NAVCRUITSPTPORTLANDINST 7220.2 CH1
LSO
30 Aug 11

NAVCRUITSPT PORTLAND INSTRUCTION 7220.2 CHANGE 1

Subj: CLAIM FOR REIMBURSEMENT OF MISCELLANEOUS EXPENSES ON
OFFICIAL BUSINESS

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

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.

[Signature]
S. E. STOCKING

Distribution:
NAVCRUITSPTPORTLANDINST 5216.1T
Lists A, B, C, and D
CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

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. (b) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>CODE</th>
<th>D - Funeral Honors Detail</th>
<th>E - Specialty Care</th>
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MILEAGE RATE

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<th>NO. OF MILES</th>
<th>MILEAGE</th>
<th>FARE OR TOLL</th>
<th>ADD PERSONS</th>
<th>TIPS AND MISC.</th>
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(Explain expenditures in specific detail.)

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SUBTOTALS CARRIED FORWARD FROM THE BACK

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7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h)) $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.)

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

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

$0.00

ACCOUNTING CLASSIFICATION

DoD Overprint 4/2002

STANDARD FORM 1184 (Rev. 11-77)
Prescribed by GSA, FPIN 1017-7

Enclosure (1)
CLAIM FOR REIMBURSEMENT OF MISCELLANEOUS EXPENSES ON OFFICIAL BUSINESS

(a) DOD Financial Management Regulation, Volume 10, Chapter 11
(b) COMNAVCRUITCOMINST 4400.1 (Series), Chapter 5

Example of Claim for Miscellaneous Reimbursement for Expenditures on Official Business (SF-1164)

1. Purpose. To provide procedures for reimbursement of Miscellaneous Expenses in accordance with references (a) and (b).

2. Information. References (a) and (b) state that a member of the Armed Forces and DOD civilians are entitled to reimbursement of actual and necessary expenses defrayed from personal funds in the performance of official duties. Eligibility for this entitlement is not limited to recruiters (i.e., Commanding Officer, Executive Officer, Enlisted Programs Officer, Officer Programs Officer, Education Specialist, Support Personnel, etc.) who, in the performance of their duties, incur expenses to fulfill government obligations.

3. Miscellaneous Reimbursements.

a. Miscellaneous reimbursements shall not be misconstrued as a means of circumventing existing procurement regulations or the provisions of the OPE regulations/restrictions.

b. Miscellaneous reimbursements are expenses authorized by the Commanding Officer for official business and will be submitted on a SF 1164. Additional guidance is available in reference (a) and can be located at http://www.dod.mil/comptroller/fmr/10/10_11.pdf.
c. Under no circumstances will the approving official approve their own Claim for Miscellaneous Reimbursement.

Distribution:
NAVCRUITDISTPORTLANDINST 5216.1F
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

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

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.)

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<th>AMOUNT CLAIMED</th>
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7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h) $0.00)

8. If 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. 805a).

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

10. I certify that this claim is true and correct to the best of my knowledge and belief that payment or credit has not been received by me.

   Sign Original Only

   CLAIMANT SIGN HERE

   DATE

   CASH PAYMENT RECEIPT
   A. PAYEE (Signature)
   B. DATE RECEIVED
   C. AMOUNT
   D. PAYMENT MADE
   E. CHECK NO.

   ACCOUNTING CLASSIFICATION

Enclosure (1)

DoD Overprint 4/2002

STANDARD FORM 1184 (Rev. 11-77)
Prescribed by GSA, FMR (CFR 41) 101-7