



Congratulations on your acceptance to the United States Merchant Marine Academy. We at the Office of Academy Financial Management (OAFM), look forward to welcoming you into a close-knit community of staff, faculty and up-and-coming Midshipmen upon your arrival on Indoctrination Day. OAFM will be your main resource to ensure you are reimbursed and refunded for Financial Aid, Scholarships and Travel. Our office is located in Furuseth Hall, 2nd Floor, Room 206 and is staffed Monday thru Friday between the hours of 8:00AM-5:30PM.

Attached to this letter are forms that you are required to complete and return to the attention of the OAFM. The documents are as follows:

1. First Endorsement
 - a. Complete this form by electing your intended mode of transportation to the Academy on Indoctrination Day. Plebe Candidates are reimbursed for official travel only from your legal Home of Record (HOR) directly to Kings Point. Plebe Candidates are authorized travel expenses to include privately owned vehicles (POV) at the Government mileage rate of \$0.70/mile (seventy cents per mile) or common carrier aircraft, *whichever is least costly to the government*, however, it is recommended that all official travel arrangements be made through USMMA's Travel Management Center, Travel Professionals. Travel Professional's preferred contact method is via email at tpi.travel@embarqmail.com. This information is used to determine how to properly reimburse you for Indoctrination Day Travel.
2. Travel Voucher (Standard Form 1012) **Only the highlighted sections should be completed**
 - a. This form acts as a voucher that will be attached to your travel package for Indoctrination Day and will allow us to submit your expenses for approval and payment.
3. E-Travel New Profile Request (Commonly referred to as Direct Deposit Form) **Only the highlighted sections should be completed**
 - a. This form is **essential** to the reimbursement process. This form will allow the government to, upon approval, perform monetary reimbursements directly to your bank account. Direct deposit is the **only** method of reimbursement used at the Academy. If this information changes at any time after Indoctrination Day, it **must** be updated immediately with the Office of Academy Financial Management.
4. Contact Information Form
 - a. This form allows us to remain in contact with you throughout your academic time while at the Academy.

Please ensure these forms are completed as required and returned to the United States Merchant Marine Academy, Office of Academy Financial Management, no later than May 30th, 2025.

On Indoctrination Day, please arrive with all receipts for flights, Uber's/Lyft's/taxi's, or tolls that were incurred during your travel to the academy in order to allow us to process your Indoctrination Travel reimbursement in a timely manner.

Welcome to the United States Merchant Marine Academy Class of 2029,

Office of Academy Financial Management



U.S. Department
Of Transportation
**Maritime
Administration**

U.S. Merchant
Marine Academy

Kings Point, New York 11024-1699

Order Number: _____

FIRST ENDORSEMENT

Used to Select Method of Travel to USMMA from HOR for Incoming Class Indoctrination

Student Name: _____ **Class:** 2029

Specify one option for the method of travel from your HOR (home of record) to the USMMA for Incoming Indoctrination.

- a) ☐ I will make travel arrangements from HOR to USMMA Kings Point, NY using Travel Professionals at tpi.travel@embarqmail.com (preferred), or 850-678-6688
- b) ☐ I will make my own travel arrangements from HOR to USMMA Kings Point, NY.
I will be travelling by (check the appropriate travel method):

☐ Airline ☐ Personal vehicle ☐ Other _____

I understand that if I use my personal vehicle and request reimbursement for mileage at the Government rate from HOR to Kings Point, NY, I will be reimbursed at the Government rate, or at the cost of common carrier, whichever is least costly to the government – i.e., if a flight was the less expensive option, you would only be reimbursed that amount. I am aware that the current mileage rate is \$0.70 per mile.

Student Signature: _____ **Date** _____

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OR OFFICE DOT/MARAD		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.			
		5. TRAVELER (PAYEE) a. NAME (Last, first, middle initial) c. MAILING ADDRESS (Include ZIP Code) XX XX e. PRESENT DUTY STATION KINGS POINT, NY		b. SOCIAL SECURITY NUMBER XXX-XX-XXXX d. OFFICE TELEPHONE NO. XXXXXXXXXXXXXXXX f. RESIDENCE (city and State)		6. PERIOD OF TRAVEL a. FROM b. TO 7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 10. CHECK NO.			
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding				9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE				11. PAID BY	
12. GOVERNMENT TRANSPORTATION REQUEST, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attached passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7).						Traveler's Initials	
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)		MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)		DATE ISSUED (d)	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		DATE		AMOUNT CLAIMED		\$			
		TRAVELER SIGN HERE		NOTE: Falsification of an item in an expense account works a forfeiture of claim (27 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).		\$			
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify. (31 U.S.C. 680a).		APPROVING OFFICIAL SIGN HERE		DATE		17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)			
		15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials:		\$			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$			
				d. NET TO TRAVELER		\$			
18. ACCOUNT CLASSIFICATION									

PLEASE READ

NOTE: Monetary reimbursements of any kind, including financial aid, scholarships, sports team travel, and Graduation travel, CAN NOT be processed without a Direct Deposit form on file with the Office of Academy Financial Management (OAFM).

It is important that you provide your full zip code to include the additional four digits proceeding the five digits of your zip code. If you are not sure of the last four digits of your zip code, you can find it at the United States Post Office website.

USPS website: <https://tools.usps.com/zip-code-lookup.htm?byaddress>

ZIP Code™ by Address

You entered:

300 STEAM BOAT RD
KINGS POINT NY
11024

If more than one address matches the information provided, try narrowing your search by entering a street address and, if applicable, a unit number. **Edit and search again.**

300 STEAMBOAT RD
KINGS POINT NY 11024-1634





Enterprise Services Center
eTravel New Profile Request

Must Use Full Legal Name

FIRST		MIDDLE		LAST	
EMAIL					*Note for Invitational Travelers provide Arranger email
SOCIAL SECURITY NUMBER				CELL/HOME PHONE	
MAILING ADDRESS					
CITY		STATE		ZIP	-

ORGANIZATION INFORMATION

MINOR CUSTOMER	OFFICE OF FINANCIAL MANAGEMENT MIDSHIPMEN TRAVEL (MRMIDS)
ROUTING TEMPLATE	MARAD MRMA DEAN - OFFICE OF FINANCIAL MANAGEMENT MIDSHIPMEN TRAVEL

USER ACCESS Check All That Apply		<input checked="" type="checkbox"/> TRAVELER	<input type="checkbox"/> ROUTING LIST OFFICIAL (Reviewer, Fund Certifier, Approver)	<input type="checkbox"/> ARRANGER
USER TYPE	Unspecified	DOCUMENT VIEW ACCESS	No Document View Access	
ARRANGER ACCESS		REPORTS ACCESS		
APPROVER ACCESS		TRAVEL CARD USE	Traveler will not be using a Travel Charge Card	
COMMENTS:				

DIRECT DEPOSIT INFORMATION

All travelers and approvers must complete this section - if user is an E2 Arranger only, notate in comments section 'ARRANGE R ONLY'

FINANCIAL INSTITUTION NAME			
NAME ON BANK ACCOUNT			
9-DIGIT ROUTING NUMBER ACCOUNT		ACCOUNT NUMBER	
TYPE	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	

***TRAVELER/USER SIGNATURE:** sign above the line

AGENCY APPROVAL

NAME		GOVERNMENT EMAIL	
-------------	--	-------------------------	--

***APPROVER'S SIGNATURE:**

Contact Information

Plebe name:

Plebe cell phone:

Plebe home phone:

Plebe personal email:

(please do not use old high school email)

Plebe Home of Record:

Parent home phone:

Parent cell phone:

Parent personal email:

Parent permanent address:

Date Submitted: _____

Initial: _____