TRAVEL VOUCHER OR SUBVOUCHER form					d Privacy Act Statement, Penalty Statement, and Instructions on back before completing b. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space beded, continue in remarks.								
				will pa	bay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement represen- tal car if you are a civilian employee, unless you elect a different amount. Military personnel are required to								
designate a payment that equals the total of their outsta				inding government travel card balance to the GTCC contractor.									
Transfer (EFT) NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.													
Payment by Check	Pay	the following	amount	of this reim	burse	ment direct	ly to the	Go	vernment Tra	vel Charge	e Card con	tractor: \$	
2. NAME (Last, First, Middle Initial) (Print or type) 3. GR					ADE	-				5. TYPE OF PAYMENT (X as applicable)			
												Г	Member/Employee
6. ADDRESS. a. NUMBER AND STREET b. CITY						c. STAT	ATE d. ZIP CODE			PCS		Other	
									Deper	ndent(s)	DLA		
e. E-MAIL ADDRESS						1				10. FOR D.	O. USE ONLY		
7. DAYTIME TELEPHONE NU	IMBER &	8 TRAVEL		ITHORIZAT				FRN	ΜΕΝΤ ΡΔΥΜΕ	NTS/		UCHER NUMBER	
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION AREA CODE NUMBER				9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES									
11. ORGANIZATION AND ST	ATION					1					b. SUBVOL	JCHER NUMBER	
12. DEPENDENT(S) (X and co	omploto oo o	nnliachla)											
	Jinplete as a	· · ·				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)					c. PAID BY		
ACCOMPANIED			COMPANIE		וודחור								
a. NAME (Last, First, Midd	le Initial)	b. RELATIC	NSHIP	DATE OF I OR MARF	RIAGE								
						1							
						4							
						14. HAVE H	OUSEH	DLD (GOODS BEEN	SHIPPED?			
						(X one)					d. COMPU	TATIONS	
						YES		NC) (Explain in Re	emarks)			
15. ITINERARY			I			с.		-	_	1	1		
a. DATE b. PLACE	- (Homo Off	ice, Base, Act	ivity City o	nd Stata:		MEANS/	REASC	N	e. LODGING	f. POC			
D. FLACE		and Country, e		nu State,		MODE OF TRAVEL	FOR STOF		COST	MILES			
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ARR										(1) Per Dier	n		
DEP											(2) Actual E	xpense Allowance	
ARR											(3) Mileage		
16. POC TRAVEL (X one)	OWN/	OPERATE		PAS	SENGE	R 17. DURATION OF TRAVEL			(4) Depend				
18. REIMBURSABLE EXPEN	SES							7		ESS	(5) DLA		
a. DATE b. I	NATURE OF	EXPENSE		c. AMO	JNT	d. ALLOW	ED		2 HOURS OR L	L00	(6) Reimbu	rsable Expenses	
						MORE THAN 12 HOURS				(7) Total			
								_ BI	UT 24 HOURS	OR LESS	(8) Less Ad	vance	
								м	ORE THAN 24	HOURS	(9) Amount		
											(10) Amour	t Due	
							19		VERNMENT/D	í.		1	1
								á	a. DATE	b. NO. C	OF MEALS	a. DATE	b. NO. OF MEALS
										-			
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20.a. CLAIMANT SIGNATURI	E												b. DATE
c. REVIEWER'S PRINTED NAME d. REVIEWER S				GNATURE					e. TELEPH	IONE NUMBER	f. DATE		
21.a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATURE									c. TELEPHONE NUMBER d. D.		d. DATE		
22. ACCOUNTING CLASSIFICATION													
23. COLLECTION DATA													
24. COMPUTED BY 2	25. AUDITED	BY		VEL ORDEF			7. RECE	IVED	(Payee Signat	ure and Dat	e or Check N	lo.) 28.	AMOUNT PAID
DD FORM 1351-2, MAY 2011 Exception to SF 1012 approved by GSA/IRMS 12-91													

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General: DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments. Applicable SORN: T7333 (http://privacy.defense.gov/notices/dfas/T7333.shtml).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.

2. Two copies of dependent travel authorization if issued.

3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel. 4. Copy of GTR, MTA or ticket used.

5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.

6. Other attachments will be as directed.

29. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

ITEM 15 - ITINERARY - SYMBOLS 1

5c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay - AD	Leave En Route - LV
Authorized Return - AR	Mission Complete - MC
Awaiting Transportation - AT	Temporary Duty - TD
Hospital Admittance - HA	Voluntary Return - VR
Hospital Discharge - HD	

ITEM 15e. LODGING COST

Enter the total cost for lodging

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.