

## HOW TO FILL OUT A DD FORM 1351-2 TRAVEL VOUCHER

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.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____			
<b>2. NAME</b> (Last, First, Middle Initial) (Print or type)		<b>3. GRADE</b>	<b>4. SSN</b>		<b>5. TYPE OF PAYMENT</b> (X as applicable)
<b>6. ADDRESS.</b> a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)
e. E-MAIL ADDRESS					<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>	<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>	<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>		<b>10. FOR D.O. USE ONLY</b>	
<b>11. ORGANIZATION AND STATION</b>				a. D.O. VOUCHER NUMBER	
				b. SUBVOUCHER NUMBER	

**BLOCK 1. PAYMENT.** EFT is the only authorized option. This will ensure the member's payment is sent to the same bank account as their military pay. If a government travel charge card (GTCC) is used, under "Split Disbursement," check the box and enter the amount to be split to the GTCC.

**BLOCK 2. NAME.** Type or print the member's Last Name, First Name, and Middle Initial

**BLOCK 3. GRADE.** Type or print the member's pay grade (E-5, O-3, W-1, etc.)

**BLOCK 4. SSN.** Type or print the member's social security number

**BLOCK 5. TYPE OF PAYMENT.** Mark ALL that apply. It is possible to have all blocks selected. Pay special attention to Dependent(s) and DLA. If dependent travel is on this voucher, make sure both of these blocks are checked.

**BLOCK 6. ADDRESS.** Type or print the member's current mailing address to include Street Address, City, State, and Zip Code. DO NOT USE the unit address, unless it is a valid mailing address with a P.O. Box. Type the best email address with which to contact the member.

**BLOCK 7. DAYTIME TELEPHONE NUMBER AND AREA CODE.** Type or print the member's current daytime telephone number.

**BLOCK 8. TRAVEL ORDER/AUTHORIZATION NUMBER.** Type or print the travel order number as written on the member's PCS/TDY orders. Do not use order numbers for amendments.

**BLOCK 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES.** Type or print the amount of travel advance the member received, the DOV#, and date of payment. Write "None" if they did not receive a travel advance. (NOTE: this is only money the member received from the government for this travel).

**BLOCK 10. FOR D.O. USE ONLY.** Use section "d. COMPUTATONS" for remarks.

**BLOCK 11. ORGANIZATION AND STATION** Type or print the member's current organization and station.



**For example:** Using their own truck or automobile would be PA or an airline ticket provided by the Commercial Ticket Office (CTO) would be TP. If they traveled by Commercial Transportation (Own Expense) make sure they include a copy of the tickets with their claim and mark CP.

**-BLOCK 15d REASON FOR STOP.** Enter the reason for stop from one of the following codes

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

**-BLOCK 15e LODGING COST.** Type or print the cost of lodging. Leave blank except for TDY locations. Ensure receipts are attached. If government lodging was directed but not used, a Statement of Non-availability (SNA) is required.

**-BLOCK 15f POC MILES.** Type or print the mileage between local departure and arrival points when using an owned and operated Privately Owned Conveyance (POC). Example: Travel to/from home/office/HTC to airport or in and around the PDS. The Disbursing Office will use standard distance rates as established by Defense Table of Official Distances for all other travel.

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		
					(7) Total		0.00
					(8) Less Advance		
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(9) Amount Owed		0.00
				MORE THAN 24 HOURS	(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. SIGNATURE		e. TELEPHONE NUMBER		f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE

**BLOCK 16. POC TRAVEL.** If the member traveled using a Privately Owned Conveyance indicate whether they owned and drove the vehicle or were a passenger of a vehicle.

**BLOCK 17. DURATION OF TRAVEL.** Place an X on applicable blocks.

**BLOCK 18. REIMBURSABLE EXPENSES.** Print or type all items of reimbursable expenses. For example, rental car, conference registration fees, bridge tolls, gas, ferry fees, taxi expense, exam fees, etc. However, some require pre-authorization on orders. Claims for more than one POC in conjunction with a PCS can also be shown in these blocks (e.g. "(2) POVs"). Any lodging or reimbursable expense \$75.00 or more will require a receipt. Reference Joint Travel Regulations Chapter 2 Part M and Appendix G for a complete list with stipulations.

**BLOCK 19. GOVERNMENT/DEDUCTIBLE MEALS.** List meals consumed by the member with or without charge when furnished by an official source. Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

**BLOCK 20a/b. CLAIMANT SIGNATURE.** The member **MUST** sign and date the claim on or after the completion of travel.

**BLOCK 21a/b/c/d. APPROVING OFFICIAL.** All TDY claims must be reviewed and signed by an Approving Official in possession of a valid DD Form 577 Appointment/Termination Record. Send the DD Form 577 with the travel package. PCS claims do not require an Approving Official signature.

Attach the appropriate supporting documents (orders, receipts, tickets, statement in lieu of receipts, etc.).

Notes:

#### General

1. Use the current DD form 1351-2 dated May 2011. All others are obsolete.
2. Ensure that all dates are provided on 1351-2 and that they match the orders and endorsements.
3. Ensure claim is signed and completely filled out all information must be correct (SSN, name etc.).
4. List all advances in block 9.
5. Ensure that web orders are provided and all the orders are signed and reporting endorsements are included.
6. Reporting and detaching endorsements must be provided for all TAD sites for PCS with TEMINS or DUINS enroute.
7. Page 3/CHRO screen in 3270 is accepted in place of orders for accession claims only.
8. Provide a copy of flight itinerary if government flight was issued.
9. GTR reroute statement must be provided if the Marine change their government issued ticket in any way.
10. Ensure that all documentation is legible
11. Provide receipts for lodging regardless of amount and all expenses \$75.00 or more (credit card slips and bank statements are not considered receipts).
12. Lodging receipts must be itemized

#### Dependent Travel

1. If dependents' itinerary varies from member's itinerary in any way, they must have a separate itinerary.
2. Block 12 and 13 must be filled out correctly in order to pay dependent travel.
3. Block 13 should reflect the old address (where dependents were upon receipt of orders) NOT the new address.

#### DLA

1. If a Marine (E-5 and below) is not married or did not relocate their dependents but they are claiming DLA, ensure they have an endorsement from their command that states "government quarters are not assigned."
2. Ensure Block 13 is filled out correctly in order to receive dependent DLA.

#### TLE

1. Ensure the TLE form is filled out completely and signed (must check the boxes as well when they are applicable).
2. Ensure that temporary lodging is near the old or new duty station or designated location (which must be listed in the orders).
3. Lodging receipts must be provided regardless of amount (statement in lieu is not authorized for lodging).

PCS DD Form 1351-2 Example:

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty State and Instructions on back before completing form. Use typewriter, ink, or ball point pen. 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: <b>\$ 0.00</b>					
<input type="checkbox"/> Payment by Check		2. NAME (Last, First, Middle Initial) (Print or Type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)	
		Puller, Lewis B		O-9	1234567890	<input type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> DLA	
6. ADDRESS: a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE		
1234 W DevDog Rd		BEAUFORT		SC	2990600000		
e. E-MAIL ADDRESS		10. FOR D.O. USE ONLY					
Chesty0001@gmail.com							
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER	
555-555-5555		M0000000CTB0000		0.00			
11. ORGANIZATION AND STATION						b. SUBVOUCHER NUMBER	
MCAS BEAUFORT SC							
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (include Zip Code)		c. PAID BY	
<input checked="" type="checkbox"/> ACCOMPANIED				1234 Motivation Dr		RUC: 45184	
<input type="checkbox"/> UNACCOMPANIED				Camp Lejeune NC 28542			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE			
Puller, Virginia		SPOUSE		19371113			
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		d. COMPUTATIONS	
				<input checked="" type="checkbox"/> YES		1 POV USBD	
				<input type="checkbox"/> NO (Explain in Remarks)		I took leave from 2/14 - 2/17	
15. ITINERARY							
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
02/13	OKINAWA JP			TP			
02/13	SEATTLE WA			TP	AT		
02/13	DALLAS FT WORTH TX			TP	AT		
02/13	TAMPA FL			PA	AT		
02/14	HERNANDO FL			PA	LV		
02/17	BEAUFORT SC			PA	LV		
02/24	MCAS BEAUFORT SC				MC		
16. POC TRAVEL (X one)				17. DURATION OF TRAVEL		e. SUMMARY OF PAYMENT	
<input checked="" type="checkbox"/> OWN/OPERATE				12 HOURS OR LESS		(1) Per Diem	
<input type="checkbox"/> PASSENGER				MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(2) Actual Expense Allowance	
				MORE THAN 24 HOURS		(3) Mileage	
						(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						(5) DLA	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED		(6) Reimbursable Expenses	
20160212	OVERWEIGHT BAGGAGE		\$123.00			(7) Total	
						(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			
<input checked="" type="checkbox"/> L. Puller				20160225			
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							
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, MAY 2011

PREVIOUS EDITION IS OBSOLETE.

Exception to SF 1012 approved by GSA/IRMS 12-91. Adobe Designer 8.0

TDY DD Form 1352-2 Example:

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 DTMS Doc ID:		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. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
<input type="checkbox"/> Payment by Check		2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. BSN	5. TYPE OF PAYMENT (X as applicable)	
Hardcharger, Ian M		E-3		1234567890	<input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			
12345 S Fidelis Rd		FRANKLIN	TN	370640000			
e. E-MAIL ADDRESS: I.M.Hardcharger@gmail.com		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	
555-555-5555		M0000000T000000				b. SUBVOUCHER NUMBER	
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (X and complete as applicable)					
KILO CO 3D BN 23D MARINES		<input type="checkbox"/> ACCOMPANIED		<input checked="" type="checkbox"/> UNACCOMPANIED			
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		d. COMPUTATIONS			
37064		YES <input checked="" type="checkbox"/> NO (Explain in Remarks)		Mbr did not take leave			
15. ITINERARY		16. MEANS/MODE OF TRAVEL		17. REASON FOR STOP		18. LODGING COST	
a. DATE	b. PLACE (Home, OVRG, Base, Activity, City and State, City and Country, etc.)	19. POC TRAVEL (X one)		20. DURATION OF TRAVEL		21. SUMMARY OF PAYMENT	
2014		<input checked="" type="checkbox"/> OVI/OPERATE		12 HOURS OR LESS		(1) Per Diem	
12/04	FRANKLIN, TN 37064 HOR	PASSENGER		MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(2) Actual Expense Allowance	
12/04	HTC SMYRNA, TN 37167			<input checked="" type="checkbox"/> MORE THAN 24 HOURS		(3) Mileage	
12/04	BRIDGETON, MO 63044					(4) Dependent Travel	
12/07	HTC SMYRNA, TN 37167					(5) DLA	
12/07	FRANKLIN, TN 37064 HOR					(6) Reimbursable Expenses	
						(7) Total	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
						Prepared by: LCpl Pacstud	
19. GOVERNMENT DEDUCTIBLE MEALS		20. CLAIMANT SIGNATURE		21. REVIEWER'S PRINTED NAME		22. ACCOUNTING CLASSIFICATION	
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS	I.M.Hardcharger			
				Pvt O M Johnson			
				O M Johnson			
				SSgt J Basilone			
				J Basilone			
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, MAY 2011

PREVIOUS EDITION IS OBSOLETE.

Exception to SF 1012 approved by GSA/IRMS 12-91  
Adobe Designer 8.0