UNITED STATES MARINE CORPS
MARINE FORCES RESERVE
2000 OPELOUSAS AVE
NEW ORLEANS, LA 70146-5400

IN REPLY REFER TO:
1300
G1/Ops
DEC 12 2011

FORCE POLICY LETTER 13-11

From: Commander, Marine Forces Reserve
To: Distribution List

Subj: RESERVE TRAVEL CLAIM SUBMISSION

Ref: (a) Joint Federal Travel Regulations (JFTR)

Encl: (1) How to Properly Complete a 1351-2 Form
(2) Initial Travel Claim Checklist
(3) Travel Claim Submission Tracker
(4) Common Document Tracking Management System-Travel Discrepancy Notices

1. The timely payment of travel authorizations as prescribed by the reference and payment of Government Travel Charge Card (GTCC) balances is a requirement to maintain a heightened state of operational readiness and is a Commander's Program.

2. While the implementation of the Defense Travel System (DTS) has greatly enhanced the supportability of active duty, active reserve, and civilian employees' execution of Temporary Additional Duty (TAD) and the settlement of travel vouchers, it is not intended to support Reserve (IRR, IMA, SMCR) travel at this time. Unless a Reserve Marine is serving on an order that permanently assigns him or her to a duty location (Permanent Change of Station {PCS} Orders), and with very limited and expressly authorized exceptions, DTS will not be used for reserve duty and travel claim submissions at this time.

3. There are initiatives currently being tested at the Marine Forces Reserve (MARFORRES) Headquarters to integrate the Marine Reserve Order Writing System (MROWS) and DTS. Until this new technology is fully tested, functional, and fielded, reserve Component members not serving under a PCS order are restricted from using DTS. Due to the technological limitations on supporting Reserve Component travel claims, a DD Form 1351-2 is required to be completed and submitted to the MARFORRES Finance Office for travel settlement.

DISTRIBUTION STATEMENT D: All MARFORRES assets, approved for public release, distribution is unlimited.

4. Commanders/Inspector-Instructors will:

a. Ensure administrative support sections are provided the names, dates and requirements for orders to be issued to the identified Reserve Component member no later than 10-working days prior to the planned execution date of the orders.

b. Ensure all MROWS Orders are completely routed and "authenticated" within MROWS prior to or on the effective date of the orders. In the event the MROWS Orders were "authenticated" after the effective date, the orders are then considered "confirmation" orders and require a waiver from the Deputy Commandant, Manpower and Reserve Affairs to be included in the travel claim submission.

c. Ensure a DD Form 1351-2, Travel Voucher or Subvoucher, is received upon completion of a period of duty or when there is a partial claim submission requirement (duty in excess of 45 days requires 30-day partial settlements). These travel vouchers or subvouchers must be signed by the member, and submitted to the administrative support section with all required documentation and receipts within 5-working days. Enclosure (1) provides step-by-step instructions for completing a DD Form 1351-2.

d. Within 3-working days upon receipt, ensure a complete review of the DD Form 1351-2 is conducted by the administrative support section and all applicable supporting documentation is present: MROWS Orders (and all modifications), DD Form 1610, Request and Authorization for TDY Travel of DoD Personnel, (if concurrent TAD was executed during the period), reporting/detaching endorsements (if applicable), Leave Papers (if applicable), and all required receipts. Receipts are required for all lodging expenses and any claimed expenses for $75.00 or more. Enclosure (2) is provided and required to be submitted with the claim to ensure completeness.

e. Ensure fully completed and accurate travel claims are submitted to the MARFORRES Finance Office via the Document Tracking Management System-Travel (DTMS-T) module within Marine-on-Line (MOL).

f. Utilize enclosure (3) to track the receipt of all travel claims and their submission to the MARFORRES Finance Office.

g. In the event a submitted travel claim is rejected and issued a Discrepancy Notice (DN), ensure the individual Marine is notified and errors are corrected. Ensure the corrected voucher is resubmitted to the MARFORRES Finance Office via DTMS-T within 3-working days.

h. Track the settlement of each submitted voucher via DTMS-T, 3270 IATS online view, and/or Electronic Document Access (EDA) at https://eda2.ogden.disa.mil/frames.html.

i. Upon settlement of each travel claim, ensure that the settled claim is audited. In the event the claim was paid incorrectly, or if additional entitlements are authorized, ensure that a supplemental DD Form 1351-2 is completed, signed by the member, and submitted to the administrative support section for re-submission to the MARFORRES Finance Office.

5. Recent research, audits, and Marine Corps Administrative Analysis Team (MCAAT) reports indicate that Commanders/Inspector-Instructors with a system in place to accurately track the submission and settlement of submitted vouchers have superior inspection results, lower GTCC delinquency, quicker travel voucher settlements, higher unit morale, and overall operational readiness.

S. A. HUMMER

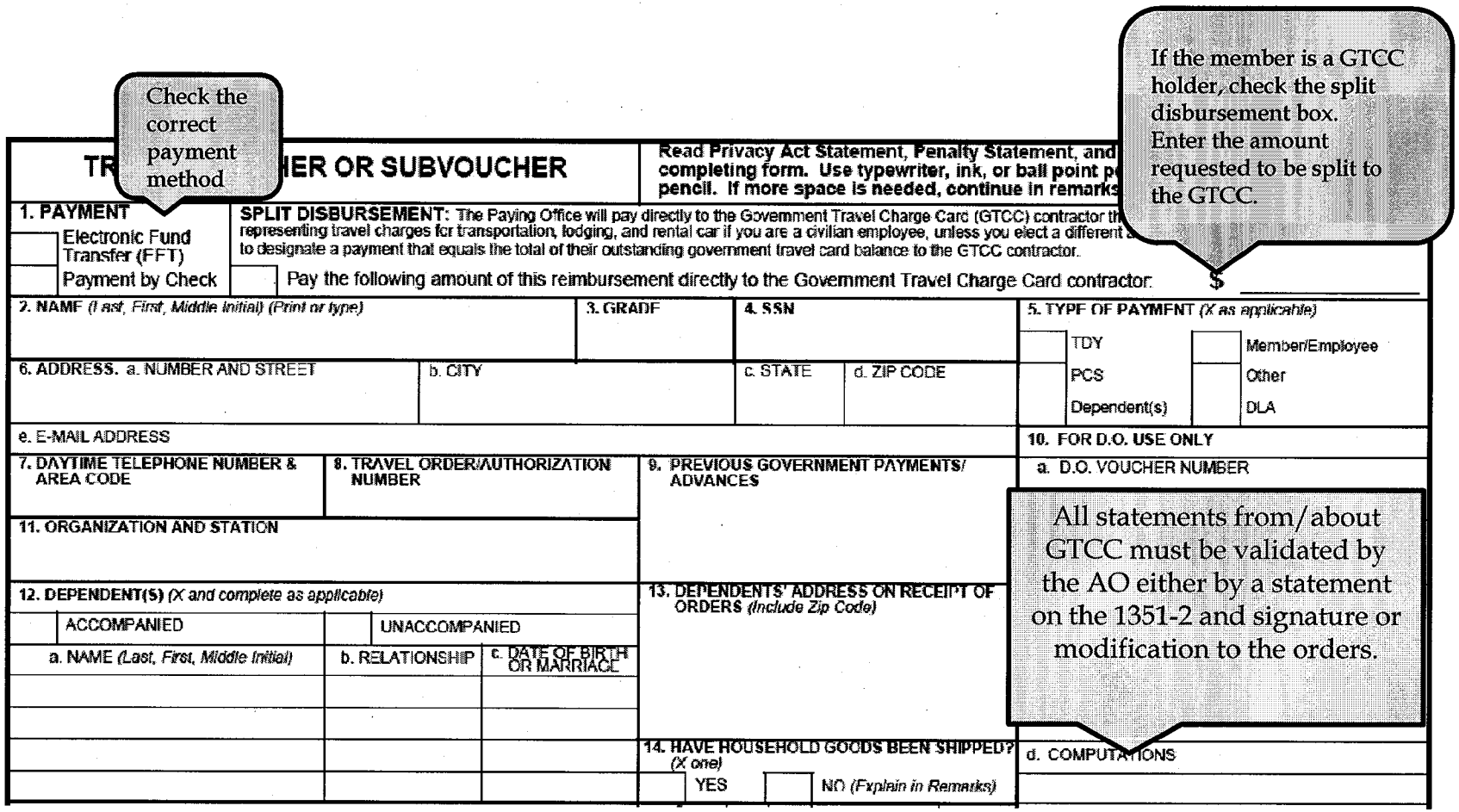
Directives issued by this Headquarters are published and distributed electronically. Electronic versions of the Force Directives an be found at:
http://www.marines.mil/unit/marforres/MFRHQ/G1/Adjutant/G-1%20Adjutant%20Directives/index.aspx

HOW TO PROPERLY COMPLETE A 1351-2 FORM

By LCpl Lindsey

ENCLOSURE (1)

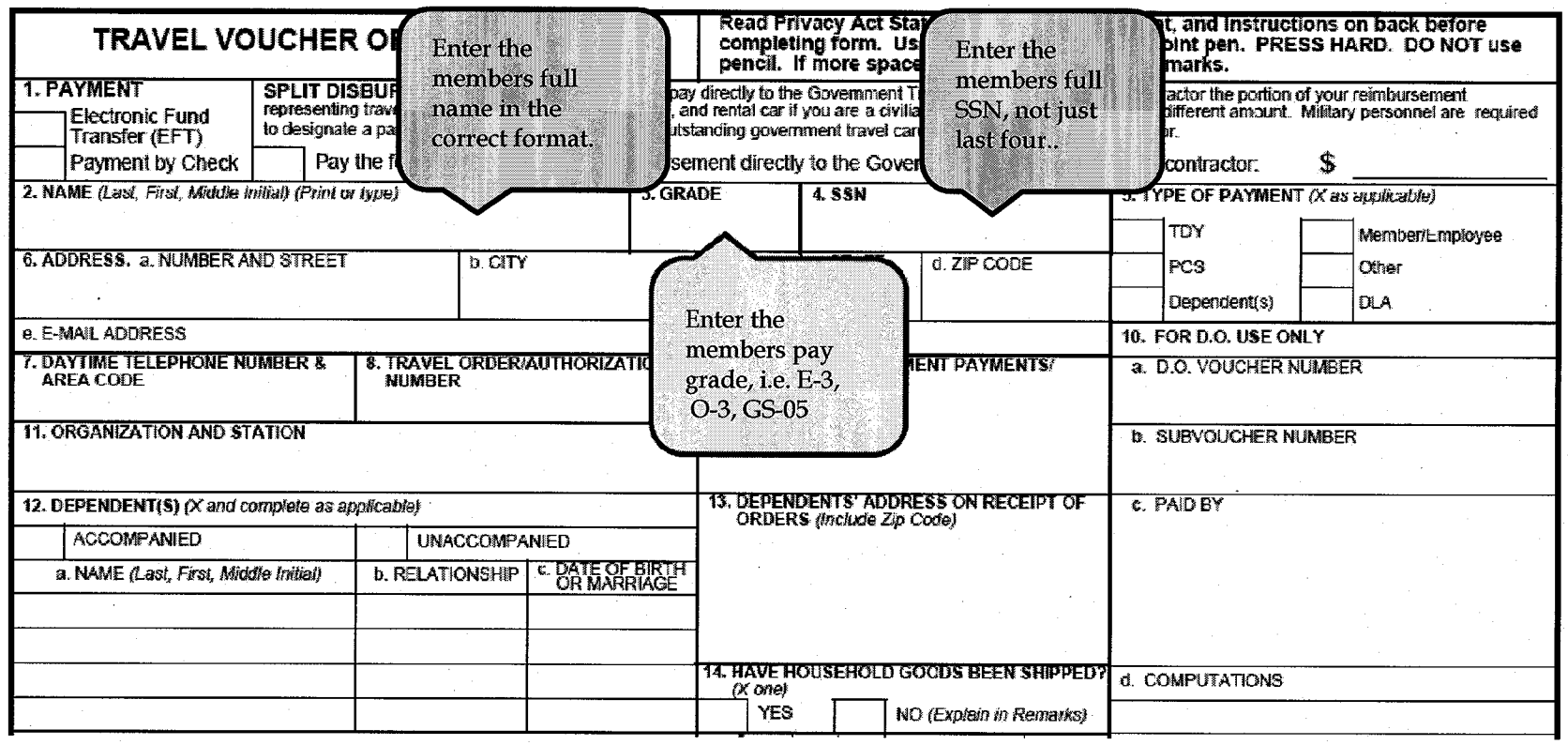
Getting started



2

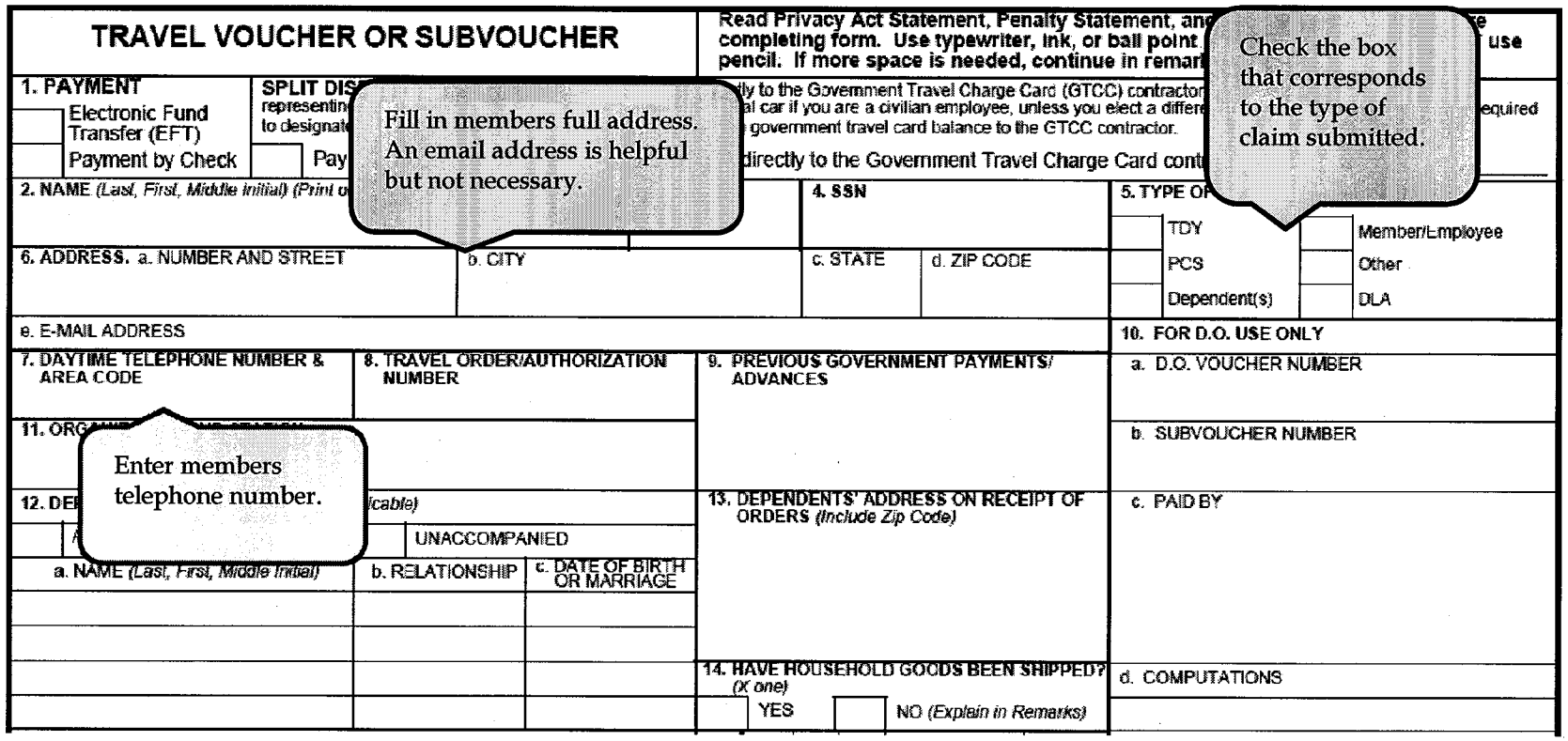
ENCLOSURE ( )

Box number two through four



ENCLOSURE (|)

Box five, six and seven



ENCLOSURE (|)

Boxes eight and nine

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
- ☐ 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.

☐ Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME *(Last, First, Middle Initial) (Print or type)*	3. GRADE	4. SSN	5. TYPE OF PAYMENT *(X as applicable)*
			☐ TDY ☐ Member/Employee ☐ PCS ☐ Other ☐ Dependent(s) ☐ DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE

e. E-MAIL ADDRESS

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION

12. DEPENDENT(S) *(X and complete as applicable)*

☐ ACCOMPANIED	☐ U	DEPENDENTS' ADDRESS ORDERS *(Include Zip C*
a. NAME *(Last, First, Middle Initial)*	b. REL	

14. HAVE HOUSEHOLD GO *(X one)*
☐ YES ☐ NO *(Explain in Remarks)*

Enter the standard document number (SDN) found in the orders or MROWS orders.

If the member has a previous payment or an advance, enter the amount of payment and DOV number.

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ENCLOSURE ( )

Box ten

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

☐ 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.

☐ Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME *(Last, First, Middle Initial) (Print or type)*	3. GRADE	4. SSN	5. TYPE OF PAYMENT *(X as applicable)*
			☐ TDY ☐ Member/Employee ☐ PCS ☐ Other ☐ Dependent(s) ☐ DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STAT

e. E-MAIL ADDRESS

Box ten, A, B, and C may be left blank.

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVE ADVANCES	10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER
			b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION	13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*	c. PAID BY

12. DEPENDENT(S) *(X and complete as applicable)*

☐ ACCOMPANIED ☐ UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*

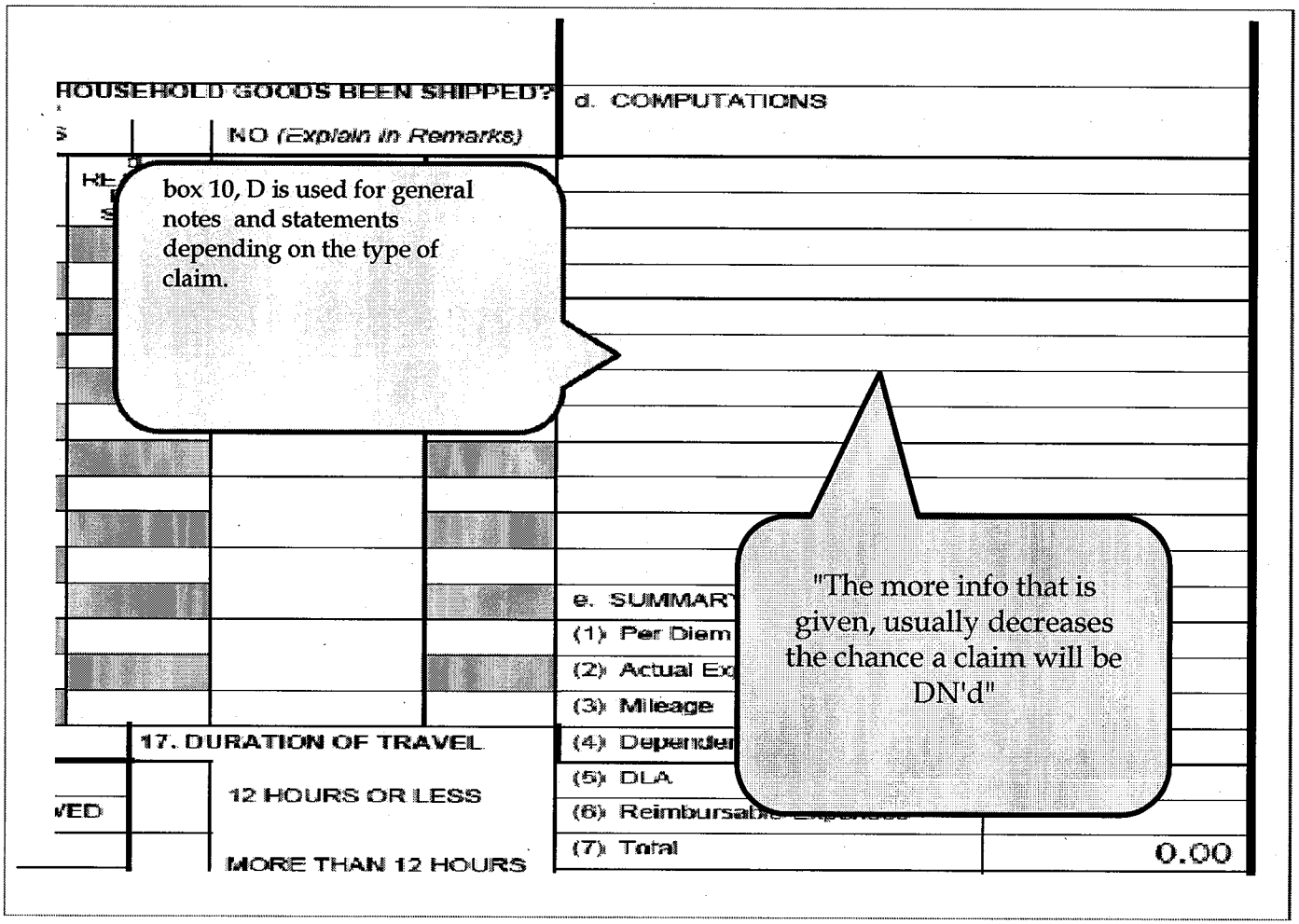
☐ YES ☐ NO *(Explain in Remarks)*

d. COMPUTATIONS

6

ENCLOSURE (1)

Box ten



ENCLOSURE (I)

Box ten

- If the claim submitted is a 30 day partial, per TAN 13-03, the following statements must be annotated.
- The sequential number of partial submitted.
- CCTAD (concurrent TAD)
- Leave (include exact dates even though it is shown in the itinerary as well)
- PDMRA (post deployment/ mobilization respite absence)
- VR (voluntary return to PLEAD)

Box ten

The following statements may be used for any applicable claim.

If a member's orders state that they are a government charge card holder and the Approving Official has a valid reason why the mandatory split amount should not go to their card, it must be stated and signed off by the Approving Official. Also if member no longer holds a government charge card, the statement "not a GTCC holder" is a must.

The member must state if the period of the itinerary covers back to back orders.

Box ten

- Any other statements that the member or admin clerk may feel necessary for proper reimbursement of claim are welcomed, but must be endorsed by the approving official if notes are authoring further entitlements or direction.
- The more information that is given, usually decreases the chance a claim will be DN.

Box eleven

e. E-MAIL ADDRESS			10. FOR D.O. USE ONLY
7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	a. D.O. VOUCHER NUMBER
11. ORGANIZATION AND STATION			b. SUBVOUCHER NUMBER
12. DEPENDENT(S		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*	c. PAID BY
ACCOMPAN		ED	
a. NAME *(Last,*		c. DATE OF BIRTH OR MARRIAGE	
		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)* YES NO *(Explain in Remarks)*	d. COMPUTATIONS

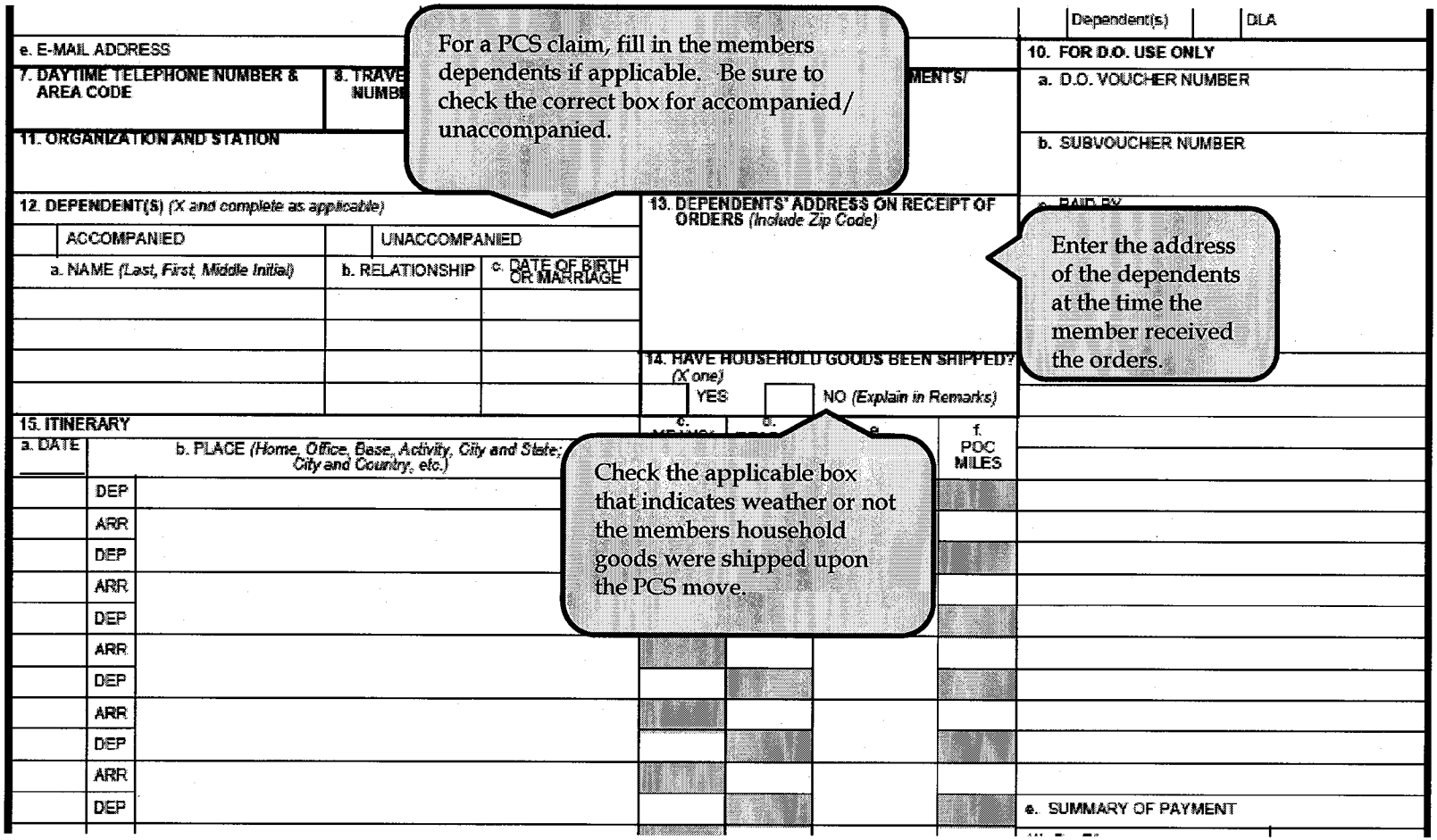
Fill in the members unit and location.

15. ITINERARY							
a. DATE		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	
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						e. SUMMARY OF PAYMENT

11

ENCLOSURE (1)

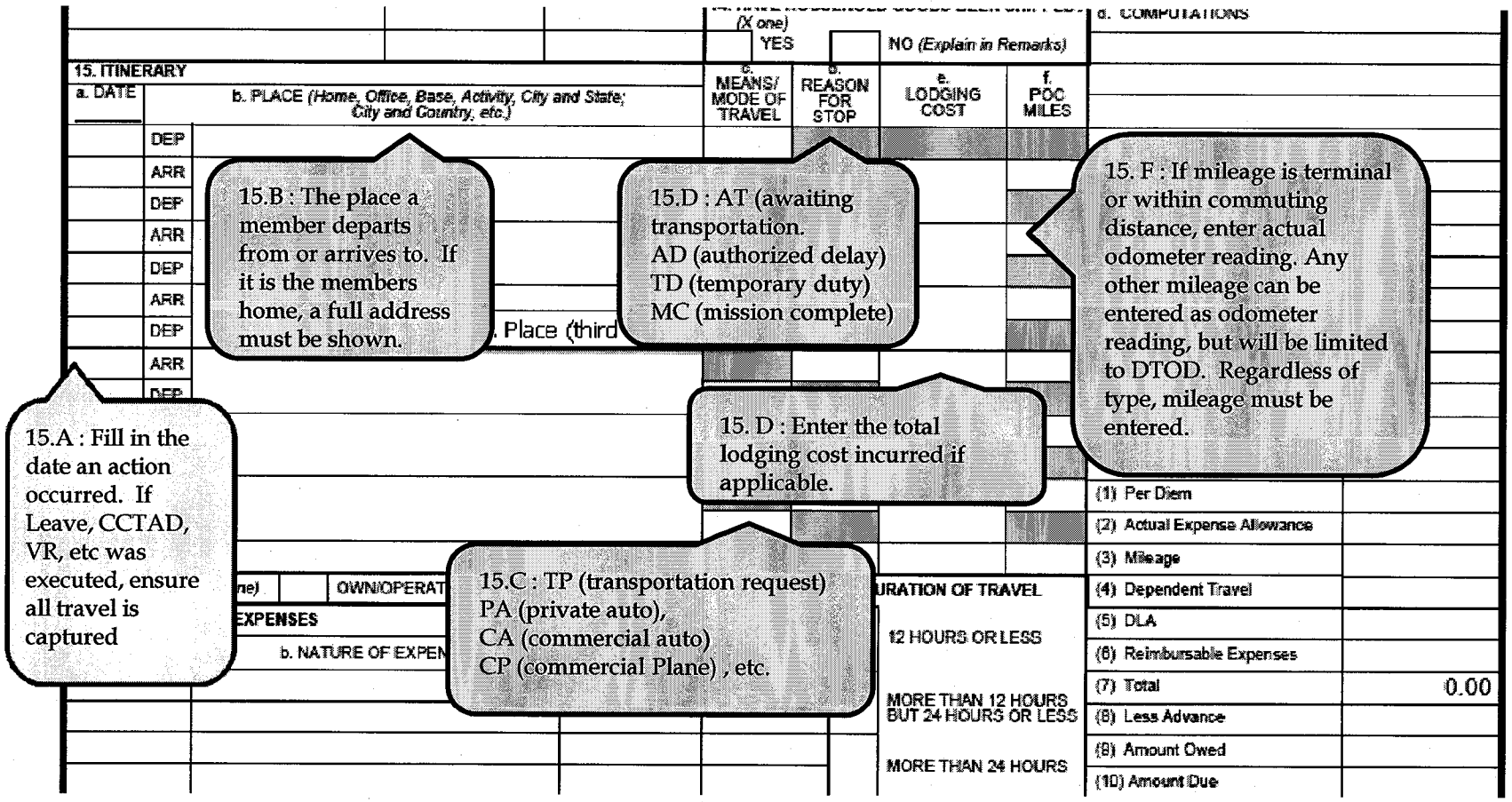
Box twelve, thirteen and fourteen



12

ENCLOSURE (1)

Box fifteen (the itinerary)



ENCLOSURE ( )

Box sixteen

(X one) YES NO (Explain in Remarks)

d. COMPUTATIONS

15. ITINERARY

a. DATE		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
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

15.b. Place (third destination).

If member incurred mileage via POC, the "own/ operate" or "passenger" box must be checked. Failure to check this box will result in member not being reimbursed for mileage.

16. POC TRAVEL (X one) OWN/OPERATE PASSENGER

17. DURATION OF TRAVEL

12 HOURS OR LESS

MORE THAN 12 HOURS BUT 24 HOURS OR LESS

MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

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
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

ENCLOSURE (1)

Box seventeen

	DEP					e. SUMMARY OF PAYMENT	
	ARR					(1) Per Diem	
	DEP					(2) Actual Expense Allowance	
	ARR					(3) Mileage	
16. POC TRAVEL (X one)		OWN/OPER				(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						(5) DLA	
a. DATE	b. NATURE OF EXP			VED		(6) Reimbursable Expenses	
						(7) Total	0.00
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	

Ensure box seventeen is appropriately checked in the box that corresponds to actual travel time. Failure to do so will result in claim being DN.

17. DURATION OF TRAVEL

- 12 HOURS OR LESS
- MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- MORE THAN 24 HOURS

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE			b. DATE
c. REVIEWER'S PRINTED NAME	d. REVIEWER SIGNATURE	e. TELEPHONE NUMBER	f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE
22. ACCOUNTING CLASSIFICATION			

15

ENCLOSURE ( )

Box eighteen

	DEP					e. SUMMARY OF PAYMENT	
	ARR					(1) Per Diem	
	DEP					(2) Actual Expense Allowance	
	ARR					(3) Mileage	
16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER	17. DURATION OF TRAVEL	(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						(5) DLA	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	12 HOURS OR LESS	(6) Reimbursable Expenses	0.00
							b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE							b. DATE
c. REVIEWER'S PRINTED NAME			d. REVIEWER SIGNATURE			e. TELEPHONE NUMBER	f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE			c. TELEPHONE NUMBER	d. DATE
22. ACCOUNTING CLASSIFICATION							

Any and all reimbursable expenses must be claimed in box eighteen. Enter date in which expenses were incurred, what the expense was, and the amount of the expense. The allowed amount is not necessary as any expense to be limited or denied will be factored upon processing of travel claim.

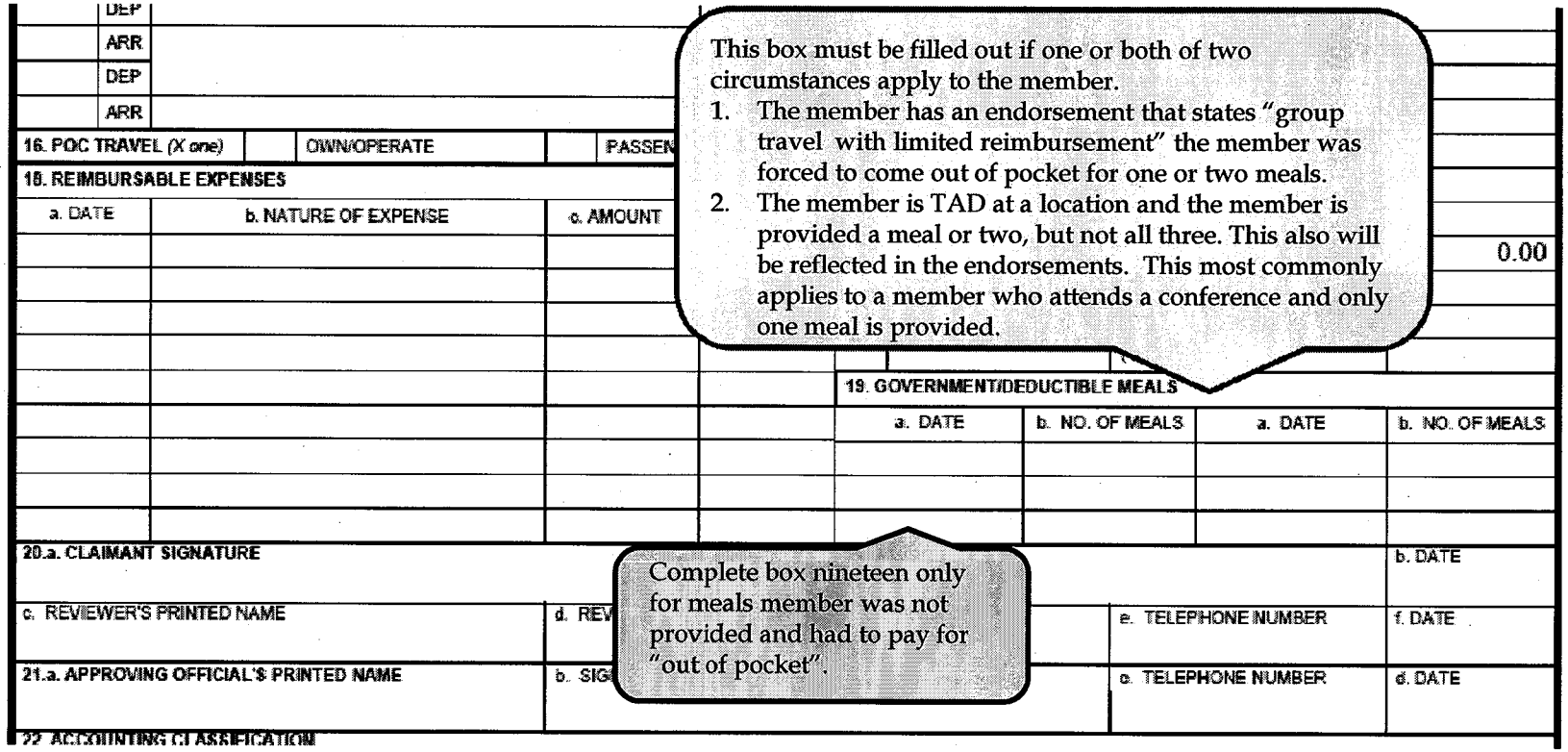
Mbrs should only claim "GTCC Atm fees" as reimbursable expense

ENCLOSURE ( )

Box eighteen notes

- If box eighteen is not of sufficient size, multiple 1351-2 forms may be used.
- Total lodging amounts for a given location must be entered.
- Enter total lodging taxes separately.
- Enter rental car expense separate from fuel and maintenance items.
- Enter GTCC ATM cash advance fees as just the fees, not the total amount of the withdrawl (only GTCC fees should be claimed not individual's personal card fees).

Box nineteen



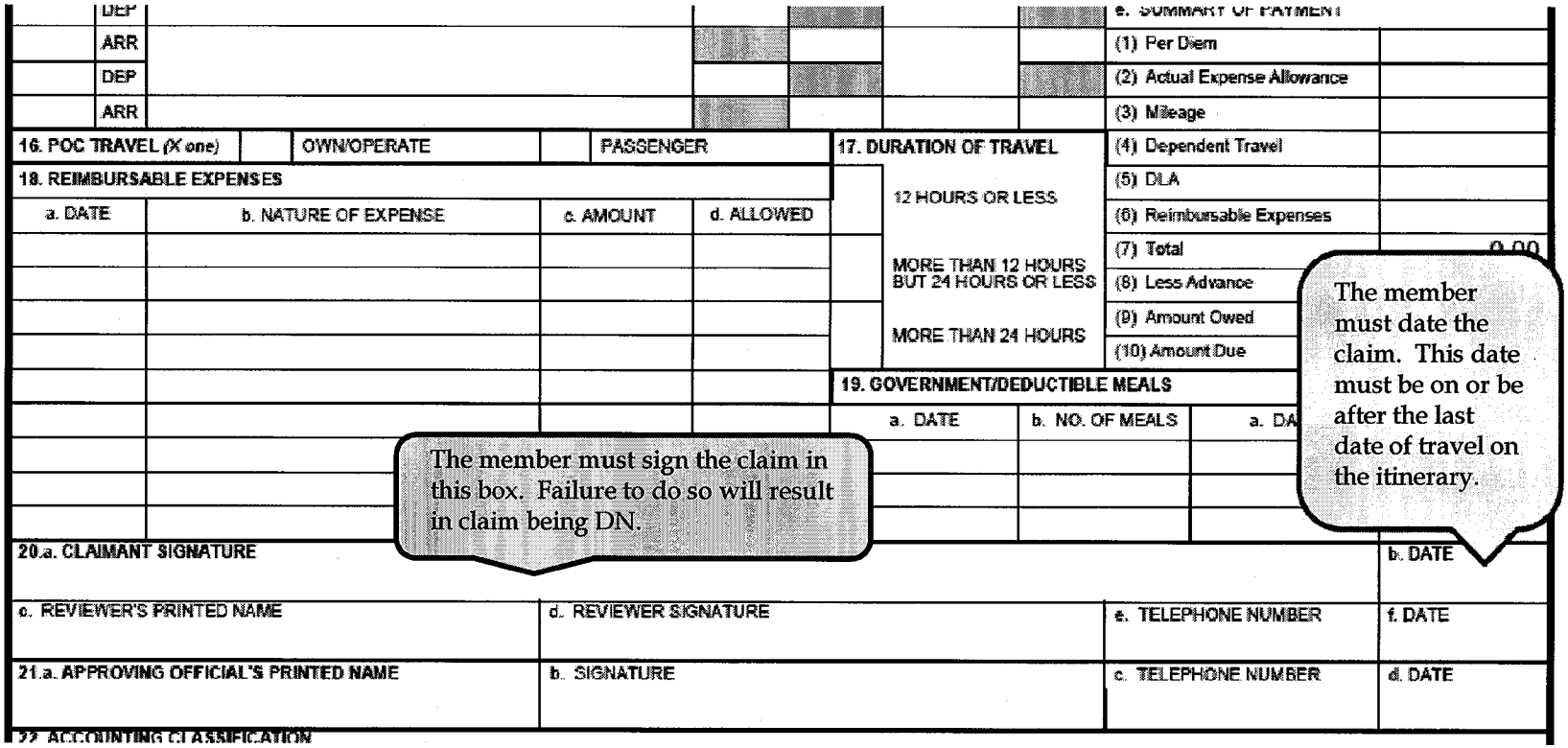
This box must be filled out if one or both of two circumstances apply to the member.

1. The member has an endorsement that states "group travel with limited reimbursement" the member was forced to come out of pocket for one or two meals.
2. The member is TAD at a location and the member is provided a meal or two, but not all three. This also will be reflected in the endorsements. This most commonly applies to a member who attends a conference and only one meal is provided.

Complete box nineteen only for meals member was not provided and had to pay for "out of pocket".

ENCLOSURE (/)

Box twenty A. and B.



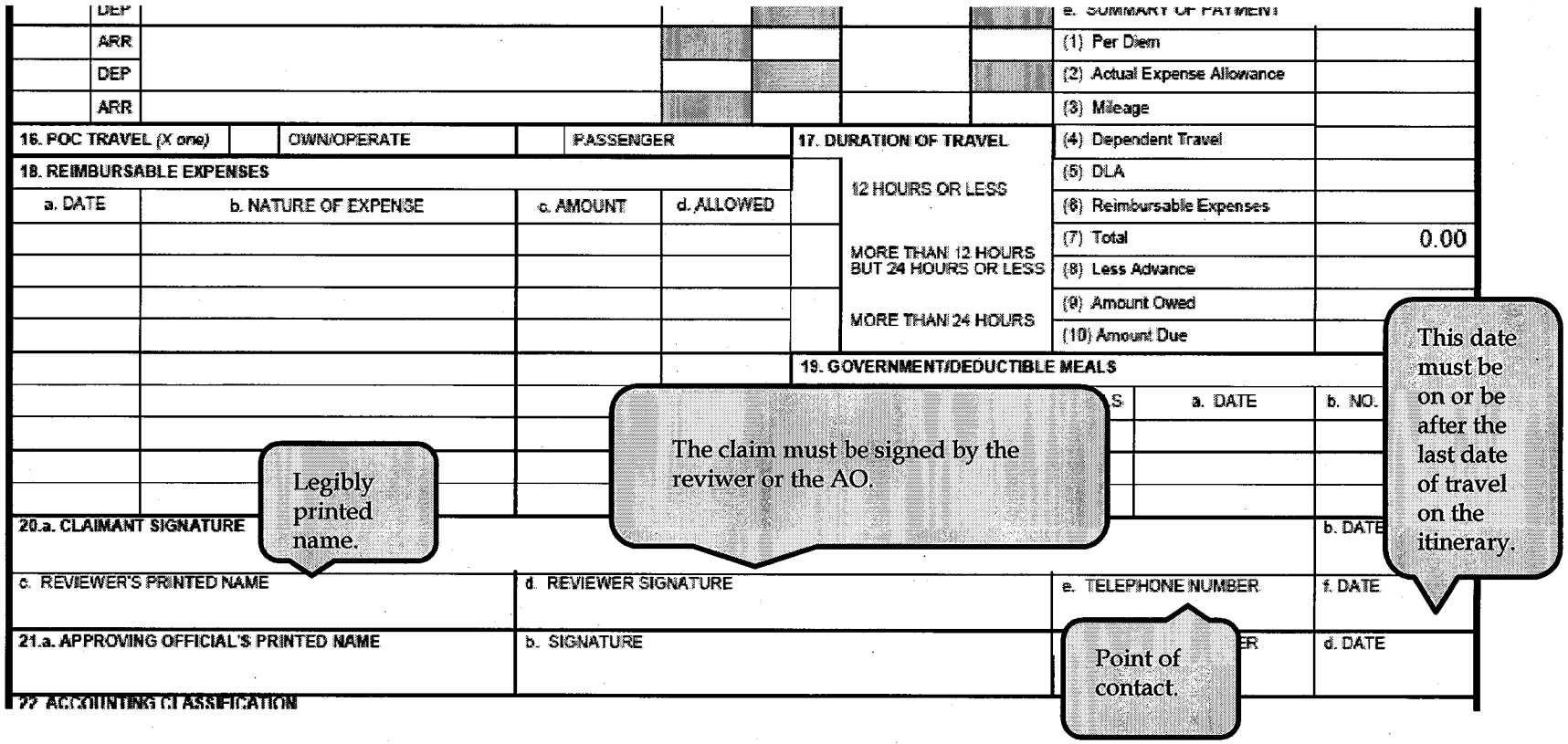
	DEP						e. SUMMARY OF PAYMENT	
	ARR						(1) Per Diem	
	DEP						(2) Actual Expense Allowance	
	ARR						(3) Mileage	
16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER	17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES							(5) DLA	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED		12 HOURS OR LESS	(6) Reimbursable Expenses	
							(7) Total	0.00
						MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(8) Less Advance	
							(9) Amount Owed	
						MORE THAN 24 HOURS	(10) Amount Due	
					19. GOVERNMENT/DEDUCTIBLE MEALS			
					a. DATE	b. NO. OF MEALS	a. DA	
20.a. CLAIMANT SIGNATURE								b. DATE
c. REVIEWER'S PRINTED NAME			d. REVIEWER SIGNATURE				e. TELEPHONE NUMBER	f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE				c. TELEPHONE NUMBER	d. DATE
22. ACCOUNTING CLASSIFICATION								

The member must sign the claim in this box. Failure to do so will result in claim being DN.

The member must date the claim. This date must be on or be after the last date of travel on the itinerary.

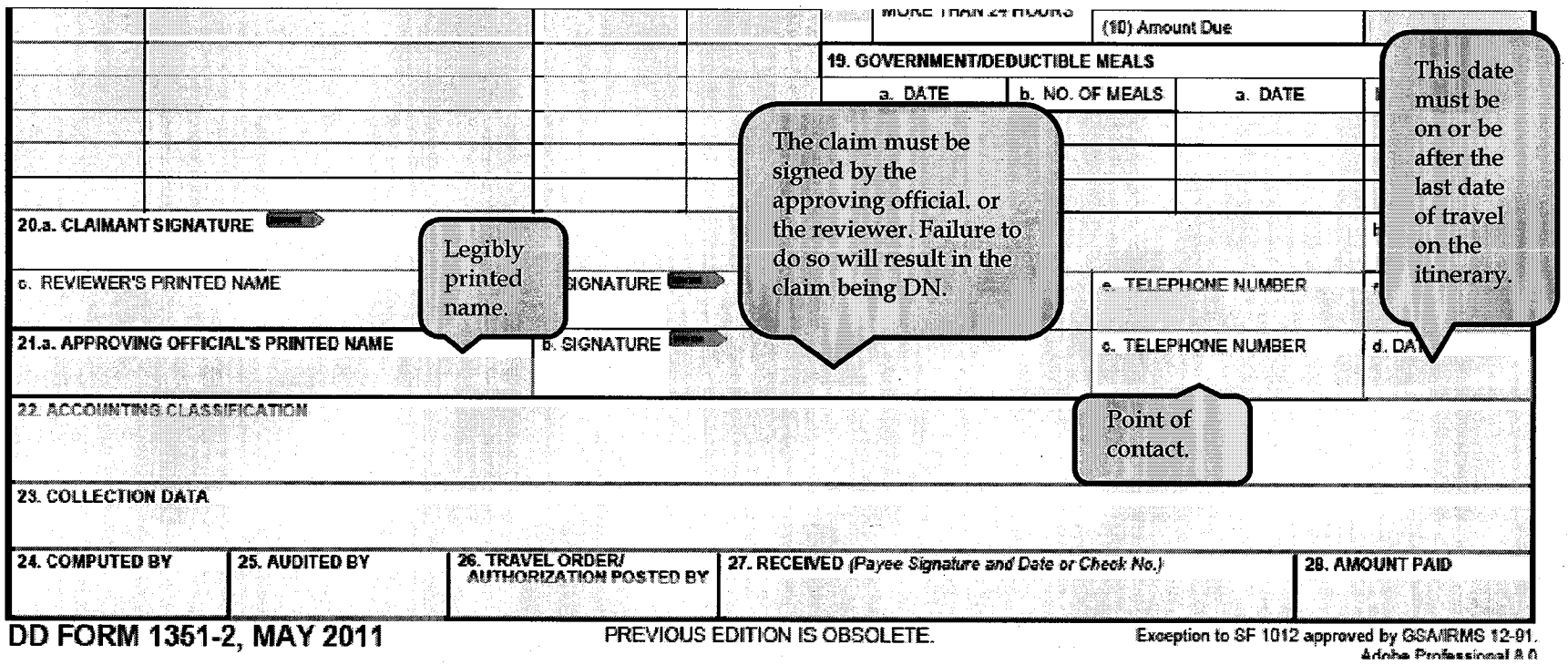
ENCLOSURE (1)

Box twenty C., D. and E.



ENCLOSURE ( )

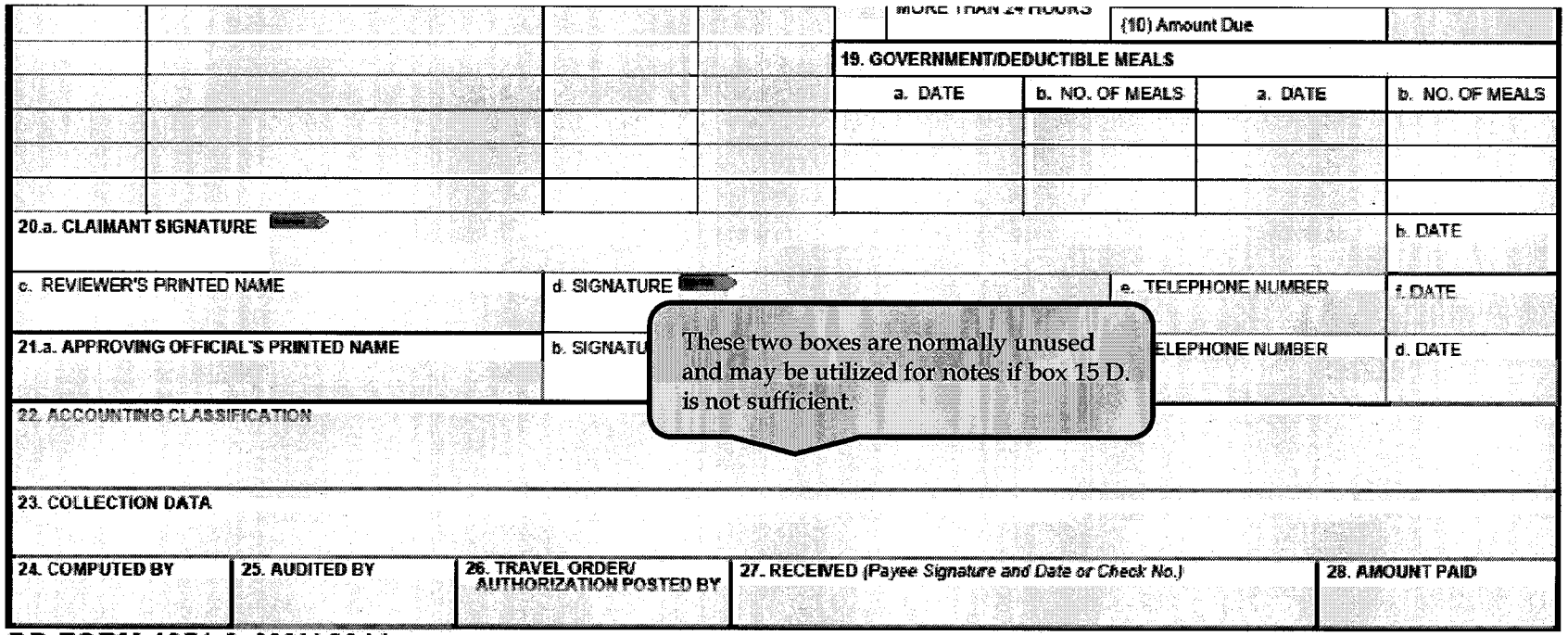
Box twenty-one A., B., C. and D.



DD FORM 1351-2, MAY 2011 PREVIOUS EDITION IS OBSOLETE. Exception to SF 1012 approved by GSA/IRMS 12-91.

ENCLOSURE ( )

Boxes twenty-two and twenty-three



				MORE THAN 24 HOURS		(10) Amount Due	
				19. GOVERNMENT/DEDUCTIBLE MEALS			
				a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE							b. DATE
c. REVIEWER'S PRINTED NAME			d. SIGNATURE			e. TELEPHONE NUMBER	f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATU			ELEPHONE NUMBER	d. DATE
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)				28. AMOUNT PAID

These two boxes are normally unused and may be utilized for notes if box 15 D. is not sufficient.

DD FORM 1351-2, MAY 2011 PREVIOUS EDITION IS OBSOLETE. Exception to SF 1012 approved by GSA/IRMS 12-91.
Adobe Professional 8.0

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ENCLOSURE (1)

notes

- Remember, if a given box is not sufficient for the remarks needed, use multiple 1351-2 forms as required. Do not leave out information that may be important as to how a claim is paid or processed.

ENCLOSURE (|)

RECEIPT POLICY JFTR U2510

- ***The receipt must show when specific services were rendered or articles purchased, and the unit price***
- Receipt required for each lodging expense regardless of Amount and for each individual expenditure of $75 or more.
- **What is a valid receipt?** A receipt is a written acknowledgement that the vendor has been paid for providing goods or services. To be valid, it must show:
  - The name of the company providing the goods or services
  - When the specific services were rendered or articles purchased
  - The unit price
  - The final amount due and that it was paid

ENCLOSURE (|)

Initial Travel Claim Checklist

- ☐ Blocks 1-21 Are filled out completely _____
- ☐ Block 10 annotates pertinent information such as: _____
  - Type of claim (i.e. partial/final) _____
  - If lv, cctad, vr, or pdmra was taken _____
  - Any Non-standard pertinent information _____
  - And/or any applicable information authorized by the AO _____
- ☐ Block 15 if completely filled out for each tad location to include _____
  - Dates _____
  - Location of stops _____
  - Mode of Travel to ALL locations _____
  - Reason for Stop for ALL locations _____
  - Claim lodging in block 15E or block 18 _____
  - Claim mileage in block 15F (Block 16 should be annotated if claiming mileage) _____
- ☐ Travel claim has ALL orders from original to last modification and all modification to orders in between (can be verified in top right corner) _____
- ☐ Reporting Order have a reporting/detaching endorsement that include
  - Date member reported in _____
  - Date member detached _____
  - Quarters Availability_____
  - Messing Availability _____
  - Statement of member Commuting or Not Commuting daily _____
  - Commuting Order for local area per diem _____
- ☐ Member must sign and date in block 20 _____
- ☐ Reviewer/AO must sign and date claim in block 21 _____
- ☐ Orders contain a SDN _____
- ☐ Confirmation/Verbal orders must have a waiver (confirmation orders are orders authenticated after travel begins)_____
- ☐ If the mbr received (verbal orders) to travel and received his authenticated orders at the TAD site then the member must provide a statement identifying the date and place of verbal order receipt_____
- ☐ Receiving endorsement to MROWS original orders must be completed to identify member's PLEAD_____
- ☐ Include all applicable receipts to reimbursable expenses _____

Reviewer Signature _____ Command Verifier _____

ENCLOSURE (2)

Last name	First Name	Last 4-SSN	Period of Duty	MROWS Tracking Number	Date Claim received by Admin	Date Claim submitted to MARFORRES Finance	If not Settled, Date the Status of Claims Request Submitted	Date Claim DN	Reason for DN	Date Claim Resubmitted	Date Claim Settled	Additional Comments

ENCLOSURE (3)

Common Document Tracking Management System-Travel Discrepancy Notices

1. 1351-2 claimant and/or reviewer signatures are missing.
   ---- All 1351-2's must be signed by the claimant and a command representative.

2. INCORRECT ORDERS WERE SUBMITTED
   ---- Orders for time frame claimed were not submitted, 1351-2 dates of travel fall outside of provided orders. Either a modification needs to be done to extend a set of orders, or orders for a different TAD period were incorrectly submitted.

3. INVALID SDN
   ---- The SDN in Section A of DTMS is incorrect and does not match the orders provided. Or the SDN is not currently funded and a SABRS screen shot that proves it is funded needs to be submitted.

4. In accordance with JFTR U2115 and ACTS manual 4103.2, a verbal order given in advance of travel must be subsequently confirmed in writing to include the date the verbal order was given, who gave the verbal order, and where the member was when the verbal order was given. The member's orders were authenticated after travel began making them confirmation orders. However, the written orders do not contain the required information. A memorandum for the record signed by the Commanding Officer, Inspector-Instructor, Officer in Charge or OpSponsor that contains the required information must be submitted with the travel package.
   ---- Orders are confirmation orders and no memorandum was provided.

5. Since mbr signed for orders at the TAD site, a memorandum for the record signed by the Commanding Officer, Inspector-Instructor, Officer in Charge, or OpSponsor must be submitted with the travel package and include date the verbal order was given to come sign for orders, who gave the verbal order, and where the member was when the verbal order was given.
   ---- Receiving Endorsement influences entitlement, if the orders are received at the TAD site, the claim has no entitlement. In order to process the claim, the above memorandum is needed.

6. NO RECEIPTS PROVIDED
   ---- Receipts for expenses claimed on the 1351-2 are missing (lodging, rental car).

7. DUPLICATE CLAIM
   ---- The claim has already been processed, it was submitted multiple times, or multiple partials for the same set of orders are being submitted. Our system can only process one partial at a time if they are covered under the same SDN.

8. No attachment was provided in DTMS.
   ---- A claim must be attached for it to get processed.

9. ENDORSEMENT STATES GROUP TRAVEL. IN ACCORDANCE WITH JFTR U4102-O, ENDORSEMENT MUST STATE EITHER GROUP TRAVEL WITH NO REIMBURSEMENT, OR GROUP TRAVEL WITH LIMITED REIMBURSEMENT. IF LIMITED REIMBURSEMENT, MBR MUST STATE WHICH MEALS WERE PROVIDED IN BLOCK 19 ON THE 1351-2.
   ---- Group travel reimbursement needs to be specified In accordance with JFTR U4102-O

10. CLAIM MUST BE SPLIT
    ---- Itinerary covers multiple sets of orders (such as back to back AT/ADOS) or claim crosses Fiscal years. Each set of orders and different Fiscal years utilize separate SDN's.

11. TAD or order in excess of 45 days or more submit partial claims every 30-days.

ENCLOSURE (4)