

**PROCEDURES FOR REST AND RECUPERATION (R&R) LEAVE
RETROACTIVE REIMBURSEMENT CLAIMS
BY DEPARTMENT OF ARMY CIVILIANS
UNDER AUTHORITY PROVIDED BY P.L. 109-234, AND CONSISTENT WITH
THE PROVISIONS OF 22 U.S.C. 4091(6)**

1. General.

a. Eligible personnel are all Department of Army United States (U.S.) citizen appropriated fund and non-appropriated fund (NAF) employees who are/were officially assigned by means of Temporary Duty (TDY), Temporary Change of Station (TCS), or Permanent Change of Station (PCS), or detail to another Federal agency to Iraq or Afghanistan during the period June 15, 2006 through September 30, 2008 who participated in the United States Central Command (USCENTCOM) Rest and Recuperation (R&R) Leave Program, whose airline tickets from the Aerial Port of Debarkation (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 more smoothly 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 Army Knowledge Online (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: Office of Personnel Management (OPM) Form 71 (Request for Leave or Approved Absence) or R&R leave order). If the traveler's above documentation does not contain an accounting fund cite, the home station command will have to provide a statement with the accounting fund cite.

(3) Airline ticket receipt (that shows that the ticket was paid, e.g., e-ticket receipt which contains detailed information such as your e-ticket number, itineraries, payment information etc).

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

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, Mr. Sherlock A. Holmes, SSN 012-34-1234,
(Rank [if applicable]; first, MI, last name; SSN)
certify that I traveled on R&R Leave while deployed to Iraq or Afghanistan 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.
Under penalties of perjury, I declare that I have examined this accompanying
packet, and statements, and to the best of my knowledge and
belief, they are true, correct, and complete.

Sherlock A. Holmes 30 Jun 07
Signature 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,

_____,
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belief, they are true, correct, and complete.

Signature Date

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