



6th Comptroller Squadron



Hurricane Evacuation Travel Entitlements

Version: August 2025

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 \$0.70 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**.



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. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
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 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		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		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY Evac Zone _A_ County _HILLSBOROUGH_ Auth evac date _10/1/2023_	
a. NAME (Last, First, Middle Initial) MOUSE, MINNIE		b. RELATIONSHIP SPOUSE		c. DATE OF BIRTH OR MARRIAGE 1/1/2009		d. COMPUTATIONS Service Branch _USAF_	
MOUSE, TINI		CHILD		2/2/2014			
MOUSE, TIM		CHILD					
15. ITINERARY a. DATE 2022		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
10/1	DEP	2610 PINK FLAMINGO AVE MACDILL FL 33621		PA			
10/1	ARR	7155 LAKES BLVD, LAKE PARK GA 31636		PA	TD	490.00	233
10/6	DEP						
10/6	ARR	2610 PINK FLAMINGO AVE MACDILL FL 33621			MC		
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
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 34 HOURS OR LESS			
18. REIMBURSABLE EXPENSES				e. SUMMARY OF PAYMENT			
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	(1) Per Diem		
10/6	lodging taxes		34.30		(2) Actual Expense Allowance		
				(3) Mileage			
				(4) Dependent Travel			
				(5) DLA			
				(6) Reimbursable Expenses			
				(7) Total			
				0.00			

Mileage is calculated at TDY rate

- 1 Jan 2025: \$0.70 per mile
- Example:
 - 233 miles x 0.70 = \$163.10
 - 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



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 \(dod.mil\)](#)