

## Per Diem for an Evacuation from a PDS not to exceed the CONUS to a Safe Haven in the CONUS (JTR, par. 060401)

*Note: Rates used in these examples may not be current and are for illustrative purposes only.*

The following apply to safe haven evacuation allowance computations:

- For the first 30 days, each dependent age 12 or older is authorized a safe haven evacuation allowance limited to the full locality per diem rate. For the first 30 days, each dependent under age 12 is authorized a safe haven evacuation allowance limited to 50 percent of the locality per diem rate.
- Beginning on the 31st day, the safe haven evacuation allowance is up to 60 percent for a dependent age 12 or older and up to 30 percent for a dependent under age 12 of the applicable locality per diem rate, unless otherwise authorized in Chapter 6.
- A lodging receipt is required for reimbursement of lodging expenses. No itemization or receipts are required for M&IE.

### Scenario:

A Service member's spouse, one child age 12, and one child under age 12 were evacuated from a PDS in the CONUS to a safe haven in the CONUS. The daily actual lodging cost incurred at the safe haven by the three dependents, who shared one room, was \$100 plus \$11.50 for lodging tax (11.5 percent). The applicable maximum locality rate was \$146 (\$90/\$56).

### First 30 Days at the Safe Haven

**Step 1: Determine the maximum daily amount for the first 30 days for the Service member's three dependents.**

|  | Maximum Lodging        | M&IE                   | Total           |
|--|------------------------|------------------------|-----------------|
| Service member's spouse (100%)             | \$90.00                | \$56.00                | \$146.00        |
| Child, age 12 or older (100%)              | \$90.00                | \$56.00                | \$146.00        |
| Child, under age 12 (50%)                  | 50% of \$90.00=\$45.00 | 50% of \$56.00=\$28.00 | \$73.00         |
| Maximum total daily amount for 1st 30 days | \$225.00               | \$140.00               | <b>\$365.00</b> |

**Step 2: Determine the actual total daily amount reimbursed for the first 30 days, not to exceed the maximum amounts shown in Step 1.**

| Lesser of Actual Lodging vs. Maximum Lodging | M&IE     | Total           |
|--|----------|-----------------|
| \$100.00 vs. \$225.00 = \$100.00             | \$140.00 | <b>\$240.00</b> |

**Step 3: Add the daily lodging tax (\$11.50) as a miscellaneous reimbursable expense.**

|                    | Total           |
|--------------------|-----------------|
| \$11.50 + \$240.00 | <b>\$251.50</b> |

**Step 4: Multiply the daily amount by 30 days.**

|  | Total             |
|--|-------------------|
| 30 x \$251.50                              |                   |
| <b>Total Amount for the First 30 days:</b> | <b>\$7,545.00</b> |

**Second 30 Days at the Safe Haven (Days 60 through 180 Reimbursed the Same)**

**Step 1: Determine the maximum daily amount starting on the 31<sup>st</sup> day to the 60<sup>th</sup> day for the Service member's three dependents.**

|  | Maximum Lodging        | M&IE                   | Total           |
|--|------------------------|------------------------|-----------------|
| Service member's spouse (60%)  | 60% of \$90.00=\$54.00 | 60% of \$56.00=\$33.60 | \$87.60         |
| Child, age 12 or older (60%)   | 60% of \$90.00=\$54.00 | 60% of \$56.00=\$33.60 | \$87.60         |
| Child, under age 12 (30%)  | 30% of \$90.00=\$27.00 | 30% of \$56.00=\$16.80 | \$43.80         |
| Maximum total daily amount for 31 <sup>st</sup> through 180 <sup>th</sup> days | \$135.00               | \$84.00                | <b>\$219.00</b> |

**Step 2: Determine the actual total daily amount reimbursed for the first 30 days, not to exceed the maximum amounts shown in Step 1.**

| Lesser of Actual Lodging vs. Maximum Lodging | M&IE    | Total           |
|--|---------|-----------------|
| \$100.00 vs. \$135.00 = \$100.00             | \$84.00 | <b>\$184.00</b> |

**Step 3: Add the daily lodging tax (\$11.50) as a miscellaneous reimbursable expense.**

|                    | Total           |
|--------------------|-----------------|
| \$11.50 + \$184.00 | <b>\$195.50</b> |

**Step 4: Multiply the daily amount by 30 days.**

|   | Total              |
|---|--------------------|
| 30 x \$195.50                                   |                    |
| <b>Total Amount for the Days 31 through 60:</b> | <b>\$5,865.00</b>  |
| <b>TOTAL REIMBURSED (\$7,545.00+\$5,865.00)</b> | <b>\$13,410.00</b> |