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TRAVEL VOUCHER OR SUBVOUCHER										completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.														
Flectronic Fund representing travel charge								directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement and rental car if you are a civilian employee, unless you elect a different amount. Military personnel																
Tra	nsfer yment	(EFT) are																						
2. NAME (Last, First, Middle Initial) (Print or type)  3. GRAI										<del></del>							F PAYMENT	Г (Х а	s app	licable)	=			
														Ш	TDY		П	Mer	mber/Employee					
6. ADDRESS. a. NUMBER AND STREET b. CITY									c. STATE d. ZIP CODE						H	PCS Dep	endent(s		Oth DLA					
e. E-MAIL ADDRESS														-			10. F		.O. USE ON	NLY				
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION NUMBER										EVIO		/ERN	NMENT PA	AYMEN	NTS/	a. D.	0. V	OUCHER N	JMBE	R				
11. ORGANIZATION AND STATION										•							b. SUBVOUCHER NUMBER							
12. DEPENDENT(S) (X and complete as applicable)										13. DEPENDENTS' ADDRESS ON RECEIPT OF								c. PAID BY						
ACCOMPANIED UNACCOMPANIED									O	RDER	<b>S</b> (Inclu	de Z	(ip Code)											
a. NAME (Last, First, Middle Initial) b. RELATIONSH							ONSHIP	c. DATE O OR MAR	F BIRTH RIAGE															
									(X one)							d. Co	d. COMPUTATIONS							
15. ITINERARY									C.	YES NO (Explain in Remarks) C. e. f. EANS/ REASON LOSSING ROS											_			
a. DATE		b. PLAC	E (H		ffice, Ba and Co			and State;		MEAI MODE TRAV	OF	FOR STOP		LODGII COS		POC MILES							_	
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	ARR												$\neg$				(3) M	ileag	e				_	
16. POC TRAVEL (X one) OWN/OPERATE PASSENGE									ER		17.	17. DURATION OF TDY TRAV			TRAVEL	(4) Dependent Travel						_		
18. REIMBURSABLE EXPENSES											$\sqcap_{\vdash}$	12 HOURS OF LESS				(5) DLA						_		
a. DATE b. NAT				NATURE OF EXPENSE				c. AMO	d. AL	D	ᅫ	12 HOURS OR LESS			(6) Reimbursable									
														MORE TH			(7) To	tal						
														BUT 24 H	OURS	OR LESS	(8) Le	ss						
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									ᆣ					(10) Amount Due										
										19	19. GOVERNMENT/DEDUCTIBLE								_					
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20.a. CLAIMANT SIGNATURE b. DATE								c. SU	c. SUPERVISOR SIGNATURE									d. DATE						
21.a. APPROVING OFFICER SIGNATURE																						b. DATE		
22. ACCOUNTING CLASSIFICATION																								
23. COLL	ECTIO	N DATA																						
24. COMF	25. AUDITED BY				26. TRA AUTH	BY 27	7. REC	CEIVED	(Pa	yee Signa	ture ar	nd Date oi	r Check	No.)		28	B. AMC	OUNT PAID						