



DEPARTMENT OF THE NAVY

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

NAVCRUITDISTPORTLANDINST 7220.2 CH1

LSO

30 Aug 11

NAVCRUITDIST 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.


S. E. STOCKING

Distribution:

NAVCRUITDISTPORTLANDINST 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	

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 (e)	C O D E (f)	Show appropriate code in col. (b):		MILEAGE RATE (c)	AMOUNT CLAIMED			
		A - Local travel	D - Funeral Honors Detail		MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
		B - Telephone or telegraph, or C - Other expenses (itemized)	E - Specialty Care					
		(Explain expenditures in specific detail.)		NO. OF MILES (e)				
		(c) FROM	(d) TO					
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
If additional space is required continue on the back.				0.00	0.00	0.00	0	0.00
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i.) ▶ \$0.00				TOTALS	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 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	
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 c. AMOUNT \$	
		12. PAYMENT MADE BY CHECK NO.	

ACCOUNTING CLASSIFICATION



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

COPY

NAVCRUITDISTPORTLANDINST 7220.2

N4:kdi

4 June 2004

NAVCRUITDIST PORTLAND INSTRUCTION 7220.2

Subj: CLAIM FOR REIMBURSEMENT OF MISCELLANEOUS EXPENSES ON
OFFICIAL BUSINESS

Ref: (a) DOD Financial Management Regulation, Volume 10,
Chapter 11

(b) COMNAVCRUITCOMINST 4400.1 (Series), Chapter 5

Encl: (1) 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.

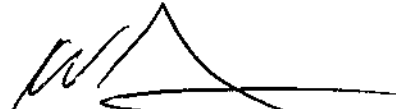
a. Miscellaneous reimbursements shall not be misconstrued
as a means of circumventing existing procurement regulations or
the provisions of the OPE regulations/restrictions.

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.

NAVCRUITDISTPORTLANDINST 7220.2

4 June 2004

c. Under no circumstances will the approving official approve their own Claim for Miscellaneous Reimbursement.



K. L. VISSCHER

Distribution:

NAVCRUITDISTPORTLANDINST 5216.1P

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

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): A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)	D - Funeral Honors Detail E - Specialty Care	MILEAGE RATE	AMOUNT CLAIMED							
					(a)	(b) (Explain expenditures in specific detail.)		NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
						(c) FROM	(d) TO					
<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
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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

APPROVING OFFICIAL SIGN HERE	DATE	
9. This claim is certified correct and proper for payment.		
<i>Sign Original Only</i>		
AUTHORIZED CERTIFYING OFFICER SIGN HERE	DATE	

CLAIMANT SIGN HERE	DATE
11. CASH PAYMENT RECEIPT	
a. PAYEE (Signature)	b. DATE RECEIVED
c. AMOUNT \$	
12. PAYMENT MADE BY CHECK NO.	

ACCOUNTING CLASSIFICATION

Enclosure (1)