



6th Comptroller Squadron



Hurricane Evacuation Travel Entitlements

Version: April 2024

Contact Information:

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Entitlements

■ Mileage:

- Limited to one round trip from the evacuated residence to safe haven location.
- Annotate on travel voucher miles (block 15f) by tracking vehicle odometer(s).
- Personally Owned Conveyance/Vehicle (POC/POV) limit is based on the number of age-eligible drivers on the claim.
- Based off TDY rate of \$0.67 per mile.

■ Per Diem:

- First and last days are paid at 75% of locality rate.
- Dependents ages 12+ receive 100% of the locality rate
- Dependents ages 11 and below receive 50%

■ Lodging

- **For lodging you will be reimbursed total locality rate for member and dependents per night OR actual cost per night based on receipts. Whichever is lower.**

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Travel Voucher Example

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 checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.					
2. NAME (Last, First, Middle Initial) (Print or type) MOUSE, MICKEY		3. GRADE O6	4. SSN 999-99-9999	5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s)		<input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS, a. NUMBER AND STREET 2610 PINK FLAMINGO AVE		b. CITY MACDILL	c. STATE FL	d. ZIP CODE 33621			
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER EV2203		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	
11. ORGANIZATION AND STATION 6 CPTS / MacDill AFB, FL				10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER			
12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 2610 PINK FLAMINGO AVE MACDILL FL 33621		c. PAID BY Evac Zone <u>A</u> County <u>HILLSBOROUGH</u> Auth evac date <u>10/1/2023</u>			
a. NAME (Last, First, Middle Initial) MOUSE, MINNIE		b. RELATIONSHIP SPOUSE		c. DATE OF BIRTH OR MARRIAGE 1/1/2009			
MOUSE, TINI		CHILD		2/2/2014			
MOUSE, TIM		CHILD		2/2/2014			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)				d. COMPUTATIONS Service Branch <u>USAF</u>			
15. ITINERARY				e. LODGING COST		f. POC MILES	
a. DATE 10/1		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) 2610 PINK FLAMINGO AVE MACDILL FL 33621		c. MEANS/ MODE OF TRAVEL PA		d. REASON FOR STOP TD	
10/1		DEP		490.00		233	
10/1		ARR		7155 LAKES BLVD, LAKE PARK GA 31636		PA	
10/6		DEP		2610 PINK FLAMINGO AVE MACDILL FL 33621		MC	
10/6		ARR					
DEP							
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16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS		e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total	
18. REIMBURSABLE EXPENSES				0.00			
a. DATE 10/6	b. NATURE OF EXPENSE lodging taxes		c. AMOUNT 34.30	d. ALLOWED			

Mileage is calculated at TDY rate

- 1 Jan 2024: \$0.67 per mile
- Example:
 - 233 miles x 0.67 = \$156.11
 - Multiply this amount per authorized vehicle

Claim Lodging Cost in block 15e

- Nightly rate X # of nights
- Example:
 - \$98/night X 5 nights = \$490
- Claim lodging taxes separately under block 18 “reimbursable expenses”
- Must provide receipts for lodging

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Daily Lodging Computation Example

Scenario: A Service member's spouse, one child age 12, and one child under age 12 were evacuated from a PDS in the CONUS to a safe haven in the CONUS. The daily actual lodging cost incurred at the safe haven by the three dependents, who shared one room, was \$100 plus \$11.50 for lodging tax (11.5 percent). The applicable maximum locality rate was \$146 (\$90/\$56).

First 30 Days at the Safe Haven			
Step 1: Determine the maximum daily amount for the first 30 days for the Service member's three dependents.			
	Maximum Lodging	M&IE	Total
Service member's spouse (100%)	\$90.00	\$56.00	\$146.00
Child, age 12 or older (100%)	\$90.00	\$56.00	\$146.00
Child, under age 12 (50%)	50% of \$90.00=\$45.00	50% of \$56.00=\$28.00	\$73.00
Maximum total daily amount for 1st 30 days	\$225.00	\$140.00	\$365.00
Step 2: Determine the actual total daily amount reimbursed for the first 30 days, not to exceed the maximum amounts shown in Step 1.			
	Lesser of Actual Lodging vs. Maximum Lodging	M&IE	Total
	\$100.00 vs. \$225.00 \$100.00	\$140.00	\$240.00
Step 3: Add the daily lodging tax (\$11.50) as a miscellaneous reimbursable expense.			
			Total
		\$11.50+\$240.00	\$251.50

❖ Multiply Daily amount by number of days at Safe Haven location

❖ Find More examples on DTMO website: [Computation Examples | Defense Travel Management Office \(dod.mil\)](#)

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