FORCE POLICY LETTER 13-11

From: Commander, Marine Forces Reserve
To: Distribution List

Subj: RESERVE TRAVEL CLAIM SUBMISSION

Ref: (a) Joint Federal Travel Regulations (JFTR)

Encl: (1) How to Properly Complete a 1351-2 Form
(2) Initial Travel Claim Checklist
(3) Travel Claim Submission Tracker
(4) Common Document Tracking Management System-Travel Discrepancy Notices

1. The timely payment of travel authorizations as prescribed by the reference and payment of Government Travel Charge Card (GTCC) balances is a requirement to maintain a heightened state of operational readiness and is a Commander’s Program.

2. While the implementation of the Defense Travel System (DTS) has greatly enhanced the supportability of active duty, active reserve, and civilian employees’ execution of Temporary Additional Duty (TAD) and the settlement of travel vouchers, it is not intended to support Reserve (IRR, IMA, SMCR) travel at this time. Unless a Reserve Marine is serving on an order that permanently assigns him or her to a duty location (Permanent Change of Station (PCS) Orders), and with very limited and expressly authorized exceptions, DTS will not be used for reserve duty and travel claim submissions at this time.

3. There are initiatives currently being tested at the Marine Forces Reserve (MARFORRES) Headquarters to integrate the Marine Reserve Order Writing System (MROWS) and DTS. Until this new technology is fully tested, functional, and fielded, reserve Component members not serving under a PCS order are restricted from using DTS. Due to the technological limitations on supporting Reserve Component travel claims, a DD Form 1351-2 is required to be completed and submitted to the MARFORRES Finance Office for travel settlement.

DISTRIBUTION STATEMENT D: All MARFORRES assets, approved for public release, distribution is unlimited.
4. Commanders/Inspector-Instructors will:

   a. Ensure administrative support sections are provided the names, dates and requirements for orders to be issued to the identified Reserve Component member no later than 10-working days prior to the planned execution date of the orders.

   b. Ensure all MROWS Orders are completely routed and "authenticated" within MROWS prior to or on the effective date of the orders. In the event the MROWS Orders were "authenticated" after the effective date, the orders are then considered "confirmation" orders and require a waiver from the Deputy Commandant, Manpower and Reserve Affairs to be included in the travel claim submission.

   c. Ensure a DD Form 1351-2, Travel Voucher or Subvoucher, is received upon completion of a period of duty or when there is a partial claim submission requirement (duty in excess of 45 days requires 30-day partial settlements). These travel vouchers or subvouchers must be signed by the member, and submitted to the administrative support section with all required documentation and receipts within 5-working days. Enclosure (1) provides step-by-step instructions for completing a DD Form 1351-2.

   d. Within 3-working days upon receipt, ensure a complete review of the DD Form 1351-2 is conducted by the administrative support section and all applicable supporting documentation is present: MROWS Orders (and all modifications), DD Form 1610, Request and Authorization for TDY Travel of DoD Personnel, (if concurrent TAD was executed during the period), reporting/detaching endorsements (if applicable), Leave Papers (if applicable), and all required receipts. Receipts are required for all lodging expenses and any claimed expenses for $75.00 or more. Enclosure (2) is provided and required to be submitted with the claim to ensure completeness.

   e. Ensure fully completed and accurate travel claims are submitted to the MARFORRES Finance Office via the Document Tracking Management System-Travel (DTMS-T) module within Marine-on-Line (MOL).

   f. Utilize enclosure (3) to track the receipt of all travel claims and their submission to the MARFORRES Finance Office.

   g. In the event a submitted travel claim is rejected and issued a Discrepancy Notice (DN), ensure the individual Marine is notified and errors are corrected. Ensure the corrected voucher is resubmitted to the MARFORRES Finance Office via DTMS-T within 3-working days.
Subj: RESERVE TRAVEL CLAIM SUBMISSION

h. Track the settlement of each submitted voucher via DTMS-T, 3270 IATS online view, and/or Electronic Document Access (EDA) at https://eda2.ogden.disa.mil/frames.html.

i. Upon settlement of each travel claim, ensure that the settled claim is audited. In the event the claim was paid incorrectly, or if additional entitlements are authorized, ensure that a supplemental DD Form 1351-2 is completed, signed by the member, and submitted to the administrative support section for re-submission to the MARFORRES Finance Office.

5. Recent research, audits, and Marine Corps Administrative Analysis Team (MCAAT) reports indicate that Commanders/Inspector-Instructors with a system in place to accurately track the submission and settlement of submitted vouchers have superior inspection results, lower GTCC delinquency, quicker travel voucher settlements, higher unit morale, and overall operational readiness.

S. A. HUMMER

Directives issued by this Headquarters are published and distributed electronically. Electronic versions of the Force Directives can be found at: http://www.marines.mil/unit/marforres/MFRHQ/G1/Adjutant/G-1%20Adjutant%20Directives/index.aspx
HOW TO PROPERLY COMPLETE A 1351-2 FORM

By LCpl Lindsey

ENCLOSURE (1)
### Getting started

**TRAVELER OR SUBVOUCHER**

**SPLIT DISBURSEMENT:** The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the amount representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different method to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.

1. **NAME** (Last, First, Middle Initial) (Print or type)
2. **ADDRESS** a. **NUMBER AND STREET** b. **CITY**
3. **DATE OF BIRTH OR MARITAL STATUS**
4. **EMAIL ADDRESS**
5. **DAYTIME TELEPHONE NUMBER & AREA CODE**

**TRAVEL ORDER/AUTHORIZATION NUMBER**

**PREVIOUS GOVERNMENT PAYMENTS/ADVANCES**

**DEPENDENTS** (X and complete as applicable)

**DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS** (Include Zip Code)

**HAVE HOUSEHOLD GOODS BEEN SHIPPED**

**TYPE OF PAYMENT** (as applicable)

**FOR D.D.O. USE ONLY**

**ENVELOPE (1)**

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**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.*

*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
### Box five, six and seven

**TRAVEL VOUCHER OR SUBVOUCHER**

1. **PAYMENT**
   - Electronic Fund Transfer (EFT)
   - Payment by Check

2. **NAME** (Last, First, Middle initial) (Print or type)

3. **ADDRESS**
   - Number and Street
   - City
   - State
   - ZIP Code

4. **SSN**

5. **TYPE OF TRAVEL**
   - TDY
   - Member/employee
   - PCS
   - Other
   - DLA

6. **DAYTIME TELEPHONE NUMBER & AREA CODE**

7. **TRAVEL ORDER/AUTHORIZATION NUMBER**

8. **PREVIOUS GOVERNMENT PAYMENTS/ADVANCES**
   - a. D.O. VOUCHER NUMBER
   - b. SUBVOUCHER NUMBER

9. **DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include ZIP Code)**
   - a. NAME (Last, First, Middle Initial)
   - b. RELATIONSHIP
   - c. DATE OF BIRTH OR MARRIAGE

10. **FOR D.O. USE ONLY**
    - D.O. VOUCHER NUMBER
    - SUBVOUCHER NUMBER
    - PAID BY

11. **HAVE HOUSEHOLD GOODS BEEN SHIPPED?**
    - YES
    - NO (Explain in Remarks)

12. **COMPUTATIONS**

**Check the box that corresponds to the type of claim submitted.**

**Fill in members full address. An email address is helpful but not necessary.**

**Enter members telephone number.**
Boxes eight and nine
Box ten

<table>
<thead>
<tr>
<th>TRAVEL VOUCHER OR SUBVOUCHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PAYMENT</td>
</tr>
<tr>
<td>Electronic Fund Transfer (EFT)</td>
</tr>
<tr>
<td>Payment by Check</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $</td>
</tr>
</tbody>
</table>

| 2. NAME (First, Middle Initial) (Print or type) |
| 3. GRADE |
| 4. SSN |
| 5. TYPE OF PAYMENT (X as applicable) |
| TDY | Member/Employee |
| PCS | Other |
| DLA | Dependent(s) |
| FOR D.D.O. USE ONLY |

| 6. ADDRESS, a. NUMBER AND STREET | b. CITY | c. STATE |

| 7. DAYTIME TELEPHONE NUMBER & AREA CODE |
| 8. TRAVEL ORDER/AUTHORIZATION NUMBER |

| 9. PREVIOUS GOVERNMENT ADVANCES |
| a. D.D.O. VOUCHER NUMBER |
| b. SUBVOUCHER NUMBER |

| 11. ORGANIZATION AND STATION |

| 12. DEPENDENT(s) (X and complete as applicable) |
| a. NAME (Last, First, Middle Initial) |
| b. RELATIONSHIP |
| c. DATE OF BIRTH OR MARITAL STATEMENT |

| 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) |
| a. PAID BY |
| b. COMPUTATIONS |

| 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED (X one) |
| YES | NO (Explain in Remarks) |

ENCLOSURE (1)
Box ten

<table>
<thead>
<tr>
<th>Household Goods Been Shipped?</th>
<th>d. Computations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>No (Explain in Remarks)</td>
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</tbody>
</table>

Box 10, D is used for general notes and statements depending on the type of claim.

"The more info that is given, usually decreases the chance a claim will be DN'd."
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 eleven

<table>
<thead>
<tr>
<th>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</th>
<th>8. TRAVEL ORDER/AUTHORIZATION NUMBER</th>
<th>5. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</th>
<th>10. FOR D.O. USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>a. D.O. VOUCHER NUMBER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. SUBVOUCHER NUMBER</td>
<td></td>
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<tr>
<td>11. ORGANIZATION AND STATION</td>
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<td>12. DEPENDENT(S)</td>
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<td>ACCOMPANIED</td>
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<tr>
<td>a. NAME Last, First</td>
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<td></td>
<td>1A. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code.)</td>
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<tr>
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<td>c. PAID BY</td>
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<tr>
<td></td>
<td>d. COMPUTATIONS</td>
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<tr>
<td></td>
<td>e. SUMMARY OF PAYMENT</td>
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<td></td>
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<tr>
<td>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</td>
<td>(X one)</td>
<td>YES</td>
<td>NO (Explain in Remarks)</td>
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<tr>
<td>15. ITINERARY</td>
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<td></td>
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<tr>
<td>a. DATE</td>
<td>b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)</td>
<td>MEANS/MODE OF TRAVEL</td>
<td>REASON FOR STOP</td>
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<td>DEP</td>
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</table>

Fill in the members unit and location.
### Box twelve, thirteen and fourteen

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 fifteen (the itinerary)

<table>
<thead>
<tr>
<th>15. ITINERARY</th>
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<tbody>
<tr>
<td><strong>a. DATE</strong></td>
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<tr>
<td><strong>b. PLACE</strong> (Home, Office, Base, Activity, City and State, City and Country, etc.)</td>
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<td>ARR</td>
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<td>DEP</td>
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</tbody>
</table>

15.B: The place a member departs from or arrives to. If it is the member's home, a full address must be shown.

15.D: Enter the total lodging cost incurred if applicable.

15.F: If mileage is terminal or within commuting distance, enter actual odometer reading. Any other mileage can be entered as odometer reading, but will be limited to DTOD. Regardless of type, mileage must be entered.

15.C: TP (transportation request)
PA (private auto),
CA (commercial auto),
CP (commercial Plane), etc.

**COMPUTATIONS**

<table>
<thead>
<tr>
<th>(one)</th>
<th>YES</th>
<th>NO (Explain in Remarks)</th>
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<tbody>
<tr>
<td>Modes of Travel</td>
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<td>Reason for Stop</td>
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<tr>
<td>Lodging Cost</td>
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<td>POC Miles</td>
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</tbody>
</table>

(1) Per Diem
(2) Actual Expense Allowance
(3) Mileage
(4) Dependent Travel
(5) DLA
(6) Reimbursable Expenses
(7) Total
(8) Less Advance
(9) Amount Owed
(10) Amount Due
**Box sixteen**

13. ITINERARY

<table>
<thead>
<tr>
<th>a. DATE</th>
<th>b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)</th>
<th>c. MEANS/MODE OF TRAVEL</th>
<th>d. REASON FOR STOP</th>
<th>e. LODGING COST</th>
<th>f. POC MILES</th>
<th>(X one)</th>
<th>YES</th>
<th>NO (Explain in Remarks)</th>
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</tbody>
</table>

15.b. Place (third destination).

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.

16. POC TRAVEL (X one)

<table>
<thead>
<tr>
<th></th>
<th>OWN/OPERATE</th>
<th>PASSENGER</th>
<th></th>
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</thead>
</table>

17. DURATION OF TRAVEL

<table>
<thead>
<tr>
<th></th>
<th>12 HOURS OR LESS</th>
<th>MORE THAN 12 HOURS BUT 24 HOURS OR LESS</th>
<th>MORE THAN 24 HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(6) Reimbursable Expenses</td>
<td>(8) Amount Owed</td>
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<tr>
<td></td>
<td></td>
<td>(7) Total</td>
<td>(10) Amount Due</td>
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<td></td>
<td>0.00</td>
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</table>

**18. REIMBURSABLE EXPENSES**

<table>
<thead>
<tr>
<th>a. DATE</th>
<th>b. NATURE OF EXPENSE</th>
<th>c. AMOUNT</th>
<th>d. ALLOWED</th>
</tr>
</thead>
</table>

**ENCLOSURE (1)**
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

<table>
<thead>
<tr>
<th>16. FOC TRAVEL (X one)</th>
<th>OWN/OPERATE</th>
<th>PASSENGER</th>
<th>17. DURATION OF TRAVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(4) Dependent Travel</td>
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<tr>
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<td>(5) DLA</td>
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<tr>
<td></td>
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<td>(6) Reimbursable Expenses</td>
</tr>
</tbody>
</table>

18. REIMBURSABLE EXPENSES

<table>
<thead>
<tr>
<th>a. DATE</th>
<th>b. NATURE OF EXPENSE</th>
<th>c. AMOUNT</th>
<th>d. ALLOWED</th>
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<tbody>
<tr>
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<td></td>
<td></td>
<td>12 HOURS OR LESS</td>
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</table>

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

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.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of Expense</th>
<th>Amount</th>
<th>Allowed</th>
</tr>
</thead>
</table>

17. Duration of Travel

- 12 Hours or Less
- More than 12 Hours but 24 Hours or Less
- More than 24 Hours

18. Reimbursable Expenses

- (1) Per Diem
- (2) Actual Expense Allowance
- (3) Mileage
- (4) Dependent Travel
- (5) DLA
- (6) Reimbursable Expenses
- (7) Total
- (8) Less Advance
- (9) Amount Owed
- (10) Amount Due

19. Government/Deductible Meals

- Date
- No. of Meals

20. Claimant Signature

- Date

21. Approving Official's Printed Name

- Signature

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.

<table>
<thead>
<tr>
<th>DEP</th>
<th>16. FOC TRAVEL (X one)</th>
<th>17. DURATION OF TRAVEL</th>
<th>18. REIMBURSABLE EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARR</td>
<td>OWN/OPERATE</td>
<td>PASSENGER</td>
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<td></td>
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<td>a. DATE</td>
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<td></td>
<td>b. NATURE OF EXPENSE</td>
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<td>c. AMOUNT</td>
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<td></td>
<td>d. ALLOWED</td>
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<td></td>
<td>12 HOURS OR LESS</td>
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<td>MORE THAN 12 HOURS BUT 24 HOURS OR LESS</td>
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<td>MORE THAN 24 HOURS</td>
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</tbody>
</table>

Legibly printed name.

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

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

Point of contact.
Box twenty-one A., B., C. and D.

20. CLAIMANT SIGNATURE

21. APPROVING OFFICIAL'S 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.

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

Legibly printed name.

Point of contact.

DD FORM 1351-2, MAY 2011

PREVIOUS EDITION IS OBSOLETE.
Boxes twenty-two and twenty-three

<table>
<thead>
<tr>
<th>19. GOVERNMENT/DEDUCTIBLE MEALS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. DATE</td>
<td>b. NO. OF MEALS</td>
<td>a. DATE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. CLAIMANT SIGNATURE  

20.a. CLAIMANT SIGNATURE  

20.b. DATE  

21. REVIEWER'S PRINTED NAME  

21.a. APPROVING OFFICIAL'S PRINTED NAME  

21.b. SIGNATURE  

21.c. TELEPHONE NUMBER  

21.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.

DD FORM 1351-2, MAY 2011

Previous edition is obsolete.

Exception to SF 1012 approved by GSA/IRMS 12-01.

Arms Professional R.A.
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
Initial Travel Claim Checklist

☐ Blocks 1-21 Are filled out completely ______
☐ Block 10 annotates pertinent information such as: ______
  o Type of claim (i.e. partial/final) ______
  o If lv, cctad, vr, or pdmra was taken ______
  o Any Non-standard pertinent information ______
  o And/or any applicable information authorized by the AO ______
☐ Block 15 if completely filled out for each tad location to include ______
  o Dates ______
  o Location of stops ______
  o Mode of Travel to ALL locations ______
  o Reason for Stop for ALL locations ______
  o Claim lodging in block 15E or block 18 ______
  o Claim mileage in block 15F (Block 16 should be annotated if claiming mileage) ______
☐ Travel claim has ALL orders from original to last modification and all modification to orders in between (can be verified in top right corner) ______
☐ Reporting Order have a reporting/detaching endorsement that include ______
  o Date member reported in ______
  o Date member detached ______
  o Quarters Availability ______
  o Messing Availability ______
  o Statement of member Commuting or Not Commuting daily ______
  o Commuting Order for local area per diem ______
☐ Member must sign and date in block 20 ______
☐ Reviewer/AO must sign and date claim in block 21 ______
☐ Orders contain a SDN ______
☐ Confirmation/Verbal orders must have a waiver (confirmation orders are orders authenticated after travel begins) ______
☐ If the mbr received (verbal orders) to travel and received his authenticated orders at the TAD site then the member must provide a statement identifying the date and place of verbal order receipt ______
☐ Receiving endorsement to MROWS original orders must be completed to identify member’s PLEAD ______
☐ Include all applicable receipts to reimbursable expenses ______

Reviewer Signature ___________________________  Command Verifier ___________________________
Common Document Tracking Management System-Travel Discrepancy Notices

1. 1351-2 claimant and/or reviewer signatures are missing.
   ---- All 1351-2's must be signed by the claimant and a command representative.

2. INCORRECT ORDERS WERE SUBMITTED
   ---- Orders for time frame claimed were not submitted, 1351-2 dates of travel fall
   outside of provided orders. Either a modification needs to be done to extend a set of
   orders, or orders for a different TAD period were incorrectly submitted.

3. INVALID SDN
   ---- The SDN in Section A of DTMS is incorrect and does not match the orders
   provided. Or the SDN is not currently funded and a SABRS screen shot that proves it is
   funded needs to be submitted.

4. In accordance with JFTR U2115 and ACTS manual 4103.2, a verbal order given in
   advance of travel must be subsequently confirmed in writing to include the date the
   verbal order was given, who gave the verbal order, and where the member was when the
   verbal order was given. The member’s orders were authenticated after travel began
   making them confirmation orders. However, the written orders do not contain the
   required information. A memorandum for the record signed by the Commanding Officer,
   Inspector-Instructor, Officer in Charge or OpSponsor that contains the required
   information must be submitted with the travel package.
   ---- Orders are confirmation orders and no memorandum was provided.

5. Since mbr signed for orders at the TAD site, a memorandum for the record signed by
   the Commanding Officer, Inspector-Instructor, Officer in Charge, or OpSponsor must be
   submitted with the travel package and include date the verbal order was given to come
   sign for orders, who gave the verbal order, and where the member was when the verbal
   order was given.
   ---- Receiving Endorsement influences entitlement, if the orders are received at
   the TAD site, the claim has no entitlement. In order to process the claim, the above
   memorandum is needed.

6. NO RECEIPTS PROVIDED
   ---- Receipts for expenses claimed on the 1351-2 are missing (lodging, rental car).

7. DUPLICATE CLAIM
   ---- The claim has already been processed, it was submitted multiple times, or
   multiple partials for the same set of orders are being submitted. Our system can only
   process one partial at a time if they are covered under the same SDN.

8. No attachment was provided in DTMS.
   ---- A claim must be attached for it to get processed.

9. ENDORSEMENT STATES GROUP TRAVEL. IN ACCORDANCE WITH JFTR U4102-0, ENDORSEMENT
   MUST STATE EITHER GROUP TRAVEL WITH NO REIMBURSEMENT, OR GROUP TRAVEL WITH LIMITED
   REIMBURSEMENT. IF LIMITED REIMBURSEMENT, MBR MUST STATE WHICH MEALS WERE PROVIDED IN
   BLOCK 19 ON THE 1351-2.
   ---- Group travel reimbursement needs to be specified In accordance with JFTR
   U4102-0

10. CLAIM MUST BE SPLIT
    ---- Itinerary covers multiple sets of orders (such as back to back AT/ADOS) or
    claim crosses Fiscal years. Each set of orders and different Fiscal years
    utilize separate SDN’s.

11. TAD or order in excess of 45 days or more submit partial claims every 30-days.