



Congratulations on your acceptance to the United States Merchant Marine Academy. We at the Office of Academy Financial Management (OAFM), look forward to welcoming you into a close-knit community of staff, faculty and up-and-coming Midshipmen upon your arrival on Indoctrination Day. OAFM will be your main resource to ensure you are reimbursed and refunded for Financial Aid, Scholarships and Travel (Indoctrination, Sea Year, Graduation, Team Movement, Temporary Duty). Our office is located in Furuseth Hall, 2<sup>nd</sup> Floor, Room 206 and is staffed Monday thru Friday between the hours of 6:30AM-5:00PM.

Attached to this letter are forms that you are required to complete and return to the attention of the OAFM. The documents are as follows:

1. First Endorsement
  - a. Complete this form by electing your intended mode of transportation to the Academy on Indoctrination Day. Plebe Candidates are reimbursed for official travel only from your legal Home of Record (HOR) directly to Kings Point. Plebe Candidates are authorized travel expenses to include privately owned vehicles (POV) at the Government mileage rate of \$0.725/mile (point seven-two-five cents per mile) or common carrier aircraft, *whichever is least costly to the government*, however, it is recommended that all official travel arrangements be made through USMMA's Travel Management Center, Travel Professionals. Travel Professional's preferred contact method is via email at **tpi.travel@embarqmail.com**. This information is used to determine how to properly reimburse you for Indoctrination Day Travel.
2. Travel Voucher (Standard Form 1012) **Only the highlighted sections should be completed**
  - a. This form acts as a voucher that will be attached to your travel package for Indoctrination Day and will allow us to submit your expenses for approval and reimbursement.
3. E-Travel New Profile Request (Commonly referred to as Direct Deposit Form) **Only the highlighted sections should be completed**
  - a. This form is **essential** to the reimbursement process. This form will allow the government to, upon approval, perform monetary reimbursements directly to your bank account. Direct deposit is the **only** method of reimbursement used at the Academy. If this information changes at any time after Indoctrination Day, it **must** be updated immediately with the Office of Academy Financial Management.
4. Contact Information Form
  - a. This form allows us to remain in contact with you throughout your academic time while at the Academy.

Please ensure these forms are completed as required and returned to the United States Merchant Marine Academy, Office of Academy Financial Management, no later than May 30<sup>th</sup>, 2026.

On Indoctrination Day, please arrive with all receipts for flights, Uber's/Lyft's/taxi's, or tolls that were incurred during your travel to the academy in order to allow us to process your Indoctrination Travel reimbursement in a timely manner.

Welcome to the United States Merchant Marine Academy Class of 2030,

**Office of Academy Financial Management**



**Order Number:** \_\_\_\_\_

**FIRST ENDORSEMENT**

**Used to Select Method of Travel to USMMA from HOR for Incoming Class Indoctrination**

**Student Name:** \_\_\_\_\_ **Class:** 2030

Specify one option for the method of travel from your HOR (home of record) to the USMMA for Incoming Indoctrination.

- a)  I will make travel arrangements from HOR to USMMA Kings Point, NY using Travel Professionals at tpi.travel@embarqmail.com (preferred), or 850-678-6688
- b)  I will make my own travel arrangements from HOR to USMMA Kings Point, NY.  
I will be travelling by (check the appropriate travel method):

Airline     Personal vehicle     Other \_\_\_\_\_

I understand that if I use my personal vehicle and request reimbursement for mileage at the Government rate from HOR to Kings Point, NY, I will be reimbursed at the Government rate, or at the cost of common carrier, whichever is least costly to the government – **i.e., if a flight was the less expensive option, you would only be reimbursed that amount.** I am aware that the current mileage rate is **\$0.725** per mile.

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



## PLEASE READ

**NOTE:** Monetary reimbursements of any kind, including financial aid, scholarships, sports team travel, and Graduation travel, CAN NOT be processed without a Direct Deposit form on file with the Office of Academy Financial Management (OAFM).

It is important that you provide your full zip code to include the additional four digits preceding the five digits of your zip code. If you are not sure of the last four digits of your zip code, you can find it at the United States Post Office website.

**USPS website:** <https://tools.usps.com/zip-code-lookup.htm?byaddress>

### ZIP Code™ by Address

**You entered:**

300 STEAM BOAT RD  
KINGS POINT NY  
11024

If more than one address matches the information provided, try narrowing your search by entering a street address and, if applicable, a unit number. **Edit and search again.**

300 STEAMBOAT RD  
KINGS POINT NY 11024-1634





Enterprise Services Center  
eTravel New Profile Request

Must Use Full Legal Name

**FIRST**  **MIDDLE**  **LAST**

**EMAIL**  \*Note for Invitational Travelers provide Arranger email

**SOCIAL SECURITY NUMBER**  **CELL/HOME PHONE**

**MAILING ADDRESS**

**CITY**  **STATE**  **ZIP**

**ORGANIZATION INFORMATION**

**MINOR CUSTOMER**

**ROUTING TEMPLATE**

**USER ACCESS** Check All That Apply  **TRAVELER**  **ROUTING LIST OFFICIAL** (Reviewer, Fund Certifier, Approver)  **ARRANGER**

**USER TYPE**  **DOCUMENT VIEW ACCESS**

**ARRANGER ACCESS**  **REPORTS ACCESS**

**APPROVER ACCESS**  **TRAVEL CARD USE**

**COMMENTS:**

**DIRECT DEPOSIT INFORMATION**

All travelers and approvers must complete this section - if user is an E2 Arranger only, notate in comments section 'ARRANGER ONLY'

**FINANCIAL INSTITUTION NAME**

**NAME ON BANK ACCOUNT**

**9-DIGIT ROUTING NUMBER ACCOUNT**  **ACCOUNT NUMBER**

**TYPE**  **CHECKING**  **SAVINGS**

\*TRAVELER/USER SIGNATURE: sign above the line

**AGENCY APPROVAL**

**NAME**  **GOVERNMENT EMAIL**

\*APPROVER'S SIGNATURE: \_\_\_\_\_

## Contact Information

**Plebe name:** \_\_\_\_\_

**Plebe cell phone:** \_\_\_\_\_

**Plebe home phone:** \_\_\_\_\_

**Plebe personal email:** \_\_\_\_\_

(please do not use old high school email)

**Plebe Home of Record:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent home phone:** \_\_\_\_\_

**Parent cell phone:** \_\_\_\_\_

**Parent personal email:** \_\_\_\_\_

**Parent permanent address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Initial:** \_\_\_\_\_