

PROCEDURES FOR R&R LEAVE RETROACTIVE REIMBURSEMENT CLAIMS
Current as of 29 December 2006

1. General. Payment of onward travel airline costs for R&R Leave Program participants was approved 19 Dec 03. Authorization was granted 21 Jun 04 to implement retroactive reimbursement for onward movement airline travel.

a. Eligible personnel are military members who participated in the USCENCOM R&R Leave Program during the period 25 Sep-18 Dec 03 whose airline tickets from the APOD to their final leave destination were paid for by the R&R participants, their family members, or other private individuals.

b. To claim retroactive reimbursement, eligible personnel must submit documentation as indicated below. All R&R Leave participants are reminded to maintain copies of documents associated with R&R Leave for future actions that may require such documentation.

2. Required Documentation.

a. Participants must present the following documents. The claims process will go much smoother if all substantiating documents are submitted.

(1) DD Form 1351-2, Travel Voucher, must be submitted to file a claim for reimbursement. Participants can download the form from the publications and forms website link on AKO or from the Defense Finance and Accounting System (DFAS) website: <http://www.dod.mil/dfas/civilianpay/travel/travelpayforms.html>.

(2) Copy of leave documentation containing fund cite (Army: DA Form 31 or R&R leave order; USAF: AF Form 988; USMC: NAVMC3)

(3) Airline ticket receipt (that shows that the ticket was paid).

(4) A statement certifying travel. The statement must contain name, SSN, dates of travel, airline used, destination airport, and cost of ticket. See the attached example statement a blank statement form.

b. If available, submit a copy of the airline ticket and/or travel itinerary. Inclusion of these documents may speed processing of your claim.

3. Lost Documentation.

a. Personnel who no longer have airline ticket receipts must contact the airline flown for replacement receipts. If the airline is unable to assist, participants must contact Al-Shamel, the ticket agent within the CENTCOM Theater of operations, to

obtain copies of receipts. To contact Al-Shamel, call 011-965-433-8594; send e-mail to: randrleave@alshamel.com; or send written requests to the following address:

Shuhada Str. Cement House Bldg.
Sharq – Kuwait

b. For other missing documentation, contact DFAS at (317) 510-5372, at the following address, or at the e-mail address in para 4 below.

4. Where to submit your claim.

DFAS-IN
Contingency Travel Operations
Department 3900
ATTN: R&R Leave
8899 East 56th Street
Indianapolis, IN 46249-3900

All personnel should allow at least 4 weeks for their claim to be processed and paid. Resolution could take longer if DFAS requires additional information or documentation. Personnel who have questions should e-mail DFAS at: DFAS-INR&RLEAVE@DFAS.MIL.

NOTE: You must copy and paste the DFAS e-mail address into your e-mail message “to” line. If you only click on the link to the address (above), the portion of the address after the ampersand (&) does not appear in the “to” line and the message will not send.

5. All personnel have 6 years in which to file claims.

S A M P L E

REIMBURSEMENT STATEMENT

1. I, SSG, John J. Doe, SSN 012-34-5678,
(Rank [if applicable]; first, MI, last name; SSN)

certify that I traveled on R&R Leave while deployed in the CENTCOM area of responsibility in support of Operation Enduring Freedom/Iraqi Freedom. The following information is submitted to support my claim for reimbursement of airline travel costs.

Leave Dates	Airline	APOD*	Destination Airport	Amount Paid
1-17 Oct 03	Delta	ATL	Orlando, FL	\$345.00

2. I understand I am subject to the provisions of U.S. Code, Title 18, Sections 287 and 1001, and Title 31, Section 3729 for submitting fraudulent claims.

John J. Doe
Signature

30 Jun 04
Date

***APODs:** Dallas-Fort Worth International Airport – DFW
Hartsfield Jackson International Airport, Atlanta – ATL

S A M P L E

REIMBURSEMENT STATEMENT FORM

1. I, _____,
(Name [first, MI, last], Rank [if applicable], SSN

certify that I traveled on R&R Leave while deployed in the CENTCOM area of responsibility in support of Operation Enduring Freedom/Iraqi Freedom. The following information is submitted to support my claim for reimbursement of airline travel costs.

Leave Dates	Airline	APOD*	Destination Airport	Amount Paid
_____	_____	_____	_____	_____

2. I understand I am subject to the provisions of U.S. Code, Title 18, Sections 287 and 1001; and Title 31, Section 3729 for submitting fraudulent claims.

Signature

Date

***APODs:** Dallas-Fort Worth International Airport – DFW
Hartsfield Jackson International Airport, Atlanta – ATL