

Please submit the following paperwork to PSD Travel Claims sections:

1. On the “Travel Voucher” form (DD Form 1351-2)
Please put the following information in section 18,
(Reimbursement Expenses)
 - a. Lodging claim
 - b. Rental car Claim (if applicable) with gas amount
 - c. Tolls
 - d. In/Around mileage (if applicable)
 - e. Airport parking or taxis (if applicable)
2. Original receipts (lodging, rental car, any other receipts over \$75.00)
3. Original Travel History Form
4. Copy of endorsed orders
5. Copy of Travel Itinerary
6. Letter to authorize “In/Around” POV mileage (if applicable)

INITIAL REQUEST

CHANGE REQUEST

TRAVEL HISTORY FORM

Authority:
Principle Purpose(s):

USC 5701, 37 USC 404-427, EO9397, USC322, 31 CFR 209 and/or 210.
Used for reviewing, approving, accounting and disbursing for official travel.
SSN is used to maintain numerical identification system for individual claims. The information will be used to process payment data from the Federal agency to the financial institution and/or its agents.

Routine Use(s)
Disclosure

To substantiate claims for reimbursement for official travel.
Voluntary, however, failure to furnish information requested may result in total or partial denial of anything claimed and may delay or prevent the receipt of payments through the EFT/DDS programs.

***INDICATE REASON FOR CHANGE**

- Change of home address and/or phone #
- Change of banking institution for EFT/DDS

YOUR SSN:

YOUR NAME: (Last, first, MI)

YOUR PAY GRADE: (I.E. E5, O3, GS9)

YOUR ACTIVITY:

YOUR HOME STREET ADDRESS, CITY STATE AND ZIP CODE

Work/Home Phone Number: ()

For EFT/DDS Payments please provide the following information

ACCOUNT (Checking or Savings)

RTN (Routing Transit Number): The Financial Institution's Routing Transit Number (RTN) can be obtained from either your financial institution or from the nine digit number on the bottom left corner of your checks from you banking institution

Financial Institution Name:

NINE DIGIT #:
(i.e NFCU)

ACCOUNT NUMBER

****PLEASE WRITE CAREFULLY****

Signature of Applicant: _____ **Date signed:** _____