

INSTRUCTION FOR FILING TRAVEL VOUCHERS

Please check the information on Standard Form (SF) 1164 carefully to insure correctness. All travel claims are filed using each traveler's social security number. In cases where a patient travels with a non-medical attendant, lodging and POV travel will normally be placed on the patient's claim form, unless the patient was admitted to the hospital as an inpatient. Non-medical attendants will not be reimbursed for travel in a POV as a passenger, but will get per diem (unless the completed travel is less than twelve hours).

Meals and lodging are paid under a set per diem amount. The Defense Finance and Accounting Service (DFAS) requires receipts for lodging, airline travel, taxi, or shuttle receipts when more than \$25.00, but no for meals or gas. In the Washington DC area, a one-night hotel stay will be reimbursed up to \$119.00 (as of October 1, 2002), not including tax. The total per diem rate for this area is \$165.00 per day, which includes *lodging, food, and incidentals*. Travel by privately owned conveyance (POV) is reimbursed at a rate of 36.5 cents per a mile, up to the round-trip cost of a commercial airline ticket between your home and your destination.

The highlighted areas on the SF 1164 require completion. Please read each entry carefully to determine what information is requested, and fill in the blocks using a black-ink pen. If you notice information that is not correct, please contact our office immediately so we may provide you with another containing the correct information. DFAS will not process forms with alterations and scratch-overs.

New requirements have been placed in effect for payment of travel claims. Funds will be paid using direct deposit, so we have included an electronic funds transfer (EFT) form for your completion. More detailed instructions are provided on the form itself. If you have completed an EFT form for previously completed travel, you do not need to resubmit.

Patient's receiving treatment on an outpatient basis will need to complete an additional form, Department of Defense (DD) Form 1351-3. This is an estimate of what you (the **PATIENT ONLY**) paid for food for each meal consumed during your care. Begin with the day you leave home, and continue daily until you return home for each outpatient day. It is not necessary to keep receipts for each meal, just give your best estimate. **Non-medical attendants receive the full per diem rate, and do not have to complete this form.**

After completing the forms, make a copy for your records and mail the original set back to me at:

TRICARE Northeast
6900 Georgia Avenue, NW
Building 1, Room C-205
Washington DC 20307-5001

After review and signature, the form will be forwarded to DFAS in San Antonio, TX. When you receive your settlement voucher from DFAS showing that the claim was settled, please send one copy of the settlement voucher back to me at the address above. If you have any questions, or require any assistance in completing your paperwork for reimbursement, please contact me at (202) 356-0804 or Mr. Darryl Crowe at (202) 356-0792.

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