



DEPARTMENT OF THE ARMY  
HEADQUARTERS  
U.S. ARMY MANEUVER SUPPORT CENTER AND FORT LEONARD WOOD  
FORT LEONARD WOOD, MISSOURI 65473-5000

FLW Regulation  
No 55-34

15 August 2002

Transportation and Travel  
LOCAL TRANSPORTATION PROCEDURE

Summary. The change to this publication reflects transition to the United States Army Maneuver Support Center and Fort Leonard Wood, MANSCEN & FLW).

Applicability. This regulation applies to all United States Armed Forces military and civilian personnel utilizing privately owned vehicles in the transaction of official business.

Supplementation. Supplementation of this regulation is prohibited unless specifically approved by Headquarters, MANSCEN.

Suggested Improvements. The proponent agency of this regulation is the Directorate of Logistics (DOL). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to DOL, ATTN: ATZT-DL-TM, 179 Missouri Avenue, Fort Leonard Wood, MO 65473-8952.

FOR THE COMMANDER:



JEFFREY J. DORKO  
Colonel, GS  
Chief of Staff

JAMES M. BOATMAN  
Acting Director, Information  
Management

DISTRIBUTION:  
A  
Plus 100 – ATZT-IM-ST  
3 – ATZT-IM-SP

| Contents   | Page |
|--|------|
| Paragraph 1. Purpose .....                                   | 2    |
| Paragraph 2. References and Forms .....                      | 2    |
| Paragraph 3. Explanation of Acronyms and Brevity Codes ..... | 2    |
| Paragraph 4. Policies .....                                  | 2    |
| Paragraph 5. Responsibilities .....                          | 2    |
| Paragraph 6. Procedures .....                                | 2    |

\*This regulation supersedes FLW Reg 55-34, dated 16 September 1992.

1. Purpose. To establish policies and procedures whereby military or civilian personnel of this command and other activities attached to this command for transportation may be authorized payment or reimbursement of expenses for the performance of local travel (as opposed to temporary duty directed travel) necessary in conducting essential Government business within and around Fort Leonard Wood.

2. References and forms.

a. Required references.

(1) DFAS-IN Reg 37-1 (Finance and Accounting Policy Implementation). Cited in paragraph 6d and 6d(1).

(2) AR 190-5 (Motor Vehicle Traffic Supervision). Cited in paragraph 6g.

b. Referenced forms.

(1) Standard Form 1164, Claim for Reimbursement for Expenditure on Official Business.

(2) FLW Form 1254, Request for Motor Transportation and Trip Order.

3. Explanation of Acronyms and Brevity Codes.

AR  
Army regulation

DOIM  
Directorate of Information Management

DOL  
Directorate of Logistics

FLW  
Fort Leonard Wood

MANSCEN & FLW  
United States Army Maneuver Support Center  
and Fort Leonard Wood (same as MANSCEN)

POV  
privately owned vehicle

TDY  
temporary duty

4. Policies.

a. Local travel (within a 50 mile radius of FLW) is travel for the purpose of conducting essential Government business within and adjacent to the installation to which the traveler is permanently assigned for duty.

b. Use of privately owned vehicles (POV) may be authorized for local transportation in the transaction of official business. If Government transportation is available, travel by POVs will not be authorized unless such Government transportation is not adequate or the use of POVs is more economical or more advantageous to the Government. This regulation contains provisions and instructions for reimbursement of expenses when POVs are used.

5. Responsibilities.

a. The Installation Transportation Officer is responsible for approving a mode of transportation involving reimbursement to the traveler.

b. The Installation Transportation Officer will -

(1) Advise major commanders and directors on available and suitable modes of local travel.

(2) Approve/disapprove all claims for reimbursement for local travel at personal expense.

(3) Review Standard Form 1164 (Claim for Reimbursement for Expenditure on Official Business) to ensure that (sample attached at figure 1)

(a) The travel distances are correct.

(b) The mileage rate charged is proper and correct.

(c) The total amount to be paid to the claimant is correct and insert the proper fund citation in the space provided (accounting classification).

(d) The approving officer has signed in the proper space prior to payment of claims by imprest fund cashier.

(4) Maintain complete records of approval for travel and payment of claims.

(5) Modify Standard Form 1164 approval block to read "Approved, correct, proper and advantageous to the Government for \$ ."

c. Major commanders and directors will -

(1) Determine whether the travel meets the definition of local travel.

(2) Ensure that an individual utilizing a POV for official travel has not been placed on temporary duty (TDY) orders in connection with the same official duty.

6. Procedures.

a. All requests for local transportation when reimbursement is required must be approved in writing by the commanding officer, or other appropriate command authority, and the Installation Transportation Officer. Individuals desiring to utilize POVs for official travel will submit to the Transportation Motor Pool prior to the actual travel five copies of FLW Form 1254 (Request for Motor Transportation and Trip Orders). A completed sample of FLW Form 1254 is at figure 2.

b. When the use of POV is approved as being more advantageous to the government, reimbursement at the current rate quoted by the Joint Travel Regulation per mile for the use of an automobile is authorized for the distance traveled. The distance will be based on speedometer readings for the actual distance traveled incident to conducting Government business.

c. Requests for advice concerning the use of local transportation may be made verbally to the Transportation Officer who will recommend a mode of transportation to be utilized.

d. Claims for reimbursement of expenditures incurred in use of POV for official business will be submitted on Standard Form 1164 to the Transportation Officer. The claimant will prepare this voucher in original and four copies in accordance with the provision of DFAS-IN Reg 37-1 (Finance and Accounting Policy Implementation).

(1) At the time that the claimant signs and dates the Standard Form 1164, he/she becomes responsible for all information and statements contained therein. He/she certifies that the voucher is factual, proper, complete and correct in all respects and that payment for the expenses explained thereon has not been received. The claimant will not sign the voucher until it has been properly prepared, showing itinerary and reimbursable expenses. Any person submitting a false, fictional,

or fraudulent claim for travel performed within or around his/her permanent duty station is subject to the statutory penalty provisions referred to in DFAS-IN Reg 37-1.

(2) The commanding officer or other appropriate command authority who initially approved the FLW Form 1254 will certify the voucher by signing the applicable space on the Standard Form 1164. The approving official will certify a voucher for reimbursement only after he/she is satisfied that the travel was properly authorized and that the travel was actually performed. If the certifying officer does not have first-hand knowledge of the purpose and condition of the travel, he/she should obtain the information prior to certifying the voucher for payment. The certifying official should be assured that Government transportation or commercial tickets or tokens were not available for use by the individual.

e. Personnel incurring personal expense as a result of paying for services, repairs, or products while operating an officially dispatched Government vehicle may be reimbursed for actual expenses using the following procedures:

(1) Claimant must present a signed receipt for expenses incurred incident to the use of a Government vehicle to the Transportation Officer. Receipt must identify vehicle registration number; product, services, or repairs purchased; and total amount.

(2) Transportation Officer will prepare Standard Form 1164, attach the receipt, and direct claimant to the Finance and Accounting Office, Travel Section, for payment.

f. The Imprest Fund Cashier, Procurement Division, Directorate of Contracting will make payment of claims for expenses up to \$150. When local expenses exceed \$150 on Standard Form 1164, then the voucher will be processed by Finance and Accounting Office, Travel Section..

g. POVs used for local transportation in connection with official business on reimbursable basis must be properly licensed and registered in a US state or territory and in compliance with AR 190-5 (Motor Vehicle Traffic Supervision), paragraph 2-1.

|  |   |   |  |                           |  |
|--|---|---|--|---------------------------|--|
| <b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b> |   | 1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE<br>US Army, 8th QM Company<br>Fort Knight Maryland |  | 2. VOUCHER NUMBER<br>3816 |  |
|  |   |   |  | 3. SCHEDULE NUMBER<br>274 |  |
| <i>Read the Privacy Act Statement on the back of this form.</i>      |   |   |  | <b>5. PAID BY</b>         |  |
| CLAIMANT   | 4. a. NAME (Last, first, middle initial)<br>WRONG, ERVIN U. MAJ   |   | b. SOCIAL SECURITY NO<br>000-00-0000         |                           |  |
|  | c. MAILING ADDRESS (Include ZIP Code)<br>QUARTERS B<br>HARPER DRIVE<br>FORT KNIGHT MD 20745   |   | d. OFFICE TELEPHONE NUMBER<br>(111) 222-3333 |                           |  |
|  | 6. EXPENDITURES <i>(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)</i> |   |  |                           |  |

| DATE  | C<br>O<br>D<br>E | Show appropriate code in col. (b):<br>A — Local travel<br>B — Telephone or telegraph, or<br>C — Other Expenses (itemized) |                                  | MILEAGE RATE<br>0.15 ¢   | AMOUNT CLAIMED |                          |             |                        |                      |
|---|------------------|---|----------------------------------|--|----------------|--------------------------|-------------|------------------------|----------------------|
|   |                  |   |                                  |  | MILEAGE        | FARE OR TOLL             | ADD PERSONS | TIPS AND MISCELLANEOUS |                      |
|   |                  | <i>(i) FROM (j) TO</i>  |                                  | NO OF MILES (k)  | (l)            | (m)                      | (n)         | (o)                    |                      |
| 03 Jan  | PC               | Fort Knight, MD   | Fredrick, MD                     | 30.0   | 4.50           |                          |             |                        |                      |
|   | BR               |   | Fredrick, MD                     |  | 0.00           | 0.25                     |             |                        |                      |
| 03 Jan  | PC               | Fredrick, MD  | Fort Knight, MD                  | 30.0   | 4.50           |                          |             |                        |                      |
|   | BR               | Fredrick, MD  | Fort Knight, MD                  |  | 0.00           | 0.25                     |             |                        |                      |
| 11 Jan  | CB               | Fort Knight, MD<br>Baltimore, MD  | Baltimore, MD<br>Fort Knight, MD |  | 0.00           | 2.96                     |             |                        |                      |
|   | TA               | Bus Depot, Baltimore  | Fed Bldg, Baltimore              |  | 0.00           | 2.40                     |             | 0.40                   |                      |
|   | TA               | Fed Bldg, Baltimore   | Post Office Bldg, Baltimore      |  | 0.00           | 1.00                     |             | 0.25                   |                      |
|   | CB               | Post Office Bldg, Baltimore   | Bus Depot, Baltimore             |  | 0.00           | 0.40                     |             |                        |                      |
| 25 Jan  |                  | Fort Knight, MD   | Dalton, MD                       |  | 0.00           | 2.00                     |             |                        |                      |
|   |                  | Dalton, MD  | Fort Knight, MD                  |  | 0.00           | 2.00                     |             |                        |                      |
| <i>If additional space is required continue on the back.</i>  |                  |   |                                  | SUBTOTALS CARRIED FORWARD FROM THE BACK  |                |                          |             |                        |                      |
| 7. AMOUNT CLAIMED <i>(Total of cols. (l), (m) and (n).)</i>   |                  |   |                                  | ▶ \$ 20.91   |                | TOTALS                   |             |                        | 60.0 9.00 11.26 0.65 |
| 8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. <i>(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).)</i> |                  |   |                                  | 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. |                |                          |             |                        |                      |
| <i>Sign Original Only</i>   |                  |   |                                  | <i>Sign Original Only</i>  |                |                          |             |                        |                      |
| APPROVING OFFICIAL SIGN HERE ▶  |                  |   |                                  | R. B. DOE, Captain, AGC<br>Post Adjutant   |                | DATE                     |             | 27 Jan 02              |                      |
| DATE  |                  |   |                                  | 28 Jan 02  |                | 11. CASH PAYMENT RECEIPT |             |                        |                      |
| 9. This claim is certified correct and proper for payment.  |                  |   |                                  | <i>Sign Original Only</i>  |                | a. PAYEE (Signature)     |             | b. DATE RECEIVED       |                      |
| AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶   |                  |   |                                  | DATE   |                | 31 Jan 02                |             |                        |                      |
| ACCOUNTING CLASSIFICATION   |                  |   |                                  | DATE   |                | c. AMOUNT                |             |                        |                      |
| 2191010 76-1089 P20000-2190 S19034 206719.90000   |                  |   |                                  | DATE   |                | \$ 20.91                 |             |                        |                      |
| 1164-210-09   |                  |   |                                  | STANDARD FORM 1164 (Rev. 5-80)   |                |                          |             | USAPA V5 C3            |                      |
|   |                  |   |                                  | Prescribed by GSA, FPMR (CFR 41) 101-7   |                |                          |             |                        |                      |

Figure 1. Example of a completed SF 1164.

| REQUEST FOR MOTOR TRANSPORTATION AND TRIP ORDER<br>(FLW Reg 58-1)  |                |  |   | DATE  |
|--|----------------|--|---|---|
| <b>THRU:</b> (Name, Organization and Telephone No. of Activity Trans Coordinator)<br>MSG Jim E. Dandy<br>HQ 4th AIT Bde<br>Fort Leonard Wood, MO 6-1112<br>(When forwarding, line out name and initial.)   |                | <b>TO:</b><br>Motor Transport Officer<br>Bldg 672  | <b>FROM:</b> (Name, Organization and Telephone No. of Requestor)<br>John A. Doe<br>Hq 4th AIT Bde<br>Fort Leonard Wood, MO 6-1111 |   |
| TRANSPORTATION SERVICE REQUIRED  |                |  |   |   |
| DATE   | REPORTING TIME | DEPARTURE TIME   | ESTIMATED DATE AND TIME OF RELEASE  | <input type="checkbox"/> With Driver<br><input type="checkbox"/> N/A<br><input type="checkbox"/> Without Driver |
| 14 Aug 92  | N/A            | N/A  | N/A   |   |
| DESTINATION  |                | REPORT TO (Name of Individual, Location and Phone No.)   |   | OFF POST DISPATCH   |
| St. Louis, MO  |                | N/A  |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No N/A   |
| DESCRIPTION OF CARGO (Include Total Weight, Outsize Dimensions, etc.)  |                | NO. PAX  | NO. AND TYPE VEHICLE DESIRED  | NAME AND RANK OF PERSONNEL TO PICKUP VEHICLE  |
| N/A  |                | None   | POV   | N/A   |
| PURPOSE OF TRIP  |                | I verify that this request is in accordance with provisions of FLW Reg 58-1 and is for official use. |   |   |
| Coordinate Reserve Component Functions   |                | _____<br>(Signature of Transportation Coordinator)   |   |   |
| REMARKS  |                |  |   |   |
| Request the use of POV in connection with official business as being more advantageous to the Government due to the non-availability of Government owned vehicles.   |                |  |   |   |
| <b>FOR EXAMPLE PURPOSES ONLY</b>   |                |  |   |   |
| (For Use of Motor Pool Only)   |                |  |   |   |
| <input type="checkbox"/> Spare Tire<br><input type="checkbox"/> Jack w/Lug Wrench  |                | CREDIT CARD NO.  | <input type="checkbox"/> Approval<br><input type="checkbox"/> Disapproval<br>DATE   | INITIALS  |
|  |                |  |   | DRIVERS ASSIGNED MISSION FROM TMP   |
| INSTRUCTIONS   |                | TMP NO. AND TYPE VEHICLE COMMITTED   |   | DATE REQUEST RECEIVED   |
| Refuel at Government installations whenever possible. Purchase unleaded fuel ONLY and lubricants that are necessary to complete your trip. In an emergency you may charge "road repairs" to your credit card. Obtain a receipt for all purchases, tolls paid and personal funds expended. Turn in receipts, credit card, and toll charge plates to dispatcher immediately after completion of trip. In case of trouble, breakdown, or accident, call AUTOVON 581-2812 (or collect 314-368-2812). |                | REMARKS  |   |   |
| Receipt of the above checked items are acknowledged.   |                | I verify that all operator maintenance and services have been performed.                             |   |   |
| _____<br>(Signature of Vehicle Operator)   |                | _____<br>(Operator's Signature)  |   |   |
| OFFICIAL USERS RELEASE   |                |  |   |   |
| INITIALS   | TIME           | DEPARTURE TIME   | DISPATCH INITIALS   | TMP CONTROL NUMBER  |

FLW Form 1254 (1 Nov 78)

Figure 2. Example of a Completed FLW Form 1254.