

**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>		<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.	
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)	<input type="checkbox"/> Payment by Check	Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____	

<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> NMA NAME		<b>3. GRADE</b> E-4	<b>4. SSN</b> 000-00-0000	<b>5. TYPE OF PAYMENT (X as applicable)</b>	
<b>6. ADDRESS. a. NUMBER AND STREET</b> NMA ADDRESS		<b>b. CITY</b>	<b>c. STATE</b>	<b>d. ZIP CODE</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>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> NMA PHONE			<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> LEAVE BLANK			<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>			<b>10. FOR D.O. USE ONLY</b>		
<b>11. ORGANIZATION AND STATION</b> TRICARE REGIONAL OFFICE-NORTH			<b>12. DEPENDENT(S) (X and complete as applicable)</b>			<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b>			a. D.O. VOUCHER NUMBER		

<b>12. DEPENDENT(S) (X and complete as applicable)</b>			<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b>			b. SUBVOUCHER NUMBER			c. PAID BY		
<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE			d. COMPUTATIONS			e. SUMMARY OF PAYMENT		

<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b>						<b>15. ITINERARY</b>					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)						a. DATE 2008 b. PLACE (Home, Office, Base, Active Duty City and State; City and Country, etc.) c. MEANS/MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES					

DATE		PLACE	MEANS/MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES	SPECIALTY CARE
3 Mar	DEP	Jacksonville, NC	PA				Active Service Member
3 Mar	ARR	Durham, NC		TD			
5 Mar	DEP	Durham, NC	PA				GS
5 Mar	ARR	Jacksonville, NC		MC			
	DEP						
	ARR						
	DEP	EXAMPLE - AD/GS CLAIM FORM					
	ARR	NON-MEDICAL ATTENDANT					
	DEP	DD 1351-3 FORM NOT REQUIRED					
	ARR						

<b>16. POC TRAVEL (X one)</b>		<input checked="" type="checkbox"/> OWN/OPERATE	<input type="checkbox"/> PASSENGER	<b>17. DURATION OF TRAVEL</b>		<b>18. REIMBURSABLE EXPENSES</b>	
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED	
3-5 MAR		Lodging 2 @ \$70.00		140.00			
		Lodging Taxes		20.00			
		Parking		10.00			
		Tolls		5.50			

<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>			
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
Mileage amount and payment calculated by DFAS			

<b>20.a. CLAIMANT SIGNATURE</b> NMA SIGNATURE AND DATE			b. DATE		
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	

21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
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22. ACCOUNTING CLASSIFICATION POC TRO NORTH 703-588-1865 or 1869							
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23. COLLECTION DATA							
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24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID	
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## 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 pre-designated 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 pre-designated 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 - G	Motorcycle - M
Commercial Transportation (Own expense) - C	Bus - B
Privately Owned	Plane - P
Conveyance (POC) - P	Rail - R
	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
Waiting 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.