

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.

(Specify ASB Meeting / Study)

1. PAYMENT <input 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 type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card Contractor _____
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2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member / Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependents <input type="checkbox"/> DLA
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6. ADDRESS a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE
e. E-MAIL ADDRESS			

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER
11. ORGANIZATION AND STATION			b. SUBVOUCHER NUMBER

<input type="checkbox"/> ACCOMPANIED	<input type="checkbox"/> UNACCOMPANIED	13. DEPENDENTS ADDRESSES ON RECEIPT OF ORDERS (Include Zip Code)	c. PAID BY
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12. DEPENDENTS (X and complete as applicable)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)				d. COMPUTATIONS
a. Name (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES

15. ITINERARY						e. SUMMARY OF PAYMENT	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and County, etc.)					(1) Per Diem	
	DEP					(2) Actual Expense Allowance	
	ARR					(3) Mileage	
	DEP					(4) Dependent Travel	
	ARR					(5) DLA	
	DEP					(6) Reimbursable Expense	
	ARR					(7) TOTAL	
	DEP					(8) Less Advance	
	ARR					(9) Amount Owed	
	DEP					(10) Amount Due	
	ARR						

16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TDY 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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18. REIMBURSABLE EXPENSES				19. GOVERNMENT DEDUCTIBLE MEALS			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE	b. DATE	c. SUPERVISOR SIGNATURE	d. DATE
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21.a. APPROVING OFFICER SIGNATURE	b. DATE
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22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER POSTED BY	27. RECEIVED (<i>Payee Signature and Date or Check No.</i>)	28. AMOUNT PAID
DD FORM 1351-2, JUL 2004 PREVIOUS EDITION IS OBSOLETE. Exception to SF 1012 approved by GSA/IRMS 12-91				

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5701, 37 U.S.C. Sections 404-427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and EO 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 information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (*Use two letters*)

GTR/TKT	- 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

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

b. ALL UNUSED TICKETS (*including identification of unsued "e-tickets"*) MUST BE TURNED IN TO THE T/O OR CTO.