



Civilian Relocation Travel Voucher Guide

How to Complete the DD 1351-2



Updated June 2013

Thank you for your service to our nation and thank you in advance for referring to this guide as you prepare your travel vouchers.

This “How to” guide is intended for all Civilian Relocation Travelers serviced by DFAS Rome Travel Pay Services. It provides step-by-step procedures in preparing a travel voucher so it is “pay ready” upon submission. Submitting “pay ready” vouchers will assist us in providing you a timely and accurate payment.

Defense Finance and Accounting Service
Travel Pay Operations
Rome, New York



<http://www.dfas.mil/pestravel.html>

Civilian Relocation Customer Service Inquiries

Please contact the agency or official issuing your travel orders for specific assistance with the travel order, DD form 1614. For information regarding the processing of or explanation of payment for civilian relocation vouchers processed by DFAS Rome Travel Pay Services contact us at:

| | |
|--|--|
| Toll Free | 1-888-332-7366 |
| Email, questions only | dro-civrel-questiononly@dfas.mil |
| Voucher submissions by fax: | 216-367-3422 (DSN 580-7833) |
| Email: | dro-216-367-3422@dfas.mil |
| Advance Requests <i>only</i> by fax to: | 216-367-3428 (DSN 580-7839) |
| Email: | dro-216-367-3428@dfas.mil |
| Set-up/Change Travel Direct Deposit (EFT) Payment: | 216-367-3430 (DSN 580-7841) |
| Email: | cco-216-3673430@dfas.mil |

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IMPORTANT INFORMATION

Incomplete information will stop your claim from being paid!

Don't make these common mistakes on your claim:

1. Missing orders (DD Form 1614) and/or any and all amendments.
2. Missing Reviewer or Approving Official signatures and dates on the DD Form 1351-2.
3. Incomplete itinerary (block 15) on the DD Form 1351-2.
4. Missing Direct Deposit (EFT) Information.
5. Missing traveler's signatures and dates (blocks 20 a & b) on the DD Form 1351-2.
6. Missing or improperly completed statement with the Miscellaneous Expense Allowance.
7. Missing or improperly completed DD Form 2912 for Temporary Quarters Subsistence Expenses.
8. Missing Real Estate - Purchase and/or Sale information or signatures.
9. Personal information is not accurate or is incomplete on the DD Form 1351-2 (blocks 1-14).
10. Order, DD Form 1614, or amendments are incorrect or incomplete.

Other helpful hints:

- Almost all of your travel entitlements are taxable!
- If you use your own personal vehicle as mode of travel, block 16 must be completed.
- If you are authorized TDY en route, please ensure that your orders reflect accurate and complete TDY information. Although your TDY en route information should be included on your PCS order; in some cases, you may receive separate orders. Please submit copies of any/all orders received.
- All previous advances received related to the PCS Travel (non-submission of previous payment data can result in delays of payment).
- Receipts for all lodging, regardless of amount.
- All receipts for expenses incurred for \$75.00 or more must be submitted.
- Be sure to include a copy of your travel orders, DD Form 1614, with any amendments each time you submit a claim.
- DIRECT DEPOSIT: Employees must submit direct deposit information to establish or change their financial institution for PCS travel reimbursements.
- Additional information regarding claims discussed in this booklet are also available in the DFAS Rome Handbook for Civilian Permanent Duty Travel (PDT) at: <http://www.dfas.mil/pcstravel.html> or in the Joint Travel Regulation (JTR) Volume II Chapter 5 which can be found on the web at: <http://www.defensetravel.dod.mil/site/travelreg.cfm>
- Often times several vouchers (DD Form 1351-2) will be submitted during the PCS transition to the new duty station. Blocks 1 -14 will be completed in similar fashion each time and in accordance with the guidance below. However please remember as you locate permanent residence to provide a current address to which information including your W-2 Form may be sent. Also, be sure to update you email address and duty station phone number if and as those changes occur.

How to submit your travel voucher:

- 1) Mail to: DFAS ROME
Attn: Travel Pay, Civilian Relocation
325 Brooks road
Rome, NY 13441
- 2) Fax: 216-367-3422

Note: A fax machine confirmation receipt is not proof that the fax was received.

- 3) Email: dro-216-367-3422@dfas.mil

Note: This address cannot send confirmation receipts. Emails cannot be recalled after being submitted to this address.

If an email address was provided with the claim, you will receive a confirmation email within 24-48 hours of claim submission.

Make sure your travel voucher submission is successful!

Please take note of the following:

- Do not send encrypted emails.
- Do not send password protected PDF files. *Note:* We accept only PDF files. Please make sure all documents submitted by email are in PDF format.
- Do not send documents contained in encapsulated emails.
- Please only send voucher submissions to dro-216-367-3422@dfas.mil.
- Send questions to dro-questiononly@dfas.mil.

Ways to check the status of your voucher:

- 1) Use the [Online Payment Status Tool!](#) Simply enter your Travel Order/Authorization Number and email address in the form. You'll receive an email within minutes telling you the status of your voucher.
- 2) Check the status of travel vouchers in [myPay](#). Login and select "Travel Voucher Advice of Payment" from your main menu.
- 3) Or, call 1-888-332-7366 (DSN 699-0300) the self-service telephone line to find out if your voucher has been paid. You will need your social security number and telephone self-service PIN. Read this [guide](#) to get a PIN or create a new one.

Instructions for completing a DD Form 1351-2 for Renewal Agreement Travel

Block 1: PAYMENT

Electronic Funds Transfer (EFT) is mandatory absent a waiver from your agency. You may submit a SF 1199, DD 2762, or other documentation as long as it contains the following to ensure payment is properly transferred to your account:

- The Traveler's name
- The Traveler's SSN
- The Traveler's address
- The routing number
- The account number
- Whether the account is Checking or Savings

SPLIT DISBURSEMENT when available requires an "x" in the block requesting it and the dollar amount to be sent to the Government Travel Card. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card.

Block 2: Name: Last name, first name, and middle initial of Employee. Block 3: Grade of the Employee.

Block 4: Social Security Number of Employee.

Block 5: Indicate "PCS" and "Member/Employee" – for employee only.
Indicate "PCS", "Member/Employee", "Dependent(s)"
– for employee and dependents.

Indicate "PCS" and "TDY" – for TDY en route.

Indicate "PCS", "Dependent(s)" – for dependent(s) travel only.

Blocks 6a-6d: Valid mailing address for receipt of advice of payment. Block 6e: Valid e-mail address.

Block 7: Daytime telephone number in the event DFAS Columbus should need to make contact.

Block 8: Order number which is listed on the orders or amendments, (See DD Form 1614 Block 25), provided to the employee.

Block 9: List any and all previous payments paid from any finance office pertaining to the travel period being claimed. List "0.00" if you have not received any payments and "?" if you are not certain.

Block 10: This block may be used to explain the type of travel being claimed.

Block 11: Employee's new duty station address where employee is being assigned. (See DD Form 1614 Block 8).

Blocks 12-14: Dependent(s): If you have moved dependents from duty station to home or record (HOR) and back, then follow steps on the next page to complete this portion.

*** Note: Mark "accompanied" if family traveled with employee or "unaccompanied" if family is traveling separate from the employee (i.e., employee is already at the PCS location). If employee only is traveling, then mark "unaccompanied."

Block 12a: List last name, first name, and middle initial of all dependents.

Block 2b: List the relationship to the employee.

Block 12c: List the date of birth of dependent children and date of marriage for spouse.

Block 13: List the address where dependents were residing at time PCS orders were received.

Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay en route or new PDS if travel was performed the same day. Next to "DEP" list the date departed for next stage of trip Next to "ARR" list the date arrived at your New Permanent Duty Station.

b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.

- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: List any lodging expense incurred while en route. In the case of Renewal Agreement Travel when an overnight stop is incurred a memorandum from the TMO office clearly indicating overnight stops are required and why would is required. (List any Tax for Lodging in Block 18)
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: If a privately owned conveyance was used, then you must indicate whether POC is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to / from a terminal, then annotate Own/Operator.

Block 17: Indicate the total duration of travel.

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred.
- b: List the type of expense (i.e., taxi fares).
- c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the travel to or from the Home of Record during Renewal Agreement Travel.

In such a case note in:

- a: Date the meals were provided.
- b: Number of meals provided by the government with no cost to the traveler.

** Note: If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate “Ded” or “Gov” next to the number of meals.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

| 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 | | 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. | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) | | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Payment by Check | | 2. NAME (Last, First, Middle Initial) (Print or type) | | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT (X as applicable) | | | | | | | |
| | | Smith, John M. | | TP-CE | 000-00-0000 | <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <table border="1"> <tr> <td>Member/Employee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DLA</td> <td><input type="checkbox"/></td> </tr> </table> | | Member/Employee | <input type="checkbox"/> | Other | <input type="checkbox"/> | DLA | <input type="checkbox"/> |
| Member/Employee | <input type="checkbox"/> | | | | | | | | | | | | |
| Other | <input type="checkbox"/> | | | | | | | | | | | | |
| DLA | <input type="checkbox"/> | | | | | | | | | | | | |
| 6. ADDRESS: a. NUMBER AND STREET | | b. CITY | c. STATE | d. ZIP CODE | | | | | | | | | |
| CMR ### BOX ##### | | APO | AE | ##### | | | | | | | | | |
| 7. E-MAIL ADDRESS | | PUBLIC.SAMPLE@US.ARMY.MIL | | | | | | | | | | | |
| 8. DAYTIME TELEPHONE NUMBER & AREA CODE | | 9. TRAVEL ORDER AUTHORIZATION (BLOCK 25 of DD form 1614) | | 10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES | | 11. FOR D.O. USE ONLY | | | | | | | |
| 555-555-5555 | | Block 25 of DD form 1614 | | 0.00 | | a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER | | | | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) | | | | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | 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 Maturity Date) | | | | | | | | | | |
| Smith, Suzie Q. | | Wife | 050401 | | | | | | | | | | |
| Smith, Sally | | Daughter | 080930 | | | | | | | | | | |
| 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) | | | | d. COMPUTATIONS | | | | | | | | | |
| <input type="checkbox"/> YES | | | | <input type="checkbox"/> NO (Explain in Remarks) | | | | | | | | | |
| 15. ITINERARY | | | | | | | | | | | | | |
| a. DATE | b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | | | c. MEANS MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. POC MILLS | | | | | | |
| 06/27 | DEP | DODDS BAMBERG, GM (PDS) | | | CA | | | | | | | | |
| 06/27 | ARR | NUREMBERG AIRPORT, GM | | | TP | AT | | | | | | | |
| 06/27 | DEP | ORLANDO, FL (HOR) | | | TP | AD | | | | | | | |
| 08/16 | DEP | NUREMBERG AIRPORT, GM | | | CA | AT | | | | | | | |
| 08/16 | ARR | DODDS BAMBERG, GM (PDS) | | | MC | | | | | | | | |
| 08/16 | DEP | | | | | | | | | | | | |
| 08/16 | ARR | | | | | | | | | | | | |
| 08/16 | DEP | | | | | | | | | | | | |
| 08/16 | ARR | | | | | | | | | | | | |
| 16. POC TRAVEL (X one) | | | | | | | | | | | | | |
| <input type="checkbox"/> OWN/OPERATE | | <input type="checkbox"/> PASSENGER | | 17. DURATION OF TRAVEL | | | | | | | | | |
| 18. REIMBURSABLE EXPENSES | | | | 14. Dependent Travel | | | | | | | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | 15. DLA | | | | | | | | | |
| 06/26/09 | POSTAGE TO FLORIDA | 187.60 | | 16. Reimbursable Expenses | | | | | | | | | |
| 06/27/09 | TAXI TO AIRPORT | 55.00 | | 17. Total 0.00 | | | | | | | | | |
| 06/27/09 | TAXI FROM AIRPORT | 40.00 | | 18. Loan Advance | | | | | | | | | |
| 08/15/09 | POSTAGE TO GERMANY | 147.00 | | 19. Amount Owed | | | | | | | | | |
| 08/16/09 | TAXI TO AIRPORT | 40.00 | | 20. Amount Due | | | | | | | | | |
| 08/16/09 | TAXI FROM AIRPORT | 55.00 | | 19. GOVERNMENT DEDUCTIBLE MEALS | | | | | | | | | |
| | | | | a. DATE | b. NO. OF MEALS | c. DATE | d. NO. OF MEALS | | | | | | |
| 20. CLAIMANT SIGNATURE | | | | | | | | | | | | | |
| ***** FORM MUST BE SIGNED AND DATED ***** | | | | | | | | | | | | | |
| e. DATE MMDDYYYY | | | | | | | | | | | | | |
| 21. REVIEWER'S PRINTED NAME | | | | 22. REVIEWER SIGNATURE | | 23. TELEPHONE NUMBER | | | | | | | |
| * MUST PRINT NAME OF REVIEWER * | | | | MUST HAVE SIGNATURE OF REVIEWER | | 000-000-0000 | | | | | | | |
| 24. APPROVING OFFICIAL'S PRINTED NAME | | | | 25. SIGNATURE | | 26. TELEPHONE NUMBER | | | | | | | |
| REQUIRED ONLY ON CERTAIN CLAIMS | | | | REQUIRED ONLY ON CERTAIN CLAIMS | | 614-693-0000 | | | | | | | |
| 27. ACCOUNTING CLASSIFICATION | | | | | | | | | | | | | |
| AGENCY USE ONLY | | | | | | | | | | | | | |
| 28. COLLECTION DATA | | | | | | | | | | | | | |
| AGENCY USE ONLY | | | | | | | | | | | | | |
| 29. COMPUTED BY | | 30. AUDITED BY | | 31. TRAVEL ORDER AUTHORITY (BLOCK 25 of DD form 1614) | | 32. RECEIVED (Payee Signature and Date or Check No.) | | | | | | | |
| AGENCY USE | | AGENCY USE | | AGENCY USE | | AGENCY USE | | | | | | | |
| DD FORM 1351-2, MAR 2008 | | | | | | | | | | | | | |
| PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. | | | | | | | | | | | | | |
| Exception to SF 1012 approved by GSAR/PMIS 12-01 Adobe Designer 7.0 | | | | | | | | | | | | | |
| Reset | | | | | | | | | | | | | |

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 3728).

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 16 - ITINERARY - SYMBOLS

16a. MEANS/MODE OF TRAVEL (Use two letters)

| | | | |
|---------------------------|-----|------------|-----|
| GTR/TKT or CBA (See Note) | - T | Automobile | - A |
| Government Transportation | - G | 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.

16d. 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 16e. LODGING COST

Enter the total cost for lodging.

ITEM 18 - 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. U4126-A3g and JTR, par. C4664-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

28. 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.

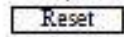
1. THE TRAVELER MAY USE THIS SPACE TO CLARIFY ANY ADDITIONAL TRAVEL-RELATED ISSUES SUCH LEAVE OR TDY DATES
2. REFLECT EXCHANGE RATES WHEN APPLICABLE
3. LIST/ EXPLAIN ANY ADDITIONAL EXPENSE AUTHORIZED AFTER THE FACT.
4. IF APPROVING OFFICIAL HAS SPECIFICALLY APPROVED AUTHORIZED ITEMS, THEN IT CAN BE CITED HERE WITH THEIR INITIALS; THEIR SIGNATURE AND DATE ARE REQUIRED TO BE PLACED IN BLOCK 21a-21d.

Instructions for completing a DD Form 1351-2 for House Hunting Trip (HHT)

- Block 12a: List last name, first name, and middle initial of spouse. Block 12b: List the relationship to the employee.
- Block 12c: List the date of marriage for Block 1 –Block 11: Complete as directed on page 4 of this booklet. Blocks 12-14: Dependent(s): Dependent children may travel on a House Hunting Trip but at employee (not government) expense. If your dependent spouse is traveling from previous duty station or residence to new duty station, then follow steps below to complete this portion. **Note: Mark “accompanied” if spouse traveled with employee or “unaccompanied” if spouse traveled separate from the employee. If only employee traveled, mark “unaccompanied”.
- Block 13: List the address where dependents were residing at time PCS orders were received.
- Block 14: Indicate whether household goods have been shipped.
- Block 15: Itinerary
- a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay en route or new PDS if travel was performed the same day. Next to “DEP” list the date departed for next stage of trip Next to “ARR” list the date arrived at your New Permanent Duty Station.
 - b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
 - c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
 - d: Reason for Stop: List the reason for stops using the appropriate two letter code.
 - e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)
 - f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.
- Block 16: POC Travel: Must indicate whether POC is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.
- Block 17: Indicate the total duration of travel. Block 18: Reimbursable Expenses:
- a: List the date the expense was incurred.
 - b: List the type of expense (i.e., taxi fares).
 - c: List the amount of the expense.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.
- Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order. **Note:** Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.
- Block 22: AOs may use this block to explain additional expenses they are authorizing.
- Blocks 23-28: Leave Blank - Finance Office use only.
- Block 29: Used to clarify anything out of the ordinary, such as:
- Indicate any and all leave periods during TDY.
 - Clarify any additional travel-related issues.
 - Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | 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 elected a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balances to the GTCC contractor. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1. GRADE: GS-7 4. SSN: 000-00-0000 | | | | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M. | | 3. CITY DAVENPORT | | 4. STATE IA | | 5. ZIP CODE 52801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. ADDRESS: a. NUMBER AND STREET 123 OLD STREET | | b. CITY DAVENPORT | | c. STATE IA | | d. ZIP CODE 52801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. E-MAIL ADDRESS PUBLIC.SAMPLE@US.ARMY.MIL | | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555 | | 8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614 | | 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00 | | 11. ORGANIZATION AND STATION Agency Name & Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED | | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 OLD STREET DAVENPORT, IA 52801 | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks) | | 15. ITINERARY a. DATE: 2009 b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. ITINERARY <table border="1"> <thead> <tr> <th>DATE</th> <th>DEP</th> <th>ARR</th> <th>PLACE</th> <th>REASON FOR STOP</th> <th>REASON FOR STOP</th> <th>LODGING COST</th> <th>POC MILES</th> </tr> </thead> <tbody> <tr> <td>05/11</td> <td>DEP</td> <td>ARR</td> <td>DFAS ROCK ISLAND</td> <td>TP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>05/11</td> <td>ARR</td> <td>DEP</td> <td>COLUMBUS, OH</td> <td>AD</td> <td></td> <td></td> <td></td> </tr> <tr> <td>05/20</td> <td>DEP</td> <td>ARR</td> <td>DFAS ROCK ISLAND</td> <td>TP</td> <td>MC</td> <td>900.00</td> <td></td> </tr> <tr> <td>05/20</td> <td>ARR</td> <td>DEP</td> <td>DFAS ROCK ISLAND</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | DATE | DEP | ARR | PLACE | REASON FOR STOP | REASON FOR STOP | LODGING COST | POC MILES | 05/11 | DEP | ARR | DFAS ROCK ISLAND | TP | | | | 05/11 | ARR | DEP | COLUMBUS, OH | AD | | | | 05/20 | DEP | ARR | DFAS ROCK ISLAND | TP | MC | 900.00 | | 05/20 | ARR | DEP | DFAS ROCK ISLAND | | | | | | DEP | ARR | | | | | | | ARR | DEP | | | | | | | DEP | ARR | | | | | | | ARR | DEP | | | | | | | DEP | ARR | | | | | | | ARR | DEP | | | | | | | DEP | ARR | | | | | | | ARR | DEP | | | | | | | DEP | ARR | | | | | | | ARR | DEP | | | | | | 16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | | 18. REIMBURSABLE EXPENSES <table border="1"> <thead> <tr> <th>DATE</th> <th>NATURE OF EXPENSE</th> <th>AMOUNT</th> <th>ALLOWED</th> </tr> </thead> <tbody> <tr> <td>5/11</td> <td>TAXI TO AIRPORT</td> <td>45.00</td> <td></td> </tr> <tr> <td>5/11</td> <td>TAXI TO AIRPORT</td> <td>30.00</td> <td></td> </tr> <tr> <td>5/11-5/20</td> <td>LODGING TAX</td> <td>108.00</td> <td></td> </tr> <tr> <td>5/20</td> <td>TAXI TO AIRPORT</td> <td>30.00</td> <td></td> </tr> <tr> <td>5/20</td> <td>TAXI TO AIRPORT</td> <td>45.00</td> <td></td> </tr> <tr> <td>5/15</td> <td>LAUNDRY</td> <td>46.85</td> <td></td> </tr> <tr> <td>5/11-5/20</td> <td>RENTAL CAR</td> <td>375.00</td> <td></td> </tr> <tr> <td>5/16</td> <td>RENTAL CAR GAS</td> <td>40.00</td> <td></td> </tr> <tr> <td>5/20</td> <td>RENTAL CAR GAS</td> <td>35.00</td> <td></td> </tr> </tbody> </table> | | DATE | NATURE OF EXPENSE | AMOUNT | ALLOWED | 5/11 | TAXI TO AIRPORT | 45.00 | | 5/11 | TAXI TO AIRPORT | 30.00 | | 5/11-5/20 | LODGING TAX | 108.00 | | 5/20 | TAXI TO AIRPORT | 30.00 | | 5/20 | TAXI TO AIRPORT | 45.00 | | 5/15 | LAUNDRY | 46.85 | | 5/11-5/20 | RENTAL CAR | 375.00 | | 5/16 | RENTAL CAR GAS | 40.00 | | 5/20 | RENTAL CAR GAS | 35.00 | |
| DATE | DEP | ARR | PLACE | REASON FOR STOP | REASON FOR STOP | LODGING COST | POC MILES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05/11 | DEP | ARR | DFAS ROCK ISLAND | TP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05/11 | ARR | DEP | COLUMBUS, OH | AD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05/20 | DEP | ARR | DFAS ROCK ISLAND | TP | MC | 900.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05/20 | ARR | DEP | DFAS ROCK ISLAND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DATE | NATURE OF EXPENSE | AMOUNT | ALLOWED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/11 | TAXI TO AIRPORT | 45.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/11 | TAXI TO AIRPORT | 30.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/11-5/20 | LODGING TAX | 108.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/20 | TAXI TO AIRPORT | 30.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/20 | TAXI TO AIRPORT | 45.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/15 | LAUNDRY | 46.85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/11-5/20 | RENTAL CAR | 375.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/16 | RENTAL CAR GAS | 40.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/20 | RENTAL CAR GAS | 35.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. GOVERNMENT DEDUCTIBLE MEALS <table border="1"> <thead> <tr> <th>DATE</th> <th>NO. OF MEALS</th> <th>DATE</th> <th>NO. OF MEALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | DATE | NO. OF MEALS | DATE | NO. OF MEALS | | | | | | | | | | | | | 20. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED ***** e. DATE: MMDDYYYY | | 21. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER * f. REVIEWER SIGNATURE: MUST HAVE SIGNATURE OF REVIEWER g. TELEPHONE NUMBER: 000-000-0000 h. DATE: MMDDYYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | NO. OF MEALS | DATE | NO. OF MEALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS | | b. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS | | c. TELEPHONE NUMBER 614-693-0000 d. DATE MMDDYYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. COLLECTION DATA AGENCY USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. COMPUTED BY AGENCY USE | | 25. AUDITED BY AGENCY USE | | 26. TRAVEL ORDER AGENCY USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 28. AMOUNT PAID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Instructions for completing a DD Form 1351-2 for En route Travel to New Duty Station

Block 1 –Block 11: Complete as directed on page 4 of this booklet. Blocks 12-14: Dependent(s): If you have moved dependents from previous duty station or residence to new duty station, then follow steps on the next page to complete this portion. ****Note:** Mark “accompanied” if family traveled with employee or “unaccompanied” if family is traveling separate from the employee (i.e., employee is already at the PCS location). If only employee is traveling, mark “unaccompanied”.

Block 12a: List last name, first name, and middle initial of all dependents.

Block 12b: List the relationship to the employee.

Block 12c: List the date of birth of dependent children and date of marriage for spouse.

Block 13: List the address where dependents were residing at time PCS orders were received.

Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay en route or new PDS if travel was performed the same day.

Next to “DEP” list the date departed for next stage of trip Next to “ARR” list the date arrived at your New Permanent Duty Station.

b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.

c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.

d: Reason for Stop: List the reason for stops using the appropriate two letter code.

e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)

f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: Must indicate whether POC (Privately Owned Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.

Block 17: Indicate the duration of travel en route.

Block 18: Reimbursable Expenses:

a: List the date the expense was incurred.

b: List the type of expense (i.e., taxi fares).

c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the en route travel to the New Duty Station. In such a case note in:

a: Date the meals were provided.

b: Number of meals provided by the government with no cost to the traveler.

**** Note:** If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate “Ded” or “Gov” next to the number of meals.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

| 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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | 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. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ <u>77.70</u> | | | | | |
| 2. NAME (Last, First, Middle Initial) / (Last or type) | | 3. GRADE | 4. SSN | | 5. TYPE OF PAYMENT (X as applicable) | | |
| Doe, John M. | | GS-7 | 000-00-0000 | | <input type="checkbox"/> TDY | <input type="checkbox"/> Member/Employee | |
| 6. ADDRESS: a. NUMBER AND STREET | | b. CITY | c. STATE | d. ZIP CODE | <input checked="" type="checkbox"/> PCS | <input type="checkbox"/> Other | |
| 123 OLD STREET | | DAVENPORT | IA | 52801 | <input checked="" type="checkbox"/> Dependent(s) | <input type="checkbox"/> DLA | |
| e. E-MAIL ADDRESS PUBLIC.SAMPLE@US.ARMY.MIL | | | | | 10. FOR D.O. USE ONLY | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | | 8. TRAVEL ORDER AUTHORIZATION NUMBER | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES | | a. D.O. VOUCHER NUMBER | |
| 555-555-5555 | | Block 25 of DD form 1614 | | 0.00 | | | |
| 11. ORGANIZATION AND STATION | | | | 13. DEPENDENTS ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | c. PAID BY | |
| Agency Name & Location | | | | 123 OLD STREET | | | |
| 12. DEPENDENT(S) (X and complete as applicable) | | | | 13. DEPENDENTS ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | d. COMPUTATIONS | |
| <input checked="" type="checkbox"/> ACCOMPANIED | | <input type="checkbox"/> UNACCOMPANIED | | DAVENPORT, IA 52801 | | | |
| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE | | | | | |
| Doe, Suzie Q. | Wife | 050701 | | | | | |
| Doe, Sally | Daughter | 081031 | | | | | |
| | | | | | | | |
| 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) | | | | d. COMPUTATIONS | | | |
| <input type="checkbox"/> YES | | | | <input checked="" type="checkbox"/> NO (Explain in Remarks) | | | |
| 15. ITINERARY | | | | | | | |
| a. DATE | b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. PDC MILLS | | |
| 1 JUN | DEAS ROCK ISLAND | PA | | | | | |
| 1 JUN | RICHMOND, IN | | AD | 70.00 | 385 | | |
| 2 JUN | RICHMOND, IN | PA | | | | | |
| 2 JUN | COLUMBUS, OH | | MC | | 105 | | |
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| | | | | | | | |
| 16. PDC TRAVEL (X one) | | | | | 17. DURATION OF TRAVEL | | |
| <input checked="" type="checkbox"/> OPERATOR | | | | | 16. REIMBURSABLE EXPENSES | | |
| 18. REIMBURSABLE EXPENSES | | | | | 17. DURATION OF TRAVEL | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | 18. GOVERNMENT DEDUCTIBLE MEALS | | | |
| 1 JUN | HIGHWAY TOLLS | 2.50 | 7.00 | a. DATE | b. NO. OF MEALS | c. DATE | d. NO. OF MEALS |
| 1 JUN | LODGING TAX | 7.70 | | | | | |
| | | | | | | | |
| | | | | | | | |
| 20. CLAIMANT SIGNATURE | | | | | | | |
| ***** FORM MUST BE SIGNED AND DATED ***** | | | | | | | a. DATE |
| | | | | | | | MMDDYY |
| 2. REVIEWER'S PRINTED NAME | | 3. REVIEWER SIGNATURE | | 4. TELEPHONE NUMBER | | 5. DATE | |
| * MUST PRINT NAME OF REVIEWER * | | MUST HAVE SIGNATURE OF REVIEWER | | 614-693-0000 | | MMDDYY | |
| 21. a. APPROVING OFFICIAL'S PRINTED NAME | | b. SIGNATURE | | c. TELEPHONE NUMBER | | d. DATE | |
| REQUIRED ONLY ON CERTAIN CLAIMS | | REQUIRED ONLY ON CERTAIN CLAIMS | | 614-693-0000 | | MMDDYY | |
| 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | |
| 23. COLLECTION DATA AGENCY USE ONLY | | | | | | | |
| 24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER AUTHORIZED BY | 27. RECEIVED (Payee Signature and Date or Check No.) | | 28. AMOUNT PAID | | |
| AGENCY USE | AGENCY USE | AGENCY USE | AGENCY USE | | | | |

Instructions for completing a DD Form 1351-2 for POV Pick up / Drop-Off Expenses

Block 1 –Block 11: Complete as directed on page 4 of this booklet.

Blocks 12: Dependent(s): Mark “Unaccompanied”. Note: There is no reimbursement for dependent transportation or per diem related to this entitlement.

Block 13-14: Leave Blank Block 15: Itinerary

- a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay en route or new PDS if travel was performed the same day.
Next to “DEP” list the date departed for next stage of trip Next to “ARR” list the date arrived at your New Permanent Duty Station.
- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: Leave Blank;
lodging/per diem is not reimbursable with this claim.
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: Must indicate whether POC (Privately Owned Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.

Block 17: Indicate the duration of total travel.

Note: no per diem is reimbursable with this entitlement. Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred.
- b: List the type of expense (i.e., taxi fares).
- c: List the amount of the expense.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order. **
Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

| 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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | 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. | | | | | |
| | | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00 | | | | | |
| 2. NAME (Last, First, Middle Initial (Print or Type)) Doe, Jane R. | | 3. GRADE GS-9 | 4. SSN 000-00-0000 | | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> OLA | | |
| 6. ADDRESS - a. NUMBER AND STREET 456 NEW STREET | | b. CITY CHICAGO | c. STATE IL | d. ZIP CODE 60609 | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555 | | | | 8. TRAVEL ORDER AUTHORIZATION Block 25 of DD form 1614 | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00 | |
| 10. ORGANIZATION AND STATION Agency Name & Location | | | | 11. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE | | | | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (include Zip Code) | | c. PAID BY | |
| | | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (explain in Remarks) | | d. COMPUTATIONS | |
| 15. ITINERARY a. DATE 2009 b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | | | | MEANS/ MODE OF TRAVEL | REASON FOR STOP | LOADING COST | POC MILES |
| 05/14 | DLF | DCMA CHICAGO, IL (DUTY STATION) | TP | | | | |
| 05/14 | AIR | PONTOON BEACH, IL (VPC) | | AT | | | |
| 05/14 | DLF | | PA | | | | |
| 05/14 | AIR | DCMA CHICAGO, IL (DUTY STATION) | | MC | | | 289 |
| | DLF | | | | | | |
| | AIR | | | | | | |
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| | DLF | | | | | | |
| | AIR | | | | | | |
| | DLF | | | | | | |
| | AIR | | | | | | |
| 16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | | | 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | | 18. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) OLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due | |
| 18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED | | | | 19. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS | | | |
| 5/14/09 | AIRFARE | 229.00 | | | | | |
| 5/14/09 | AGENT FEE | 30.00 | | | | | |
| 5/14/09 | TAXI TO AIRPORT | 55.00 | | | | | |
| 5/14/09 | TAXI TO VPC | 30.00 | | | | | |
| 5/14/09 | (VEHICLE PROCESSING CTY) | | | | | | |
| 5/14/09 | TOLLS | 3.00 | | | | | |
| 20. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED ***** | | | | 21. APPROVING OFFICIAL'S PRINTED NAME * MUST PRINT NAME OF REVIEWER * | | e. DATE MMDDYYYY | |
| 21. APPROVING OFFICIAL'S PRINTED NAME * MUST PRINT NAME OF REVIEWER * | | 22. SIGNATURE MUST HAVE SIGNATURE OF REVIEWER | | a. TELEPHONE NUMBER 000-000-0000 | | f. DATE MMDDYYYY | |
| 21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS | | 22. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS | | c. TELEPHONE NUMBER 614-693-0000 | | g. DATE MMDDYYYY | |
| 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | |
| 23. COLLECTION DATA AGENCY USE ONLY | | | | | | | |
| 24. COMPUTED BY AGENCY USE | | 25. AUDITED BY AGENCY USE | | 26. TRAVEL ORDER AUTHORITY DERIVED BY AGENCY USE | | 27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE | |
| | | | | | | 28. AMOUNT PAID | |

POV Shipment Within CONUS

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with the POV Shipment within CONUS Claim Block 18: Reimbursable Expenses:

a: List the date the POV was shipped. b: List "POV Shipment CONUS"

c: List the amount being claimed for POV Shipment.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

| 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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | 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. | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M. | | 3. GRADE GS-7 | 4. SSN 000-00-0000 | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> OLA | | | |
| 6. ADDRESS: a. NUMBER AND STREET 123 NEW STREET | | b. CITY COLUMBUS | c. STATE OH | d. ZIP CODE 43216 | 7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555 | | |
| 8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614 | | 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00 | | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER | | | |
| 11. ORGANIZATION AND STATION Agency Name & Location | | 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE | | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDER (Include Zip Code) 123 OLD STREET DAVENPORT, IA 52801 | | | |
| 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | 15. ITINERARY a. DATE 2009 | | b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | c. MEANS/ MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES | | |
| 16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | | 18. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS | | | |
| 19. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED | | 20. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED ***** e. DATE MMDDYYYY | | 21. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER * f. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER g. TELEPHONE NUMBER 000-000-0000 h. DATE MMDDYYYY | | | |
| 21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS | | 22. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS | | i. TELEPHONE NUMBER 614-693-0000 | j. DATE MMDDYYYY | | |
| 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | |
| 23. COLLECTION DATA AGENCY USE ONLY | | | | | | | |
| 24. COMPUTED BY AGENCY USE | | 25. AUDITED BY AGENCY USE | | 26. TRAVEL ORDER AGENCY USE | | | |
| 27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE | | 28. AMOUNT PAID | | | | | |

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED
UNTIL SUPPLY IS EXHAUSTED.Exception to SF 1012 approved by GSA/ITMS 12-01
Adobe Designer 7.0

Reset

Movement & Storage of Household Goods (HHG)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. *** Blocks 12 through 17: Do not require completion with the Household Goods (HHG) Block 18: Reimbursable Expenses:

a: List the date the HHG were moved / shipped.

b: List "House Hold Good Move"; on subsequent lines you can detail expenses. c: List the amount being claimed for each expense listed in (b.).

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

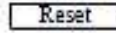
Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

| 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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | 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. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00 | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M. | | | 3. GRADE GS-7 | 4. SSN 000-00-0000 | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA | | |
| 6. ADDRESS, a. NUMBER AND STREET 123 NEW STREET | | b. CITY COLUMBUS | c. STATE OH | e. ZIP CODE 43216 | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555 | | | | | | | 8. TRAVEL ORDER/AUTHORIZATION NUMBER Block 25 of DD form 1614 |
| 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00 | | | | | | | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due |
| 11. ORGANIZATION AND STATION Agency Name & Location | | | | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 OLD STREET DAVENPORT, IA 52801 | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE | | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | | |
| 15. ITINERARY a. DATE 2009 b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | | | | 1. MEANS/ MODE OF TRAVEL | 2. REASON FOR STOP | 3. LODGING COST | 4. POC MILLS |
| 06/13 | DEPT | ROCK ISLAND, IL (OLD DUTY STATION) | | | | | |
| 06/14 | ARRR | COLUMBUS, OH (NEW DUTY STATION) | | | | | |
| | DEPT | | | | | | |
| | ARRR | SELF MOVE OF HOUSEHOLD GOODS | | | | | |
| | DEPT | | | | | | |
| | ARRR | SEE BELOW | | | | | |
| | DEPT | | | | | | |
| | ARRR | | | | | | |
| | DEPT | | | | | | |
| | ARRR | | | | | | |
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| | ARRR | | | | | | |
| | DEPT | | | | | | |
| | ARRR | | | | | | |
| 16. POC TRAVEL (X one) <input type="checkbox"/> DWINDOPERATE <input type="checkbox"/> PASSENGER | | | | 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | | | |
| 18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED | | | | | | | |
| 06/05/09 | SELF MOVE OF HOUSEHOLD GOODS | | | | | | |
| 06/05/09 | RENTAL TRUCK | | \$75.00 | | | | |
| 06/05/09 | BOXES & BUBBLE WRAP | | 69.00 | | | | |
| 06/13/09 | RENTAL TRUCK GAS | | 52.00 | | | | |
| 06/14/09 | RENTAL TRUCK GAS | | 63.00 | | | | |
| 06/13/09 | WEIGHT TICKET EMPTY | | 3.50 | | | | |
| 06/13/09 | WEIGHT TICKET FULL | | 3.50 | | | | |
| 6/14-7/14 | 1ST 30 DAYS STORAGE | | 120.00 | | | | |
| 19. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS | | | | | | | |
| 20. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED ***** a. DATE MMDDYYYY | | | | | | | |
| 21. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER * | | | 22. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER | | | 23. TELEPHONE NUMBER 000-000-0000 | |
| 24. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS | | | 25. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS | | | 26. TELEPHONE NUMBER 614-693-0000 | |
| 27. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | 28. DATE MMDDYYYY |
| 29. COLLECTION DATA AGENCY USE ONLY | | | | | | | |
| 30. COMPUTED BY AGENCY USE | | 31. AUDITED BY AGENCY USE | | 32. TRAVEL ORDER AUTHORIZATION ISSUED BY AGENCY USE | | 33. RECEIVED (Fayer Signature and Date or Check No.) AGENCY USE | 34. AMOUNT PAID |



Temporary Quarters Subsistence Expense (TQSE)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. *** Blocks 12: X Accompanied or Unaccompanied and list the dependents claimed for TQSE

Blocks 13 through 17: Do not require completion with the Temporary Quarters Subsistence Expense Block 18: Reimbursable Expenses:

- a: List the date TQSE period being claimed began and / or ended b: List "TQSE"
- c: List the amount being claimed for TQSE.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

Lump Sum Temporary Quarters Subsistence Expenses - TQSE (LS)

(JTR, Chapter 5, pars. C5380-C5392)

The authorizing/order-issuing official has the option to offer you a lump sum TQSE amount in lieu of actual expense TQSE. (The JTR contains guidelines for offering lump sum TQSE.) Lump Sum TQSE is based on either the old or the new duty station locality rate in effect when the TQSE (LS) offer is accepted by the employee, and is paid in a lump sum. TQSE (LS) may be authorized for the number of days determined necessary, up to 30 days with no extensions under any circumstances. If offered, you must choose between TQSE (LS) and TQSE (AE), but you are under no obligation to accept the lump sum option. Once you select a TQSE method, it may not be changed. Payment of TQSE (LS) is based on the total number of individuals actually moving to the new PDS, not the number occupying temporary quarters. For example, an employee, spouse, and 2 children moving to Columbus would be paid as follows (when authorized 30 days): Based on Columbus, Ohio per diem (p/d) rate in effect 10/01/2011 \$94/\$56=\$150

Employee: (75% of max p/d rate) $\$150 \times .75 = \$112.50 \times 30 \text{ days} = \$3,375.00$

3 Dependents: (25% of max p/d rate) $3 \times (\$150 \times .25) = \$112.50 \times 30 = \$3,375.00$

Total Lump Sum TQSE = \$6,750.00

Note: There is no deduction from TQSE (LS) for HHT days taken.

Where to submit your TQSE (LS) claim

To file a TQSE (LS) voucher submit the following documents by fax to 216-367-3422 or email dro-216-367-3422@dfas.mil.

Voucher Submission:

1. DD Form 1351-2 requesting payment of this allowance in Block 18. Be sure to include appropriate signatures and dates.
2. DD Form 1614, Travel Authorization including any amendments.
3. Annotate advances received in block 9 of the DD Form 1351-2 or provide advance payment paperwork.

4. Including the following statement signed and dated by the travelers:

"I have agreed to accept the offer of the TQSE Lump Sum entitlement and I certify that TQSE will be occupied and if not occupied, I am required to return the TQSE Lump Sum payment amount in full. I certify that I have accepted the terms of this entitlement effective mm/dd/yyyy." (This effective date is the date the traveler accepted the offer from his/her agency and should fall between date the transportation agreement was signed and the issue date of orders.)

Employee's name and/or signature

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

| 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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | 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 civil an 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. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. NAME (Last, First, Middle Initial) (Last or type) Doe, John M. | | 3. GRADE GS-7 | 4. SSN 000-00-0000 | | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TOY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. ADDRESS - a. NUMBER AND STREET 123 NEW STREET | | | b. CITY COLUMBUS | c. STATE OH | d. ZIP CODE 43216 | | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555 | | | | | | | 8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. ORGANIZATION AND STATION Agency Name & Location | | | | 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00 | | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 OLD STREET DAVENPORT, IA 52801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED | | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | 4. COMPUTATIONS a. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. ITINERARY <table border="1"> <thead> <tr> <th>a. DATE 2009</th> <th>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</th> <th>c. MEANS/ MODE OF TRAVEL</th> <th>d. REASON FOR STOP</th> <th>e. LODGING COST</th> <th>f. PCS MILES</th> </tr> </thead> <tbody> <tr> <td>6/2</td> <td>Columbus, OH TOSE Actual Expense</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | a. DATE 2009 | b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. PCS MILES | 6/2 | Columbus, OH TOSE Actual Expense | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 16. FOC TRAVEL (X one) <input type="checkbox"/> DWNS/STATE <input type="checkbox"/> PASSENGER | | | |
| a. DATE 2009 | b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. PCS MILES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6/2 | Columbus, OH TOSE Actual Expense | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16. REIMBURSABLE EXPENSES <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr> <td>6/2/09</td> <td>TOSE ACTUAL EXPENSES</td> <td>4,116.45</td> <td></td> </tr> <tr> <td></td> <td>DD FORM 2912 Attached</td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | 6/2/09 | TOSE ACTUAL EXPENSES | 4,116.45 | | | DD FORM 2912 Attached | | | | | | | | | | | | | | | 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 20. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED ***** | | | | 21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER * | | 21. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER | | 21. TELEPHONE NUMBER 000-000-0000 | | 21. DATE MMDDYYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS | | 21. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS | | 21. TELEPHONE NUMBER 614-693-0000 | | 21. DATE MMDDYYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. COLLECTION DATA AGENCY USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. COMPUTED BY AGENCY USE | | 25. AUDITED BY AGENCY USE | | 26. TRAVEL ORDER/AGENCY USE ONLY AGENCY USE | | 27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 28. AMOUNT PAID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Miscellaneous Expense Allowance (MEA)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with the Miscellaneous Expense Allowance (MEA)

Block 18: Reimbursable Expenses:

- a: List the date MEA is being claimed; date should be consistent with MEA Statement.
- b: List "MEA" or "Miscellaneous Expense Allowance". If claiming "Itemized MEA", then after that statement list each expense to be considered.
- c: List the amount being claimed for MEA:
 - (1) \$600 single
 - (2) \$1,300 family
 - (3) When itemizing list each individual amount for each expense listed in (b.) above

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order. This is required for itemized MEA claims.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

Please ensure your certifying statement is correct.

If you are claiming MEA with dependents (We/Our) needs to be annotated. If you are claiming MEA and you are the only traveler relocating then (I/My) needs to be annotated, see example on DD1351-2 below in block 15.

Examples of itemized MEA reimbursements:

1. Disconnecting/connecting appliances, equipment, and utilities involved in relocation; and cost of converting appliances for operation on available utilities. (Does not include purchasing new appliances in lieu of conversion.)
2. Cutting/fitting rugs, drapes and curtains moved from one residence to another.
3. Utility fees/deposits that are not offset by eventual refunds.
4. Forfeiture losses on medical, dental, and food locker contracts that are not transferable; and contracts for private institutional care, such as that provided for handicapped or invalid dependents only, which are not transferable or refundable.
5. Automobile registration, driver's license and use taxes imposed when bringing automobiles into some jurisdictions, cost of reinstalling a catalytic converter upon reentry of vehicle into the United States.
6. Rental agent fees customarily charged for securing housing in foreign countries.
7. Charges for pet quarantine excluding medicine/medical care, grooming, and similar fees for services that are part of routine pet care.
8. Transportation of house pets.
9. Required removal or installation by host country law of automobile parts.
10. Re assembly, set up and tuning of a piano moved incident to relocation.
11. A post office box rental fee when rented to provide a constant mailing address between the time an employee departs the old residence and occupies a residence at the new PDS.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

Real Estate / Unexpired Lease/ Relocation Services

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with claims for Real Estate, Unexpired Lease, or Relocation Services

Block 18: Reimbursable Expenses:

a: List the date of the closing or approval of the Real Estate, Unexpired Lease, or HMIP

b: Depending on the claim list "Real Estate Sale", Real Estate Purchase", Unexpired Lease Expenses", or "HMIP; Home Marketing Incentive Payment".

c: List the total amount being claimed for the expense listed in (b.) above.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

Note: For Home Marketing Incentive Payments (HMIP) you are provided with an approved (signed by the authorizing/order-issuing official) source document with the computed payment for HMIP. Currently, an official DoD source document for payment of HMIP does not exist. The document submitted for payment may be a locally developed form, for attachment to the travel claim (DD Form 1351-2). Agencies may assign personnel to administer the HMIP process and paperwork. The form, at a minimum, must contain the following information:

1. Employee's name (last, first, middle initial)
2. Employee's social security number
3. Employee's present position, title, grade
4. Current organization
5. Current duty phone number
6. Detailed computation of the HMIP clearly showing how the approved amount was compared to the maximums per JTR, par. C15103, and determined to be the lesser of the following:
 - a. One to five percent of the price the relocation service company paid when it purchased the residence from the employee, to include the approved percentage (1% to 5%) and the price the relocation company paid or the buyout offer amount on the residence;
 - b. \$10,000
 - c. One half of the savings realized from the reduced fee/expenses paid as a result of the employee finding a bona fide buyer and the sale is closed, to include the percentages relative to the relocation company's service costs.

Note: The Relocation Services Company must complete the amended sale transaction and submit the employee's real estate invoice for payment before the HMIP computation can be computed.
7. Authorizing/order-issuing official's signature
8. Traveler's signature

NOTE: If employee elects the HMIP (Home Sale Program) under the JTR Chapter 5, Part Q-3, reimbursement for real estate transaction and unexpired lease expense allowances or property management (PM) services expenses are not authorized.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

| 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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | 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. | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M. | | 3. GRADE GS-7 | 4. SSN 000-00-0000 | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA | | | |
| 6. ADDRESS: a. NUMBER AND STREET 123 NEW STREET | | b. CITY COLUMBUS | | c. STATE OH | d. ZIP CODE 43216 | | |
| e. E-MAIL ADDRESS PUBLIC.SAMPLE@US.ARMY.MIL | | | | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555 | | 8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614 | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00 | | 11. ORGANIZATION AND STATION Agency Name & Location | |
| <input checked="" type="checkbox"/> ACCOMPANIED a. NAME (Last, First, Middle Initial) | | <input type="checkbox"/> UNACCOMPANIED b. RELATIONSHIP | | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDER (Include Zip Code) 125 OLD STREET DAVENPORT, IA 52801 | | 12. DEPENDENT(S) (X and complete as applicable) | |
| Doe, Suzie Q. | | Wife | | c. DATE OF BIRTH OR MARRIAGE 050701 | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | |
| Doe, Sally | | Daughter | | 081031 | | 15. ITINERARY a. DATE 2009 | |
| b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. POC MILES | 16. POC TRAVEL (X one) <input type="checkbox"/> DRIVER/OPERATE <input type="checkbox"/> PASSENGER | |
| DELP | | | | | | 17. DURATION OF TRAVEL (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due | |
| AIRR | | | | | | 18. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS | |
| DELP | | | | | | 19. REIMBURSABLE EXPENSES a. DATE 09/02/09 | |
| AIRR | | b. NATURE OF EXPENSE SALE OF RESIDENCE AT OLD DUTY STATION DD FORM 1705 ATTACHED | | c. AMOUNT 61,916.20 | d. ALLOWED | 20. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED ***** e. DATE MMDDYYYY | |
| DELP | | | | | | 21. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER * | |
| AIRR | | | | | | f. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER | |
| DELP | | | | | | g. TELEPHONE NUMBER 000-000-0000 | |
| AIRR | | | | | | h. DATE MMDDYYYY | |
| DELP | | | | | | 21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS | |
| AIRR | | | | | | i. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS | |
| DELP | | | | | | j. TELEPHONE NUMBER 614-693-0000 | |
| AIRR | | | | | | k. DATE MMDDYYYY | |
| 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | |
| 23. COLLECTION DATA AGENCY USE ONLY | | | | | | | |
| 24. COMPUTED BY AGENCY USE | | 25. AUDITED BY AGENCY USE | | 26. TRAVEL ORDER AUTHORITY ESTABLISHED BY AGENCY USE | | 27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE | |
| | | | | | | 28. AMOUNT PAID | |

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved by GSA/HMS 12-01 Adobe Designer 7.0

Reset

| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M. | | 3. GRADE GS-7 | 4. SSN 000-00-0000 | | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. ADDRESS - a. NUMBER AND STREET 123 NEW STREET | | b. CITY COLUMBUS | c. STATE OH | d. ZIP CODE 43216 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555 | | 8. TRAVEL ORDER AUTHORIZATION Block 25 of DD form 1614 | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00 | | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. ORGANIZATION AND STATION Agency Name & Location | | | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 OLD STREET DAVENPORT, IA 52801 | | c. PAID BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE Doe, Suzie Q. Wife 050701 Doe, Sally Daughter 081031 | | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | d. COMPUTATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | | | | 2. MEANS/ MODE OF TRAVEL | 3. REASON FOR STOP | 4. LODGING COST | 5. PDC MILES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>DATE</th> <th>PLACE</th> <th>MEANS/ MODE OF TRAVEL</th> <th>REASON FOR STOP</th> <th>LODGING COST</th> <th>PDC MILES</th> </tr> </thead> <tbody> <tr><td>2009</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>DLF</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>ARR</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>DLF</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>ARR</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>DLF</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>ARR</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>DLF</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>ARR</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>DLF</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>ARR</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>DLF</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>ARR</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>DLF</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>ARR</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>DLF</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>ARR</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | | | | DATE | PLACE | MEANS/ MODE OF TRAVEL | REASON FOR STOP | LODGING COST | PDC MILES | 2009 | | | | | | | DLF | | | | | | ARR | | | | | | DLF | | | | | | ARR | | | | | | DLF | | | | | | ARR | | | | | | DLF | | | | | | ARR | | | | | | DLF | | | | | | ARR | | | | | | DLF | | | | | | ARR | | | | | | DLF | | | | | | ARR | | | | | | DLF | | | | | | ARR | | | | | e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due | | | |
| DATE | PLACE | MEANS/ MODE OF TRAVEL | REASON FOR STOP | LODGING COST | PDC MILES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16. POC TRAVEL (X one) <input type="checkbox"/> OWN OPERATE <input type="checkbox"/> PASSENGER | | 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | | 18. REIMBURSABLE EXPENSES <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr> <td>09/02/09</td> <td>PURCHASE OF RESIDENCE AT NEW DUTY STATION DD FORM 1705 ATTACHED</td> <td>6,858.95</td> <td></td> </tr> </tbody> </table> | | | | a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | 09/02/09 | PURCHASE OF RESIDENCE AT NEW DUTY STATION DD FORM 1705 ATTACHED | 6,858.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 09/02/09 | PURCHASE OF RESIDENCE AT NEW DUTY STATION DD FORM 1705 ATTACHED | 6,858.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. GOVERNMENT DEDUCTIBLE MEALS <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NO. OF MEALS</th> <th>a. DATE</th> <th>b. NO. OF MEALS</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> | | | | a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 20. a. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED ***** | | | | b. DATE MMDDYYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER * | | d. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER | | e. TELEPHONE NUMBER 000-000-0000 | | f. DATE MMDDYYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. a. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS | | b. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS | | c. TELEPHONE NUMBER 614-693-0000 | | d. DATE MMDDYYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. COLLECTION DATA AGENCY USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. COMPUTED BY AGENCY USE | | 25. AUDITED BY AGENCY USE | | 26. TRAVEL ORDER AUTHORITY AGENCY USE | | 27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 28. AMOUNT PAID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 | | 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. | | | | | |
| <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) | | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00 | | | | | |
| <input type="checkbox"/> Payment by Check | | 2. NAME (Last, First, Middle Initial, if not on type) | | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT (X as applicable) | |
| | | Doe, Fred P. | | GS-11 | 000-00-0000 | <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> OLA | |
| 6. ADDRESS: a. NUMBER AND STREET | | | b. CITY | c. STATE | d. ZIP CODE | | |
| 123 YOUR STREET | | | GROVEPORT | OH | 43236 | | |
| 8. E-MAIL ADDRESS | | | | 9. FOR D.O. USE ONLY | | | |
| PUBLIC.SAMPLE@US.ARMY.MIL | | | | | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | | 8. TRAVEL ORDER AUTHORIZATION (MULTIPLE) | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES | | a. D.O. VOUCHER NUMBER | |
| 555-555-5555 | | Block 25 of DD form 1614 | | 0.00 | | | |
| 11. ORGANIZATION AND STATION | | | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | b. SUBVOUCHER NUMBER | |
| Agency Name & Location | | | | 497 OLD STREET | | c. PAID BY | |
| 12. DEPENDENT(S) (X and complete as applicable) | | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED (X one) | | | |
| <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | | |
| a. NAME (Last, First, Middle Initial) | | b. RELATIONSHIP | | c. DATE OF BIRTH OR MARRIAGE | | d. COMPUTATIONS | |
| | | | | | | | |
| 15. ITINERARY | | | | 16. POC TRAVEL (X one) | | 17. DURATION OF TRAVEL | |
| a. DATE 2009 | b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | | | 1. MEANS/ MODE OF TRAVEL | 2. REASON FOR STOP | 3. LODGING COST | 4. POC MILES |
| DEL | | | | | | | |
| ARR | | | | | | | |
| DEL | | | | | | | |
| ARR | | | | | | | |
| DEL | | | | | | | |
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| ARR | | | | | | | |
| DEL | | | | | | | |
| ARR | | | | | | | |
| 18. REIMBURSABLE EXPENSES | | | | 19. GOVERNMENT DEDUCTIBLE MEALS | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | | | |
| 11/30/09 | HMIP | 10,000.00 | | | | | |
| See attached documents: DD form 1614 with all amendments and the agency approved HMIP Payment worksheet. (Employee & agency complete this form or some form of it.) | | | | a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS | | | |
| 20. a. CLAIMANT SIGNATURE | | | | 20. b. DATE | | | |
| ***** FORM MUST BE SIGNED AND DATED ***** | | | | MMDDYYYY | | | |
| 21. REVIEWER'S PRINTED NAME | | 21. b. REVIEWER SIGNATURE | | 21. c. TELEPHONE NUMBER | | 21. d. DATE | |
| * MUST PRINT NAME OF REVIEWER * | | MUST HAVE SIGNATURE OF REVIEWER | | 000-000-0000 | | MMDDYYYY | |
| 21. a. APPROVING OFFICIAL'S PRINTED NAME | | 21. e. SIGNATURE | | 21. f. TELEPHONE NUMBER | | 21. g. DATE | |
| REQUIRED ONLY ON CERTAIN CLAIMS | | REQUIRED ONLY ON CERTAIN CLAIMS | | 614-693-0000 | | MMDDYYYY | |
| 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | |
| 23. COLLECTION DATA AGENCY USE ONLY | | | | | | | |
| 24. COMPUTED BY | | 25. AUDITED BY | | 26. TRAVEL ORDER AUTHORITY/STATUS REVIEWED BY | | 27. RECEIVED (Payee Signature and Date or Check No.) | |
| AGENCY USE | | AGENCY USE | | AGENCY USE | | AGENCY USE | |
| 28. AMOUNT PAID | | | | | | | |

Instructions for completing a DD Form 1351-2 for Relocation Income Tax Allowance (RITA)

Blocks 1 through 11: Are completed as with all previous vouchers in this guide.

*** Please ensure your current address is provided with each claim submission. ***

Blocks 13 through 17: Do not require completion with the RITA Claim

Block 18: Reimbursable Expenses:

a: List the date you are filing the Relocation Income Tax Allowance (RITA).

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

Note: The RIT Allowance is authorized to reimburse you for substantially all of the additional federal, state, and local income taxes incurred as a result of the additional PCS travel entitlements. You are eligible for this allowance if you were transferred on or after November 14, 1983, in the interest of the government from one official station to another for permanent duty. Employees that are not eligible for this allowance include:

1. New appointees
2. Employees assigned under the Government Employees Training Act
3. Employees returning from overseas assignments for purpose of separation

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

| 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 | | 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 used 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) | | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00 | | | | | |
| <input type="checkbox"/> Payment by Check | | 2. NAME (Last, First, Middle Initial) (Print or type) | | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT (X as applicable) | |
| | | Doe, Fred P. | | GS-11 | 000-00-0000 | <input type="checkbox"/> TOY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependential <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> OLA | |
| 6. ADDRESS: a. NUMBER AND STREET | | b. CITY | | c. STATE | d. ZIP CODE | | |
| 123 YOUR STREET | | GROVEPORT | | OH | 43236 | | |
| 7. E-MAIL ADDRESS: PUBLIC.SAMPLE@US.ARMY.MIL | | | | | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | | 8. TRAVEL ORDER AUTHORIZATION NUMBER | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES | | 10. FOR D.O. USE ONLY | |
| 555-555-5555 | | Block 25 of DD form 1614 | | 0.00 | | a. D.O. VOUCHER NUMBER | |
| 11. ORGANIZATION AND STATION | | | | | | b. SUBVOUCHER NUMBER | |
| Agency Name & Location | | | | | | c. PAID BY | |
| 12. DEPENDENT(S) (X and complete as applicable) | | | | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | | |
| <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED | | | | 497 OLD STREET | | | |
| a. NAME (Last, First, Middle Initial) | | b. RELATIONSHIP | | c. DATE OF BIRTH OR MARRIAGE | | d. COMPUTATIONS | |
| | | | | | | | |
| 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) | | | | | | | |
| <input checked="" type="checkbox"/> YES | | | | <input type="checkbox"/> NO (Explain in Remarks) | | | |
| 15. ITINERARY | | | | | | | |
| a. DATE 2009 | b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | | | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. PCS MILES |
| DEL | | | | | | | |
| ARR | | | | | | | |
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| ARR | | | | | | | |
| DEL | | | | | | | |
| ARR | | | | | | | |
| 16. PCS TRAVEL (X one) | | | | OWNDEPENDENT | | PASSENGER | |
| 16. REIMBURSABLE EXPENSES | | | | 17. DURATION OF TRAVEL | | | |
| a. DATE | b. NATURE OF EXPENSE | | c. AMOUNT | d. ALLOWED | 12 HOURS OR LESS | | |
| 3/08/2009 | 2008 RITA | | | | MORE THAN 12 HOURS BUT 24 HOURS OR LESS | | |
| | See attached documents: DD form 1614 with all amendments | | | | MORE THAN 24 HOURS | | |
| | and the RIT Status Certification Form along with income information required. | | | | 18. GOVERNMENT DEDUCTIBLE MEALS | | |
| | | | | | a. DATE | b. NO. OF MEALS | c. DATE |
| | | | | | | | |
| 20. a. CLAIMANT SIGNATURE | | | | b. DATE | | | |
| ***** FORM MUST BE SIGNED AND DATED ***** | | | | MMDDYYYY | | | |
| c. REVIEWER'S PRINTED NAME | | d. REVIEWER'S SIGNATURE | | e. TELEPHONE NUMBER | | f. DATE | |
| * MUST PRINT NAME OF REVIEWER * | | MUST HAVE SIGNATURE OF REVIEWER | | 000-000-0000 | | MMDDYYYY | |
| 21. a. APPROVING OFFICIAL'S PRINTED NAME | | b. SIGNATURE | | c. TELEPHONE NUMBER | | d. DATE | |
| REQUIRED ONLY ON CERTAIN CLAIMS | | REQUIRED ONLY ON CERTAIN CLAIMS | | 614-693-0000 | | MMDDYYYY | |
| 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY | | | | | | | |
| 23. COLLECTION DATA AGENCY USE ONLY | | | | | | | |
| 24. COMPUTED BY | | 25. AUDITED BY | | 26. TRAVEL ORDER AUTHORIZATION NUMBER | | 27. RECEIVED (Payee Signature and Date or Check No.) | |
| AGENCY USE | | AGENCY USE | | AGENCY USE | | AGENCY USE | |
| 28. AMOUNT PAID | | | | | | | |

Supplemental Voucher Questions and Answers

Q. What do I do when I feel I have been paid in error?

- A. When it is suspected that an error and/or omission has been made in the payment of a travel voucher, please get with your Defense Military Pay Office (DMPO) as the starting point to resolve any questions on your voucher.

Q. What do I do when an error or omission has occurred?

- A. When an error or omission has occurred, submit a supplemental claim back through your local reviewing official

Q. How do I prepare a supplemental claim?

- A. DFAS Rome Customer Service will walk you thru the steps to complete a supplemental claim.

At a minimum, a supplemental claim must include:

- a. A DD Form 1351-2 marked "SUPPLEMENTAL". Provide a full explanation of the item(s) of expense in question on the new DD Form 1351-2 or on a separate sheet of paper.
- b. A copy of the Advice of Payment for the original payment made on the voucher in question.
- c. A copy of the initial DD Form 1351-2 and continuation sheets (if any).
- d. One copy of the orders and amendments.
- e. A copy of all supporting documentation applicable to the supplemental claim. If not available, provide a written statement attesting to the accuracy of items claimed for which no receipt is available. Statements should reflect the same information that would have been on the receipt had it been available.

Codes for Block 15

“Means/Modes of Travel” (Two letter code)

First:

- T** - Government provided ticket (no out of pocket cost to traveler)
- G** - Government transportation (no out of pocket cost to traveler)
- C** - Commercial transportation (traveler personally purchases transportation)
- P** - Privately Owned Conveyance

Second:

- A** - Automobile **M** - Motorcycle **B** - Bus
- P** - Plane
- R** - Rail

Common combinations:



- PA** - Private auto
- CA** - Commercial auto (taxi)
- TP** - Government provided airfare (no cost)
- CP** - Commercial airfare (traveler purchased)

“Reason for Stop” (Two letter code)

- AD:** Authorized Delay is used for overnight stays or if delayed at airport over midnight.
- AT:** Awaiting Transportation is used when waiting for other modes of travel. This is usually conducted in same day travel, no overnight at terminal.
- HA:** Hospital Admittance is used to indicate inpatient care at a medical treatment facility or hospital.
- HD:** Hospital Discharge is used to indicate discharge from inpatient care.
- TD:** Temporary Duty is used to indicate time spent performing official business at a location other than the old or new permanent duty station (PDS).
- LV:** Leave is used to indicate time away from military duty; either on site, at home of residence or chosen location.
 - MC:** Mission Complete is used to conclude travel. “MC” for Permanent Change of Station (PCS) indicates the date the entitlement being claimed is executed to the new PDS. For example, MC for en route travel is the date the member arrives at the new PDS to report for duty. MC for a Personally Procured Move is the date the Household Goods (HHG) arrive at the new PDS.

Below are more examples of forms common to Civilian Relocation. These are provided to give an idea of how a form could look. For more information, look online at:

<http://www.dfas.mil/pcstravel.html>

| REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL <i>(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)</i> | | | |
|---|--|---|---|
| SECTION I - REQUEST FOR OFFICIAL TRAVEL | | | |
| 1. DATE (YYYYMMDD) | 2. NAME (Last, First, Middle) | | 3. SOCIAL SECURITY NUMBER |
| 4. NEW POSITION TITLE | | 5. GRADE OR RATING | 6. RETIREMENT CODE <i>(Insert retirement code from Block 30 of employee's most recent SF 50. If unknown, employee should contact their servicing personnel office.)</i> |
| 7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE | | 8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION | |
| 9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD) | | | |
| 10. TRAVEL PURPOSE | 11. TRANSPORTATION MODE | | 12a. PER DIEM FOR EMPLOYEE |
| <input type="checkbox"/> BETWEEN OFFICIAL STATIONS | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> POC | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> RENEWAL AGREEMENT | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> RAIL | b. PER DIEM FOR DEPENDENT(S) |
| <input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION | MILEAGE RATE: | <input type="checkbox"/> AIR | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> TEMPORARY CHANGE OF STATION | \$ _____ | | |
| <input type="checkbox"/> OTHER | | | |
| 13a. ROUND TRIP TRAVEL FOR HOUSE HUNTING | 14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE | 15a. HOUSEHOLD GOODS (HHG) SHIPMENT | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED | <input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED | <input type="checkbox"/> COMMUTED RATE | |
| b. NUMBER OF DAYS (including travel) | b. NUMBER OF DAYS AUTHORIZED | <input type="checkbox"/> GOVERNMENT BILL OF LADING (GBL) | |
| 16. OTHER AUTHORIZED EXPENSES | UNEXPIRED LEASE | b. NET WEIGHT AUTHORIZED | |
| <input type="checkbox"/> TEMPORARY STORAGE OF HHG | <input type="checkbox"/> RELOCATION INCOME TAX ALLOWANCE | | |
| <input type="checkbox"/> NONTEMPORARY STORAGE OF HHG | <input type="checkbox"/> POV SHIPMENT <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS | | |
| <input type="checkbox"/> RELOCATION SERVICES | <input type="checkbox"/> MISCELLANEOUS EXPENSES | <input type="checkbox"/> CONCURRENT | |
| <input type="checkbox"/> PROPERTY MANAGEMENT SERVICES | TRAVEL ADVANCE AUTHORIZED (Amount) \$ _____ | <input type="checkbox"/> DELAYED | |
| <input type="checkbox"/> REAL ESTATE EXPENSES | | | <input type="checkbox"/> EARLY RETURN |
| 18a. DEPENDENT TRAVEL FROM (Home Address) | b. TO (New POS) | <input type="checkbox"/> NOT AUTHORIZED | |
| 19. DEPENDENTS | a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH (YYYYMMDD) |
| | | | |
| | | | |
| | | | |
| 20. ESTIMATED COST | 21. TRANSPORTATION AGREEMENT SIGNED (X one) | | |
| a. PER DIEM | b. TRAVEL | c. OTHER | d. TOTAL |
| \$ _____ | \$ _____ | \$ _____ | \$ 0.00 |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | DATE SIGNED (YYYYMMDD) |
| SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL | | | |
| 22. ACCOUNTING CITATION | | | |
| 23. APPROVING OFFICIAL | b. SIGNATURE | | |
| a. TITLE |  | | |
| 24. AUTHORIZING/ORDER ISSUING OFFICIAL | b. SIGNATURE | c. ORGANIZATION ADDRESS | |
| a. TITLE |  | | |
| 25. TRAVEL AUTHORIZATION NUMBER | 26. DATE ISSUED (YYYYMMDD) | | |

PRIVACY ACT STATEMENT

(5 U.S.C. #552a)

AUTHORITY: 5 U.S.C. §§5701, 5702; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used as authority to issue transportation documents, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel and transportation allowances.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude timely consideration of your request.

SECTION III - ADMINISTRATIVE INFORMATION

27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS:

(Leaving/Gaining Activity - provide the address to where the employee should submit this claim for final disbursement.)

28. REMARKS OR OTHER AUTHORIZATIONS *(Use this space for special requirements, leave, excess baggage, etc., or other authorization.)*

This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

| REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES <i>(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))</i> | | | |
|---|--|--|---------------------------------|
| PRIVACY ACT STATEMENT | | | |
| <p>AUTHORITY: 5 USC 5724 and EO 9397 (SSN). PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.</p> | | | |
| EMPLOYEE INSTRUCTIONS | | | |
| <p>1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I, II, or III and enter all applicable amounts and totals in Columns (1) and (2) of Part V, on the back of this form. 2. Attach one complete set of required supporting documents, e.g., sales agreement between buyer and seller, settlement statement, etc. <i>Please submit copies as the documents are not returned.</i> Sign and date in the applicable Employee Certification block. 3. Submit Travel Voucher or Subvoucher, DD Form 1351-2, along with the original DD Form 1705 and copies of supporting documents to your supervisor. <i>Retain a copy of this claim application and the originals of all supporting documents for your personal files.</i></p> | | | |
| PART I - EMPLOYEE INFORMATION | | | |
| 1. NAME (Last, First, Middle Initial) | 2. SOCIAL SECURITY NO. | 3. MAILING ADDRESS (Include ZIP Code) | |
| 4. WAS A REAL ESTATE CLAIM PREVIOUSLY SUBMITTED FOR EXPENSES FOR THIS PCS TRANSFER? (X one) | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| PART II - TRANSFER INFORMATION | | | |
| 5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMDD) | 6. OLD DUTY STATION LOCATION | | 7. NEW DUTY STATION LOCATION |
| 8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) | 9. DATE TRANSPORTATION AGREEMENT SIGNED (YYYYMMDD) | 10. DATE REPORTED FOR DUTY AT NEW DUTY STATION (YYYYMMDD) | |
| PART III - RESIDENCE INFORMATION | | | |
| | | a. PROPERTY AT OLD DUTY STATION | b. PROPERTY AT NEW DUTY STATION |
| 11. COMPLETE RESIDENCE ADDRESS (Include apartment number and ZIP Code) | 123 OLD STREET DAVENPORT, IA 52801 | | |
| 12. NUMBER OF DWELLING UNITS | 1 | | |
| 13. CLOSING OR SETTLEMENT DATE (YYYYMMDD) | 20090610 | | |
| 14. SALE AND/OR PURCHASE PRICE | \$ 862,000.00 | \$ | |
| 15. TOTAL EXPENSES CLAIMED | \$ 61,916.20 | \$ | |
| EMPLOYEE CERTIFICATION(S) | | | |
| 16. SALE OF OLD RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above sale represent only amounts actually paid by me, that title to the property was in my name and/or a member of my immediate family, and that this was my primary residence when I was first definitely informed of my transfer. | | 17. PURCHASE OF NEW RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above purchase represent only amounts actually paid by me, and that title to the property is in my name and/or a member of my immediate family and is my new primary residence. | |
| a. EMPLOYEE SIGNATURE | b. DATE (YYYYMMDD) | a. EMPLOYEE SIGNATURE | b. DATE (YYYYMMDD) |
| YOUR SIGNATURE | 20090615 | | |
| MANAGEMENT INSTRUCTIONS | | | |
| <i>(To be reviewed/completed by the employee's supervisor or the official designated by the commanding officer of the employee's activity.)</i> | | | |
| <p>1. For Sales and Purchases: Send the original Reimbursement for Real Estate Sale and/or Purchase Closing Cost Expenses, DD Form 1705, and copies of the supporting documents to the official designated to approve the reasonableness of the expenses itemized in Part V. 2. Submit the original DD Form 1705 and copies of the supporting documents, including the Travel Voucher or Subvoucher, DD Form 1351-2, to the appropriate payment approving official in the paying office.</p> | | | |
| PART IV - MANAGEMENT APPROVAL INFORMATION | | | |
| 18. SALE EXPENSES The sale expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a seller in the locality where the property is located. <input type="checkbox"/> AS CLAIMED <input checked="" type="checkbox"/> AS REDUCED (See attached memo) | | 19. PURCHASE EXPENSES The purchase expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a buyer in the locality where the property is located. <input type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo) | |
| 20. PAYMENT APPROVAL BY NEW DUTY STATION Payment of this claim is approved in the amount of: \$ 61,000.00 If amount approved is less than amount claimed, see attached memo. | | | |
| a. SIGNATURE | b. DATE (YYYYMMDD) | a. SIGNATURE | b. DATE (YYYYMMDD) |
| Reviewer Signature | 20090618 | | |
| c. TITLE | | c. TITLE | |
| Reviewing Official Title | | Approving Official (AO) Title | |

DD FORM 1705, OCT 2002

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| PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION | | |
|--|---|--|
| EXPENSE ITEM AND EXPLANATION | TOTAL AMOUNTS PAID | |
| | (1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION | (2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION |
| 21. SALES/BROKER'S COMMISSION FEES: The sales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent. | \$ 51,720.00 | |
| 22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent. | \$ | |
| 23. APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence. | \$ | |
| 24. LEGAL AND RELATED FEES: The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc. | \$ 790.00 | \$ |
| 25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except item a. below); however, depending on local custom and practice, the seller may be required to pay some of them. | | |
| a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance. | \$ | |
| b. LENDER'S APPRAISAL FEE: The amount paid for the mortgagee or lender's charge for residence appraisal. | | \$ |
| c. FHA OR VA APPLICATION FEE | \$ | \$ |
| d. CERTIFICATION FEE: The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA. | \$ 1,407.00 | \$ |
| e. CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA. | \$ | \$ |
| f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses. | \$ | \$ |
| g. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction. | \$ | \$ |
| h. CITY/COUNTY/STATE TAX STAMPS | \$ | \$ |
| i. SALES OR TRANSFER TAXES; MORTGAGE TAX | \$ 7,974.20 | \$ |
| 26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary. | \$ 25.00 | \$ |
| 27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3) | \$ 61,916.20 | |
| 28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnotes 2 and 3) | | \$ 0.00 |

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes:

1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES

(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5724 and EO 9397 (SSNI).

PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.

EMPLOYEE INSTRUCTIONS

1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I, II, or III and enter all applicable amounts and totals in Columns (1) and (2) of Part V, on the back of this form.
2. Attach one complete set of required supporting documents, e.g., sales agreement between buyer and seller, settlement statement, etc. Please submit copies as the documents are not returned. Sign and date in the applicable Employee Certification block.
3. Submit Travel Voucher or Subvoucher, DD Form 1351-2, along with the original DD Form 1705 and copies of supporting documents to your supervisor. Retain a copy of this claim application and the originals of all supporting documents for your personal files.

PART I - EMPLOYEE INFORMATION

| | | |
|---|---------------------------------------|---|
| 1. NAME (Last, First, Middle Initial) Doe, John M. | 2. SOCIAL SECURITY NO. 000-00-0000 | 3. MAILING ADDRESS (Include ZIP Code) 123 New Street Columbus, OH 43216 |
| 4. WAS A REAL ESTATE CLAIM PREVIOUSLY SUBMITTED FOR EXPENSES FOR THIS PCS TRANSFER? (X one) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |

PART II - TRANSFER INFORMATION

| | | |
|---|--|---|
| 5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMDD) | 6. OLD DUTY STATION LOCATION Rock Island, IL | 7. NEW DUTY STATION LOCATION Columbus, OH |
| 8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 20090501 | 9. DATE TRANSPORTATION AGREEMENT SIGNED (YYYYMMDD) 20090430 | 10. DATE REPORTED FOR DUTY AT NEW DUTY STATION (YYYYMMDD) 20090602 |

PART III - RESIDENCE INFORMATION

| | | |
|--|----|--|
| a. PROPERTY AT OLD DUTY STATION | | b. PROPERTY AT NEW DUTY STATION |
| 11. COMPLETE RESIDENCE ADDRESS (Include apartment number and ZIP Code) | | 123 New Street Columbus, Ohio 43216 |
| 12. NUMBER OF DWELLING UNITS | | 1 |
| 13. CLOSING OR SETTLEMENT DATE (YYYYMMDD) | | 20090902 |
| 14. SALE AND/OR PURCHASE PRICE | \$ | \$ 287,900.00 |
| 15. TOTAL EXPENSES CLAIMED | \$ | \$ 6,858.95 |

EMPLOYEE CERTIFICATION(S)

| | | | |
|--|--------------------|---|--------------------------------|
| 16. SALE OF OLD RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above sale represent only amounts actually paid by me, that title to the property was in my name and/or a member of my immediate family, and that this was my primary residence when I was first definitely informed of my transfer. | | 17. PURCHASE OF NEW RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above purchase represent only amounts actually paid by me, and that title to the property is in my name and/or a member of my immediate family and is my new primary residence. | |
| a. EMPLOYEE SIGNATURE | b. DATE (YYYYMMDD) | a. EMPLOYEE SIGNATURE YOUR SIGNATURE | b. DATE (YYYYMMDD) 20090905 |

MANAGEMENT INSTRUCTIONS

(To be reviewed/completed by the employee's supervisor or the official designated by the commanding officer of the employee's activity.)

1. For Sales and Purchases: Send the original Reimbursement for Real Estate Sale and/or Purchase Closing Cost Expenses, DD Form 1705, and copies of the supporting documents to the official designated to approve the reasonableness of the expenses itemized in Part V.
2. Submit the original DD Form 1705 and copies of the supporting documents, including the Travel Voucher or Subvoucher, DD Form 1351-2, to the appropriate payment approving official in the paying office.

PART IV - MANAGEMENT APPROVAL INFORMATION

| | | | | | |
|---|--------------------|---|--------------------------------|---|--------------------------------|
| 18. SALE EXPENSES The sale expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a seller in the locality where the property is located. <input type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo) | | 19. PURCHASE EXPENSES The purchase expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a buyer in the locality where the property is located. <input checked="" type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo) | | 20. PAYMENT APPROVAL BY NEW DUTY STATION Payment of this claim is approved in the amount of: \$ 6,858.95 If amount approved is less than amount claimed, see attached memo. | |
| a. SIGNATURE | b. DATE (YYYYMMDD) | a. SIGNATURE Reviewer Signature | b. DATE (YYYYMMDD) 20090910 | a. SIGNATURE AO Signature | b. DATE (YYYYMMDD) 20090913 |
| c. TITLE | | c. TITLE Reviewing Official Title | | c. TITLE Approving Official (AO) Title | |

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| PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION | | |
|--|---|--|
| EXPENSE ITEM AND EXPLANATION | TOTAL AMOUNTS PAID | |
| | (1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION | (2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION |
| 21. SALES/BROKER'S COMMISSION FEES: The sales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent. | \$ | |
| 22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent. | \$ | |
| 23. APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence. | \$ | |
| 24. LEGAL AND RELATED FEES: The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys; preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc. | \$ | \$ 596.04 |
| 25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except item a. below); however, depending on local custom and practice, the seller may be required to pay some of them. | | |
| a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance. | \$ | |
| b. LENDER'S APPRAISAL FEE: The amount paid for the mortgagee or lender's charge for residence appraisal. | | \$ 300.00 |
| c. FHA OR VA APPLICATION FEE | \$ | \$ 0.00 |
| d. CERTIFICATION FEE: The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA. | \$ | \$ 7.50 |
| e. CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA. | \$ | \$ 15.50 |
| f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses. | \$ | \$ 1,285.04 |
| g. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction. | \$ | \$ 545.00 |
| h. CITY/COUNTY/STATE TAX STAMPS | \$ | \$ 1,727.67 |
| i. SALES OR TRANSFER TAXES: MORTGAGE TAX | \$ | \$ 79.00 |
| 26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary. | \$ | \$ 2,303.20 |
| 27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3) | \$ 0.00 | |
| 28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnotes 2 and 3) | | \$ 6,858.95 |

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes:

1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

