



UNITED STATES MARINE CORPS
MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5001

MCBO 7220.1A
B 183
14 Jan 97

MARINE CORPS BASE ORDER 7220.1A

From: Commanding General
To: Distribution List

Subj: TRAVEL WITHIN AND ADJACENT TO MARINE CORPS BASE

Ref: (a) JFTR (NOTAL)
(b) MCO P4650.37C

Encl: (1) Sample Copy of SF 1164, Claim for Reimbursement
for Expenditures on Official Business

1. Purpose. To promulgate guidance for travel and related expenses in connection with official business on or adjacent to MCB, Quantico.

2. Cancellation. MCBO 7220.1.

3. Summary of Revision. The area which is considered within and adjacent to MCB, Quantico has been expanded. Reimbursement procedures and recordkeeping have been simplified.

4. Information

a. The provisions of reference (a), paragraphs U3500, U3505, and U3535, limit reimbursement for travel performed within and adjacent to a permanent duty station.

b. Travel performed in the area including Albemarle, Arlington, Caroline, Chesterfield, Culpeper, Fairfax, Fauquier, Greene, Hanover, Henrico, King George, Loudoun, Louisa, Madison, Orange, Prince William, Spotsylvania, and Stafford counties; the cities of Alexandria, Charlottesville, Fairfax, Falls Church, Fredericksburg, Manassas, Manassas Park, Norfolk, and Richmond, in Virginia; Anne Arundel, Charles, Frederick, Howard, Montgomery, Prince Georges and Saint Marys counties in Maryland; and Washington, DC, is considered travel within and adjacent to MCB per reference (a), paragraph U3500.

c. When it is determined to be advantageous to the government, officials, designated as the certifying official may authorize or approve reimbursement for travel expenses necessarily incurred by members conducting official business in the local area. Specimen signatures of personnel authorized to certify travel claims must be on file with the Finance Branch, Comptroller Division. When overnight lodging is required, regular TAD orders must be issued and settlement made on a DD Form 1351-2.

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d. The enclosure should be used for the reimbursement of official travel expenses in the local area when overnight lodging is not required. These expenses include commercial transportation, mileage and other allowances for use of privately owned conveyances, and conference/tuition fees. Mileage allowance can only be paid to the owner/operator paying the costs of operating the private vehicle. Passengers in a vehicle are not authorized mileage reimbursement. The enclosure cannot be used for reimbursement of items for which a government supply source exists, or which can be commercially procured by contract via the Head, Purchasing and Contracting Branch, Logistics Division.

e. In each instance, travel must be authorized by the appropriate fund administrator or a designated representative prior to the performance of travel. The fund administrator or designated representative is responsible for ensuring that adequate funds are available to cover the costs of reimbursement.

f. Reimbursement for expenses will be made in the format depicted in the enclosure. The enclosure is available at the Blank Forms Issue Point, S/N: 0104-LF-800-0077 or electronically via the Formflow software.

5. Action. Fund Administrators will ensure that all travelers submit a claim for reimbursement at least once per month. Fund Administrators will also ensure that all claims are settled by 30 September of the fiscal year in which travel expenses were incurred.


G. B. BROWN III
Chief of Staff

DISTRIBUTION: A plus 11 (4)

SAMPLE COPY OF SF 1164,
CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Member's Unit and Box Number	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER
4. CLAIMANT a. NAME (Last, first, middle initial) b. SOCIAL SECURITY NO. c. MAILING ADDRESS (Include ZIP Code) d. OFFICE TELEPHONE NUMBER		5. PAID BY

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. I

DATE	C O D E	Show appropriate code in col. (b): A • Local travel B • Telephone or telegraph, or C • Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED			
		(Explain expenditures in specific detail.1)			NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)
(a)	(b)	(c) FROM	(d) TO	(e)				
13 Mar	A	MCCDC Quantico	Washington, DC	35	8.40			
13 Mar	C	Parking						7.50
13 Mar	A	Washington, DC	MCCDC Quantico	35	8.40			
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols (f), (g) and (i).)				\$ 24.30	TOTALS	16.80		7.50

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

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
"I certify that I was the operator of the vehicle and defrayed all expenses for travel listed above."
Sign Original Only
(Member's Signature) DATE

APPROVING OFFICIAL SIGN HERE DATE
9. This claim is certified correct and proper for payment.
Sign Original Only
AUTHORIZED CERTIFYING OFFICER SIGN HERE DATE

11. CASH PAYMENT RECEIPT
a. PAYEE (Signature) b. DATE RECEIVED
c. AMOUNT \$
12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

