

**Department of the Navy**  
**Instructions for Completing SF-1164,**  
**Claim for Reimbursement for Expenditures on Official Business**  
**with Mass Transportation Fringe Benefit Program**

Department of the Navy (DON) participants in the Transportation Incentive Program (TIP) are required to use Department of Transportation (DoT) services where available. In areas where DoT cannot purchase transit fare media (vouchers/passes), the SF-1164, Claim for Reimbursement for Expenditures on Official Business will be used by participants to obtain reimbursement.

DON personnel who qualify and wish to participate must submit a DON Outside the National Capital Region Mass (ONCR) TIP application to their designated Installation or Command Point of Contact (POC). Eligibility requirements, applications, and POC information, may be found at <http://www.fmo.navy.mil/services/services.htm>. POCs must forward applications to the Assistant Secretary of the Navy, Financial Management and Comptroller (ASN(FM&C)), Office of Financial Operations (FMO). Applications must be on file with DoT for participants to be eligible for cash reimbursement. DoT will notify ASN(FM&C) FMO if the applicant's area is serviced by DoT. If DoT does not service the applicant's area, the following information applies:

1. Participants will purchase tickets/passes with their own funds, maintaining receipts and/or cancelled checks or used passes to document payment. At the end of each quarter, participants will request reimbursement of qualified mass transportation, including subway, light rail, buses, qualified van pools and qualified foot passenger ferries.

2. A maximum of three months of tickets/passes can be submitted at one time and must be submitted only at the end of each quarter (December, March, June, September). Completed SF-1164s must be submitted to the Installation or Command POC for verification. A participant can only claim reimbursement from the date of entry into the DoT database. Verification of that date should be confirmed before signing as the Approving Official.

The Installation or Command POC will sign in Block 8 as the Approving Official. Approving Officials must have a Letter of Authority on file with the participant's servicing Personnel

Support Activity (PSA), Personnel Support Detachment (PSD), Finance/Disbursing Office or other travel settlement organization. The SF-1164 will then be processed through normal channels as a local travel claim through the participant's command or activity. Reimbursement will be funded by the local command.

3. Participants must complete information in Blocks 1, 4(a), 4(b), 4(c), and 4(d), 6, and 7. Block 6 must state that the employee is seeking reimbursement under the Mass Transportation Fringe Benefit Program. The form must include the method of transportation (e.g. bus, qualified van pool), the period for which the employee is seeking reimbursement, and the amount of the reimbursement.

4. Under Block 6, Expenditures:

a. Annotate Code C for "Other Expenses"

b. Annotate the months being claimed for the transit subsidy and the total amount claimed for tickets/passes. The amount claimed should be the actual amount spent up to \$65.00 per month (\$195.00 quarterly). Effective January 1, 2002, the allowable amount per month increased to \$100.00 per month (\$300.00 quarterly).

5. Attach applicable receipts/supporting documentation to justify the claim:

a. A used transit pass and/or receipt with the following statement on the SF-1164, Block 6: "I certify that I purchased this transportation, and I used it during this period solely for the purpose of commuting to and from work." The activity must have no reason to doubt the member or employee's certification.

b. If a receipt is not provided in the ordinary course of business (e.g., if used transit passes cannot be returned to the user) the employee may certify on the SF-1164, Block 6: "I certify that I have purchased transportation that does not provide a receipt, and reimbursement was used solely for the purpose of commuting to and from work." The activity must have no reason to doubt the member or employee's certification.

6. With the exception of DON military personnel, Block 9, Authorized Certifying Officer, must be completed by the participant's command or activity certifying the Accounting

Classification provided on the SF-1164 is proper. For DON military personnel, Block 8 AND Block 9 will be the installation or command POC. In accordance with the Department of Defense Financial Management Regulation, Volume 5, Chapter 33, the certifying official must be appointed in writing and have a DD Form 577, Signature Card on file with the servicing Finance/Disbursing Office.

In accordance with Department of Defense guidance, the accounting classification provided for military and civilians must be the appropriation/fund that finances their compensation. The accounting classification cited for all Navy military personnel will be paid centrally and provided separately by FMO as sites are approved for SF-1164 use. For Marine Corps military personnel, the accounting classification will be provided by Headquarters, Marine Corps. For DON civilian employees paid from appropriated funds, the accounting classification will be provided by the command that pays the employee's salary.

7. Participants must sign and date the SF-1164 in Block 10.

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>	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.*

<b>4. CLAIMANT</b>	a. NAME (Last, first, middle initial) <b>SMITH, DAVID R.</b>	b. SOCIAL SECURITY NO. <b>XXX-XX-XXXX</b>
	c. MAILING ADDRESS (Include ZIP Code) <b>32 COOK STREET HARRISBURG, PA</b>	d. OFFICE TELEPHONE NUMBER <b>XXX-XXX-XXXX</b>
	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.)

DATE	CODE	D - Funeral Honors Detail		MILEAGE RATE	AMOUNT CLAIMED				
		(Explain expenditures in specific detail.)			NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
		(c) FROM	(d) TO						
04/01/01	C	TRANSIT SUBSIDY	APRIL			5500			
06/30/01		ABC BUS SERVICE	MAY			5500			
			JUNE			5500			
		APPROPRIATE STATEMENT/	CERTIFICATION						
<i>If additional space is required continue on the back.</i>				SUBTOTALS CARRIED FORWARD FROM THE BACK					

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) <b>▶ \$165.00</b>	<b>TOTALS</b>					<b>16500</b>
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<p>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).)</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p>APPROVING OFFICIAL SIGN HERE <b>▶ Installation/Command POC</b> DATE</p>	<p>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.</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p>CLAIMANT SIGN HERE <b>▶</b> DATE</p>
<p>9. This claim is certified correct and proper for payment.</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p>AUTHORIZED CERTIFYING OFFICER SIGN HERE <b>▶ Local Command (Civilian Pers)</b> DATE</p> <p><b>▶ Installation/Command POC (Military Pers)</b></p>	<p>11. CASH PAYMENT RECEIPT</p> <p>a. PAYEE (Signature)</p> <p>b. DATE RECEIVED</p> <p>c. AMOUNT \$</p>
<p>12. PAYMENT MADE BY CHECK NO.</p>	

**ACCOUNTING CLASSIFICATION**

To be completed by the Installation or Command Point of Contact for military personnel. To be completed by participant's local command for civilian personnel.