DATE :_____

From: _____
(RATE) (NAME) (SSN)

To: Travel Claim Section, U.S. Navy Personnel Support Activity Detachment, Okinawa

Subj: REQUEST FOR AMPLIFYING DATA WITH REGARDS TO TRAVEL CLAIM

Encl: (1) **Copy of Travel Claim**

1. Your claim indicated that you traveled to your port of embarkation via privately owned vehicle (POV) or used POV at any time during your travel. When POV is used for this type of travel, immediate doubt is experienced by auditors. To justify, your claim, it is requested that you provided the following informations:

(a) A signed written statement explaining the disposition of the vehicle used.
(b) Vehicle registration and license number.
(c) If vehicle is in storage, provide a copy of storage agreement to include the name, address and telephone number of the storage facility.

(d) If the vehicle is in the custody of an individual, provide name, address, and telephone number of that individual.

2. In order that this claim can be settled in a timely manner, the information requested above should be furnished within 30 days of the date of this letter. If reply is not received within 20 days, the claim will be referred to the Naval Investigative Service (NIS) for appropriate action.

This is to certify that I was a:

DRIVER/PASSENGER from: _____ to _____ on _____
DRIVER/PASSENGER from: _____ to _____ on _____
DRIVER/PASSENGER from: _____ to _____ on _____
DRIVER/PASSENGER from: _____ to _____ on _____

DISPOSITION OF VEHICLE:
License number: _____ Registration number: _____

Shipped to: _____
Left with: _____ at _____
(Name, Relationship to person) (City/State)

CAR DEALER: _____ at _____
(Name) (City/State)

IN STORAGE AT: _____
(Name, Address and Telephone number)

Signature of member/Date: _____