

Appendix 1: Duplicate Payment Certification Sheet

Duplicate Payment Certification Sheet

Evacuees/members might be reimbursed expenses from several commercial or government sources. The intent of this certification is to clarify the term “duplicate payment” and aid in the prompt processing of travel claims associated with limited evacuation. A duplicate payment is a government payment claimed by a traveler for an expense paid to the traveler for the same expense by another entity i.e. FEMA, Red Cross, insurance, etc. (per JTR 010302). Additionally, expenses reimbursed, or to be reimbursed, by another entity must not be paid by the government/US Air Force. Any debts created from duplicate payments do not qualify for remission/waiver rights. The traveler is financially responsible for returning duplicate payments received, including any allowances covered in the JTR.

Travelers filing claims must certify statement 1. OR 2. AND statement 3.

1. I, _____, certify that I **HAVE** received payments from another entity in the amount of \$ _____.

Payments received are as follows:

Agency/Organization Type of Reimbursement Amount

1. _____	1. _____	\$ _____
2. _____	2. _____	\$ _____
3. _____	3. _____	\$ _____
4. _____	4. _____	\$ _____
5. _____	5. _____	\$ _____

2. I, _____, certify that I **HAVE NOT** received payments from another entity reimbursing transportation or subsistence expenses incurred while evacuating.

3. I, _____, certify that I **will contact finance within 10 days** of receipt of payment from another entity for a determination of the duplicate amount owed. Payment of the duplicate amount is expected to be made by personal check or money order at that time.

4. I understand failure to complete this duplicate payment certification in its entirety may result in denial of claimed expenses. I also understand there are severe criminal and civil penalties for knowingly submitting a false, fictitious, or, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

Claimant Signature

Claimant Printed Name