



DEPARTMENT OF THE NAVY

NAVY RECRUITING DISTRICT RICHMOND
411 EAST FRANKLIN STREET
SUITE 101
RICHMOND, VA 23219-2243

NRDRICHINST 7220.1N
Code 60

AUG 11 2009

NAVCUITDIST RICHMOND INSTRUCTION 7220.1N

Subj: REIMBURSEMENT FOR OUT OF POCKET EXPENSES (OPE) INCURRED
IN THE PERFORMANCE OF OFFICIAL RECRUITING DUTY

Ref: (a) COMNAVCUITCOMINST 4400.1(series)
(b) JFTR

Encl: (1) Sample Standard Form SF-1164
(2) Sample NAVCRUIT 7000/2

1. Purpose. To establish policy and procedures concerning the reimbursement of expenses incurred in the performance of official recruiting duty.

2. Cancellation. NRDRICHINST 7220.1M

3. Discussion.

a. Reference (a) promulgated the procedures concerning reimbursement of expenses and instructions for the reporting of expenditures in relation to OPE. Reference (b) established procedures and guidelines for the reimbursement to recruiters.

b. A member of the Armed Forces assigned to recruiting duty as their primary duty is entitled to reimbursement for actual and necessary expenses defrayed from personal funds in the performance of their recruiting duties. Such expenses are intended to not exceed \$75.00 a month and are limited to:

(1) Snacks, non-alcoholic beverages, and occasional meals purchased by the member for prospective applicants, candidates, their immediate families, and other individuals who directly assist in recruiting efforts.

(2) Parking fees at itinerary stops.

(3) Official telephones calls made while away from your duty station.

(4) Copies of vital documents for prospective applicants, such as birth certificates, school transcripts, diplomas, and registration certificates.

(5) Tolls and other necessary fees directly related to performing recruiting duties.

c. Reimbursement is not authorized for the following:

- (1) Center of Influence/Delayed Entry Program events
- (2) Consumable supplies
- (3) Consumable items for Government vehicles
- (4) FEDEX/overnight packages

4. Payment Procedures.

a. Members entitled to reimbursement will be reimbursed upon submission of a properly completed Reimbursement Voucher, Standard Form 1164, enclosure (1) and NAVCRUIT 2000/2, enclosure (2). A receipt must support a claim for any item. Failure to furnish receipts must be fully explained on the reimbursement voucher. When claims are over \$75.00, the member should also prepare and submit a memorandum that explains why the authorized amount was exceeded. These excess claims may also lead to a review of the recruiter's production.

b. Claims are to be submitted to the Logistic Support Office **no later than the close of business of the 5th day of the following month.** Claims submitted after the 5th of the month will be processed the following month. Claims submitted over 30 days old, without sufficient justification, will not be processed and will be returned to the member. The completed NAVCRUIT 7000/2 will include the name of applicants, the date of the expense, and must describe the nature of the expense. Entries such as snacks, lunch, dinner, or transcripts are all of sufficient

detail for stating the nature of the expense. You are not allowed to combine months in the same claim. All items must be itemized and be the actual expense. **Do not round to the nearest dollar.** Dates indicated on the NAVCRUIT 7000/2 form will be the actual date of the expense.

c. All claims must include the following statement:

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"THIS CLAIM FOR REIMBURSEMENT OF EXPENSES INCURRED IN THE PERFORMANCE OF OFFICIAL RECRUITING DUTIES IS SUBMITTED IN ACCORDANCE WITH JFTR VOL 1, PARA C, PARA U7030 FOR THE PERIOD _____ THROUGH _____. THE ATTACHED NAVCRUIT 7000/2 FORM CONSTITUTE THE ITEMIZED LIST OF EXPENSES."

5. Action.

a. The Logistic Support Department will:

(1) Review all claims for correctness and compliance with this instruction.

(2) Maintain a file copy of all claims.

(3) Report discrepancies to the Enlisted Programs/Officer Programs Department Head for correction.

(4) Forward all claims for approval to the Logistics Support Officer (LSO).

b. The LSO will:

(1) By virtue of authority delegated by the Commanding Officer, approve all claims.

6. Forms. The claim for Reimbursement for Expenditures On Official Business Form (SF-1164) and the OPE Claim Request Sheet (NAVCRUIT 7000/2) are available from the Navy Recruiting District Intranet, <https://NRD.CNRC.NAVY.MIL/RICHMOND>.



JOHN D. NELL

Distribution List:
NRDRICHINST 5216.1G
List IV

**CLAIM FOR REIMBURSEMENT
FOR EXPENDITURE
ON OFFICIAL BUSINESS**

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

WARD Richmond

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

CLAIMANT'S

a. NAME (Last, first, middle initial)

Shashel, Blake G.

b. SOCIAL SECURITY NO.

d. OFFICE TELEPHONE NUMBER

757
838-4998

c. MAILING ADDRESS (include ZIP Code)

605-21 Newmarket Dr.
Newport News, VA. 23605

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	CODE	MILEAGE RATE	AMOUNT CLAIMED					
			MILEAGE	FARE OR TOLL	ADD PER SONS	TIPS AND MISCELLANEOUS		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
2001	A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)		(Explain expenditures in specific detail.) All expenses are incurred in the performance of official recruiting duties submitted in accordance with JFTR Vol. 1, Chapt. 7, PMA 47030 for the period of 1 Aug 01 through 31 Aug 01. The attached travel voucher form constitutes the itemized expenses.					

SAMPLE

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$ 39.74

TOTALS

39.74

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).)

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

Sign Original Only

CLAIMANT SIGN HERE

Blake G. Shashel

DATE

10 Sept 01

APPROVING OFFICIAL SIGN HERE

DATE

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

12. PAYMENT MADE BY CHECK NO.

c. AMOUNT

ACCOUNTING CLASSIFICATION (REVISED 7-85)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUREAU CONT. AND SUBALLOT.	AUTH. ACCTG. ACTIVITY	PROPERTY ACCTG. ACTIVITY	POST CODE	AMOUNT
					5010 MB154	

Enclosure 1

OPE Claim for <u>OCT/01</u> For <u>RECRUITERS</u> Pg <u>1</u>			
		MO/YR	Name NAME
DAY	NATURE OF EXPENSE	# PROS-PECTS/SI'S	AMT
3	LUNCH	SMITH	3.98
5	SNACK	JONES	2.50
12	DINNER	BOWEN	6.57
17	PARKING-MEPS RICHMOND		1.50
21	TOLLS-W.V. PARKWAY		3.00
25	TRANSCRIPT	WEISS	7.98
26	PRC-NEW YORK	PEREZ	10.00
28	LUNCH BREAKFAST	DOVER	5.68
30	SNACK	YOUNG	3.80
PAGE TOTAL			45.01
NAVCUIT 7000/2 0114-LF-070-0010			

SAMPLE

Enclosure 2