

# 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 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>2. NAME (Last, First, Middle Initial) (Print or type)</b>		<b>3. GRADE</b>	<b>4. SSN</b>	<b>5. TYPE OF PAYMENT (X as applicable)</b> <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)			<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA
<b>6. ADDRESS:</b> a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			e. E-MAIL ADDRESS
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>		<b>8. TRAVEL ORDER AUTHORIZATION</b>	<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>	<b>10. FOR D.O. USE ONLY</b>			a. D.O. VOUCHER
<b>11. ORGANIZATION AND STATION</b> TRICARE Regional Office - West				b. SUBVOUCHER	c. PAID BY	d. COMPUTATION	
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		<b>13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (include Zip Code)</b>	<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	<b>15. ITINERARY</b>			e. LODGING COST
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	MEANS/MODE OF TRAVEL	REASON FOR STOP	PCC MILES	
a. DATE 20		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. AMOUNT	d. ALLOWED	e. DURATION OF TRAVEL	f. PER DIEM	
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# CHECKLIST: TRICARE Prime Travel Voucher

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- 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: [trow-primetravel@trow.tma.osd.mil](mailto:trow-primetravel@trow.tma.osd.mil)