

Hurricane Irma Dependent Travel Process

The Travel assistance centers will assist with form completion and submission for dependents and Civilian employees. DFAS ROME will be processing the payments. However, Soldiers are welcome to accompany their dependents to file. Soldiers' travel is processed via normal routing in the Defense Travel System (DTS).

Before going to a travel assistance center:

1. Obtain lodging receipts if applicable. Lodging will be claimed by the person whose name is on the receipt. Dependents cannot claim lodging if the receipt is in the Soldier's name.
2. Obtain receipts for any expenses over \$75. This should be rare as gas and food are already covered separately as mileage and per diem at fixed rates.
3. Obtain documentation to validate:
 - a. Residence location
 - b. Authorized dependents
 - c. Date of birth of children (if applicable)
 - d. * Soldiers/Dependents living east of I-95 in Bryan County will need to provide proof of home location via google maps to determine whether their home is in located within the mandatory evacuation area.

Preferred is DD1172-2 (DEERS) printout as it contains all three requirements. Service members can pull use their own form by going to https://dmdc.osd.mil/self_service.

- Sign in
- Sign in via CAC
- Go under CAC Maintenance at the bottom where it states "Print Family List"
- Highlight/check "Select All Family Members" then proceed
- Click "I Agree"
- Click "Proceed"
- Click "Display Form"
- Print out the DD 1172

If this isn't readily available you can also use the options listed below for validation.

	THREE TYPES OF VALIDATION REQUIRED		
ACCEPTABLE VALIDATION DOCUMENTS	Validation of Residence (address)	Validation of Authorized Dependents	Validation of children's date of birth (if applicable)
DD1172-2 DEERS Enrollment Form	X	X	X
DD93	X	X	X
Marriage Certificate		X	
Children's Birth Certificate with Service member listed as parent		X	X
Current utility bill (last 2 months) in Soldier's name	X		
SGLI	X		
Copy of Rental Agreement/Mortgage	X		
DoD Dependent ID Card		X (Each individual card)	X (Each individual card)

If the dependent doesn't have documentation to validate these requirements when at a travel assistance center, the voucher will be delayed until the center can verify the information. If the information doesn't match, the voucher will be rejected back to the unit representative and the dependent will need to return to create a new order and voucher.

4. Fill out the Evacuation Information Verification Sheet. The bank account on the sheet must belong to the spouse or be a joint account with the Soldier. If the only dependents are minors and there is no spouse, the Soldier's banking information is used.
5. Review the sample order (DD1610), then using the provided instructions fill out the provided DD 1610 to the best of your ability. Information should be typed, and not handwritten. If you don't know how to fill in a particular block, leave it blank. Proofread the document for errors. Print the form and bring it with you.
6. Review the sample voucher (DD1351-2), then using the provided instructions fill out the provided DD 1351-2 to the best of your ability. **Information should be typed, and not handwritten.** If you don't know how to fill in a particular block, leave it blank. Proofread the document for errors. **Print the form and bring it with you.**
7. Find any valid power of attorney you may have. This may help if any unusual circumstances arise at your specified travel assistance center.
8. Confirm with your Soldiers assigned unit if you have a designated day or time to process through your specified assistance center.

At travel assistance centers:

1. Items to bring:
 - a. Your ID,
 - b. Spare copy of the Service members DD1172-2 or other documents to validate residency, dependency, and children's date(s) of birth as applicable
 - c. Evacuation Information Verification Sheet
 - d. Travel Orders (DD1610), completed to the best of your ability. If you do not have these prepared, it will increase overall wait time.
 - e. Travel Vouchers (DD1351-2), completed to the best of your ability. If you do not have these prepared, it will increase overall wait time.
 - f. Receipts for lodging and items over \$75
2. The travel assistance center will provide copies of the following documents that will be included in the travel voucher:
 - SCs evacuation order
 - SCs termination of evacuation order
 - Maps validating evacuation areas
3. Dependents will finalize the orders and the vouchers with a unit representative and sign all required documentation.

After Travel Voucher Submission:

1. If you did not have validation documents, your unit will receive notification in 2-3 business days if there was a problem and if you need to return.
2. Completed vouchers will be FedEx the next business day to DFAS Rome for processing
3. Travel turn-around time will be approximately 10 business days from when DFAS receives a complete and correct packet.
4. You should receive an email at the address listed on the travel voucher when your voucher has been processed.
5. Route inquiries or concerns through your unit chain of command to keep them informed so they can assist you as necessary.

This guidance applies to Soldiers only and is NOT applicable to dependents or civilian employees. It is not intended to be all inclusive, but to highlight some of the nuances of Hurricane Irma related TDY. Tenant units will file TDY thru their higher headquarters.

Only Soldiers that reside in locations designated as mandatory evacuation areas by civil authority and actually evacuated are authorized reimbursement. Authorizations will flow similar to normal DTS procedures. However, since this is a retroactive authorization, all substantiating documents should be included in the authorization instead of waiting to do it on the voucher. The maximum authorized period of reimbursement is from 9-14 Sep, not to exceed actual travel dates. You cannot evacuate from your home residence to your duty station. (E.G. if I live in Richmond Hill I cannot drive myself to Fort Stewart and Receive reimbursement) Also one cannot evacuate from one area that is part of the mandatory evacuation zone and move to another area that is part of the same evacuation zone. (I.E Richmond Hill, GA to Savannah, GA since they are both located in the Mandatory Evacuation Zone).

Documentation you MUST attach in authorization:

- SCs evacuation order
- SCs termination of evacuation order
- SC assumption of Command orders
- Map and list of zip codes showing authorized evacuation location
- Proof of address (DEERS printout, Utility Bill, Rental Agreement, Mortgage)
- Lodging receipts if applicable. If claimed, must be in the Soldier's name and must have a zero balance. - Receipts for any authorized expenses over \$75

Do not claim:

- Food. This is automatically calculated as part of per diem.
- Gas. This is automatically calculated as mileage. Do not claim mileage if the Soldier and family rode in one vehicle and the dependent spouse claims he/she drove.

Notes to put on travel authorization:

- Trip Purpose- OTHER
- TDY incident to Hurricane Irma
- Alternate means of communication (i.e. Secure Video Teleconference (SVTC) or other web-based communication) is not adequate to accomplish mission objective, therefore, Temporary Duty (TDY) travel is required.

Additional considerations:

- Hurricane specific lines of accounting are created for each Brigade. If you don't know what to select contact your analyst or leave blank and add a note asking the analyst to add in DTS.
- Soldiers must put their Residence as beginning/departure location, NOT their duty station. Soldiers must also put their home residence as their return location.
- Limit on travel is 500 miles
- Per diem and lodging based on actual safe haven location unless over **500 miles**. If over 500 miles, reimbursement not to exceed the lesser of (1) locality rate or (2) max rate in 500 mile radius
- Lodging tax is a separate reimbursable expense from lodging, ensure you separate these out.
- Only mileage for one POV can be claimed on the Soldiers voucher. Dependents, if applicable, can claim mileage for one POV on their manual dependent voucher.

- The chain of command must validate if the Government Travel Card (GTC) was used, and if so, how much. DoD policy is that GTC balances MUST BE paid by the due date, even if the traveler has not received reimbursement.
- Split disbursement is mandatory. Soldiers must ensure amount sent to Govcc covers all charges and advances.
- Have Soldiers verify their bank account information, especially if they are not regular travelers in DTS.
- If units have Soldiers that don't have a profile in DTS, there is a gap in the unit's inprocessing procedures.
- Soldiers that received a government provided meal or MRE must identify that in DTS. **There is no lodging authorized if Soldiers stayed with friends or family.**
- **Soldiers should NOT file a claim with their insurance company for travel related expense that they are being, this may be considered fraud.** If Soldiers already received travel related expenses from their insurance company, it is advised that they notify them of their government travel reimbursement.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations (JTR), Chapter 3) (Read Privacy Act Statement on back before completing form.)								1. DATE OF REQUEST (YYYYMMDD)	
REQUEST FOR OFFICIAL TRAVEL									
2. NAME (Last, First, Middle Initial)		3. SOCIAL SECURITY NUMBER			4. POSITION TITLE AND GRADE/RATING DEPENDENT				
5. LOCATION OF PERMANENT DUTY STATION (PDS) FORT STEWART, GEORGIA 31314					6. ORGANIZATIONAL ELEMENT UNIT			7. DUTY PHONE NUMBER (Include Area Code)	
8. TYPE OF AUTHORIZATION EVACUATION		9. TDY PURPOSE (See JTR, Appendix H) EVACUATION			10a. APPROX. NO. OF TDY DAYS (Including travel time)			b. PROCEED DATE (YYYYMMDD) 20170909	
11. ITINERARY		VARIATION AUTHORIZED FROM: HOME ADDRESS TO: SAFE HAVEN LOCATION RETURN TO: HOME ADDRESS							
12. TRANSPORTATION MODE									
a. COMMERCIAL		b. GOVERNMENT			c. LOCAL TRANSPORTATION				
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER
PRIVILEGED OWNED CONVEYANCE (Check one) <input checked="" type="checkbox"/> RATE PER MILE: .545 <input checked="" type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only) MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR									
13. <input checked="" type="checkbox"/> a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.		b. OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST									
a. PER DIEM \$		b. TRAVEL \$		c. OTHER \$		d. TOTAL \$ 0.00			15. ADVANCE AUTHORIZED \$
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.) Purpose of TDY is due to mandatory evacuation for Hurricane Irma. Traveler is exempt from mandatory use of Government Travel Card. Reimbursement for Lodging, mileage (if incurred) and per diem is authorized. "Alternate means of communication (i.e. Secure Video Teleconference (SVTC) or other web-based communication) is not adequate to accomplish mission objective, therefore, Temporary Duty (TDY) travel is required." Submit the FINAL voucher (DD Form 1351-2) with this authorization within 5 business days of the termination of your eligibility for Safe Haven. All required receipts must be attached to this authorization/voucher. ****All amounts listed are estimates and actual reimbursement may be lower depending on actual authorized expenses incurred.									
SPONSOR INFORMATION: RANK: NAME: SOCIAL SECURITY NUMBER: DEPENDENTS: NAME: DOB: RELATIONSHIP NAME: DOB: NAME: DOB: NAME: DOB: (Continue on page 2 if necessary)									
17. TRAVEL-REQUESTING OFFICIAL (Title and signature)					18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature)				
AUTHORIZATION									
19. ACCOUNTING CITATION 021 2020 20172017 202010D17 431398VHUR 21T0 A22FF 5049589333 40580394 021001									
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature) HQ, 3D ID & FT. STEWART, FOR THE CMDR, POLLY B. WILLIAMS, G8					21. DATE ISSUED (YYYYMMDD)				
					22. TRAVEL AUTHORIZATION NUMBER				

Hurricane Irma DD 1610 Instructions. Ensure you are using the DD 1610 dated May 2003
Applicable for: Civilians and their dependents; Military dependents Soldiers will complete
their authorizations / orders separately in DTS.

***Mileage reimbursement limited to 500 miles each way.**

Per Diem and lodging based on actual safe haven location unless over 500 miles. If over 500 miles, reimbursement not to exceed the lesser of (1) locality rate or (2) max rate in 500 mile radius: Lodging \$140/day, Meals \$64/day, incidentals \$5/day.

1. Put in the Date you are filling out the form.
2. Last name, First name, Middle Initial. This is of the civilian employee or eldest dependent if for military dependent(s)
3. Dependent SSN (should be the SSN of the individual named in block #2)
4. DEP for (Dependent) or CIV for Civilian Employee
5. Fort Stewart, Georgia
6. Put in your Organization i.e. 1BCT 3-69 AR
7. Phone # (Personal Cell or Home)
8. Put the word Evacuation in this block
9. Put the word Evacuation in this block
- 10a CIV for civilian employee and DEP for dependent
- 10b Put the date you began the evacuation/travel in this block. Cannot be earlier than 9 September 2017.
11. Fill in the Departure location on the Top line i.e. Home address Fort Stewart, GA or Richmond Hill, GA depending on the location you departed from. For the 2nd Line fill in the location to where you evacuated your family i.e. Macon, Atlanta etc. On the 3rd line put your return to location AKA Home address.
12. Fill in the Transportation mode Other
13. Leave blank
14. Estimated Cost: Leave blank
15. Leave this block blank
16. Use the templated statement listed on the example DD 1610. For continuation sheet on the second page of the document list all dependents that travelled with you by name and Date of Birth. Sponsor needs to be identified and designated as either being civilian or military, and their SSN also must be listed in block 16 17. Needs to be signed by travel requesting official
18. Designated unit approver will sign this block.
19. Fill in the following accounting citation: 021 2020 20172017 202010D17 431398VHUR 21T0 A22FF
5049589333 40580394 021001
20. Fill in the information of the authorizing/order issuing official
21. Fill in the date issued/todays date.
22. Leave blank (Orders are required to have a travel authorization number G8 will fill in this number)

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.																							
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.																									
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____																									
2. NAME (Last, First, Middle Initial) (Print or type) DEPENDENT NAME				3. GRADE DEP	4. SSN	6. TYPE OF PAYMENT (X as applicable)																					
						<input type="checkbox"/> TDY	Member/Employee																				
						<input type="checkbox"/> PCS	<input checked="" type="checkbox"/> X Other																				
						<input checked="" type="checkbox"/> Dependent(s)	DLA																				
7. DAYTIME TELEPHONE NUMBER & AREA CODE				8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY																				
11. ORGANIZATION AND STATION SPONSOR UNIT							a. D.O. VOUCHER NUMBER																				
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) FULL HOME ADDRESS		b. SUBVOUCHER NUMBER																					
ACCOMPANIED		UNACCOMPANIED				c. PAID BY																					
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE			d. COMPUTATIONS																					
LIST ALL DEPENDENTS																											
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO (Explain in Remarks)																											
15. ITINERARY																											
a. DATE 2017	b. PLACE (Home, Office, Base, Activity, City and State; City and County, etc.)			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES																				
DDMM	DEP	CITY STATE ZIPCODE OF HOME ADDRESS			PA																						
DDMM	ARR	CITY STATE ZIPCODE OF SAFE HAVEN ADDRESS			TD																						
DDMM	DEP				PA																						
DDMM	ARR	CITY STATE ZIPCODE OF HOME ADDRESS			MC																						
	DEP																										
	ARR																										
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	ARR																										
	DEP																										
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	ARR																										
	DEP																										
	ARR																										
16. POC TRAVEL (X one) OWN/OPERATE PASSENGER 17. DURATION OF TRAVEL																											
18. REIMBURSABLE EXPENSES																											
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS																						
								(4) Dependent Travel																			
								(5) DLA																			
					(6) Reimbursable Expenses																						
					(7) Total	0.00																					
					(8) Less Advance																						
					(9) Amount Owed	0.00																					
					(10) Amount Due																						
19. GOVERNMENT/DEDUCTIBLE MEALS																											
<table border="1"> <tr> <td>a. DATE</td> <td>b. NO. OF MEALS</td> <td>a. DATE</td> <td>b. NO. OF MEALS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS																
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS																								
20.a. CLAIMANT SIGNATURE b. DATE																											
c. REVIEWER'S PRINTED NAME		d. SIGNATURE			e. TELEPHONE NUMBER	f. DATE																					
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE			c. TELEPHONE NUMBER	d. DATE																					
22. ACCOUNTING CLASSIFICATION 021 2020 20162016 202010D17 431398VHUR 21TO 5049589333 40580394 021001																											
23. COLLECTION DATA																											
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)			28. AMOUNT PAID																					

Hurricane Irma Travel Voucher Instructions. Ensure you are using the DD 1351-2 dated May 2011

Applicable for: Civilians and their dependents; Military dependents

Soldiers will complete their authorizations / orders separately in DTS

***Mileage reimbursement limited to 500 miles each way.**

Per Diem and lodging based on actual safe haven location unless over 500 miles. If over 500 miles, reimbursement not to exceed the lesser of (1) locality rate or (2) max rate in 500 mile radius: Lodging \$140/day, Meals \$64/day, incidentals \$5/day.

1. Select EFT Split Disbursement Box. If you used a government travel card to pay for any expenses or withdraw cash, select this box and put the balance of the card on the line next to the \$ sign.
2. Last name, First name, Middle Initial. This is of the civilian employee or eldest dependent if for military dependent(s)
3. Grade/Rank, or DEP for (Dependent)
4. Full SSN
5. Select member/employee if the voucher is only for a DoD civilian employee;
Select Dependent(s) if the voucher is for either dependent(s) of Soldiers or dependent(s) of DoD civilians;
Select member/employee and Select Dependents if the voucher is for DoD civilian employee and dependent(s)
- 6 a-d. Fill out home address in applicable blocks. Must reside in a mandatory evacuation location. 6e. Use employee's/sponsors @mail.mil email address
7. Phone #
8. Fill in from DA1610/Orders
9. Should be left blank unless there was an advance provided. 10 a-e. Leave Blank
11. List sponsor's (Soldier or DoD Civilian) unit / organization, Ft. Stewart, GA.
- 12a-c. Check accompanied if applicable. Add all authorized dependents. Correct dates of birth are important to compute entitlements.
13. Should be same as home address. If evacuated from another area besides home, confirm with your unit that you are authorized reimbursement. If so, list that location and ensure it is reflected in the order.
14. NO
- 15a. Fill in applicable dates for each stop. Evacuation order covers 9 Sept - 14 Sept. There is no reimbursement authorized before or after these dates. If safe haven location was 400 miles or less, the termination date is the 13th of September. If safe haven location was 400 miles or more the termination date is the 14th of September. Proof of safe haven location is required.
- 15b. First line should be the home address that was evacuated; subsequent lines should list safe haven location(s) (city, state, zip). Use multiple lines if you stayed at different locations each day. The last line should be back to the home address.
- 15c. Most should be using PA for privately owned automobile or PM for privately owned motorcycle. See instructions on back and ask your unit Defense Travel Administrator if you have another mode of travel.
- 15d. Reason for stop should be TD at the safe haven location(s). Upon return to the home address it should be MC. 15e. Add applicable lodging cost for each night. A receipt must be included to receive reimbursement. There is no lodging reimbursement for staying with friends or relatives. Lodging or room taxes are claimed separately under Block 18. 15f. Can be left blank, the official distance will be computed by DFAS Rome. If you had to travel farther than 500 miles to find lodging, add a statement explaining that in the remarks in block 29.
- 16.-Select Own/Operate of driving your own vehicle or fully paying for the vehicle expenses.
-Select Passenger if you rode with someone else who paid for the vehicle expenses.
17. Select the duration of the travel / time gone from your home location.
- 18a. Select the date of the expense 18b.
Enter in authorized expenses
- 18c. Enter the amount of the expense. Lodging/Room taxes here if applicable. Some expenses that should not go on here are: Gas (reimbursed separately under mileage); Food (reimbursed separately as per diem); Phone calls/pet expenses/Credit card fees/laundry (included in the \$5/day incidental expenses portion of per diem and can't be reimbursed separately, even if more than \$5/day).
- 18d. If for the supervisor or resource manager to adjust if the traveler is claiming more than authorized.
19. Claim how many meals, if any, you were provided by the government each day. This includes any MREs you received, whether consumed or not.
- 20a-b. The person whose name is in Block 2 signs/dates here.
- 21c-f. The reviewer should be the same person that signed in block 18 of the travel order (DA 1610). This person is a level 20 approving official in the Defense Travel System (DTS). This individual must validate the information in the claim and can be held liable for approving incorrect vouchers.
- 21a-d. Leave Blank
22. 021 2020 20172017 202010D17 431398VHUR 21T0 A22FF 5049589333 40580394 021001
- 23-28. Leave blank

29. Enter in any additional remarks on the back as applicable. Use the 1351-2 c (continuation sheet) if required.

Evacuation Information Verification Sheet

Name _____ SS# _____ - _____ - _____ Grade _____

Sponsor's Name _____ SS# _____ - _____ - _____ Grade _____

Safe Haven Address _____ Phone _____

County _____ Phone _____

City, State, Zip _____ E-Mail _____

Did you drive your P.O.V. to your Safe haven Location? Yes _____ No _____

Did you retain your P.O.V at your Safe haven Location? Yes _____ No _____

Did your sponsor claim transportation (Mileage) to Safe Haven location Yes _____ No _____

List Name and Date of Birth of Defendants who evacuated with you:

1. _____ D.O.B. _____

2. _____ D.O.B. _____

3. _____ D.O.B. _____

4. _____ D.O.B. _____

5. _____ D.O.B. _____

6. _____ D.O.B. _____

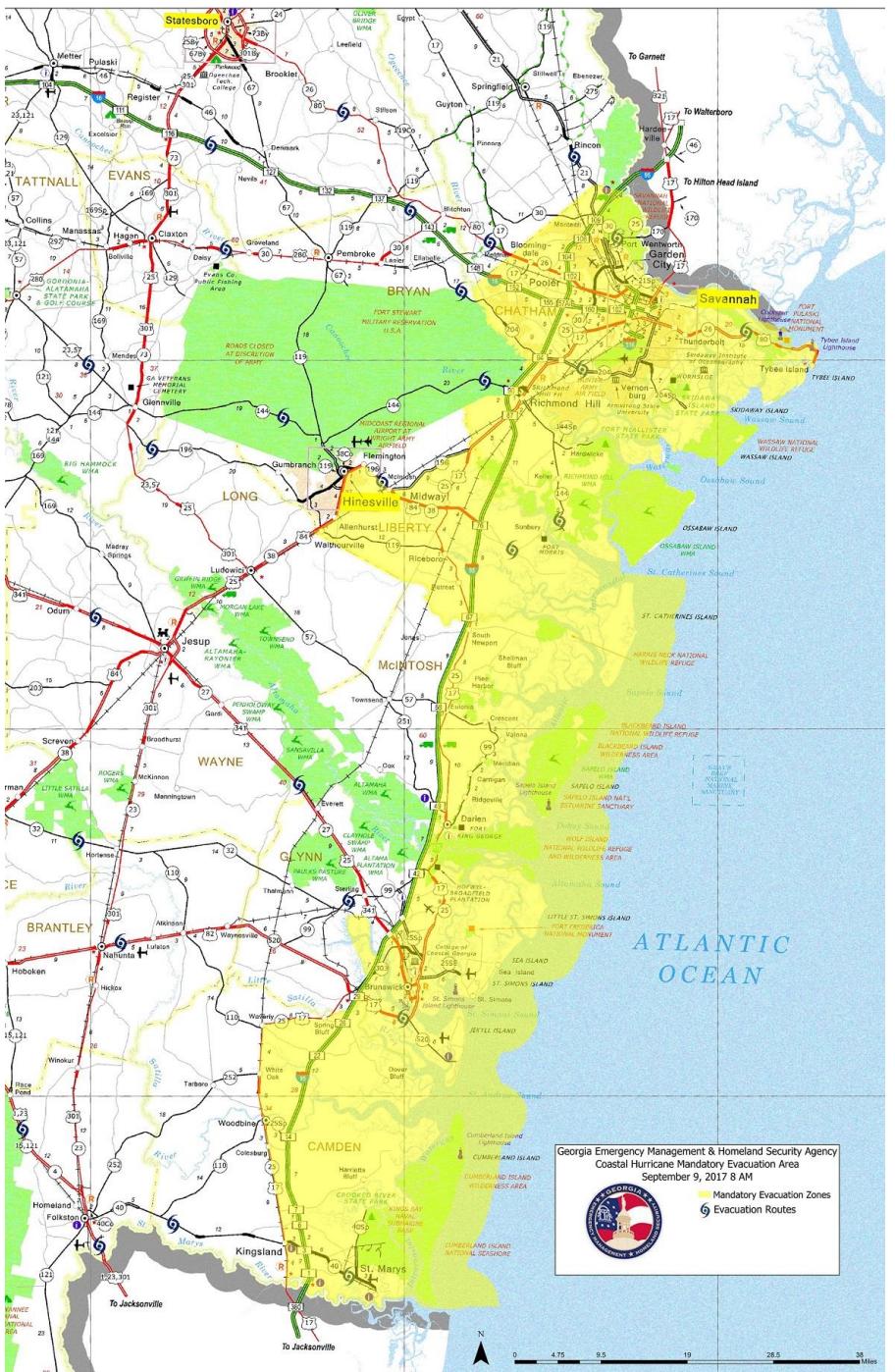
Bank Information For Direct Deposit

Bank Routing Number _____

Bank Account Number _____

Checking Account _____ Savings Account _____

** THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED BEFORE ENTITLEMENTS
CAN BE CONSIDERED



Hurricane Irma Evacuation Area Zip Codes

BRYAN County, GA Covers 3 ZIP Codes	
31308	Ellabell
31321	Pembroke
31324	Richmond Hill
CHATHAM County, GA Covers 22 ZIP Codes	
31302	Bloomingdale
31322	Pooler
31328	Tybee Island
31401	Savannah
31402	Savannah
31403	Savannah
31404	Savannah
31405	Savannah/Garden City
31406	Savannah/Vernonburg
31407	Savannah/Port Wentworth
31408	Savannah/Garden City
31409	Savannah/ Hunter
31410	Savannah/Thunderbolt
31411	Savannah
31412	Savannah
31414	Savannah
31415	Savannah/Garden City
31416	Savannah
31418	Savannah/Garden City
31419	Savannah
31420	Savannah
31421	Savannah

LIBERTY County, GA Covers 9 ZIP Codes	
31301	Allenhurst
31309	Fleming
31310	Hinesville
31313	Hinesville
31314	Fort Stewart
31315	Fort Stewart
31320	Midway
31323	Riceboro
31333	Walthourville
CAMDEN County, GA Covers 6 ZIP Codes	
31547	Kings Bay
31548	Kingsland
31558	Saint Marys
31565	Waverly
31565	Spring Bluff
31568	White Oak
31569	Woodbine
GLYNN County, GA Covers 8 ZIP Codes	
31520	Brunswick
31521	Brunswick
31522	Saint Simons Island
31523	Brunswick
31524	Brunswick/Glynco
31525	Brunswick/Thalman/Sterling/Everett
31527	Jekyll Island
31561	Sea Island

MCINTOSH County, GA Covers 5 ZIP Codes	
31304	Cresent
31305	Darien
31319	Meridian
31327	Sapelo Island
31331	Townsend

Mandatory Evacuation Zip Codes in Yellow



DEPARTMENT OF THE ARMY
HEADQUARTERS, TASK FORCE MARNE & FORT STEWART
942 DR BEN HALL PL BLDG HQ001
FORT STEWART GA 31314-5034

AFZP-SC

7 September 2017

MEMORANDUM FOR Soldiers, DoD Civilians, and Family Members of Fort Stewart and Hunter Army Airfield

SUBJECT: Evacuation Order (Hurricane Irma)

1. Under the authority of the Joint Travel Regulation (JTR), effective 081700SEP17, I hereby order a mandatory evacuation as follows:

a. Evacuees. This order applies to all Soldiers, DoD Civilians, and Family Members assigned to, working at, or living on Fort Stewart (FSGA) or Hunter Army Airfield (HAAF) **whose residential quarters are located on FSGA, HAAF, or in areas identified for mandatory evacuation by civilian authorities.** This is a continuing order, and the identified evacuees and evacuation area are subject to change based on developing weather conditions and the actions of civilian authorities.

b. Evacuation Area. Evacuees will proceed to a safe haven of their choosing located within a 500-mile radius of HAAF or FSGA. Soldiers are required to notify their chain of command of their safe haven location and to provide updated contact information.

c. Allowances & Temporary Duty

(1) Military dependents and civilian employees and dependents are authorized evacuation allowances when authorized/ordered to leave a CONUS location because of emergency circumstances, and they will receive transportation and per diem for allowable travel time until they reach a safe haven location within the proscribed radius.

(2) I am directing all Commanders and Organizational Leaders to place any Soldier subject to this order in a temporary duty (TDY) status.

(3) I have deemed overnight lodging mission essential, and evacuees are required to save and produce receipts for lodging, transportation, and any expense over \$75. Valid expenses will not exceed normal per diem rates found in the Joint Travel Regulation. For an expense to be reimbursable, the period of use or procurement must occur after the issuance of this order and within the stated period of time authorized in the subsequent revocation order. Individuals cannot claim lodging expenses if they stay with relatives or friends. No reimbursement of any kind will be paid by the Army if individuals choose to ignore this evacuation directive and remain in their homes during the storm.

AFZP-SC

SUBJECT: Evacuation Order (Hurricane Irma)

(4) Upon revocation of this order and return to duty, detailed guidance will be issued regarding allowances and claims, and Unit and Organizational Leaders will prepare TDY orders and begin reimbursement activities. The Garrison RMO/Division G8 will provide an evacuation fund cite once it becomes available.

2. Revocation. This evacuation order expires upon my official revocation of the order. Upon issue of the revocation order, Soldiers and Civilians must proceed back to home station in accordance with the timeline stated in the revocation order. Return to duty will be accomplished in a prompt and reasonable fashion, and any variance from the stated timeline must be approved by the immediate Commander or Organizational Leader.

3. Point of Contact for this action is the Garrison RMO, Mr. Bill Jeffers at (912) 767-2133 or G8, Ms. Polly Williams at 767-5046.



SEAN C. BERNABE
COL, IN
Commanding



DEPARTMENT OF THE ARMY
HEADQUARTERS, TASK FORCE MARNE & FORT STEWART
942 DR BEN HALL PL BLDG HQ001
FORT STEWART GA 31314-5034

AFZP-SC

12 September 2017

MEMORANDUM FOR Soldiers, DoD Civilians, and Family Members of Fort Stewart and Hunter Army Airfield

SUBJECT: Termination of Evacuation Order (Hurricane Irma)

1. On 7 September 2017, under the authority of the Joint Travel Regulation (JTR), I issued an evacuation order to all Soldiers, DoD Civilians, and Family Members assigned to, working at, or living on Fort Stewart (FSGA) and Hunter Army Airfield (HAAF), whose residential quarters are located on FSGA, HAAF, or in areas identified for mandatory evacuation by civilian authorities.
2. I am terminating the evacuation order effective 121800SEP17. Critical workforce personnel will return as directed by their Chain of Command or Staff Director. All evacuees whose safe haven is located 400 miles or less from FSGA or HAAF must return within 24 hours. All evacuees whose safe haven is located 401 miles or more from FSGA or HAAF must return within 48 hours.
3. Evacuees should proceed by the safest route possible. Due to the local and regional impact of Hurricane Irma, if road or weather conditions pose an unreasonable safety risk for return within the allotted time, individual evacuees may seek approval for a 24 hour delay in termination of the evacuation order. Pursuant to the JTR, para. 0601, I delegate to Commanders in the rank of O-5 or above, to Staff Primaries in the rank of O-5 or above, and to Staff Directors in the grade of GS-14 or above authority to grant one 24 hour delay in termination of the evacuation order based on safety conditions.
4. Commanders and Staff Directors will ensure evacuees submit travel vouchers no later than 31 October 2017 in accordance with the instructions that will be published by G8/Resource Management Office in order to accomplish timely payment of travel entitlements. Extensions to this deadline may be granted by Commanders in the grade of O-6 or their designee.
5. Point of contact for this action is the Garrison RMO, Mr. Bill Jeffers at (912) 767-2133 or MSE G8, Ms. Polly Williams at 767-5046.


SEAN C. BERNABE
COL, IN
Commanding



DEPARTMENT OF THE ARMY
HEADQUARTERS, TASK FORCE MARNE AND FORT STEWART
942 DR. BEN HALL PLACE HQ001
FORT STEWART, GA 31314-6000

AFZP-SC

7 August 2017

MEMORANDUM FOR RECORD

SUBJECT: Assumption of Command by Authority of AR 600-20, Paragraph 2-5

The undersigned assumes command of Task Force Marne and Fort Stewart Georgia, effective 7 August 2017.

A handwritten signature in black ink, appearing to read "SCB".

SEAN C. BERNABE
COL, IN
Commanding



THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

WHEREAS: On September 6, 2017, due to the potential impact of Hurricane Irma as forecasted by the National Hurricane Center, I declared a State of Emergency for Georgia's six (6) coastal counties; and

WHEREAS: Due to the updated National Hurricane Center forecast, through its five (5) day cone model, Hurricane Irma will potentially produce excessive rainfall and damaging winds, causing extensive flooding, fallen trees and the closure of numerous roads in additional Georgia counties; and

WHEREAS: The network of coastal and rural roads may be rendered impassable in many areas of the impacted counties, isolating residences and farms from access to essential public services; and

WHEREAS: The assistance of the government of the state of Georgia is necessary to protect the public health, preserve the safety of the public, keep property damage to a minimum and restore the social and economic welfare of impacted counties; and

WHEREAS: The authority is vested in the Governor by virtue of O.C.G.A. § 38-3-51 to issue reasonable orders, rules and regulations deemed necessary to protect public health, safety and welfare, and bring the emergency situation under control within the acknowledged limitations of the powers of the Governor.

NOW THEREFORE, PURSUANT TO THE AUTHORITY VESTED IN ME AS GOVERNOR OF THE STATE OF GEORGIA, IT IS HEREBY

ORDERED: That a State of Emergency exists in the following counties: Appling, Atkinson, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Echols, Effingham, Emanuel, Evans, Glynn, Jenkins, Jeff Davis, Liberty, Long, McIntosh, Pierce, Screven, Tattnall, Toombs, Treutlen, Wayne and Ware.

IT IS FURTHER

ORDERED: That all citizens East of Interstate 95 along Georgia's coastline mandatorily evacuate this region beginning at 8:00 a.m. on Saturday, September 9, 2017. The mandatory evacuation will be a phased evacuation at the direction of the Georgia Emergency Management and Homeland Security Agency in cooperation with county emergency management agencies.

IT IS FURTHER

ORDERED: That the Georgia Emergency Management and Homeland Security Agency oversee the contraflow of a portion of Interstate 16 beginning at 8:00 a.m. on Saturday, September 9, 2017, to better facilitate the movement of citizens out of the impacted area.

IT IS FURTHER

ORDERED: That the Georgia Department of Defense provide up to 5,000 Georgia National Guardsmen to be used in preparation, response and recovery efforts associated with Hurricane Irma within the state of Georgia.

IT IS FURTHER

ORDERED: That these National Guardsmen be called up to State Active Duty, as necessary, by the Adjutant General.

IT IS FURTHER

ORDERED: That all resources of the state of Georgia be made available to assist in preparation, response and recovery activities in the above mentioned counties, and the Georgia Emergency Management and Homeland Security Agency activate the Georgia Emergency Operations Plan.

This Executive Order shall be valid for a period of fourteen (14) days, beginning on September 7, 2017, and ending at 11:59 p.m. on September 21, 2017.

This 7th day of September, 2017 at 11:30 AM/PM.

Nathan Deal
GOVERNOR