





Hurricane Evacuation Travel Entitlements

Version: April 2023

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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 \$0.655 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 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. PAYN		c Fund (EFT)	to de	esenting esignate	g travel charge a payment ti	es for trans nat equals t	portation, lod the total of the	lging, ar eir outst	nd rental car tanding gove	if you ar emment	re a ci travel	ivilian employee, card balance to t	unless you he GTCC o	elect a ontrac		Militar Nent.	r reimbursement y personnel are requir
		by Check				g amount	t of this reim	nburse	ment direc	tly to th	ne Go	overnment Trav	el Charge	e Card	contractor:	\$	
		First, Middle		(Print o	<mark>r type)</mark>			3. <mark>GRA</mark>		4. <mark>S</mark> S					PE OF PAYMEN		1
MOUSE, MICKEY 6. ADDRESS. a. NUMBER AND STREET b. CITY								O6 999-99-9999			×	TDY	\times	Member/Employee			
						b. CITY						d. ZIP COD	-		PCS		Other
2610 PINK FLAMINGO AVE MACDILL									FL	336	21	×	Dependent(s)		DLA		
e. <mark>E-MA</mark>														10. 1	FOR D.O. USE OF	NLY	
7: DAYTIME TELEPHONE NUMBER 8 AREA CODE EV 2203						ION	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES					a. D.O. VOUCHER NUMBER					
11 <mark>. ORG</mark>	ANIZAT	<mark>ION AND S</mark> 6 CF			acDill Al	FB. FL			1					b. 3	SUBVOUCHER N	UMBER	ર
12. DEPENDENT(\$) (X and complete as applicable)								13. DEPE	13. DEPENDENTS' ADDRESS ON RECEIPT OF				c. PAID BY				
X ACCOMPANIED UNACCOMPANIED									ORDERS (Include Zip Code)				Evac Zone A				
a. NAME (Last, First, Middle Initial)				b. RELATIONSHIP C. DATE OF OR MARK			BIRTH	2610 PINK FLAMINGO AVE MACDILL FL 33621				VE					
MOUSE, MINNIE				SPOL	SPOUSE							CountyHILLSBOROUGH					
						1/1/20	09					Auth evac date10/1/2023					
				CHI		2/2/20		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?			d. COMPUTATIONS						
1000	5L, 1	11/1					2.2.20		(X one YES	· -		NO (Explain in R	emarks)		vice Branch		AF
15. ITINE	RARY				ļ				MEANS/	d. REAS		e.	f.	Ser	vice branci	0.3	AI'
^a 2022		b. PLAC	E (Ho		ice, Base, Ac		and State;		MODE OF TRAVEL	FO	R	LODGING	POC				
10/1	DEP	City and Country, etc.) 2610 PINK FLAMINGO AVE MACDILL FL 33621						1	PA	SIC	JP	0001	MILLO	# D	OVs used	2	
10/1	ARR						-		TI			233	#1	o v s useu	2		
10/1	DEP	TISS ENTED BEVE, ENTED THIRD ON STOSE						PA		_	490.00	255	-				
10/6	ARR	2610 PIN	JK FL	AMIN	GO AVE 1	MACDIL	L FL 3362	1		M	С			-			
	DEP																
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	DEP													e. 3	SUMMARY OF PA	YMEN	т
	ARR														Per Diem		
	DEP														Actual Expense A	lowanc	e
	ARR														Mileage		
16. POC		L (X one)	×	OWN	OPERATE		PAS	SENGE	R	1	17. DU	RATION OF TRA	VEL		Dependent Travel		
							1.70		*			12 HOURS OR LESS		(5)			
a. DA					F EXPENSE		c. AMOL	JNT	d. ALLOV	VED					Reimbursable Exc	enses	
10/		lodging taxes					4.30			-+	MORE THAN 12 HOURS			Total		0.0	
10/	~	-ooging	-unit-s					1.50				BUT 24 HOURS					

Mileage is calculated at TDY rate

- 1 Jan 2023: \$0.655 per mile
- Example:
 - 233 miles x 0.655 = \$152.62
 - 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.

three dependents.											
	Maximum Lodging	M&IE	Total								
Service member's spouse	\$90.00	\$56.00	\$146.00								
(100%)											
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	M&IE	Total								
	Lodging vs. Maximum										
	Lodging										
	\$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	Total \$251.50								

Multiply Daily amount by number of days at Safe Haven location

Find More examples on DTMO website:
 <u>Computation Examples | Defense Travel</u>
 <u>Management Office (dod.mil)</u>

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