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 Electronic Fund Transfer (EFT) 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.																	
Payment by Check 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. GRA							ADE 4. SSN				5. TYPE (OF PAYMENT	(X as ap	olicable)			
											TD	′	M	ember/Employee			
6. ADDRESS. a. NUMBER AND STREET b. CITY						c. STATE d. ZIP CODE			PC	3	Ot	her					
													Dep	pendent(s)	DI	.A	
e. E-MAIL ADDRESS													10. FOR	D.O. USE ONL	_Y		
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION							9. PRI	EVIO	US GOVE	RNM	IENT PAYMEN	TS/		VOUCHER NU			
AREA CODE NUMBER							ADVANCES										
11. ORGANIZATION AND STATION												b. SUB	b. SUBVOUCHER NUMBER				
12. DEP	ENDEN	T(S) (X and	complete as ap	oplicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF C. PAID BY									
ACCOMPANIED UNACCOMPANIED					ORDERS (Include Zip Code)												
a. N	a. NAME (Last, First, Middle Initial) b. RELATIONSHIP C. DATE OF BIRTIOR MARRIAGE				BIRTH	1											
						UR MAR	OR WARRIAGE										
							1										
						14. HAVE HO				OUSEHOLD GOODS BEEN SHIPPED?				LITATIONO			
							(X one)					d. COMPUTATIONS					
								-	YES		N	NO (Explain in Remarks)					
a. DATE		b. PL	ACE (Home, Of City	fice, Base, Adand Country,	ctivity, City etc.)	/ and State;		C. MEAN MODE TRAV	OF	d. REASON FOR STOP	ı	e. LODGING COST	f. POC MILES				
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	DEP	1							\neg					(2) Actua	I Expense Allov	wance	
	ARR													(3) Milea	ne .		
46 BOO		1 (V ana)	OWN	ODEDATE			CCENCI			147	DUD/	ATION OF TRA	WE!	-			
16. POC TRAVEL (X one) OWN/OPERATE PASSENGE					=K	17. DURATION OF TRAVEL (4) Dependent Travel (5) DLA											
		ABLE EXPENSES				_				_	12	2 HOURS OR L	ESS	(6) Reimbursable Expenses			
a. DATE		b. NATURE OF EXPENSE				c. AMO	c. AMOUNT d. ALI			ΞD					oursable Exper	nses	
											M	ORE THAN 12	HOURS	(7) Total			
									BUT 24 HOURS OR LESS			OR LESS	(8) Less Advance				
											٦.,	ODE TUAN 04	HOUDO	(9) Amou	nt Owed		
											IVI	ORE THAN 24	HOURS	(10) Amou	unt Due		
										19.	GOV	ERNMENT/DE	DUCTIBLE	MEALS			•
											a.	DATE	b. NO. C	F MEALS	a. DA	TE	b. NO. OF MEALS
00 - 01	A 184 A A 1	LOIONATI	DE														L DATE
20.a. CLAIMANT SIGNATURE b. DATE																	
c. REVIEWER'S PRINTED NAME d. REVIEWER SI						GNATURE				e. TELEPHONE NUMBER f. D.			f. DATE				
21.a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATURE										c. TELEPHONE NUMBER d. DATE			d. DATE				
22. ACCOUNTING CLASSIFICATION																	
23. COL	LECTIO	N DATA															
24. CON	PUTED	ВҮ	25. AUDITED	ВҮ		VEL ORDER ORIZATION		BY 27	. REC	CEIVED (Payee	e Signature and	d Date or C	heck No.)		28. Al	MOUNT 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		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.