***PLEASE INITIAL BY EACH STATEMENT WHETHER IT APPLIES OR NOT***

Spangdahlem Patient Movement Trip Briefing

Patient Name_____

## Travel/Orders

_____ I understand that **I am not authorized to depart for travel until I am notified of approval or authorization by the 52 MDSS Patient Movement Office (PMO).**

_____ If I depart for travel without authorization or approval, I may not be reimbursed for any expenses.

_____ I am aware that my orders are only valid for the number of days determined by the Patient Movement Office. I am to contact the Patient Movement office with any changes to my TDY.

_____ In the event that my orders have to be extended, I will obtain a letter from the attending physician. This letter will need to state the extended period of days needed and the specified clinical reason. This letter is to be faxed/e-mailed to the Patient Movement office.

_____ Once all necessary medical appointments are completed, I will obtain a flight back to my home station no later than the day after I am medically cleared. I will be charged leave for any additional time spent on location.

_____ If I am traveling back from the states I am entitled to two travel days, if I exceed those days I will be placed on leave status. No reimbursements will be allotted for the additional day(s).

## Lodging

_____ When TDY on or near a military installation, I am directed to stay in military lodging.

_____ If military lodging is not available, I must obtain a Non-Availability statement (NAS) and stay in an authorized contracted lodging facility that is most advantageous to the government.

_____ I must keep all itemized lodging receipts for reimbursement.

## Per Diem/Meals

_____ When staying in military lodging, where meals are available, I am only entitled to meal reimbursement of the on base per diem rate.

_____ I understand that dependents traveling on orders are authorized reimbursement of **actual expenses up to 75% of the per diem rate only (children under the age of 12 receive up to 50%)**.

_____ I understand that in order to receive reimbursement for dependant meal expenses **I am required to keep all itemized meal receipts in addition to the Actual Expense log (DD 1351-3)**.

_____ I acknowledge that entitlements cease during inpatient stays and convalescent leave status (IAW JFTR 7210).

52d Patient Movement Office
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52MDSS.SGST.PatientTravel@us.af.mil

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**Rental Car/Transportation**

_____ **RENTAL CAR IS NOT AUTHORIZED UNLESS APPROVED** (all request will be approved by the TOPA Flt CC)**.**

_____ If authorized a rental car (**compact size only**), you will be reimbursed according to Rental Car Ceiling Rate set by the Defense Travel Management Office.

_____ I am authorized reimbursement of an airport shuttle to/from the airport. All shuttle receipts must be kept for reimbursement.

_____ I am aware that I am authorized taxi fare for trips between the lodging facility and official medical appointments only when no shuttle service is available.

## Non Medical Attendants

_____ I acknowledge my attending physician may ***recommend*** a Non Medical Attendant, but the 52 Medical Group Chief of Medical Staff is the final approving authority.

## Reimbursement for Travel

_____ Upon return to my duty station, I have **5 duty days** to file a travel voucher with the Spangdahlem Patient Movement office.

_____ For all dependent travel vouchers, I must provide a copy of each dependent's Actual Expense log (DD 1351-3) along with ALL itemized meal receipts and gas receipts (for POV).

_____ I understand that I am ***not*** authorized reimbursement for excess baggage.

_____ I understand that I am ***not*** entitled to reimbursement of Airport Parking fees.

_____ Only official phone calls to the Patient Movement office are reimbursable. Personal and all other phone calls will not be reimbursed.

_____ The member must file a voucher utilizing DTS (Defense Travel System). All receipts and any applicable documents (NAS, Leave form, etc.) will be uploaded into the Substantiating Records section of DTS. This also applies if my family members have traveled and I am filing on their behalf. I understand that I will submit my voucher **within 5 business days** after returning from a Medical TDY, or my authorization will be cancelled.

_____ If I am a member stationed at a location where I am unable to access DTS, I will forward a completed DD Form 1351-2 and receipts to the 52 MDSS PMO. When filing for a family member, I will include a completed DD Form 1351-3 (Actual Expense Log). I will forward the documentation within 5 business days after returning from a Medical TDY, or my authorization will be cancelled.

**I understand and will comply with the above statements.**

Sponsor Signature_____ Date_____

Patient Signature _____ Date_____

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