| DEPARTMENT OF HOMELAND SECURITY  U.S. COAST GUARD  **ADMINISTRATIVE REMARKS** |
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| **PRIVACY ACT STATEMENT**  Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.  **AUTHORITY**: 14 U.S.C. § 505  **PURPOSE**: To document a USCG service member’s achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.  **ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member’s achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).  **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administrating this form. |
| Entry Type: Inactive Duty Training – Travel Reimbursement Program Statement of Understanding (IDT-TRP SOU) (P&D-42)  Reference: (a) The Joint Travel Regulations (JTR)  (b) Coast Guard Supplement to the Joint Travel Regulations (CGS-JTR), COMDTINST 4600.17 (series)  (c) Government Travel Charge Card (GTCC) Program Policies and Procedures, COMDTINST M6400.18 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: I, [Rate First Name Last Name], was counseled regarding my request to enroll for the Inactive Duty Training – Travel Reimbursement Program (IDT-TRP) in fiscal year (FY) 20XX. I certify that I meet the eligibility criteria outlined in the current IDT-TRP ALCOAST.  My home zip code, listed in Direct Access, is XXXXX and my assigned duty station zip code is XXXXX.  The distance determined by the Defense Table of Official Distances is: 0 miles.  I intend to complete (enter #): 0 roundtrips this FY.  1. XX I understand that, if approved, I am authorized reimbursement not to exceed $750 per round trip, only for the travel and transportation expenses listed in the current IDT-TRP Guide (e.g. POV at the “other” mileage rate, actual meal cost, tolls). Current “other” mileage rate can be found at the following link: <https://www.travel.dod.mil/Travel-Transportation-Rates/Mileage-Rates/>.  2. XX I understand that rental cars and lodging are not reimbursable IDT-TRP expenses. Berthing for IDT is requested through my servicing District (dxr)/PAC-13.  3. XX I understand that I may not request reimbursement for meals that I am reimbursed for in my IDT Subsistence Pay (e.g., breakfast and lunch if I travel home on a duty day). I understand itemized receipts are required for meal reimbursement.  4. XX I understand that if I carpool, only the driver may request reimbursement for mileage.  *Continued next page…* |

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| Entry*: (Continued from previous page)*  5. XX I understand that I must comply with the Government Travel Charge Card (GTCC) Program and that my GTCC must be entered into my ETS user profile prior to submitting a travel claim.  6. XX I understand that I must submit my local travel claims in accordance with the current IDT-TRP User Guide on the IDT-TRP SharePoint Site and no more than 3 days after completion of round-trip travel. Claims initiated after 45 days will be denied.  7. XX I understand that IDT-TRP claims must be approved by the Approving Official (AO) in the same FY and prior to published closeout deadlines or I will not be reimbursed.  8. XX I understand that eligibility for the IDT-TRP is determined annually, and authorization expires at the end of each FY (30 Sep). In subsequent FYs, I must meet the eligibility criteria published in the annual ALCOAST and re-enroll.  9. XX I understand my approval is rescinded if I transfer to a different unit or my status otherwise changes (e.g., advancement) and I no longer meet the current eligibility criteria. If I still meet the current eligibility criteria, I may re-enroll upon receipt of orders to my new unit and, if approved, may claim reimbursement upon arrival to my new unit.  10. XX I understand my eligibility may be revoked at any time due to misuse of the program.  11. XX I understand this program may be restricted at any time due to budget constraints. For example, if government funding becomes unavailable at any point, eligible members may not receive reimbursement for travel expenses even though they were previously approved for the program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Member / Date) (Signature of Command Representative / Date)  \*This completed form must be emailed to: [IDTTravel@uscg.mil](mailto:IDTTravel@uscg.mil) for program authorization. Allow 5 business days for a response.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of IDT-TRP Approval / Date) | | |
| 1. NAME OF PERMANENT UNIT | 2. NAME OF UNIT PREPARING THIS FORM | |
| 3. NAME OF MEMBER (Last, First, Ml) | 4. EMPLOYEE ID NUMBER | 5. GRADE/RATE |

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