

**STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789**

AGOH-JO-FR (215-1d)

14 February 2002

MEMORANDUM FOR State of Ohio Family Readiness Volunteers

SUBJECT: Letter of Instruction (LOI) for Volunteer Reimbursement

1. **GENERAL:** a. Purpose. The purpose of the Ohio National Guard Volunteer Reimbursement Program is to reimburse volunteers who have spent their personal funds on travel, telephone calls, printing, mailing, child care, and other authorized expenses in support of the State Family Program. The fund was established with non-appropriated funds (NAF) disbursed by the Office of Family Programs, National Guard Bureau (NGB-FR).

b. Applicability. To be eligible for reimbursement by this program, a volunteer must be working with the State Family Program and have a signed volunteer agreement on file in the State Family Program Office. The volunteer will be a member of a unit family support group, a member of the Ohio Family Readiness Council (Army or Air), or a retiree working in conjunction with the State Family Program.

c. Explanation of terms. (1) Non-appropriated funds are government funds used for the collective benefit of those who generate them: military personnel, their dependents, and authorized civilians.

(2) Fund. The term "fund" in this regulation refers to the Ohio National Guard Volunteer Reimbursement Fund and Council.

d. Responsibility. The Ohio National Guard Volunteer Reimbursement Fund Council is responsible for the safeguarding and proper administration of the funds as prescribed by these procedures, and appropriate and applicable regulations.

e. Restrictions. The Ohio National Guard Volunteer Reimbursement Fund is to be used for reimbursement only. Under no circumstances will the fund disburse monies for any purpose other than to reimburse an individual. Some prohibited uses of non-appropriated funds are: support of private organizations, contributions to charities, personal loans, and congressional influence. For further details on prohibited uses of non-appropriated funds see AR 215-1, AR 215-5.

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2. **REIMBURSEMENTS.** a. This paragraph provides guidance concerning type and purpose for which reimbursements may be made from the NAF.

b. The following expenses may be reimbursed by the fund:

(1) Long distance phone calls from residential service for official support of group business. Calls will be as short as possible but generally are *not to exceed 10 minutes in duration.*

(2) Publishing and mailing of support group newsletter when the commander has recognized certain correspondence as official business and no government funds are available. This includes cost of paper, copy costs, envelopes, stamps, etc.

(3) Child care where volunteer services cannot be performed if childcare is not provided. Childcare for family support group meetings and other direct support qualify. *Childcare for fund raising activities does not qualify. The maximum hourly rate paid will be \$2.00 per child. This rate is based on Army standards.*

(4) Mileage for support group activities. Mileage will be based on the current government rates for reimbursement. The mileage and purpose of the meeting must be stated. *Mileage for activities not related to training does not qualify for reimbursement.*

(5) Volunteer training and travel necessary for training.

(6) Other reasonable incidental expenditures by volunteers. Expenses must be in direct support of Family Programs and shall be approved by the Family Program Coordinator **prior to purchase** in order for reimbursement to be allowed. Refreshments and other food and beverage are not considered incidental reimbursement

(7) Purchase of awards (certificates, plaques of appreciation, special badges, pins, or nametags) for State Family Program/Family Support Group volunteers to give Guard family volunteers special recognition within the community. This area requires pre-approval by the State Family Program Coordinator to ensure the reasonableness of the award. *This is not a cup and flower fund.*

3. **FUND COUNCIL.** a. Composition. The Ohio National Guard Volunteer Reimbursement Fund Council will consist of at least five voting members who represent different organizations within the Ohio National Guard. The president/custodian will be the senior ranking member of the council. The recorder, a non-voting member of the council will be the Family Program Coordinator.

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b. **Appointment.** State Family Program Coordinator will issue orders when new member's are appointed to council. Length of term is not set; therefore members can serve for as long as they desire.

c. **Duties.** It is the responsibility of the Fund Council to ensure that the fund is safeguarded and properly administered. The council is also responsible to :

(1) Assure efficient operation.

(2) Safeguard fund assets.

(3) Maintain accounting records and reports that meet the needs of management and verify their accuracy.

(4) Assign responsibility, ensuring no one individual has exclusive control over a transition.

(5) Approve all expenditures and establish operating budgets.

(6) Provide for periodic cash counts, and bank account reconciliations.

(7) Ensure that prudent management practices are observed and that obligations are not incurred in excess of cash balances.

d. **Approval of vouchers** requires a minimum of three (3) members to review and approve, and thereafter, a check will be issued. Checks disbursed from the account will require two signatures from council appointees. Vouchers will be submitted for approval as needed.

e. **Council members.** (1) **Custodian.** The custodian will be the senior member of the council, generally the Deputy STARC Commander, and will act as the president of the council. The custodian is the primary fund manager and is responsible for the management and supervision of fund resources.

(2) **Recorder.** The recorder will maintain fund records, prepare meeting agendas, record and publish council minutes, prepare checks, review and prepare vouchers, and perform general administrative duties in relation to the fund.

(3) **Members.** Members will be responsible to attend the meetings and to ensure that the fund is being managed in a proper and responsible manner. Members will be called upon periodically to review and approve vouchers for reimbursement.

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4. **FORMS AND RECORDS.** a. DA Form 2107 (Non-appropriated Fund Receipt and Disbursement Voucher) and Family Programs NAF Forms (see enclosures) will be used to support all receipts and disbursements of funds. The general-purpose voucher (DA Form 2107) is prescribed to support all transactions. Each DA Form 2107 will be numbered sequentially by calendar or fiscal year, i. e., 99-1, 99-2, 99-3 etc. A single series of numbered vouchers will be used for all transactions within the calendar year. Each will contain all data required to fully identify the transaction. The fund manager will sign the voucher. The appropriate Family Program form (see enclosures) will support it and attach documents required to validate invoices, statements, bills, receipts, and other related documents.

b. Reports. There is a requirement that a quarterly report be submitted to NGB-FP so as to arrive no later than twenty days following the end of the quarter. The State Family Program Coordinator will submit the report form.

c. Fund File. The fund file will consist of the following:

- (1) Account ledger. (DA Form 2107)
- (2) Orders appointing the council.
- (3) Letter of instruction.
- (4) Requests under consideration.
- (5) Requests paid out with canceled checks attached.
- (6) Minutes of meetings IAW Modern Army Records Keeping System (MARKS).
- (7) Bank statements IAW MARKS.
- (8) Records of deposit with deposit slip attached IAW MARKS.
- (9) Any correspondence relating to the fund.

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5. **PROCEDURES.** a. **Volunteers.** (1) Volunteers will fill out the appropriate voucher for the expenses that they want reimbursed. They will include all necessary information, to include receipts and/or other documentation.

(2) Volunteers will submit the voucher to the fund recorder at:

THE ADJUTANT GENERAL'S DEPARTMENT
ATTN: AGOH-JO-FR
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

(3) Volunteers will ensure that the voucher is turned in within sixty days of the incurred expense. Reimbursements older than sixty days will be returned as non-reimbursable.

b. **Recorder.** (1) The recorder shall, upon receipt of a voucher, check the voucher for completeness and accuracy and enter it in the log. The recorder will then make the necessary annotations on the request summary.

(2) If the voucher is incorrect or incomplete, the recorder will return it to the volunteer. The recorder will identify the errors or omission in a letter to the volunteer. If the volunteer still wishes to be reimbursed, he/she still must meet the sixty-day submission period. The recorder will keep copies of all incorrect/incomplete vouchers.

(3) The recorder will present the correct vouchers to a minimum of three council members for approval. After review, the president will review the vouchers.

(4) If the voucher is approved, the recorder will prepare a check and enter the disbursement on the DA Form 2107. After two council members sign the check, the check and a copy of approved DA Form 2107 will be forwarded to the volunteer's home of record.

(5) If the voucher is disapproved, the recorder will return the voucher to the volunteer with a brief letter explaining why it was disapproved. A copy of disapproved vouchers will be kept on file by the recorder.

(6) The recorder will, on a monthly basis, reconcile the account to include bank statements, and make the necessary entries in the ledger.

(7) The recorder will ensure that the paperwork for the fund is in order at all times and that the fund is audit ready at any time.

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6. **AUDITS/EXAMINATIONS.** The fund will be audited annually by an individual who has no association with the fund.

4 Encls

1. DA Form 2107
2. FR Form 1-3a-R
3. FR Form 1-3b-R
4. FR Form 1-3c-R



CARMEN L. DAVIS

CW2, OHARNG

State Family Program Coordinator

REIMBURSEMENT FOR VOLUNTEERS

DATE: _____

VOLUNTEER NAME: _____

ADDRESS: _____

CHILD CARE COST FOR VOLUNTEERS IN SUPPORT OF FAMILY PROGRAMS

VOLUNTEER ACTIVITY: _____

DATE OF CARE: _____ NUMBER OF CHILDREN: _____

TIME IN: _____ TIME OUT: _____ TOTAL NUMBER OF HOURS: _____

CHILD CARE PROVIDER: _____

ADDRESS: _____

PHONE NUMBER: _____

TRAINING COSTS FOR VOLUNTEERS

TRAINING COST: _____ INSTRUCTOR: _____ STUDENT: _____

DATE: _____ TYPE OF TRAINING: _____

LENGTH OF TRAINING (HOURS AND OR DAYS): _____ REG FEE: _____

TRAINING MATERIAL COST AND DESCRIPTION: _____

NOTES: _____

APPROVED BY: _____

(Name, Title of Approving Authority)

RECEIVED: \$ _____

DATE: _____

REIMBURSEMENT FOR VOLUNTEERS

DATE: _____

VOLUNTEER NAME: _____

ADDRESS: _____

NEWSLETTER PRINTING AND MAILING COST FOR VOLUNTEERS IN SUPPORT OF FAMILY PROGRAMS

*** Receipts must be attached for reimbursement with a copy of your newsletter.*

NUMBER OF PAGES	NUMBER OF COPIES	COST PER PAGE	COST OF PAPER	COST OF ENVELOPES	TOTAL POSTAGE COST
_____	_____	_____	_____	_____	_____

TOTAL COST OF COPIES MADE: \$ _____ MATERIAL/SUPPLY COST: \$ _____

OTHER EXPENSES (EXPLAIN): _____

RECOGNITION COST FOR VOLUNTEERS

AWARD COST (NOT TO EXCEED \$40.00): _____ NUMBER PURCHASED: _____

PURPOSE FOR AWARDS PRESENTATION: _____

DESCRIPTION FOR AWARD: _____

COST INCURRED CONDUCTING AWARD RECOGNITION PROGRAM (PROVIDE BRIEF EXPLANATION/DESCRIPTION OF EVENT): \$ _____

INCIDENTAL COST FOR VOLUNTEERS

GIVE A BRIEF EXPLANATION FOR THE EXPENDITURE AND ATTACH ALL RECEIPTS: _____

NOTES: _____

APPROVED BY: _____

(Name, Title of Approving Authority)

RECEIVED: \$ _____ DATE: _____

FR Form 1-3c-R (1 Aug 99) previous editions obsolete

Encl. 4