

U.S. Army Corps of Engineers (USACE)
DUPLICATION OF BENEFITS STATEMENT

The proponent agency is CERM-F.

Travel Order Number: _____

I, _____ (employees full name), confirm that I _____ (have/ have not) received advanced or previous payment from any or all Government agencies or insurance companies for expenses listed in this travel claim. I understand that any amount paid by USACE may be reportable to other Government agencies or insurance companies. I understand I cannot be reimbursed more than once for the same allowance or expense. I understand that under Section 312 of the Stafford Act, 42 U.S.C. § 5155, if I receive financial assistance for a loss or need from another Federal agency or an outside source, and then receive financial assistance from USACE for the same loss or need, I must repay USACE for the duplicative assistance. If I do not repay USACE for the duplicative assistance, I understand that I may be subject to a debt collection action, pursuant to chapter 37 of Title 31, U.S. Code.

If you have received payment, please complete the following:

Payment Amount: _____

Payment Date: _____

Purpose of Payment: _____

Paying Agency: _____

I confirm that the above information is accurate.

Employee's Name	Date	Employee's Signature

Travel Approving Official's Name	Date	Travel Approving Official's Signature

