COMMANDER NAVY INSTALLATIONS COMMAND (CNIC) MANAGEMENT and ASSISTANCE TEAM (N9G)

Local
Internal Control Questionnaire (ICQ)
FY17

TRAVEL

5720 INTEGRITY DRIVE
MILLINGTON TN 38055-6520

REVISED OCTOBER 2016

HOST COMMAND: _____

DATES OF REVIEW: _____

REVIEW CONDUCTED BY: _____

Business Office POC
     Name_____
     Email:_____
     Phone:_____

Region Internal Review Officer
     Name_____
     Email:_____
     Phone:_____

1.	Does the Region have a Travel SOP in place? Reference: CNICINST 1710.3, para 105c. Comments:	YES ☐ NR ☐	NO ☐ N/A ☐
2.	Is the SOP reviewed and updated periodically? Comments:	YES ☐ NR ☐	NO ☐ N/A ☐

3.	Are authorizing and approving official signatures designated in writing and on file? Reference: Joint Travel Regulations (JTR), Appendix A http://www.defensetravel.dod.mil/site/travelreg.cfm Comments:	YES ☐ NR ☐	NO ☐ N/A ☐
4.	Was the travel voucher filed within 5 working days of completing travel or in the case of extended travel, filed within 5 working days after each 30 day period? Reference: DoD 7000.14-R, Volume 9, para 805. Comments:	YES ☐ NR ☐	NO ☐ N/A ☐
5.	Are all travel claims settled in accordance with the authorizations contained in the JTR, Remarks (Block 16) on the travel orders, and as defined by the Region's travel SOP? References: JTR, Travel Order form, and Region travel SOP? Reference: JTR, Travel Order Form Region Travel SOP Comments:	YES ☐ NR ☐	NO ☐ N/A ☐

6.	Was payment of the travel voucher to the employee made in accordance with Prompt Payment Act requirements? Reference: 31USC Chapter 39: Prompt Payment <u>Comments:</u>	YES ☐ NR ☐	NO ☐ N/A ☐
7.	Was travel booked with a Commercial Travel Office/Contracted Service Provider? Reference: JTR, Chapter 2, Section 2400 Reference: CNICINST 1710.3, 1709.c.10 <u>Comments:</u>	YES ☐ NR ☐	NO ☐ N/A ☐
8.	Does the Region use the standard NAF travel settlement spreadsheet (Approved at the April 2015 N94 RAB? See Enclosure 1 below Reference: http://www.navymwr.org/resources/finance/finance_forms/ <u>Comments:</u>	YES ☐ NR ☐	NO ☐ N/A ☐
	Notes:		

SAMPLE
Standard NAF Travel Settlement Spreadsheet

PROCESSED TRAVEL CLAIM
Receipt of Disbursement
CNIC HQ

FY15

Claim Received	
Claim Processed	
Days to Process	0

NAME _____
VENDOR # _____
DEPARTMENT _____
TRAVEL ORDER _____

TDY Location(s) _____
_____
_____
_____
_____

	Per Diem Rates				Airfare
	Lodging	Meals	Inc.	Flat Rate M & I Rate	
					TDY Start Date
					TDY End Date

Travel Dates	Location	Days	Lodging	Meals	Inc.	Lodging Tax	Daily Total
1/0/1900	0			$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
				$0.00	$0.00	$0.00	**$0.00**
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
Totals		**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Miscellaneous Expenses

Mileage To/From (Miles x .575)	0	$0.00
Mileage In/Around (Miles x .575)	0	$0.00
Rental Car		$0.00
Rental Car Fuel		$0.00
Airport Parking		$0.00
Tolls/Taxis/Shuttle/Metro		$0.00
Parking		$0.00
Baggage Fees		$0.00
Other		$0.00
Phone		$0.00
Total Miscellaneous		**$0.00**

SUMMARY OF PAYMENT

Lodging	$0.00
M+IE	$0.00
Total Per Diem	**$0.00**
Total Misc. Exp.	**$0.00**
TOTAL	**$0.00**

Processed By: _____
Email: _____
Phone: _____

Notes to Traveler:

Accounting Use

	By	Date
Verify Travel Order # / Name		
SAP Entry		
Email Copy to Traveler		
Tracking Log		

**Select UFM in the dropbox below, if eligible (Appropriate G/L acct will auto poplulate)

Non-UFM	Co. Code	GL	Cost Ctr	TOTAL
Per Diem		721400	0	$0.00
Misc. Exp.	0	721600	0	$0.00
Airfare (chrgd to IBA card)	0	721500	0	$0.00
			TOTAL	$0.00

SAP Doc Number(s) _____

ENCLOSURE (1)