

SEA Travel Voucher Itinerary and Expenses Form

Attach this form to the Subsistence Expense Allowance Application

Evacuee Name: _____ **Evacuation Post:** _____

Fill in portion below

DATE	DEPART TIME FROM RESIDENCE	DEPART COUNTRY/POST	ARRIVAL TIME	ARRIVAL COUNTRY/POST	DESCRIPTION OF ENROUTE EXPENSES	\$ AMOUNT

Sample format for filling out form

1/1/98	11:30pm	Kinshasa, Congo	6:00am	Singapore	Taxi fare to hotel	\$ 50.00
					Hotel - 1 night	\$123.00
1/2/98	9:00pm	Singapore	1:30pm	Washington, DC	Taxi fare	\$ 35.00

Receipts are required for all expenses e.g. airline tickets, hotel bills, taxi fare.

Calculation of Meals & Incidental Expenses (M&IE): If travel is more than 12 hours, but less than 24 hours then: First day = 3/4 day of the location traveling to; Lodging plus M&IE for stopover locations en route to safe haven, if applicable; Last day = 3/4 day of location traveling from (when departing to return to Post). All days in between = SEA.

Please Note: The employee is responsible for repaying any SEA balance if reassigned, if evacuation ends abruptly, if issued PCS/TDY/MED/R&R/Home Leave orders, or if status changes from commercial to non-commercial. Post Change of Status (PCS) starts by beginning consultation/training/receiving TLA. Please FAX your SEA application complete with supporting documents to Sherry Howard at (843) 202-3803. You must also mail the originals to: Department of State, Global Financial Operations, Charleston Financial Services Center, FM/GFS/F/AO, P.O. Box 15008, Charleston, S.C. 29415-5008, Attn: Sherry Howard, CAA. Ms. Howard's phone number is (843)-746-0708, her e-mail address is HowardSA@state.gov should you have questions.