



DEPARTMENT OF THE NAVY

COMMANDING OFFICER  
TRAINING SQUADRON TWENTY-SEVEN (VT-27)  
411 BATAAN ST SUITE A  
CORPUS CHRISTI TX 78419-5245

VT-27NOTE 4651

03 JAN 2012

TRAINING SQUADRON TWENTY-SEVEN NOTICE 4651

Subj: TEMPORARY ADDITIONAL DUTY

Ref: (a) Defense Travel System  
(b) Joint Federal Travel Regulation  
(c) Joint Travel Regulation

Encl: (1) Cross Country Request Form  
(2) TDY Orders Request  
(3) Lost Receipt Statement  
(4) Worksheet for In and Around Mileage Reimbursement Form  
(5) Texas Hotel Occupancy Tax Exempt Certificate

1. Purpose. To publish direction concerning Training Squadron TWENTY-SEVEN (VT-27) Temporary Additional Duty (TAD) policies.

2. Action.

a. All Instructor Pilots (IPs) and Student Military Aviators (SMAs) shall be issued a Government Travel Credit Card (GTCC).

(1) No IP or SMA should be approved for Cross-Country (CCX) travel if they do not possess, activate, and use the GTCC.

b. A CCX request form (Enclosure (1)) must be submitted through Operations and the Executive Officer (XO) by Close Of Business (COB) Tuesday prior to the weekend CCX. Mid-week CCX requests must be submitted by COB the Thursday prior to the mid-week CCX.

c. A TDY Orders Request (Enclosure (2)) must be submitted to Admin through the individuals Department Head and the XO no later than ten days before the TAD departure date. If utilizing a hotel other than military quarters, no hotel associated fees will be paid unless staying at the hotel is a requirement for a conference attendance and approved by the XO.

(1) A government mode of transportation and lodging should be used to the max extent possible for all TAD/TDY orders.

d. The use of Defense Travel System (DTS) shall be mandatory for all TAD authorizations and vouchers.

(1) CCX request form shall be completed and have Operations and XO approval prior to receiving DTS authorization.

03 JAN 2017

(2) All lodging and rental vehicles shall be acquired through DTS. Any deviation will need the squadron's Commanding Officer (CO) or XO approval.

(3) To ensure proper accountability of funds available, DTS vouchers shall be completed within **five** business days after travel is complete. Vouchers not properly completed within **ten** business days after return from travel will require XO's approval.

(4) SMA vouchers shall be completed and submitted before IP voucher will be approved. IPs should not be approved for subsequent cross country if there is an outstanding DTS voucher.

(5) Receipts are required if claiming reimbursement for any type of expense. Tips are a reimbursable expense, as long as you have a printed receipt with total paid. For lost/misplaced receipts, member shall utilize the Lost Receipt Form (Enclosure (3)) and scan to substantiating records via DTS.

(6) To claim reimbursement for a Privately Owned Conveyance (POC) mileage expense, a Worksheet for In and Around Mileage Reimbursement Form (Enclosure (4)) shall be completed and scanned to substantiating records via DTS.

e. Lodging tax exempt form shall be used to the maximum extent possible. Texas Hotel Occupancy Tax Exempt form is provided in enclosure (5).

### 3. Responsibilities.

a. Instructor Pilot: Responsible for correctly preparing their DTS authorization, and travel voucher. The IP shall walk the SMA through DTS and is responsible for correct submission of CCX request form, authorization, and travel voucher. The IP is to ensure the student understands and complies with regulations for GTCC usage for lodging, transportation, and rental vehicles

b. Student Military Aviator: Shall ensure proper usage of GTCC for lodging, transportation and rental vehicles.

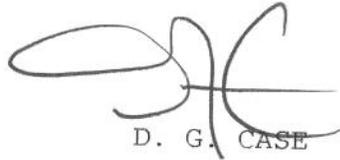
(1) SMAs shall ensure their GTCC balance is zero prior to their selection date.

c. Administration Officer: Shall ensure that all authorizations and travel vouchers are completed in accordance with references (b) and (c), as well as services procured to the most advantageous use to the government.

(1) Administration Officer shall not authorize any TAD request not approved by the XO.

d. Administration Clerk: Shall provide customer service to all personnel and provide corrective measures to any deficiencies on both authorizations and vouchers.

e. Operations Officer: Shall ensure compliance with the governing instructions and ensure timely submission of the CCX request.



D. G. CASE

# VT-27 Boomers Cross Country Request

NOTE: SUBMIT NLT TUES CLOSE OF BUSINESS



IP Last, First MI / LT  
INSTRUCTOR NAME, RANK

HOTEL  CAR   
only if both are selected... XO/CO

SMA/IUT Last, First MI / XX / NXXX, CXXX, (#)  
STUDENT NAME, RANK / NIGHT HRS, NIGHT EVENTS REMAINING (Be Specific and Quantity).

HOTEL  CAR   
only if both are selected... XO/CO

Location / Identifier (for example: San Antonio / KSAT)  
DESTINATION (NAME AND IDENTIFIER)

Location / Identifier (for example: San Antonio / KS)  
PLEASE PUT IN NAME AND IDENTIFIER!

Date	Leg 1		Leg 2		Leg 3		
	Depart Location (Name and Identifier) (for example: San Antonio / KSAT)	Depart Time	Arrive Location (Name and Identifier)	Arrive Time	Depart Time	Arrive Location (Name and Identifier)	Arrive Time
Day 1							
Day 2							
Day 3							
Day 4							

**SMA/IUT SIGN:** \_\_\_\_\_  
(NO Cost TAD Acknowledgment, Per JFTR.)

**IP SIGN:** \_\_\_\_\_  
(NO Cost TAD Acknowledgment, Per JFTR.)

**IP SIGN:** \_\_\_\_\_

**IP CELL #** \_\_\_\_\_

Y / N  OPSO

Y / N  COXO

\*\*\*Leave 1st Leg Flight Plan with ODO\*\*\*

\*\*\*Upon arrival at all stops call safe on deck to ODO/SDO\*\*\*

**Y N**

Has recruiter/ROTC site been updated (not to interfere with crew rest)?  
[https://www.portal.navy.mil/comnavairfor/N3/CNRC\\_Support\\_Site/default.aspx](https://www.portal.navy.mil/comnavairfor/N3/CNRC_Support_Site/default.aspx)

Will CCX interfere with any previously scheduled duties?

Contract Fuel Available at All Destinations?

Reviewed Stud ATJ for deficiencies?

Have DTS orders been completed for the IP?

Have DTS orders been completed for the Student?

(All arrangements are required to be made via the DTS system)

Does Student have government credit card (and activated)?

Does IP have government credit card (and activated)?

Is weather for all legs suitable for safe flight?

\*\*Has the destination forecast been checked for the duration of the CCX to prevent weather ground damage

**MADD/TDY ORDERS REQUE**

PRIVACY ACT NOTIFICATION: Under the authority of 5 USC 301, your social security number is solicited for the purpose of processing your request for temporary additional duty orders. Disclosure of your SSN is necessary to maintain a numerical identification system for individual travel claims. It will not be divulged without your written authorization to anyone other than Navy and/or Marine Corps personnel involved with the processing of the request. You are not required to provide this information; however, failure to do so may result in the denial of your request.

**To:**  
ADMIN DEPARTMENT

**From:**

NAME (LAST, FIRST MI)		RANK/RATE	Recall Number
PURPOSE (Reason for travel)		LOCATION (City, St)	
DEPART DATE	FOR (DAYS)	RETURN DATE	SECURITY CLEARANCE REQUIRED YES / NO

REIMBURSEMENT BASIS: PER DIEM / TRANSPORTATION / ACTUAL EXPENSE / NO COST

TRANSPORTATION: GOVERNMENT / COMMERCIAL / PRIVATE AIR / VEHICLE	VARY ITINERARY AS NECESSARY: YES / NO
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DEPART TIME	AM / PM	RETURN TIME	AM / PM
GOVERNMENT LODGING: YES / NO	BOQ/BEQ LOCATION: Confirmation #		
COMMERCIAL LODGING: YES / NO	LOCATION: (Lodging Preference, if Desired)		
RENTAL CAR: YES / NO	SIZE: COMPACT / MID-SIZE / FULL-SIZE / OTHER		

\*\*\*\*\*REQUIRED FOR RENTAL CAR AND COMMERCIAL LODGING\*\*\*\*\*

CREDIT CARD #	TYPE	EXP DATE
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TRAVELER SIGNATURE	DATE
DEPT HEAD SIGNATURE	DATE

REMARKS:

**AUTHORIZING OFFICIAL'S ENDORSEMENT**

APPROVED <input type="checkbox"/>	SIGNATURE	DATE
DISAPPROVED <input type="checkbox"/>		

Date: \_\_\_\_\_

From: \_\_\_\_\_

To:

Subj: **LOST LODGING/OTHER RECEIPT STATEMENT**

Ref: (a) JTR Vol II, Par. C1310B.  
(b) JFTR Vol. I, Par. U2510B.

1. Per references (a) and (b), the following statement is provided in lieu of original receipt:

(a) Lodging. The receipt for lodging(s) has been inadvertently lost or destroyed. Following information apply:

Business name & address	daily rate	date from	date to
_____	\$ _____	_____	_____
_____			
_____			
_____			
_____	\$ _____	_____	_____
_____			
_____			
_____			

I shared the room with (rank/name of sharer) \_\_\_\_\_ who was also under orders. The daily occupancy rate for the single room was: \$ \_\_\_\_\_ and the total cost was \$ \_\_\_\_\_.

(b) Other. I am claiming the following expenses which is/are \$75.00 or more, of which receipts are either lost or destroyed:

Business Name	Nature of expense	Date incurred	amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. I also understand that verification of items listed above may be made prior to settlement of my claim.

\_\_\_\_\_  
(signature of traveler)

Note: Penalty for willfully making a false claim is a maximum fine of \$10,000.00 or maximum of 5 years imprisonment or both. (U.S. Code Title 18, Section 287, formerly section 80.)

01/30/08

**ENCLOSURE (3)**

# WORKSHEET FOR IN AND AROUND MILEAGE REIMBURSEMENT

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

RATE/GRADE: \_\_\_\_\_

1. While at **VT-27** in a TDY status I was lodged at \_\_\_\_\_ and drove to/from airport. On dates listed below, my vehicle traveled to and from \_\_\_\_\_. Was Government Quarters available? YES/ NO (circle one). Was Government transportation available? YES/ NO (circle one). Total mileage for month: \_\_\_\_\_ (Enter on travel claim). Mileage Reimbursement: \_\_\_\_\_ miles X \$0.51/mile = \_\_\_\_\_ (Enter on Travel Claim)

DATE: 2011	FROM	TO	MILEAGE
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**ENCLOSURE (4)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## TEXAS HOTEL OCCUPANCY TAX EXEMPTION CERTIFICATE



**NOTE: This certificate is for business only, not to be used for private purposes, under penalty of law. The hotel operator may request a government ID, business card or other identification to verify exemption claimed. Certificate should be furnished to the hotel or motel. DO NOT send the completed certificate to the Comptroller of Public Accounts. The certificate does not require a number to be valid. Refer to Hotel Rule 3.161 for exemptions.**

Check exemption claimed:

- United States government or Texas government official exempt from state, city, and county taxes.** Includes US government agencies and its employees traveling on official business, Texas state officials or employees who present a Hotel Tax Exemption Photo Identification Card, and diplomatic personnel of a foreign government who present a Tax Exemption Card issued by the US Department of State.
- Religious, charitable, or educational organization or employee exempt from state tax only.** Educational organizations include school districts, private or public elementary and secondary schools, and Texas institutions of higher education as defined in Section 61.003, Texas Education Code. Beginning October 1, 2003, non-Texas institutions of higher education (public and private universities, junior colleges, community colleges) must pay the state hotel occupancy tax. Religious and charitable organizations must hold a letter of exemption issued by the Comptroller of Public Accounts to claim the exemption.
- Other. Organization exempt by law other than Chapter 156, Tax Code.** Specify reason for exempt status below. **Supporting Documentation Required.**

Name of exempt organization	Organization exempt status ( <i>Religious, charitable, educational, governmental</i> )
Address of exempt organization ( <i>Street and number, city, state, ZIP code</i> )	

**GUEST CERTIFICATION:** I declare that I am an occupant of this hotel/motel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct.

Guest name (*Please print*) \_\_\_\_\_

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>sign here</b> </div> <div style="border-bottom: 1px solid black; flex-grow: 1;"></div> </div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Date</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"></div> </div>
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**FOR HOTEL/MOTEL USE ONLY (OPTIONAL)**

Name of hotel/motel				
Address of hotel/motel ( <i>Street and number, city, state, ZIP code</i> )				
Room rate	Local tax	Exempt state tax	Amount paid by guest	Method of payment

**You have certain rights** under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To review or correct your state tax-related information, contact the Texas State Comptroller's office.

Hotels may require verification before accepting a hotel occupancy tax exemption certificate. An organization may qualify for hotel occupancy tax exemption even when it does not have a Comptroller's letter of hotel tax exemption or cannot be found on the Comptroller's list of exempt organizations. Some examples include churches, public schools and community colleges.

You may need to pay the tax until verification of hotel tax exemption can be obtained from the Comptroller's office. You can apply to the hotel for a refund or credit.

A list of charitable, educational, religious and other organizations that are exempt from state and/or local hotel tax is online at [http://window.state.tx.us/taxinfo/exempt/exempt\\_search.html](http://window.state.tx.us/taxinfo/exempt/exempt_search.html). Other information about Texas tax exemptions, including applications, is online at <http://window.state.tx.us/taxinfo/exempt/index.html>.

You can also send an e-mail to [exempt.orgs@cpa.state.tx.us](mailto:exempt.orgs@cpa.state.tx.us) or call (800) 252-1385.

**ENCLOSURE (5)**