DEPARTMENT OF THE NAVY
COMMANDER
NAVY REGION, MID-ATLANTIC
1510 GILBERT ST.
NORFOLK, VA 23511-2737

IN REPLY REFER TO:
COMNAVREGMIDLANTINST 1770.2B
N12
16 OCT 2006

COMNAVREG MIDLANT INSTRUCTION 1770.2B

From: Commander, Navy Region, Mid-Atlantic

Subj: FUNERAL HONORS SUPPORT (FHS) PROGRAM WITHIN THE MID-ATLANTIC REGION

Ref: (a) U.S. Code Title 10
(b) DoD Directive 1300.15
(c) OPNAVINST 1770.1A
(d) COMNAVREGMIDLANTINST 1770.1A
(e) NAVMC 2691 (Drill and Ceremonies Manual)
(f) NAVPERS 15665 (U.S. Navy Uniform Regulations)

Encl: (1) Funeral Honors Support Program
(2) Subarea Coordinators
(3) DoD Funeral Honors Data Collection Form
(4) Reimbursement Procedures

1. Purpose. To prescribe procedures and assign responsibility for implementing the Navy's Funeral Honors Support (FHS) Program within the Commander, Navy Region, Mid-Atlantic (COMNAVREG MIDLANT) Area of Responsibility (AOR). Enclosure (1) provides direction concerning the FHS Program.

2. Cancellation. COMNAVREGMIDLANTINST 1770.2A and COMNAVREGNEINST 1770.3A. Effective 1 October 06, COMNAVREG MIDLANT assumes responsibility for the Northeast Region; therefore, this instruction revises the AOR, includes guidelines for FHS, and clarifies procedures for submission of travel claims for expenses incurred while performing FHS duties. This is a complete revision and shall be reviewed in its entirety.

3. Background. Military Funeral Honors (MFH) is the final ceremonial demonstration of the country's gratitude to those who served in times of war and peace, and faithfully defended our Nation. The MFH ceremony consists of, at a minimum, the folding and presentation of the American Flag and the sounding of Taps by a detail of two uniformed members of the Armed Forces, one of which must be from the parent service of the deceased, per references (a) and (b).

4. Policy. Military Funeral Honors (MFH) recognizes and commemorates the honorable service of recent and former deceased and former naval personnel. The practice of rendering MFH is considered by our Nation to be a solemn and sacred obligation and has been declared a total force mission. No one is exempt from providing MFH. By this instruction, activities depicted in enclosure (2) are hereby delegated authority to task Navy active and reserve commands in their area of responsibility to assist with provision of MFH. Commanders at all levels shall respond to requests for MFH with priority, sensitivity, and in the spirit to honor one of our own. Enclosure (1) provides specific direction.

5. Scope

a. Per reference (c), COMNAVREG MIDLANT is assigned as the Casualty Assistance Calls (CAC)/Funeral Honors Support (FHS) Program Coordinator for the states of Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, portions of Kentucky, Maryland, South Carolina, and Canada. Areas of responsibility for naval activities within COMNAVREG MIDLANT's AOR are the same as listed in enclosure (3) of reference (d) that is available at www.cnrma.navy.mil.

b. Funeral details are assigned by the AOR delineated in reference (d). If that command is unable to fulfill the assignment due to prior funeral assignments, the next closest command will be assigned the detail.

c. While COMNAVREG MIDLANT retains responsibility for implementation of the FHS Program within the Mid-Atlantic Region, Subarea Coordinators listed in enclosure (2) have been established to:

(1) Ensure that the program is effectively managed and executed within their set AOR.

(2) Coordinate the MFH detail requirements within their own activity and in their Subarea, as tasked by the COMNAVREG MIDLANT Program Manager (PM).

(3) Maintain accurate, up-to-date files on all funerals within their Subarea, and ensure all required reports are maintained and submitted to the Regional Office.

6. Training

a. Training for MFH is an ongoing function. Initial training will be conducted by the CAC/FHS Regional PM or designated representative. The area Officer in Charge (OIC), POICs, and team leaders will conduct follow-on training. Commanding Officers (CO) and OICs will ensure that each MFH team is trained in accordance with reference (e), and then report back to the Regional PM upon training completion.

b. The CAC/FHS Regional PM or designated representative is responsible to ensure the adequacy of resources, funds, training, materials, and facilities for the funeral honors team(s) and/or an authorized provider, as prescribed by the Secretary of the Navy (SECNAV). Training will consist of, but not limited to:

(1) Graveside services for casketed and cremated remains.

(2) Firing of three volleys.

(3) Folding and presenting the flag.

(4) Setting-up the team.

(5) Procedures for pallbearers.

(6) Preparing and processing the Department of Defense (DoD) Funeral Honors Data Collection Form, enclosure (3).

7. Electronic Bugle

a. Commander, Navy Region, Mid-Atlantic, will provide each activity performing MFH with an electronic bugle to enhance the MFH ceremony by providing a more dignified and respectful rendition of Taps.

b. Commander, Navy Region, Mid-Atlantic's policy for using the electronic bugle at funerals is based on that activity's manning; The following two options apply:

(1) Send three members on the MFH detail: One to play the electronic bugle if manning permits, and two to fold the flag.

(2) Send two members on the MFH detail: Upon arrival at the graveside, the lead member will position himself/herself at the head of the casket, the second member will march to the site where the electronic bugle has been placed on a stand or table, play the electronic bugle, place the bugle back on the stand or table, march back to the graveside and position himself/herself at the foot of the casket and proceed with flag-folding.

c. If utilization of electronic bugle is not feasible, a CD Player with a Taps CD will be used.

d. The Next of Kin (NOK) shall be informed through the Funeral Director, the means by which Taps will be delivered or played, i.e., Ceremonial Bugle, Live Bugler, or CD Player.

8. Action

a. All commands listed in enclosure (3) of reference (d) are required to submit an information report, in accordance with enclosure (5) of reference (d), no later than the 31st of January, each year, or as changes occur, to COMNAVREG MIDLANT (N12), 1510 Gilbert Street, Norfolk, VA 23511-2737.

b. A Department of Defense (DoD) Funeral Honors Data Collection Form shall be submitted in accordance with enclosure (3), within 1 working day after each rendition of MFH. Non-compliance with this requirement will be reported to the chain of command.

9. Questions can be directed to the Regional CAC/FHS PM at (757) 322-2817, or Toll Free 1-866-203-7791, during normal working hours (0730-1600).

F. R. RUEHE

Distribution: Electronic only, via COMNAVREG MIDLANT Web site https://www.cnrma.navy.mil/

FUNERAL HONORS SUPPORT (FHS) PROGRAM

1. Procedures

a. Requests for Active Duty FHS are the responsibility of the CACO assigned to the Primary Next-of-Kin (PNOK), coordinated in accordance with reference (d).

b. Military Funeral Honors (MFH) will be provided upon request from the Next-of-Kin (NOK), the Funeral Director, or authorized representative of NOK, for retired, reserve, and Navy veterans. Requests without the NOK's consent will not be carried out.

c. The command that initially receives the request for MFH is responsible for contacting the CAC/FHS Program Manager's (PM) office to ensure that honors are rendered. The command assigned to render MFH will submit a Department of Defense (DoD) Funeral Honors Data Collection (FDC) Form, enclosure (3), within 1 working day of the performed funeral, and forward to the COMNAVREG MIDLANT (N12) office as follows:.

(1) For the states of **Delaware, North Carolina, Pennsylvania, Virginia, West Virginia, portions of the Kentucky, Maryland, and South Carolina**, E-Mail to COMNAVREG MIDLANT Norfolk Office at cnrma.fhs.norfolk@navy.mil.

(2) For the states of **Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and Canadian providences**, E-Mail to COMNAVREG MIDLANT Groton Office at cnrma.fhs.groton@navy.mil.

d. The funeral detail will arrive 45 minutes prior to commencement of the ceremony.

e. Utilization of members of the Ready Reserve is authorized to augment a funeral detail.

2. Eligibility

a. Active Duty and Medal of Honor Recipients. Members who die while on active duty or who have been awarded the Medal of Honor will be provided Standard Plus Honors, a detail consisting of the following elements:

(1) Six body bearers.

(2) Firing Detail.

(3) An Officer in Charge (OIC) or a Petty Officer in Charge (POIC).

(4) A Bugler. (When a military bugler is not available, a civilian musician, or use of the electronic bugle, or as a last resort, a professional quality recording may be used.)

Funeral Honors team members, assigned, may act in one or more of the above listed elements.

b. Retired. For members of the Naval Fleet Reserve or Retired members (with or without pay), Standard Plus Honors, as described above, should be provided, if available. The minimum participation by the Navy will be Standard Honors: Two Navy representatives who will attend the funeral, fold and present the flag to the PNOK, and play Taps or a quality recording of Taps if a live bugler is not available.

c. Veterans. For veterans who meet the eligibility criteria as set forth in reference (b), Standard Honors will be provided; A detail of two active duty servicemembers (one from the parent service of the deceased) that will attend the funeral, fold and present the flag to the PNOK, and play Taps or a quality recording of Taps if a live bugler is not available.

d. The Navy will deny FHS under the following circumstances:

(1) Discharged naval veterans released from the naval service under conditions other than honorable.

(2) Any individual convicted of a capital offense under Federal or State Law for which the person was sentenced to death or life imprisonment without parole.

(3) Additional circumstances for denial are found in reference (b).

3. Missed Funerals

a. When FHS is missed, the CO or OIC of the assigned command will:

(1) Immediately report the circumstances to COMNAVREG MIDLANT CAC/FHS PM by telephone - Toll Free 1-866-203-7791 or Commercial, 757-322-2817/3120.

(2) Forward a letter to COMNAVREG MIDLANT explaining the reasons/circumstances for missing MFH, in detail, by the close of business the following workday. An advanced E-Mail-explanation is appreciated. This information will be used to prepare a letter of apology to the NOK offering to render Honors at their convenience. The letter will be signed by the Commander, NAVREG MIDLANT, or the Chief of Staff, and sent to the NOK as soon as possible.

4. Funeral Honors Support (FHS) Uniforms and Responsibilities

a. E-7 and above personnel participating in FHS will wear the service dress uniform of the season, Service Dress White/Blue, with gloves. Chaplains participating will wear the appropriate service dress uniform without gloves.

b. E-6 and below, Funeral Honors Guard Team members' uniform will be the service dress uniform of the season, Service Dress White/Blue, as follows:

(1) Females will wear the Service Dress Uniform of the season with slacks and with the female combination cover.

(2) Males will wear the white hat with both Service Dress Uniforms of the season.

(3) Accoutrements to be worn by Funeral Honor Guard team members:

(a) Black/White aiguillettes with nickel braided two-loop and two single-ornament, hanging-down nickel tips.

(b) Black/white ascots.

(c) White guard belt w/nickel buckle worn outside all garments.

(d) White dress gloves.

(e) White legging with nickel hardware.

(f) Black lace-up, high-polish shoes.

(g) Cover: White hat/combination cover.

(h) If the wearing of peacoats or raincoats is necessary, all team members will wear.

(i) Sunglasses are prohibited.

c. Reference (e) set drill and the basic uniform standards that all commands will observe in the performance of MFH.

d. The Command FHS Coordinator will ensure personnel participating in Navy MFH are properly trained to perform their duties, and instructed in the deportment of arms, in accordance with reference (e).

e. Officers and POICs will conduct a personnel inspection of the detail before embarking.

f. Officers, POICs, and all drivers will be familiar with the routes to be traveled to ensure a punctual and safe arrival of the detail. Proper inspection of the designated vehicle will be conducted in a timely manner as to not impede assignment.

g. Members of MFH details will not accept monetary or other gratuities for their services.

5. Tasking MFH

a. The CAC/FHS PM staff will make every attempt to notify by phone the responsible naval activity with a referral for MFH; If no person is available, a call will be placed to the duty person, if no duty person is available, a voicemail message will be left on the duty phone with subsequent FAX of the MFH request to that activity's FAX, and this will constitute official tasking or referral of MFH.

b. It is the responsibility of the tasked activity to verbally confirm, within 24 hours, the funeral information with the funeral director, and verbally notify the COMNAVREG MIDLANT Offices by the following geographical areas:

(1) For the states of **Delaware, North Carolina, Pennsylvania, Virginia, West Virginia, portions of the Kentucky, Maryland, and South Carolina**, call (757) 322-3120 during normal working hours (M-F, 0730-1600). After working hours, call (757) 438-3568 with funeral confirmation information.

(2) For the states of **Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and Canadian providences**, call (860) 694-3475 during normal working hours (M-F, 0730-2000) with funeral confirmation information. After working hours, call the same number and leave a message.

c. All communication between the tasked activity and assigned funeral detail must be verbal. Never communicate solely with E-Mail or Voicemail. Activities must ensure that a duty person is available for Funeral Honors taskings.

6. Reimbursable expenses are covered in enclosure (4) of this instruction.

SUB-AREA COORDINATORS WITHIN COMNAVREG MIDLANT FOR FUNERAL HONORS SUPPORT

Area of responsibility for these activities is listed in reference (d), enclosure (3). Reference (d) authorizes sub-coordinators to task other Navy active and reserve units in their Sub-area to provide personnel in temporary duty (TDY) or collateral duty status to assist in performing MFH.

CONNECTICUT
NAVSUBASE NEW LONDON
NAVOPSPTCEN PLAINVILLE

DELAWARE
NAVOPSCTCEN WILMINGTON

MAINE
NAS BRUNSWICK
NAVOPSCTCEN BANGOR

MASSACHUSETTS
NAVOPSCTCEN QUINCY
NAVOPSCTCEN WORCESTER

NEW HAMPSHIRE
NAVOPSCTCEN MANCHESTER

NEW JERSEY
NAVWPNSTA EARLE
NAES LAKEHURST
NAVOPSCTCEN FORT DIX

NEW YORK
NAVOPSCTCEN ALBANY
NAVOPSCTCEN AMITYVILLE
NAVOPSCTCEN BRONX
NAVOPSCTCEN BUFFALO
NAVOPSCTCEN ROCHESTER
NAVOPSCTCEN SYRACUSE

NORTH CAROLINA
NAVOPSCTCEN GREENSBORO
NAVOPSCTCEN CHARLOTTE
NAVOPSCTCEN RALEIGH
NAVOPSCTCEN WILMINGTON

PENNSYLVANIA

NAS JRB WILLOW GROVE
NAVOPSCTCEN AVOCA
NAVOPSCTCEN EBENSBURG
NAVOPSCTCEN ERIE
NAVOPSCTCEN HARRISBURG
NAVOPSCTCEN LEHIGH VALLEY
NAVOPSCTCEN PITTSBURGH
NROTCU PENNSYLVANIA STATE UNIVERSITY
NROTCU CARNEGIE MELLON UNIVERSITY

RHODE ISLAND

NAVSTA NEWPORT
NAVOPSCTCEN NEWPORT

VIRGINIA

NROTCU UNIVERSITY OF VIRGINIA
NROTCU VIRGINIA MILITARY INSTITUTE
NROTC VIRGINIA TECH

VERMONT

NAVOPSCTCEN WHITE RIVER JT

WEST VIRGINIA

NAVOPSCTCEN ELEANOR
NAVOPSCTCEN MOUNDSVILLE

FUNERAL HONORS DATA COLLECTION SHEET

Submission Procedures

1. Funeral Honors Data Collection (FHDC) Forms shall be submitted as follows:

a. For the states of **Delaware, North Carolina, Pennsylvania, Virginia, West Virginia, portions of the Kentucky, Maryland, and South Carolina**, E-Mail COMNAVREG MIDLANT Norfolk Office at cnrma.fhs.norfolk@navy.mil.

b. For the states of **Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and Canadian providences**, E-Mail COMNAVREG MIDLANT Groton Office at cnrma.fhs.groton@navy.mil.

COMMANDER NAVY REGION MID-ATLANTIC

FUNERAL HONORS DATA COLLECTION SHEET

Please FAX or email to COMNAVREG MIDLANT

FULL NAME OF DECEASED:			SSN:
DATE OF FUNERAL:	DATE OF REQUEST:	UIC OF UNIT PROVIDING HONORS N	STATE OF FUNERAL:

PLACE OF INTERMENT / INURNMENT:

☐ National Cemetery ☐ State Cemetery ☐ Private Cemetery ☐ Base / Post Cemetery ☐ Other (Includes burial at sea)

STATUS OF DECEASED:

	☐ Active Duty	☐ Retired from Active Duty	☐ Veteran
National Guard	☐ Active Duty	☐ Not on Active Duty	☐ Retired
Reserve	☐ Active Duty	☐ Not on Active Duty	☐ Retired

RANK OF DECEASED:

☐ E1 ☐ E2 ☐ E3 ☐ E4 ☐ E5 ☐ E6 ☐ E7 ☐ E8 ☐ E9
☐ W1 ☐ W2 ☐ W3 ☐ W4 ☐ W5
☐ O1 ☐ O2 ☐ O3 ☐ O4 ☐ O5 ☐ O6 ☐ O7 ☐ O8 ☐ O9

PARENT SERVICE / COMPONENT OF DECEASED:

☐ Navy ☐ Merchant Marine ☐ Marine Corps ☐ Coast Guard
☐ Army ☐ Army / Air Force Air Corps ☐ Air Force ☐ Other

CHECK HONORS PROVIDED AND BY WHOM:

Flag Folding Presentation	☐ Military	☐ VSO	☐ Other Authorized Provider	☐ Family Declined
Taps ☐ Bugler ☐ Electronic Bugle ☐ Recording ☐ Not Provided	☐ Military	☐ VSO	☐ Other Authorized Provider	☐ Family Declined
Firing Party	☐ Military	☐ VSO	☐ Other Authorized Provider	☐ Family Declined
Pall Bearers	☐ Military	☐ VSO	☐ Other Authorized Provider	☐ Family Declined
Chaplain	☐ Military	☐ VSO	☐ Other Authorized Provider	☐ Family Declined
Fly Over	☐ Military	☐ VSO	☐ Other Authorized Provider	☐ Family Declined
Additional Elements (Color Guard, Drill Unit, Caisson, Presence, etc.)	☐ Military	☐ VSO	☐ Other Authorized Provider	☐ Family Declined

NUMBER OF MILITARY DETAIL MEMBERS:

	ACTIVE COMPONENT			RESERVES			NATIONAL GUARD		
	Non CNI	CNI	Pay Grade	SELRES	Pay Grade	AGR	Federal	State	AGR
Navy									
Army									
Air Force									
Coast Guard									
Marines									

NUMBER OF VSO DETAIL MEMBERS:

The American Legion	Veterans of Foreign Wars	Vietnam Veterans of America	AMVETS
Fleet Reserve	Marine Corps League	Other	

NUMBER OF OTHER AUTHORIZED PROVIDER DETAIL MEMBERS:

ROTC	Contract Bugler	Other (retirees, etc.)

TIME FOR DETAIL TO ACCOMPLISH FUNERAL HONORS:

Round To Nearest Hour:	Total Miles (Round Trip):

IF THE FUNERAL COULD NOT BE SUPPORTED, INDICATE THE ONE MAIN REASON WHY:

☐ Trained manpower not available ☐ Insufficient notification time ☐ Multiple funerals at same time ☐ Parent service not available
☐ Geographic distance ☐ Other explain

Funeral Honors Support (FHS) Reimbursement Procedures

1. Funeral Honors Support (FHS) personnel incurring personal expenses during their assignment will be reimbursed by COMNAVREG MIDLANT, as per the Joint Federal Travel Regulations (JFTR). Routine reimbursable expenses include POV mileage and tolls. Meals are not reimbursable. Government transportation will be utilized to the maximum extent possible.

2. To obtain reimbursement for expenditures, FHS personnel will submit the following documents to COMNAVREG MIDLANT Offices for review, verification, and liquidation by geographical area.

a. Standard Form 1164 (SF-1164).

b. All receipts for expenditures.

c. Electronic Funds Transfer Form.

3. The name of the deceased must be annotated in block "c" of the SF-1164.

4. If toll(s) area is paid by the driver, they must attach the original receipt to the claim.

5. The Form SF-1164 must include the following statement "Government transportation was not available and could not reasonably be utilized." The CO must sign the above statement.

6. Submit an Electronic Funds Transfer (EFT) Certificate the first time you submit a claim.

7. Failure to comply with the above items will result in claims being returned for correction and a delay in payment to properly entitled personnel.

8. For the states of **Delaware, North Carolina, Pennsylvania, Virginia, West Virginia, portions of the Kentucky, Maryland, and South Carolina**, submit claims to the COMNAVREGMIDLANT Norfolk Office, 1510 Gilbert Street, Norfolk, VA 23511-2737, or by FAX to (757) 445-2115.

9. For the states of **Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and Canadian providences**, submit claims to COMNAVREGMIDLANT Groton Office, Box 101, NAVSUBASE New London, Groton, CT 06349-5101.

10. Ready Reserve FHS personnel may be reimbursed for POV mileage if:

a. The location of the funeral is more than 50 miles from the point of departure, in accordance with the JFTR.

b. There is no Government transportation available.

11. If the FHS personnel depart from the same geographical area, they must car pool, and only the driver will be reimbursed for mileage. The driver will indicate on the SF-1164 the name(s) of the other team member(s), and state "passenger" after their name(s).

12. All FHS personnel are required to maintain a file of all claims submitted in order to track reimbursement. If a claim is resubmitted, it will have "Re-submittal" clearly annotated on the SF-1164.

13. Active duty personnel will follow the aforementioned procedures with the exception of not being limited to the "more than 50 miles from the point of departure" stipulation, in accordance with the JFTR.

14. A sample SF-1164 and EFT follows on pages (2), (3), and (4) of this enclosure (Enclosure (4)).

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER 3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME *(Last, first, middle initial)*	b. SOCIAL SECURITY NO.
c. MAILING ADDRESS *(Include ZIP Code)*	d. OFFICE TELEPHONE NUMBER

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses *(itemized)*
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

DATE *(a)*	CODE *(b)*	*(c)* FROM	*(d)* TO	MILEAGE RATE ¢ / NO. OF MILES *(e)*	AMOUNT CLAIMED: MILEAGE *(f)*	FARE OR TOLL *(g)*	ADD PERSONS *(h)*	TIPS AND MISCELLANEOUS *(i)*
If additional space is required continue on the back.			**SUBTOTALS CARRIED FORWARD FROM THE BACK**					
			TOTALS					

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

ACCOUNTING CLASSIFICATION

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE

11. **CASH PAYMENT RECEIPT**

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. **PAYMENT MADE BY CHECK NO.**

6. **EXPENDITURES** - *Continued*

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses *(itemized)*
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

DATE 19___ (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	AMOUNT CLAIMED: FARE OR TOLL (g)	AMOUNT CLAIMED: ADD PER-SONS (h)	AMOUNT CLAIMED: TIPS AND MISCEL-LANEOUS (i)
			Total each column and enter on the front, subtotal line. ▶					

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Goverment. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

ELECTRONIC FUNDS TRANSFER (EFT) CERTIFICATE

AUTHORITY: DEBT COLLECTION IMPROVEMENT ACT OF 1996, PUBLIC LAW 104-1354. PUBLIC LAW 104-134 REQUIRES THAT ALL FEDERAL PAYMENTS SHALL BE PAID MY MEANS OF EFT.

PURPOSE: TO ENSURE REIMBURSEMENTS ARE MADE TO MILITARY MEMBERS AND CIVILIAN EMPLOYEES WHO PERFORM OFFICIAL TRAVEL ARE CREDITED IN THEIR ELECTRONIC FUNDS TRANSFER ACCOUNT IN TIMELY MANNER.

ROUTINE USES: TO AUTHORIZE A FINANCIAL INSTITUTION CHOSEN BY AN INDIVIDUAL TO CREDIT THEIR EFT ACCOUNTS.

DISCLOSURE IS MANDATORY. FAILURE TO FURNISH INFORMATION REQUESTED MAY RESULT IN NON-PAYMENT OF TRAVEL PAY ENTITLEMENTS OR MAY DELAY RECEIPT OF PAYMENT TO YOUR EFT ACCOUNT.

NAME: _____ SSN: _____
(Last, first, MI)

ADDRESS: _____

_____

HOME PHONE: _____

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION'S ROUTING TRANSIT NUMBER (RTN): _____

(OBTAIN FROM FINANCIAL INSTITUTION OR BOTTOM PART OF YOUR PERSONAL CHECK)

(OR YOU MAY ATTACH A "VOID" CHECK AT BOTTOM OF FORM)

ACCOUNT TYPE (CHECK ONE) : ☐ CHECKING ☐ SAVINGS

ACCOUNT NUMBER: _____

SIGNATURE: _____ DATE: _____