6th Comptroller Squadron

Hurricane Evacuation Travel Entitlements

Version: July 2026

Contact Information:

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CHARGE THE STORM…LET’S GO!

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 $0.725 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
- [X] Electronic Fund Transfer (EFT)
- [ ] 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.
[X] 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): [X] TDY [ ] PCS [X] Dependent(s) [X] Member/Employee [ ] Other [ ] 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
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___
d. COMPUTATIONS
Service Branch___USAF___
POVs used 2
11. ORGANIZATION AND STATION: 6 CPTS / MacDill AFB, FL

12. DEPENDENT(S) (X and complete as applicable): [X] ACCOMPANIED [ ] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE
MOUSE, MINNIE	SPOUSE	
MOUSE, TINI	CHILD	1/1/2009
MOUSE, TIM	CHILD	2/2/2014

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code): 2610 PINK FLAMINGO AVE MACDILL FL 33621
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) [ ] YES [ ] NO (Explain in Remarks)

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		TD	490.00	233
10/6	DEP		PA			
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) [X] OWN/OPERATE [ ] PASSENGER
17. DURATION OF TRAVEL: 12 HOURS OR LESS / MORE THAN 12 HOURS BUT 24 HOURS OR LESS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
10/6	lodging taxes	34.30	

e. SUMMARY OF PAYMENT

(1) Per Diem	
(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 2026: $0.725 per mile
- Example:
  - 233 miles x 0.725 = $168.93
  - Multiply this amount per authorized vehicle
- Note: Fuel receipts are not needed as milage is a flat rate based on official distance calculated.

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**

Step 4: Multiply the daily amount by 30 days.

	Total
30 x $251.50	
Total Amount for the First 30 days:	**$7,545.00**

- 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)]