INSTRUCTIONS FOR DD FORM 1351-2

(A Summary of DD Form 1351-3)

Leave all shaded boxes blank.

	TRAVEL VOUCHER OR SUBVOUCHER	Read Privacy Act Statement, Penalty Stat completing form. Use typewriter, ink, or pencil. If more space is needed, continue	ement, and Instructions on back before ball point pen. PRESS HARD. DO NOT use in remarks.
	Payment by Check Pay the following amount of this reimb	ill pay directly to the Government Travel Charge Card (GTCt ng. and rentali car if you are a civilian employee, unless you voutstanding government travel card balance to the GTCC or unsement directly to the Government Travel Charge GRADE 4. SSN	C) contractor the portion of your re-inbursement elect a different amount. Military personnel are required intractor.
	6. ADDRESS. a. NUMBER AND STREET b. CITY	c. STATE d. ZIP CODE	PCS Other Dependent(s) DLA
	e. E-MAIL ADDRESS 7. DAYTIME TELEPHONE NUMBER & TRAVEL OBDER/AUTHORIZATION AREA CODE 11. ORGANIZATION AND STATION TRICARE Regional Office - West	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	Enter one of the following codes into each of the white boxes corresponding to filled-in
	12. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP C. DATE OF MORREY OR MARRY	ORDERS (Include Zip Code)	"DEP" (departure) rows: PA – Drove an automobile to the appointment CP – Purchased your own
Date of trip departure Dates of arrival at and departure from Destination City	15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) DEP PATIENT'S CITY, STATE ARR DEP DESTINATION CITY, STATE	VES NO (Explain in Remarks) MEANS/ MODE OF FOR STOP MC MC MC MC MC MC MC MODE OF MILES	airfare and flew to the appointment TP – The government purchased your airfare in advance and you flew to the appointment
Date arrive back home	DEP PATIENT'S CITY, STATE ARR DEP ARR DEP	INC.	Use instructions for
Indicate "Own/Operate "Passenger" only if a p vehicle was the mode of	ersonal of travel		(1) Per Dem (2) Actual Expense (3) Mileage into each white box
Enter totals amounts for type of expense under "AMOUNT" in column 18c.	18. REMBURSABLE EXPENSES 0. AMOUNT 1.3 Feb Lodging Lodging Taxes Meals Fuel Airfare Airfare Airfare Airfare C. AMOUNT C. AMO	T d. ALLOWED 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS 19. GOVERNMENT/DEDUCTIBLE	(a) Dependent Trail (b) Dat (c) Reimbursable Ea (7) Total (d) Less Advance (e) Amount Owed (10) Amount Due (13) Less Advance (14) Amount Due (15) Less Advance (16) Amount Due (17) Less Advance (18) Less Advance (18) Less Advance (19) Amount Due (18) Less Advance (19) Amount Due (18) Less Advance (19) Amount Due (18) Dependent Trail (18) Corresponding to (18) Corresponding
Combine dates, as shown in the first	Local Transport (e.g. Taxi) Other (e.g. Parking)	a. DATE b. NO. O	Indicate the duration of your trip.
Sign and Date	20.a. CLAIMANT SIGNATURE 10. REVIEWER'S PRINTED NAME 21.a. APPROVING OFFICIAL'S PRINTED NAME 10. SIGNATURE 22. ACCOUNTING CLASSIFICATION	ER SIGNATURE	e. TELEPHONE NUMBER f. DATE c. TELEPHONE NUMBER d. DATE
	23. COLLECTION DATA 24. COMPUTED BY 25. AUDITED BY 26. TRAVEL ORDER/ AUTHORIZATION PO DD FORM 1351-2, MAR 2008	STED BY 27. RECEIVED (Payee Signature and Date or O PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.	Exception to SF 1012 approved by GSA/IRMS 12-91. Reset Adobe Designer 7.0

CHECKLIST: TRICARE Prime Travel Voucher

■ Block 1 : (Payment Method): Select method of payment. For Split Disbursement – If Government Travel Charge Card was used, check the split payment box and indicate the dollar amount to be sent to the charge card company.
■ Blocks 2 – 7 & 11: Complete with valid information and provide a current mailing address.
☐ Block 8: Leave Blank
□ Block 9: "NONE"
■ Block 15 : The itinerary must be completed using dates, modes of travel, and reason for stops. Please refer to the reverse page of the DD Form 1351-2. Travel times are not required. If you used your Privately Owned Conveyance (POC) for any portion of the travel, make sure Private Auto (PA) is claimed in block 15c.
■ Block 16: If POC travel was used, then check this box appropriately.
■ Block 17: Indicate which was correct for your trip. This block has eliminated the need for documenting arrival / departure times in block 15.
□ Block 18: Receipts are required for ALL reasonable actual expense being claimed. Lodging and rental car receipts must be in the claimant's name, and must show that balance was paid in full or indicate a zero balance. Pre-calculation rental car receipts are not acceptable. Please do not mark or use highlighter on receipts. If possible, arrange receipts in chronological order and keep them intact.
■ Block 19: Not applicable in TRICARE Prime Travel.
□ Block 20a-f: Your signature and date are required.

TRICARE Regional Office – West . Attn: Prime Travel . 401 West A Street . San Diego, CA 92101

Phone: (800) 449-6408 . Fax: (619) 231-4245 . e-Mail: <u>trow-primetravel@trow.tma.osd.mil</u>