



DEPARTMENT OF THE NAVY
PERSONNEL SUPPORT ACTIVITY WEST
937 NORTH HARBOR DRIVE
SAN DIEGO, CALIFORNIA 92132-0076

IN REPLY REFER TO:

PERSUPPACTWESTINST 7221.1
Code N3

NOV 16 2003

PERSUPPACTWEST INSTRUCTION 7221.1

Subj: SAN DIEGO CENTRAL PROCESSING SITE (CPS) FOR PERMANENT CHANGE OF STATION (PCS), TEMPORARY DUTY (TEMADD) (TAD/TDY), AND ACTIVE DUTY FOR TRAINING (ACDUTRA) (AT/ADT) TRAVEL CLAIM SETTLEMENT

Ref: (a) DODFMR Vol. 7
(b) Joint Federal Travel Regulations
(c) Travel Policy and Procedures Vol. 9

Encl: (1) Travel Claim Settlement Check-Off Sheet
(2) Travel Claim Form (DD FORM 1351-2, Jul 2002)
(3) Travel Claim Electronic Transfer Information Form
(4) Advance Travel/DLA/Per Diem Request Form
(5) Advance Travel/DLA Request for Dependents Only
(6) Advance Payment Policy Information
(7) Travel Claim Turn-In Cover Sheet
(8) Request for Recovery of Debt DD Form 2481

1. Purpose. To establish policy and procedures for operating the San Diego Central Processing Site (CPS) at Personnel Support Activity West and ensure the procedures and time requirements of references (a), (b), and (c) are met for processing travel claim settlements.

2. Background. Since 1997, CPS has been responsible for processing all travel claims and advance payments for the following seven detachments in the San Diego area: PSD Naval Station, PSD North Island, PSD Coronado, PSD Point Loma, PSD ASW, PSD Balboa, and PSD Camp Pendleton.

3. Action. The following actions and responsibilities are assigned to ensure proper claims processing and settlements:

a. Traveler. To ensure a timely and accurate process when filling out his/her travel claim, the traveler must provide accurate and complete information. Enclosure (1) provides a checklist to ensure each travel claim package is complete. Specific traveler responsibilities are:

(1) Within 5 days of completion of travel, submit a properly completed travel claim for settlement of the expenses associated with the travel.

(a) For TAD travel, fill out DD FORM 1351-2, Jul 2002 (1351-2), enclosure (2). A blank .PDF form is available at PSA San Diego's website. Previous editions may also be used until stocks are expended.

(b) For TAD travel, turn in a copy of the orders together with endorsements and applicable receipts to command travel coordinator.

(c) For PCS travel, including Temporary Lodging Expenses (TLE) reimbursements, traveler must fill out enclosure (2) with copy of orders, endorsements, TLE request form, and applicable receipts to supporting PSD receipt section.

(2) Provide current and correct Electronic Funds Transfer (EFT) information using enclosure (3) for all travel claim submissions.

(3) For a PCS transfer, report to supporting PSD to complete necessary paperwork including enclosure (4) and (5) for appropriate travel/Dislocation Allowance (DLA)/Per Diem advances. Enclosure (6) provides guidance for policy on advance payments.

(4) Work with parent command travel manager to obtain necessary order modifications and to resolve issues associated with expenses for travel.

(5) Sign and date the travel claim. (Blocks 20a and 20b)

(6) Retain copies of all documents associated with the travel claim. After settlement of the travel claim, the advice of payment (AOP) is available on the DFAS website, "My Pay" at <https://emss.dfas.mil/mypay.asp>. An individual may be required by command direction to provide a copy of My Pay AOP.

(7) Allow at least 10 working days from submission of travel claim to the PSD/CPS before inquiring about status of payment. Traveler should access the MyPay website before contacting CPS.

b. Customer Command/Travel Coordinator/PASS Liaison Representative (PLR).

(1) Verify all travel claims/advances and assist the traveler in completing enclosure (2). Ensure travel claims are complete and supported by a copy of orders, proper endorsements, signatures, and receipts.

(2) Resolve all issues with traveler's expenses associated with the travel. For civilian personnel travel claims, sign and date approving officer signature block (blocks 21a and 21b) of enclosure (2).

(3) Within 2 days of receipt from the travelers, submit travel claim packages to CPS for processing with enclosure (7) as the cover sheet. Travel claim packages may be dropped off at the supporting PSD for guardmail delivery to CPS or the packages may be delivered directly to the CPS at 937 N Harbor Drive, San Diego, CA 92132-0076.

(4) Advise traveler to use the split pay option block on the travel claim form (enclosure (2) for expeditious payment of their travel charge card bills.

(5) In the event of a rejected travel claim from CPS, the traveler shall make necessary corrections and then expeditiously resubmit the travel claim package to PLR for resubmission to CPS.

(6) Use the Standard Accounting and Reporting System (STARS) or CHOOSE database at <https://cerps-hst.jax.disa.mil> to verify amount paid to the traveler. If the amount is significantly different from the amount planned/approved, the command should first request the traveler provide a copy of the Advice of Payment from MyPay for review prior to contacting CPS.

(7) Act as liaison between the traveler and CPS for claim settlement questions. Allow at least 10 working days for CPS to settle or reject each claim. The traveler should access MyPay before calling CPS regarding their travel claim.

c. Personnel Support Activity Detachments.

(1) Provide guardmail services for travel claim packages dropped off by customer commands/PLR's. Deliver and pickup packages at CPS at least once each day. PSDs are not required to maintain a tracking log for travel claims; this will be done at CPS.

(2) For questions not requiring CPS intervention or research, provide assistance to customers regarding travel matters. For specific travel claim questions, refer the customer to the command PLR and/or CPS Customer Service.

(3) When notified by CPS, process overpayment collections in accordance with 500104A4 of reference (a).

(a) Notify customer command/PLR of overpaid travel claims in writing. One copy of the letter will be addressed to the traveler's Commanding Officer and another copy to the servicing PSD fiscal section, pending collection action in accordance with 500201h1 of reference (a).

(b) For military personnel, if refund is not received within 30 days, collection from member's pay will be initiated not to exceed two-thirds of disposable pay in accordance with reference (a).

(c) For civilian personnel, if refund is not received within 30 days, enclosure (8) will be forwarded to the employee's payroll office for collection.

(4) For special circumstances (such as last minute orders, early graduations, or hardships), the parent command or PSD supervisory personnel (E-7 and above) will contact CPS supervisory personnel and request expeditious handling of such cases.

(5) For PCS transfers and receipts, PSDs will continue to assist individual members with preparing and submitting their travel claims and advance requests.

(6) CPS Manning requirements will be as follows:

(a) 9 civilian members are assigned as shown on the current PSA West UIC 68553 Activity Manning Document.

(b) 21 military members from the San Diego PSDs will be assigned. PSDs will continuously provide members as follows: Naval Station-5, Balboa-2, North Island-6, Camp Pendleton-1, Point Loma-2, ASW-2; and Coronado-3. Military members will be assigned no cost TAD to CPS for a minimum of 12-months. Longer assignments of military personnel to CPS are not desired and will only occur on a case-by-case basis.

(c) Normal and emergency leave scheduling is accounted for with this manning level for CPS.

(d) If a military member must be returned to their parent PSD early, a replacement from the parent PSD will be promptly assigned.

(e) CPS supervisors will prepare all military member performance evaluations.

(f) Personnel assigned to CPS are under the PSA Staff chain of command for all personnel actions. This includes leave, liberty, special request chits, evaluations, fitreps, reenlistments, and retirement's request, etc. CPS will keep the parent command informed of all personnel actions.

d. Central Processing Site Responsibilities.

(1) Accept travel claim packages, sign receipt on travel claim cover sheet (enclosure (7) or ATOS printout), and return to PLR via guardmail.

(2) Operate a full-service customer service desk to handle all inquiries with serviced command PLRs, individual customers, and the PSDs.

(3) Ensure the accuracy of all claims accepted. If discrepancies are found, travel examiners will contact the traveler or the command PLR. Claims that cannot be resolved by the following day will be forwarded to the CPS customer service section for resolution or rejection. Rejection of travel claims will be kept to an absolute minimum. All rejected claims will be reviewed for validity prior to returning the claim to the PLR.

(4) For claims originally mailed to CPS, ensure rejected claims packages are mailed directly back to the sender with a clear explanation of corrective action required to complete processing. This is of particular concern for Naval Reservists AT/ADT orders, as well as separation claims.

(5) After receipt of a properly prepared claim, CPS will process each travel claim per reference (c).

(6) CPS will print overpayment letters, signed by the CPS Supervisor, and prepare overpayment packages. These packages will be forwarded to the servicing PSDs for collection action.

(7) Correct erroneous Electronic Fund Transfer (EFT) payments made to member's accounts or other accounts.

(8) In specific cases that require indelicate action, work with parent command supervisory personnel to ensure prompt resolution.

(9) In an effort to provide quality customer service to our customer commands, all items written within this directive will be continuously evaluated for practical efficiency and effectiveness.


CAROLINE B. KONCZEW

PSA WEST

TRAVEL CLAIM SETTLEMENT CHECK-OFF SHEET

(Place a check mark or N/A to any applicable items.)

TRAVEL VOUCHER (DD FORM 1351-2, Jul 2002):

- EFT information provided on separate EFT form if changes or this is first travel claim submitted with CPS.
- BLK 1 properly filled up with amount of claim to be deposited on your Government Charge Card.
- BLK 9 properly filled up listing all previous travel advance payments or NONE if applicable.
- BLK 12 and 13 properly filled up for dependent's travel. (DLA requires copy of HHG or DITY MOVE documentation).
- BLK 15 properly filled up using the instructions at the back of the travel voucher.
- BLK 16 properly filled up indicating whether the member was the owner /operator or passenger if mode of travel is POV.
- BLK 12 and 13 properly filled up for dependent's travel. (DLA requires copy of HHG or DITY MOVE documentation).
- BLK 20 signed and dated by the member.
- BLK 21a signed and dated by Travel Authorizing Official (TAO) for civilian travel claim. This is a mandatory requirement for civilian claims.

REIMBURSABLE EXPENSES: (Should be listed in BLK 18 and are limited to the following items)

- Lodging cost (need an itemized receipt showing the daily room rate)
- Lodging taxes
 - Must be claimed under reimbursable expenses and separate from daily lodging cost if travel is incurred INCONUS.
 - If travel is incurred OUTCONUS, must be claimed as combined amount with lodging cost.
- Rental Car Charges-Reimbursement for this item should be authorized in the orders.
- Taxi Fare
- Airport Shuttle
- Cost of bus, rail, or ferry
- Gas expenses (for rental car only as authorized in the order)
- Parking fees
- Bridge and road tolls
- ATM fees
- Airfare (if authorized on the orders)
- Temporary Lodging Expense (TLE) Certificate with appropriate receipts.
- Official telephone calls must be approved by order issuing official.
- Conference fees or registration fees **Indicate if meals are provided (breakfast, lunch, dinner or none)
- Porter fees / sky cap

TRAVEL CLAIM PACKAGE: (As a minimum will contain.)

- Original travel claim voucher (DD1351-2)
- Copy of orders showing all the endorsements, order modifications and appropriation
- Copy of flight itinerary
- All applicable receipts

NOTES:

- 1) All documents must be legible. Attach explanatory sheets if needed to clarify difficult to read items.
- 2) Itemized lodging receipts are required regardless of the amount.
- 3) Any reimbursable expense that is \$75.00 or more must be supported by a receipt and is subject to post-payment audit.
- 4) Reimbursable expenses must be attached to a clean white bonded paper size 8 1/2 x 11 1/4 with tape and traveler's name, SSN, and order number or tango listed in the upper right hand corner.
- 5) Block 1 under split disbursement must have an amount if member used their Government Charge Card and would like to payoff their bill directly to the Credit Card Company.
- 6) Travelers should retain a copy of their travel package until the claim is actually paid and fully settled.
(For IRS purposes, copies should be kept for at least 3 years.)

MBR/PLR/ Travel Coordinator Name: _____ EMAIL/PH# _____

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 <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Split Disbursement: Amount to Government Travel Charge Card <input type="checkbox"/> Payment by Check \$ _____							
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)		
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE		<input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA	
e. E-MAIL ADDRESS				10. FOR D.O. USE ONLY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER		
11. ORGANIZATION AND STATION					b. SUBVOUCHER NUMBER		
12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY		
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE							
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		d. COMPUTATIONS		
			<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)				
16. ITINERARY				c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. ENTER THE DAILY LODGING COST	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			f. POC MILES			
DEP							
ARR							
DEP							
ARR							
DEP							
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ARR							
16. POC TRAVEL (X one)				OWN/OPERATE	PASSENGER	17. DURATION OF TDY TRAVEL	
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED			
				19. GOVERNMENT/DEDUCTIBLE MEALS			
		a. DATE	b. NO. OF MEALS			a. DATE	b. NO. OF MEALS
20. a. CLAIMANT SIGNATURE		b. DATE	c. SUPERVISOR SIGNATURE			d. DATE	
21. a. APPROVING OFFICER SIGNATURE						b. DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY	26. TRAVEL ORDER POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID	

ENCLOSURE (2)

PSA WEST

Travel Claim Electronic Funds Transfer Information Form

NAME: _____ SSN: _____

RANK/GRADE: _____ COMMAND: _____

UIC: _____

BANK INFORMATION

Name of Financial Institution: _____

Type of Account: (Check one) Checking () or Savings ()Account Number: Financial Institution's Routing Transit Number (RTN) - found on the bottom left of your checks or from your financial institution:

All information on this form is required under the Integrated Automated Travel System. The information provided will be used to process payments data from DFAS Center Cleveland OH to the Financial Institution and/or its agent or to the mailing address submitted. Failure to provide the requested information will cause delay in the processing of your travel claim/advance and prevent payment thereof.

I elect those payments for travel claims/advances submitted be deposited to the Financial Institution indicated:

Signature: _____ Date: _____

PRIVACY ACT STATEMENT

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect information on this form should be taken.

Enclosure (3)

PSA WEST

ADVANCE TRAVEL/DLA/PER DIEM REQUEST FORM

(This form is not to be used for DITY MOVE advances)

NAME: _____ RATE: _____ SSN: _____ - - -
(Must match orders)

COMMAND: _____ UIC: _____ TRF DATE: _____

TYPE OF REQUEST: ADV TAD/TDY (SCHOOL) PER DIEM

FIRST REQUEST:	From: _____	To: _____	PAID: Y / N
SECOND REQUEST:	From: _____	To: _____	PAID: Y / N
THIRD REQUEST:	From: _____	To: _____	PAID: Y / N
FOURTH REQUEST:	From: _____	To: _____	PAID: Y / N
FIFTH REQUEST:	From: _____	To: _____	PAID: Y / N
SIXTH REQUEST:	From: _____	To: _____	PAID: Y / N

Daily Room Rate: \$ _____
 PMR CMR GMR RIK

1 POV 2 POVs COMM AIR GOV'T AIR DIRECTED

MEMBER DEPENDENTS

SINGLE DLA (Signed certification on PCS orders) DEPENDENTS DLA

I am traveling from: _____.

To: _____ on _____ (date)

It is my intention to relocate (circle one) {MYSELF} or {MY DEPENDENTS} or {BOTH} from
(Address) _____ to a residence in (City/State) _____.

DEPENDENTS INFORMATION

SPOUSE (NAME): _____ DATE OF MARRIAGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

Date of dependents travel _____

THE PENALTY FOR WILLFULLY MAKING FALSE STATEMENT IS A MAXIMUM FINE OF \$10,000 OR IMPRISONMENT FOR 5 YEARS OR BOTH (US CODE TITLE 18, SECTION 287).

SIGNATURE

DATE

EFT INFORMATION (check one) New Change EFT ON FILE (PSA SAN DIEGO)

BANK NAME: _____ ACCOUNT NUMBER: _____

ROUTING NUMBER (9 DIGITS): _____ Checking Saving

Remarks:

PRIVACY ACT STATEMENT

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect information on this form should be taken. Enclosure (4)

PSA WEST

ADVANCE TRAVEL/DLA REQUEST FOR DEPENDENTS ONLY

(This form is not used if the member will travel with the dependents.)

SERVICE MEMBER NAME: _____ RATE: _____

SSN: ____ - ____ - ____ (Must match orders)

COMMAND: _____ UIC: _____

TYPE OF ADVANCE: DLA MALT FLAT P/D
 1 POV COMM AIR GOV'T AIR DIRECTED OTHER

If this POV is separate from the member's POV, provide License Plate No. _____
Copy of Registration upon request.

SPOUSE (NAME): _____ DATE OF MARRIAGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

DATE DEP TRAVEL: _____

TRAVELING FM _____ TO _____

THE PENALTY FOR WILLFULLY MAKING FALSE STATEMENT IS A MAXIMUM FINE OF \$10,000 OR IMPRISONMENT FOR 5 YEARS OR BOTH (US CODE TITLE 18, SECTION 287).

SIGNATURE

DATE

EFT INFORMATION (Required for all advance requests)

BANK NAME: _____ ACCOUNT NUMBER: _____

ROUTING NUMBER (9 DIGITS): _____ Checking Saving

Remarks:

PRIVACY ACT STATEMENT

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TEMPORARY LODGING EXPENSE (TLE) REQUEST

PSA West

[Note: This form cannot be transmitted via the internet. Complete form on screen, print, sign, and submit to servicing PSD.]

Name (Last, First, MI): Date:

Social Security Number (SSN): Rank:

I checked out of my old duty station on (date)

I checked into my new duty station on (date)

Itemized Expenses:

Date	Lodging Location	Number of People			Daily Cost (w/ Tax)	Type of Quarters	Cooking Facilities/ Gvt Mess	Stayed w/ Friends or Family
		Mbr	Sps	No.Child				
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
/ /		<input type="checkbox"/>	<input type="checkbox"/>	
/ /		<input type="checkbox"/>	<input type="checkbox"/>	

Dependent Information:

	Name (Last, First, MI)	Date of Marriage
Spouse	, ,	/ /
	Is spouse military member?	...
	If yes, provide SSN.	- -

	Name (Last, First, MI)	Date of Birth
Child	, ,	/ /
Child	, ,	/ /
Child	, ,	/ /
Child	, ,	/ /
Child	, ,	/ /

I certify that I used temporary lodging as part of my PCS to my new duty station, and have provided the following: **TWO** copies of HFL 1727, PCS orders and amendments, and lodging receipt

Signature (must be original, no facsimiles) ___/___/___
Date Signed

Use of available Government quarters is **required**, including temporary lodging facilities in the area of the old or new PDS. If Government quarters are not available, the member's certification is required to support the claim. To be reimbursed for commercial lodging when Government quarters are not available, the member must also sign the following statement:
I CERTIFY THAT GOVERNMENT QUARTERS WERE NOT AVAILABLE FOR THE PERIOD TLE IS CLAIMED ABOVE.

Signature (must be original, no facsimiles) ___/___/___
Date Signed

ENCLOSURE (6)

REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES BY SALARY OFFSET

1. PAYING AGENCY IDENTIFICATION		2. EMPLOYEE IDENTIFICATION	
a. NAME		a. NAME (Last, First, Middle Initial)	
b. ADDRESS (Street, City, State and Zip Code)		b. ADDRESS (Street, City, State and Zip Code)	
		c. DATE OF BIRTH	d. SOCIAL SECURITY NUMBER

To liquidate a debt to the United States, the named Creditor Component asks that the debt be collected as shown from the current pay of the employee identified above. Notices and inquiries concerning the debt should be sent to the address shown below.

3. DEBT INFORMATION			
a. REASON FOR DEBT			
b. DATE RIGHT TO COLLECT ACCRUED		c. DEBT IDENTIFICATION NUMBER, IF ANY	
d. ORIGINAL DEBT AMOUNT	\$	e. NUMBER OF INSTALLMENTS	@ (1) Amount (2)
f. INTEREST DUE <i>(If none, show N/A)</i>	\$		\$
g. PENALTY DUE <i>(If none, show N/A)</i>	\$		\$
h. ADMINISTRATIVE COST <i>(If none, show N/A)</i>	\$		\$
i. TOTAL COLLECTION TO BE MADE	\$	j. COMMENCE DEDUCTIONS ON (Enter date)	

4. DUE PROCESS (X applicable items and either enter date action taken in Column (1) or X Column (2) or (3) and attach acknowledgement or consent.)								
		Date Action Taken (1)	Acknowl- edgement (2)	Consent (3)		Date Action Taken (1)	Acknowl- edgement (2)	Consent (3)
a. CREDITOR COMPONENT 30-DAY SALARY OFFSET NOTICE					d. HEARING HELD			
b. EMPLOYEE DID NOT RESPOND (Consent assumed)					e. DECISION FOR CREDITOR COMPONENT			
c. EMPLOYEE REQUESTED A HEARING					f. OTHER (Specify)			

I certify the following:

- (1) The debt identified above is properly due the United States from the named employee in the amount shown;
- (2) This Agency's regulations implementing 5 U.S.C. 5514 have been approved by the Office of Personnel Management; and
- (3) The information concerning this Component's and the employee's actions is correct as stated.

5. CREDITOR COMPONENT INFORMATION			
a. NAME		b. APPROPRIATION / FUND	
		(1) Title	(2) Symbol No
c. ADDRESS (Street, City, State and Zip Code)		d. DISBURSING OFFICER	
		(1) Name (Last, First, Middle Initial)	(2) Symbol No
e. CERTIFYING OFFICIAL			
(1) Signature			(2) Date Signed
(3) Title			(4) Telephone Number