

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental 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 outstanding government travel card balance to the GTCC contractor.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)	<input type="checkbox"/> Payment by Check	<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:				\$ 0.00	
2. NAME (Last, First, Middle Initial) (Print or type) DEVILDOGG, IAM A.			3. GRADE SSGT	4. SSN 123-45-7890		5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS. a. NUMBER AND STREET 1234 THIS STREET			b. CITY THAT PLACE	c. STATE LA	d. ZIP CODE 54321	<input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
e. E-MAIL ADDRESS IAM.A.DEVILDOGG@USMC.MIL						10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE (504)697-7937		8. TRAVEL ORDER/AUTHORIZATION NUMBER M0123456TOE78		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION MARINE FORCES RESERVE				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) NA		b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		c. PAID BY	
<input type="checkbox"/> ACCOMPANIED		<input checked="" type="checkbox"/> UNACCOMPANIED		<input type="checkbox"/> YES		d. COMPUTATIONS	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		<input checked="" type="checkbox"/> NO (Explain in Remarks)		DO NOT FILL THIS BLOCK IN UNLESS A SUPPLEMENTAL, PARTIAL OR BACK-TO-BACK CLAIM.	
15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES		
a. DATE 2014	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)						
4/1	DEP	THAT PLACE, LA 54321	PA				
4/1	ARR		TD				
4/9	DEP	MFR, NEW ORLEANS, LA 70114	PA	403.00	85		
4/9	ARR		MC		85		
	DEP	THAT PLACE, LA 54321					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER						e. SUMMARY OF PAYMENT	
17. DURATION OF TRAVEL						(1) Per Diem	
18. REIMBURSABLE EXPENSES						(2) Actual Expense Allowance	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED		(3) Mileage	
4/1-4/9	LODGING		403.00			(4) Dependent Travel	
4/1-4/9	PARKING		103.00			(5) DLA	
4/1	TOLL		1.25			(6) Reimbursable Expenses	
4/9	TOLL		1.25			(7) Total	
						0.00	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20. CLAIMANT SIGNATURE						b. DATE	
SIGN YOUR NAME						DATE	
c. REVIEWER'S PRINTED NAME			d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER	f. DATE	
S1 PERSONNEL REVIEWER			S1 PERSONNEL SIGNATURE		POC	DATE	
21. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE		c. TELEPHONE NUMBER	d. DATE	
MFR OPS S1 PERS REVIEWER ONLY			MFR OPS S1 PERS SIGNATURE ONLY			DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
						28. AMOUNT PAID	

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification **filing system for filing and retrieving individual claims.**

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

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.

ITEM 15 - ITINERARY - SYMBOLS

15c. 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.

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.
BLOCK 14: HHG NOT REQ FOR TDY TRIP