TRAVEL VOUCHE	R OR SUB	OUCHER	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.										
× Electronic Fund to de	esenting travel charg signate a payment t TE: A split disbu	ENT: The Paying Offici es for transportation, loc hat equals the total of th <i>irsement is only ne</i> g amount of this rein	dging, ar neir outst cessar	nd rental car it tanding gover y when a c	f you are a civil nment travel ca GTCC is use	an employee, unless and balance to the GTC and while on official	you elect a C contrac travel fo	different amount. for. r the Governme	Military personnel are required				
2. NAME (Last, First, Middle Initial)	(Print or type)	3. GRA	DE	4. SSN		5. TY	5. TYPE OF PAYMENT (X as applicable)						
								TDY	Member/Employee				
6. ADDRESS. a. NUMBER AND S	REET	b. CITY			c. STATE	d. ZIP CODE		PCS	Other				
								Dependent(s)	DLA				
e. E-MAIL ADDRESS							10.	10. FOR D.O. USE ONLY					
7. DAYTIME TELEPHONE NUMBE AREA CODE	TON	9. PREVIO ADVAN		IENT PAYMENTS/	a.	a. D.O. VOUCHER NUMBER							
11. ORGANIZATION AND STATIO			1			b	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.

					-					+	
12. DEPE	ENDENT	F(S) (X and complete as ap	oplicable)					DRESS ON RECE	EIPT OF	c. PAID BY	
AC	COMP	ANIED	UNACCOMPA		0	RDEF	RS (Include 2	(ip Code)			
a. NA	ME (La	st, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE							
					14. H	AVE	OUSEHOLI	GOODS BEEN	SHIPPED?	d. COMPUTATIONS	
						YES		NO (Explain in R			
15. ITINE					MEA		d. REASON	e.	f.		
a. DATE		b. PLACE (Home, Off City a	ice, Base, Activity, City and Country, etc.)	and State;	MOD	E OF	FOR	LODGING COST	POC MILES		
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	DEP									e. SUMMARY OF PAYMENT	
	ARR									(1) Per Diem	
	DEP									(2) Actual Expense Allowance	
	ARR									(3) Mileage	

BLOCK 12. DEPENDENT(S). Check "ACCOMPANIED" if the member is traveling with dependents during *this* travel. If no dependent traveled on this claim, check "UNACCOMPANIED " and go to block 15.

-BLOCK 12a. NAME. Type or print dependent Last Name, First Name, Middle Initial

-BLOCK 12b. RELATIONSHIP. Type or print relationship of dependent. For example, spouse, son, daughter.

-BLOCK 12c. DATE OF BIRTH OR MARRIAGE. Type or print date of marriage for spouse or date of birth for other dependents. If the member has more than four dependents, write the information on the reverse side of the DD Form 1351-2 in Block 29, Remarks.

BLOCK 13. DEPENDENTS ADDRESS ON RECEIPT OF ORDERS. Type or print dependent's address at the time the member received their orders.

BLOCK 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? Indicate whether household goods were shipped with this PCS.

BLOCK 15. ITINERARY

-BLOCK 15a DATE. Type or print the date of arrival and departure for all points listed, including the year at the top (under "a. DATE"). Dates must match orders/endorsements.

-BLOCK 15b PLACE. Type or print the locations of the departure and arrival location, including city and state. If multiple modes of travel were used, indicate the location of mode changes. If TDY was authorized indicate the arrival and departure locations. Locations must match orders/endorsements. Using general terms such as home, office, or HTC without city and state is not valid.

-BLOCK 15c MEANS/MODE OF TRAVEL. Enter the two letter code for the mode of travel for each leg of the travel.

First Letter	-	Second Letter	-
GTR/TKT	Т	Automobile	А
Government Transportation	G	Motorcycle	М
Commercial Transportation (Own Expense)	С	Bus	В
Privately Owned Conveyance	Р	Plane	Р
		Rail	R
		Vessel	V

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.

				6	
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 15d REASON FOR STOP	. Enter the reason for sto	op from one of the following codes
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-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 TRAVE	EL (X one)	OWN/OPERATE		PASSENGE	ER	17. D	JRATION OF TRA	VEL	(4) Depe	ndent Travel	
18. REIMBURS	ABLE EXPENS	ES							(5) DLA		
a. DATE	b.	NATURE OF EXPENSE	c.	AMOUNT	d. ALLOWED	1	12 HOURS OR I	LESS	(6) Reim	bursable Expenses	
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						1	BUT 24 HOURS OR LESS		(8) Less	Advance	
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						1			(10) Amo	unt Due	
						19. G			MEALS		
						a. DATE b. NO. OF		F MEALS a. DATE		b. NO. OF MEALS	
20.a. CLAIMAN	T SIGNATURE										b. DATE
c. REVIEWER'S PRINTED NAME			d. Sl	GNATURE					e. TELEPHONE NUMBER		f. DATE
21.a. APPROVI	NG OFFICIAL'S	PRINTED NAME	b. SI	b. SIGNATURE c. TELEPHONE NUM						HONE 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:

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TDY DD Form 1352-2 Example:

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