



DEPARTMENT OF THE NAVY
NAVAL MEDICAL RESEARCH CENTER DETACHMENT

LIMA, PERU
UNIT NUMBER 3800
APO AA 34031 - 3800

IN REPLY REFER TO
NMRCINST 4650.1E
21 Jul 2004

NMRCD INSTRUCTION 4650.1E

From: Officer-in-Charge
To: Distribution List No.1

Subj: PROCEDURES AND POLICIES FOR REFERRAL TRAVEL

Ref: (a) Joint Federal Travel Regulations
(b) OPNAVINST 4651.4 Series
(c) OPNAVINST 4650.11 Series
(d) NAVCOMPTINST 3700.99 Series
(e) NAVCOMPTINST 4650.8 Series

Encl: (1) NMRCD Travel Request Form
(2) DD 1610 Request and Authorization for TDY Travel of
DOD Personnel (Edition Jan 2001)
(3) DD form 1351-2 Travel Voucher
(4) Sample Trip Reports

1. Purpose. Establish a command policy for the authorization of official travel. Prescribe procedures for requesting travel authority, criteria for approval, fiscal clearance required, orders preparation, proper use of transportation facilities and designation of those command officials authorized to approve travel as discussed in references (a) through (e). Ensure that travelers understand their responsibilities before, during and after travels.

2. Cancellation NMRCINST 4650.1D.

3. Policy. Official travel shall be limited to that necessary and essential to effectively and efficiently carry out the mission of this command. Travel meeting this criteria will be performed by the most economical means available by the minimum number of personnel for the minimum time consistent with the requirements of the mission to be accomplished. Administrative procedures established to implement this policy shall address cost avoidance through elimination of unnecessary travel, cost reduction through efficient performance of travel, observance of proper cash management principles and maintenance of efficient accounting systems for the timely and accurate reporting of travel obligations and expenditures. Government and official

21 Jul 2004

trips should follow the city pair contract airlines, i.e Washington via Delta, Atlanta via American Airlines.

4. Categories of Travel.

- a. Operational/Managerial travel.
- b. Attendance at meetings, conferences, and speeches
- c. Training.
- d. Relocation.
- e. Institutional - civilian.
- f. Unfunded - military
- g. Funded Environmental Morale Leave (FEML) - military

5 Priorities of Mission-Essential travel.

- a. Data collection and work unit execution (mission).
- b. Information collection and dissemination in militarily relevant forum (mission execution).
- c. Interagency science and technology transfer.
- d. Project-related training (professional and technical)
- e. Mandated collateral duty training (Career Counselors Safety Officers, etc.)
- f. Contract monitoring and assessment, work unit coordination.
- g. Program development and review (senior staff personnel
- h. Professional development and education (CME, etc.
- i. Professional, technical and clerical training (Command Training Plan execution).
- j. Information dissemination (non-military mission execution).
- k. Meeting attendance as a non-participating observer.

6. Travel Request

a. All personnel shall submit requests for temporary official travel utilizing the NMRCD Travel Request Form enclosure (1). Requests for tickets, lodging reservations, temporary travel orders and appropriate miscellaneous expenses shall be prepared based on the information provided on this form submission.

b. This form shall be submitted in hard copy format through the appropriate Department Head, Administrative Officer, Medical Coordinator and Fiscal Head prior to reaching the Officer-in-Charge (OIC) for final consideration. The correct routing procedure for all travel requests is as follows: The Department Head routes the travel form to the Medical Coordinator (requirement for U. S. military and civilians, not a requirement for FSN's or contractors). The Medical Coordinator or Department Head will route the travel request to the Travel Assistant. The Travel Assistant will provide travel cost information and forward to the Fiscal Officer for verification of funds availability. The Fiscal Officer will forward to the Administrative Officer for Administration approval. The Administrative Officer will forward to the Travel Assistant for final travel review. The Travel Assistant will then forward to the OIC for final approval/disapproval. The OIC then forwards the request back to the Travel Assistant. Once OIC approval has been obtained, the Travel Assistant shall prepare orders and travel and lodging arrangements.

(1) In-Country and U. S. A. travel requests shall be submitted within 7 days of travel and absolutely not after 48 hours before travel.

(2) Foreign travel, excluding the U. S. A., shall be submitted at least 30 days prior to commencement of travel, minimum 18 days. This shall ensure that cash advances, appropriate country clearance submissions are sent and a response is received, visas and any/all necessary documents are acquired and processed prior to travel.

(3) Travel requests submitted at shorter intervals than those listed above must be accompanied by a written statement explaining the urgency. These requests will come to the OIC's office before entering the Travel Request Chain.

21 Jul 2004

c. NMRCD transportation request must be filled-out and attached to each travel/field trip request form, if NMRCD vehicles are required.

d. The NMRCD Research Support Program must notify the Embassy Security Officer of all cases of in-country travel. This is to advise travelers of the security situation at the location of travel.

e. The traveler shall be responsible for obtaining all the supplies and equipment necessary for this travel through the Fiscal and Procurement Department.

7. Travel Advances. Processing travel advances for authorized travel shall require a minimum of five working days until commencement of travel. Travel advances will be processed for all international travels. No travel advances will be authorized when traveling 24 hours or less. Senior FSNs will not be entitled to travel advances when traveling a day or two.

8. Period of Travel

a. Personnel traveling under official orders are considered representatives of this institution, the American Embassy-Lima, Peru and the United States Government. Personnel shall conduct themselves in a respectful manner and their attire should remain appropriate to the working conditions according to the environment of the host country.

b. Ensure all expenses are authorized and clearly specified in advance of commencement of travel. Do not make unauthorized commitments or expenditures from these orders.

c. Know and understand the per diem rates for the areas of travel. This will facilitate in obtaining lodging and reducing out-of-pocket expenses as well as facilitating the submission of the travel claim upon completion of the travel.

d. Inform NMRCD of any travel variations.

e. There is no overtime compensation while on travel. Overtime is only paid if the traveler is on TAD while there is local holiday at post.

9. Post Travel

a. The travel claim, DD Form 1351-2, enclosure (4), must be completed and submitted to the Travel Assistant within 5 working days after completion of travel. Airline ticket stubs, hotel bills, airport taxes and other miscellaneous receipts must accompany the travel claim to verify expenses and justify reimbursements.

b. If requested by OIC, personnel executing travel shall prepare a Trip Report within 5 working days after the completion of travel. This Trip Report shall be submitted through the chain-of-command to the Officer-in-Charge. A local trip report will be concise, in narrative form, and not exceeding two typewritten pages. It should include: (1) (Member's name) TRIP REPORT: location(s)- inclusive dates, (2) Purpose of trip, (3) Summary of trip, (4) Personnel contacted, naming their position, and (5) Essential Chronological details. For field trip travel, the team leader will submit the trip report. A foreign trip report will be concise, in narrative form, and not exceeding two typewritten pages. At a minimum it must include: (1) a justification statement for the travel in terms of mission requirements, (2) Organizational benefit derived for the laboratory, the Medical Department, and the U.S. Navy, (3) the work accomplished by the travel, (4) personnel contacted naming their positions, (5) cost benefit obtained in the conduct of official travel, and (6) tangible results that benefit work units, overall mission, and/or the U.S. Navy's position in the international arena.


M. F. DAVID
Acting



NMRC D, LIMA TRAVEL REQUEST FORM

Date of Request

Name

Purpose

Dates and Place

Time preferences:

Leave in conjunction with TAD

Yes

No

Dates:

Mark additional specific requests:

Rental car

Excess Baggage

Registration Fee

\$

Other:

Travel Advance

Yes

No

Lodging reservations

Yes

No

Hotel

Department Head:

Date:

Approved

Disapproved

Travel Medicine Coordinator:

Date:

Approved

Disapproved

Administrative Officer:

Date:

Approved

Disapproved

Officer in Charge:

Enclosure (1)

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <i>(Reference: Joint Travel Regulations (JTR), Chapter 3)</i> <i>(Read Privacy Act Statement on back before completing form.)</i>				1. DATE OF REQUEST (YYYYMMDD)						
REQUEST FOR OFFICIAL TRAVEL										
2. NAME (Last, First, Middle Initial)		3. SOCIAL SECURITY NUMBER	4. POSITION TITLE AND GRADE/RATING							
5. LOCATION OF PERMANENT DUTY STATION (PDS)		6. ORGANIZATIONAL ELEMENT	7. DUTY PHONE NUMBER <i>(Include Area Code)</i>							
8. TYPE OF AUTHORIZATION	9. TDY PURPOSE (See JTR, Appendix H)	10a. APPROX. NO. OF TDY DAYS <i>(Including travel time)</i>	b. PROCEED DATE (YYYYMMDD)							
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED										
12. TRANSPORTATION MODE										
a. COMMERCIAL			b. GOVERNMENT		c. LOCAL TRANSPORTATION					
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	PRIVATELY OWNED CONVEYANCE (Check one)
<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"/>
										RATE PER MILE: _____
										<input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)										<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR
13. <input type="checkbox"/>	a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR			<input type="checkbox"/>	b. OTHER RATE OF PER DIEM (Specify)					
14. ESTIMATED COST										
a. PER DIEM	b. TRAVEL		c. OTHER		d. TOTAL			15. ADVANCE AUTHORIZED		
\$	\$		\$		\$ 0.00			\$		
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)										
17. TRAVEL-REQUESTING OFFICIAL (Title and signature)						18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature)				
AUTHORIZATION										
19. ACCOUNTING CITATION										
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature)						21. DATE ISSUED (YYYYMMDD)				
						22. TRAVEL AUTHORIZATION NUMBER				

DD FORM 1610, MAY 2003

PREVIOUS EDITION IS OBSOLETE

Enclosure (2)

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 in Government Travel Charge Card <input type="checkbox"/> Payment by Check \$				4. SSN _____							
3. NAME (Last, First, Middle Initial) (Print or type) _____		3. GRADE _____		5. TYPE OF PAYMENT (X as applicable) <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							
6. ADDRESS: a. NUMBER AND STREET _____		b. CITY _____		c. STATE _____ d. ZIP CODE _____							
e. E-MAIL ADDRESS _____				16. FOR D.O. USE ONLY							
7. DAYTIME TELEPHONE NUMBER & AREA CODE _____		8. TRAVEL ORDER NUMBER _____		a. D.O. VOUCHER NUMBER _____							
11. ORGANIZATION AND STATION _____		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES _____		b. SUBVOUCHER NUMBER _____							
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) _____		c. PAID BY _____							
e. NAME (Last, First, Middle Initial) _____		d. RELATIONSHIP _____		c. DATE OF BIRTH OR MARRIAGE _____							
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)				d. COMPUTATIONS _____							
15. ITINERARY				e. SUMMARY OF PAYMENT							
a. DATE		b. PLACE (Home, Office, Bar, Activity, City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL		d. REASON FOR STOP		e. LODGING COST		f. POC MILES	
DEP											
ARR											
DEP											
ARR											
DEP											
ARR											
DEP											
ARR											
DEP											
ARR											
DEP											
ARR											
DEP											
ARR											
DEP											
ARR											
DEP											
ARR											
16. PDG TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TDY TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS							
18. REIMBURSABLE EXPENSES				19. GOVERNMENT/Deductible MEALS							
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED		a. DATE		b. NO. OF MEALS	
20a. CLAIMANT SIGNATURE _____				b. DATE _____		20. SUPERVISOR SIGNATURE _____					
21a. 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 _____	

DD FORM 1351-2, JUL 2002

PREVIOUS EDITION IS OBSOLETE.

Exception to SF 1012 approved by GSA/NRMS 12-01

Reset

Enclosure (3)

EXAMPLE TRIP REPORTS

A Example of Meetings

I.A PHILLIPS TRIP REPORT Miami 31 Jan 2002 - 04 Feb 2002

PURPOSE Purpose of attendance was to present paper entitled "virus of Peru" and poster/orally on Malaria.

SUMMARY Attended annual meeting of Tropical medicine and Hygiene, Miami, Fla. 31 Jan 2002 - 04 Feb 2002.

PERSONNEL CONTACTED Dr. Black - USAMRU-B, Researcher
CDR Jones - USAMRU-B, OIC

ESSENTIAL CHRONOLOGICAL DETAILS

31 Jan 2002 Had discussions with Dr. Black, CDR Jones, etc. on research on Leishmaniasis. Collaboration with USAMRU-B will be started on vector identification.

B Example of Field Trips

I.A. PHILLIPS TRIP REPORT: Iquitos 31 Jan 2002 - 04 Feb 2002

MEMBERS: S Sanchez and P Hermoza

PURPOSE:

SUMMARY

PERSONNEL CONTACTED Dr. Arevalo Physician Rio Puerto

ESSENTIAL CHRONOLOGICAL DETAILS:

31 Jan 2002: Coordinated with Dr. Arevalo and obtained 185 samples of blood and feces from apparently well inhabitants of Rio Puerto for epidemiological studies. No problems were encountered with the study subjects. Enclosure (1) summarizes results of studies done in the field. All subjects with helminths were treated with Ketrax.

C Example of Courses/Training

ESSENTIAL CHRONOLOGICAL DETAILS

31 Jan 2002 Studied with Dr. Jackson at CDC to learn chlamydia culture techniques. Had discussions with Mrs. Jimenez of Gorgas laboratory about their modifications of this technology.



DEPARTMENT OF THE NAVY
NAVAL MEDICAL RESEARCH CENTER DETACHMENT

LIMA, PERU
UNIT NUMBER 3800
APO AA 34041 - 3800

IN REPLY REFER TO
NMRCINST 5040.1B
09 March 2004

NMRCD INSTRUCTION 5040.1B

From: Officer-In-Charge, Naval Medical Research Center
Detachment Lima, Peru

Subj NMRCD SAFETY ZONE INSPECTION PROGRAM

Ref (a) OPNAVINST 5040.7 Series
(b) OPNAVINST 5100.23 Series
(c) NMRCINST 5040.1 Series

Encl (1) NMRCD Material and Safety Inspection Zones
(2) Biosafety Laboratory Checklist
(3) NMRCD Life Safety Code Checklist
(4) NMRCD Material and Safety Inspection Checklist
(5) NMRCD Inspection Discrepancy Report
(6) NMRCD Inspection Findings
(7) NMRCD Material and Safety Discrepancy Log

1. Purpose. Establish a method and procedures for assuring safety, upkeep and maintenance for all spaces at the Naval Medical Research Center Detachment (NMRCD) Lima, Peru (NMRCD). This method shall be accomplished in the form of conducting material and safety inspections within the command.

2. Cancellation. NMRCD Instruction 5040.1A

3. Background. References (a) through (c) define the requirements for the Officer-in-Charge to ensure material readiness and a safe, clean, workplace environment by conducting material and safety inspections to:

a. Find and correct hazardous conditions, unsafe work practices and violations of standards and regulations.

b. Evaluate the condition and adequacy of machinery, equipment and buildings to include recommendations for repairs, alterations, changes and/or preservations which will ensure material readiness to achieve and full fill our established mission.