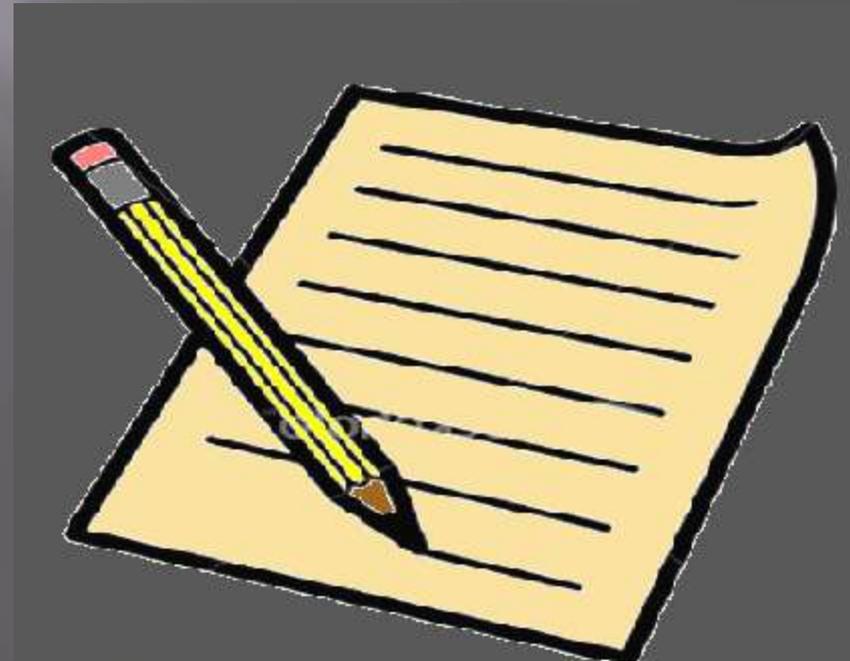


HOW TO PROPERLY COMPLETE A 1351-2 FORM



By LCpl Lindsey

Getting started

Check the correct payment method

If the member is a GTCC holder, check the split disbursement box. Enter the amount requested to be split to the GTCC.

TRAVEL VOUCHER OR SUBVOUCHER			Read Privacy Act Statement, Penalty Statement, and completing form. Use typewriter, ink, or ball point pencil. If more space is needed, continue in remarks		
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the amount requested to be split to the GTCC contractor.			
		<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:			\$ _____
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)
				<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
e. E-MAIL ADDRESS					10. FOR D.O. USE ONLY
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER
11. ORGANIZATION AND STATION					
12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)					d. COMPUTATIONS
<input type="checkbox"/> YES					
<input type="checkbox"/> NO (Explain in Remarks)					

All statements from/about GTCC must be validated by the AO either by a statement on the 1351-2 and signature or modification to the orders.

Box number two through four

TRAVEL VOUCHER OF			Read Privacy Act Statement and Instructions on back before completing form. Use pencil. If more space is needed, attach a separate sheet.	
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT representing travel to designate a particular contractor: \$ _____ <input type="checkbox"/> Pay the full amount		pay directly to the Government Travel Card, and rental car if you are a civilian. Outstanding government travel card reimbursement directly to the Government.
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE		4. SSN
6. ADDRESS. a. NUMBER AND STREET		b. CITY		d. ZIP CODE
e. E-MAIL ADDRESS				
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)
11. ORGANIZATION AND STATION		10. FOR D.O. USE ONLY		<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA
12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		a. D.O. VOUCHER NUMBER
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		<input type="checkbox"/> MEMBER/EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DLA		b. SUBVOUCHER NUMBER
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. PAID BY
c. DATE OF BIRTH OR MARRIAGE		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS

Enter the members full name in the correct format.

Enter the members full SSN, not just last four.

Enter the members pay grade, i.e. E-3, O-3, GS-05

Box ten

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 <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		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.						
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:				\$ _____		
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)			
6. ADDRESS. a. NUMBER AND STREET			b. CITY	c. STATE	<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)	<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA		
e. E-MAIL ADDRESS								
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT ADVANCES		10. FOR D.O. USE ONLY		
11. ORGANIZATION AND STATION						a. D.O. VOUCHER NUMBER		
						b. SUBVOUCHER NUMBER		
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY		
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED						
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE					
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		d. COMPUTATIONS		
				<input type="checkbox"/> YES		<input type="checkbox"/> NO (Explain in Remarks)		

Box ten, A, B, and C may be left blank.

Box ten

- ▣ If the claim submitted is a 30 day partial, per TAN 13-03, the following statements must be annotated.
- ▣ The sequential number of partial submitted.
- ▣ CCTAD (concurrent TAD)
- ▣ Leave (include exact dates even though it is shown in the itinerary as well)
- ▣ PDMRA (post deployment/ mobilization respite absence)
- ▣ VR (voluntary return to PLEAD)

Box ten

The following statements may be used for any applicable claim.

If a member's orders state that they are a government charge card holder and the Approving Official has a valid reason why the mandatory split amount should not go to their card, it must be stated and signed off by the Approving Official. Also if member no longer holds a government charge card, the statement "not a GTCC holder" is a must.

The member must state if the period of the itinerary covers back to back orders.

Box ten

- ▣ Any other statements that the member or admin clerk may feel necessary for proper reimbursement of claim are welcomed, but must be endorsed by the approving official if notes are authoring further entitlements or direction.
- ▣ The more information that is given, usually decreases the chance a claim will be DN.

Box twelve, thirteen and fourteen

e. E-MAIL ADDRESS		Dependent(s)		DLA
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL NUMBER		10. FOR D.O. USE ONLY
11. ORGANIZATION AND STATION				a. D.O. VOUCHER NUMBER
12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		b. SUBVOUCHER NUMBER
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				c. PAID BY
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		Enter the address of the dependents at the time the member received the orders.
		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		
		<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		
15. ITINERARY				
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			f. POC MILES
DEP				
ARR				
DEP				
ARR				
DEP				
ARR				
DEP				
ARR				
DEP				
ARR				
DEP				
ARR				
DEP				
				e. SUMMARY OF PAYMENT

For a PCS claim, fill in the members dependents if applicable. Be sure to check the correct box for accompanied/unaccompanied.

Enter the address of the dependents at the time the member received the orders.

Check the applicable box that indicates weather or not the members household goods were shipped upon the PCS move.

Box sixteen

15. ITINERARY				14. HAVE YOU EVER BEEN SHIPPED?		d. COMPUTATIONS	
				(X one)			
				YES	NO (Explain in Remarks)		
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP	15.b. Place (third destination).						
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
16. POC TRAVEL (X one)				17. DURATION OF TRAVEL		e. SUMMARY OF PAYMENT	
		OWN/OPERATE	PASSENGER			(1) Per Diem	
18. REIMBURSABLE EXPENSES						(2) Actual Expense Allowance	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED			(3) Mileage	
				12 HOURS OR LESS		(4) Dependent Travel	
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(5) DLA	
				MORE THAN 24 HOURS		(6) Reimbursable Expenses	
						(7) Total	0.00
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	

If member incurred mileage via POC, the "own/ operate" or "passenger" box must be checked. Failure to check this box will result in member not being reimbursed for mileage.

Box seventeen

DEP						e. SUMMARY OF PAYMENT	
ARR						(1) Per Diem	
DEP						(2) Actual Expense Allowance	
ARR						(3) Mileage	
16. POC TRAVEL (X one)		OWN/OPER		17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS		(5) DLA	
a. DATE	b. NATURE OF EXP		VED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(6) Reimbursable Expenses	
				MORE THAN 24 HOURS		(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.a. CLAIMANT SIGNATURE						b. DATE	
c. REVIEWER'S PRINTED NAME			d. REVIEWER SIGNATURE			e. TELEPHONE NUMBER	f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE			c. TELEPHONE NUMBER	d. DATE
22. ACCOUNTING CLASSIFICATION							

Ensure box seventeen is appropriately checked in the box that corresponds to actual travel time. Failure to do so will result in claim being DN.

Box eighteen

DEP						e. SUMMARY OF PAYMENT	
ARR						(1) Per Diem	
DEP						(2) Actual Expense Allowance	
ARR						(3) Mileage	
16. POC TRAVEL (X one)		OWN/OPERATE	PASSENGER		17. DURATION OF TRAVEL		(4) Dependent Travel
18. REIMBURSABLE EXPENSES					12 HOURS OR LESS		(5) DLA
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED			(6) Reimbursable Expenses	0.00
20.a. CLAIMANT SIGNATURE							b. DATE
c. REVIEWER'S PRINTED NAME			d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE
22. ACCOUNTING CLASSIFICATION							

Any and all reimbursable expenses must be claimed in box eighteen. Enter date in which expenses were incurred, what the expense was, and the amount of the expense. The allowed amount is not necessary as any expense to be limited or denied will be factored upon processing of travel claim.

Mbrs should only claim "GTCC Atm fees" as reimbursable expense

Box eighteen notes

- ❑ If box eighteen is not of sufficient size, multiple 1351-2 forms may be used.
- ❑ Total lodging amounts for a given location must be entered.
- ❑ Enter total lodging taxes separately.
- ❑ Enter rental car expense separate from fuel and maintenance items.
- ❑ Enter GTCC ATM cash advance fees as just the fees, not the total amount of the withdrawal (only GTCC fees should be claimed not individual's personal card fees).

Box nineteen

	DEP								
	ARR								
	DEP								
	ARR								
16. POC TRAVEL (X one)			OWN/OPERATE		PASSENGER				
18. REIMBURSABLE EXPENSES									
a. DATE	b. NATURE OF EXPENSE				c. AMOUNT				
20.a. CLAIMANT SIGNATURE								b. DATE	
c. REVIEWER'S PRINTED NAME				d. REVIEWER'S SIGNATURE		e. TELEPHONE NUMBER		f. DATE	
21.a. APPROVING OFFICIAL'S PRINTED NAME				b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
22. ACCOUNTING CLASSIFICATION									

This box must be filled out if one or both of two circumstances apply to the member.

1. The member has an endorsement that states "group travel with limited reimbursement" the member was forced to come out of pocket for one or two meals.
2. The member is TAD at a location and the member is provided a meal or two, but not all three. This also will be reflected in the endorsements. This most commonly applies to a member who attends a conference and only one meal is provided.

0.00

Complete box nineteen only for meals member was not provided and had to pay for "out of pocket".

Box twenty A. and B.

DEP										e. SUMMARY OF PAYMENT	
ARR										(1) Per Diem	
DEP										(2) Actual Expense Allowance	
ARR										(3) Mileage	
16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL				(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS				(5) DLA	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED		MORE THAN 12 HOURS BUT 24 HOURS OR LESS				(6) Reimbursable Expenses	
						MORE THAN 24 HOURS				(7) Total	0.00
										(8) Less Advance	
										(9) Amount Owed	
										(10) Amount Due	
						19. GOVERNMENT/DEDUCTIBLE MEALS					
			a. DATE	b. NO. OF MEALS		a. DA					
20.a. CLAIMANT SIGNATURE										b. DATE	
c. REVIEWER'S PRINTED NAME				d. REVIEWER SIGNATURE				e. TELEPHONE NUMBER		f. DATE	
21.a. APPROVING OFFICIAL'S PRINTED NAME				b. SIGNATURE				c. TELEPHONE NUMBER		d. DATE	
22. ACCOUNTING CLASSIFICATION											

The member must sign the claim in this box. Failure to do so will result in claim being DN.

The member must date the claim. This date must be on or be after the last date of travel on the itinerary.

Box twenty C., D. and E.

DEP						e. SUMMARY OF PAYMENT	
ARR						(1) Per Diem	
DEP						(2) Actual Expense Allowance	
ARR						(3) Mileage	
16. POC TRAVEL (X one)		OWN/OPERATE	PASSENGER		17. DURATION OF TRAVEL		(4) Dependent Travel
18. REIMBURSABLE EXPENSES					12 HOURS OR LESS	(5) DLA	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(6) Reimbursable Expenses	
				MORE THAN 24 HOURS	(7) Total	0.00	
					(8) Less Advance		
					(9) Amount Owed		
					(10) Amount Due		
					19. GOVERNMENT/DEDUCTIBLE MEALS		
					S	a. DATE	b. NO.
20.a. CLAIMANT SIGNATURE							b. DATE
c. REVIEWER'S PRINTED NAME			d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE		ER		d. DATE
22. ACCOUNTING CLASSIFICATION							

Legibly printed name.

The claim must be signed by the reviewer or the AO.

Point of contact.

This date must be on or be after the last date of travel on the itinerary.

Box twenty-one A., B., C. and D.

				(10) Amount Due	
19. GOVERNMENT/DEDUCTIBLE MEALS					
		NO. OF MEALS	a. DATE	b. N	
20.a. CLAIMANT SIGNATURE				b. DA	
c. REVIEWER'S PRINTED NAME		REVIEWER SIGNATURE	e. TELEPHONE NUMBER		f. DA
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE	c. TELEPHONE NUMBER		d. 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

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved by GSA/IRMS 12-91. Adobe Designer 7.0

Reset

Legibly printed name.

The claim must be signed by the approving official, or the reviewer. Failure to do so will result in the claim being DN.

Point of contact.

This date must be on or be after the last date of travel on the itinerary.

Boxes twenty-two and twenty-three

				(10) Amount Due			
19. GOVERNMENT/DEDUCTIBLE MEALS							
		a. DATE		b. NO. OF MEALS		a. DATE	
20.a. CLAIMANT SIGNATURE						b. DATE	
c. REVIEWER'S PRINTED NAME			d. REVIEWER SIGNATURE			e. TELEPHONE NUMBER	
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE			d. 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							

These two boxes are normally unused and may be utilized for notes if box 15 D. is not sufficient.

notes

- ▣ Remember, if a given box is not sufficient for the remarks needed, use multiple 1351-2 forms as required. Do not leave out information that may be important as to how a claim is paid or processed.

RECEIPT POLICY JFTR U2510

- ▣ *The receipt must show when specific services were rendered or articles purchased, and the unit price*
- ▣ Receipt required for each lodging expense regardless of Amount and for each individual expenditure of \$75 or more.
- ▣ **What is a valid receipt?** A receipt is a written acknowledgement that the vendor has been paid for providing goods or services. To be valid, it must show:
 - The name of the company providing the goods or services
 - When the specific services were rendered or articles purchased
 - The unit price
 - The final amount due and that it was paid