EXPENDITURE REQUEST / REIMBURSEMENT FOR UNIT & FAMILY READINESS FUNDS

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 1588, Authority to Accept Certain Voluntary Service; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, U.S. Marine Corps; SECNAVINST 1754.1B; Department of the Navy Support Programs; Marine Corps Order (MCO) 1754.6C, Marine Corps Family Team Building (MCFTB); Marine Corps Order (MCO) 1754.9B, Unit, Personal and Family Readiness Program; and **SORN M01754-5**.

PURPOSE: To document and process requests for funds advance or reimbursement of expenses incurred on behalf of the Unit, Personal and Family Readiness Program (UPFRP).

ROUTINE USES: Information will be accessed by UPFRP personnel with a need to know in order to process the request. A complete list and explanation of the applicable routine uses is published in the authorizing SORN, available at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570630/m01754-5/.

DISCLOSURE: Providing information is voluntary; however, failure to complete the form may prevent funds advance or reimbursement requests from being fulfilled.

RECORDS MANAGEMENT: This form will be managed in accordance with Records Schedule 7000-26, "Finance Management System (FMS) Master File" of SECNAV M-5210.1. Destroy 6 years and 3 months after period covered by account.

1a. Installation	1b. Unit	2. Date of Request	3a. Claimant Name (Last, First, MI)	3b. Title

3c. Vendor Name/ID	3d. Remit ID	3e. Phone Number	3f. Mailing Address

4. Payment Method:	☐ Check-Local Pick Up	☐ Direct Deposit / ACH	☐ Petty Cash	☐ Req & Issue	☐ Advance
☐ Credit/Debit Card	☐ U&FRF	☐ Check-mail	☐ Check-mail w/ Enclosures	☐ Other:	

5. Expenditures *(Attach original receipts)*

5a. Transaction Date	5b. Code	5c. Line of Accounting	5d. Item Description and Location of Expenditure	5e. Expenditure Amount
			6. Expenditures Subtotal:	

7. Mileage, Fares, & Tolls

7a. Date of Mileage	7b. From (Starting Location)	7c. To (Ending Location)	7d. Mileage	7e. Mileage (7d.) x Mileage rate ($) Rate:	7f. Fare or Toll ($)	7g. Total of Mileage (7e.) + Fare or Toll (7f.)
				8. Mileage, Fares, & Tolls Subtotal:		
				9. Request / Reimbursement Total:		

10. I certify that this request is true and correct to the best of my knowledge and that payment or credit has not been received by me.				
Claimant				Date
11. This request approved (Commander/Responsible Officer) (Approving Official)				
Name		Sign		Date
12. This request is certified correct and proper for payment (UFRFA/CFO) (Authorized Certifying Official)				
Name		Sign		Date
13. Cash Payment Receipt (Claimant)				
Amount		Sign		Date
14. Reconciliation of Advance Payments				
Disbursement Processor		Voucher #		Date
14a. Beginning Balance:	14b. Disbursed Amount:	14c. Receipts Attached Total:	14d. Cash Collection Receipt:	14e. Due to Claimant:
Accounting Classification (Office Use Only)				
15. Voucher Number:		16. Tracking Number:		
17. Comments				

INSTRUCTIONS FOR COMPLETING NAVMC 11652

Item 1: Specify command the request will be charged to.
Item 2: Enter the date the request was made.
Item 3: Specify the individual requesting the expenditure/reimbursement. Self-explanatory.
Item 4: Specify how the funds requested are to be received.
Item 5: Describe each expenditures
- 5a: Enter the date of the expenditure.
- 5b: Enter the code which best identifies the expenditure type.
  - A - All Other Expenses **(0000)**
  - B - Unit Parties/Picnics **(0004)**
  - C - Marine Corps Ball **(0010)**
- 5c: Enter the Line of Accounting
- 5d: Describe the items purchased and where the purchase took place.
- 5e: Enter the expenditure amount

Item 6: Enter the sum of all expenditures described in Item 5.
Item 7: Mileage, Fares, & Tolls
- 7a: Enter the date the mileage expense occurred.
- 7b: Enter starting location.
- 7c: Enter the ending location.
- 7d: Enter the distance between the starting location and the ending location.
- 7e: Multiply the mileage (7d.) x mileage rate; enter the total.
- 7f: Enter the cost of fares/tolls associated with the mileage expense.
- 7g: Enter the total of column 7e. + 7f.

Item 8: Enter the sum of all mileage expenses described in Item 7.
Item 9: Enter the sum of Item 6 + Item 8.
Item 10: Signature of individual receiving funds (Claimant) as listed in Item 3 and date the request was signed.
Item 11: Enter the name and signature of the Responsible Officer (RO) approving the request, and the date the approval was granted.
Item 12: Enter the name and signature of the Authorized Certifying Official (ACO) certifying the request, and the date the request was certified.
Item 13: If funds were received in the form of cash, enter the signature of claimant, the date funds were received, and the total amount of funds received.
Items 14-16: To be completed by Account Management Office.
Item 14: Enter the name of the disbursement processor, the voucher number of the disbursement, and the date of disbursement.
- 14a: Enter the account starting balance.
- 14b: Enter the amount disbursed to requestor/claimant.
- 14c: Enter the cumulative amount of all receipts received.
- 14d: Enter the total amount of any monies returned.
- 14e: Enter the amount to be paid to Claimant.

Item 15: Enter the voucher number.
Item 16: Enter the tracking number.
Item 17: Enter additional comments if applicable.