMING OFFICIAL RECRUITING
DUTIES

Ref: (a) Joint Federal Travel Regulations Manual
(b) COMNAVCRUITCOMINST 4400.1 (Series), Chapter 5

Encl: (1) Example of Claim for Reimbursement for Expenditures on
Official Business (OPE) (SF-1164)

1. Purpose. To provide procedures for reimbursement of
Out-of-Pocket Expenses (OPE) in accordance with references (a) and
(b).

2. Cancellation. NAVCRUITDIST Portland Inst 7220.1N.

3. Information. Joint Federal Travel Regulations (JFTR), Chapter
7, Paragraph U7030, provides guidance for the reimbursement of OPE
for military personnel whose primary assignment is to perform
recruiting duty and who incur specific types of expenses in the course
of these recruiting duties. The JFTR is located at:
[http://perdiem.hqda.pentagon.mil/perdiem/jftr\(ch1-ch10\).pdf](http://perdiem.hqda.pentagon.mil/perdiem/jftr(ch1-ch10).pdf)

4. OPE reimbursement is limited to:

a. Snacks, non-alcoholic beverages and occasional lunches and
dinners when purchased by the member for prospective recruits,
candidates and their immediate families, or other individuals who
directly assist in the recruiting effort.

b. Parking fees incurred while at itinerary stops.

c. Official telephone calls.

d. Purchase of photographic copies of vital documents for
prospective recruits and candidates such as birth certificates,
school transcripts, diplomas, and registration certificates.

e. Other small, necessary expenditures related to recruiting
duty that the member must pay for from personal funds.

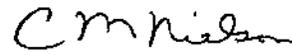
f. For urgent requirements purchased with personal funds that
do not qualify for OPE, refer to Section 503 of COMNAVCRUITCOMINST
4400.1(series), Chapter 5, Miscellaneous Reimbursements.

NAVCRUITDISTPORTLANDINST 7220.1P
N4
28 May 2008

5. OPE is designed to preclude recruiting personnel from incurring unnecessary personal expenses. To prevent abuse each individual submitting an OPE claim is responsible for providing proof of their expenditures if requested. Actual receipts are required for all individual line items being claimed that exceed \$5.00. If the total amount being claimed is in excess of \$75.00, the recruiter must submit their Applicant log and a written explanation.

6. Random audits will be conducted.

7. OPEs will be submitted once per month using enclosure (1).


C. M. NIELSON

Distribution:
NAVCRUITDIST PORTLAND INST 5216.1R
Lists A, B, C, D, and E

| | | |
|--|--|----------------------------|
| CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS | 1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE | 2. VOUCHER NUMBER |
| | 3. SCHEDULE NUMBER | |
| <i>Read the Privacy Act Statement on the back of this form.</i> | | |
| 4. CLAIMANT | a. NAME (Last, first, middle initial) | b. SOCIAL SECURITY NO. |
| | c. MAILING ADDRESS (include ZIP Code) | d. OFFICE TELEPHONE NUMBER |
| | 5. PAID BY | |
| | 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): | | MILEAGE RATE | AMOUNT CLAIMED | | | | |
|--|------------------|--|---------------------------|--|----------------|--------------|-------------|-------------------------|------|
| | | A - Local travel | D - Funeral Honors Detail | | MILEAGE | FARE OR TOLL | ADD PERSONS | TIPS AND MISCEL-LANEOUS | |
| (a) | (b) | (c) FROM | (d) TO | (e) | (f) | (g) | (h) | (i) | |
| | | (Explain expenditures in specific detail.) | | | | | | | |
| | | This claim for OPE reimbursement | | | 0.00 | | | | |
| | | of expenses incurred in the | | | 0.00 | | | | |
| | | performance of official recruiting | | | 0.00 | | | | |
| | | duty is submitted in accordance | | | 0.00 | | | | |
| | | with Joint Federal Travel | | | 0.00 | | | | |
| | | Regulations (JFTR) Volume I, | | | 0.00 | | | | |
| | | Part C, article U7030 for the | | | 0.00 | | | | |
| | | period _____ to _____ | | | 0.00 | | | | |
| | | 200 . | | | 0.00 | | | | |
| | | | | | 0.00 | | | | |
| <i>If additional space is required continue on the back.</i> | | | | SUBTOTALS CARRIED FORWARD FROM THE BACK | 0 | 0.00 | 0.00 | 0 | 0.00 |

| | |
|--|--|
| 7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$ → 0.00 | TOTALS |
| | 0 0.00 0.00 0 0.00 |

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 →

DATE _____

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE →

DATE _____

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

CLAIMANT SIGN HERE →

DATE _____

11. CASH PAYMENT RECEIPT

| | |
|----------------------|------------------|
| a. PAYEE (Signature) | b. DATE RECEIVED |
| | c. AMOUNT \$ |

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

N 62429 _____ RV4 _____

AA 17 _____ 1804.22N5/260/66715/0/068688/2D/V4 _____ /62429 _____ W0930T \$ _____

