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

☐ Electronic Fund Transfer (EFT)

☐ 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.
NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.

☐ Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $

2. NAME *(Last, First, Middle Initial) (Print or type)*

3. GRADE

4. SSN

5. TYPE OF PAYMENT *(X as applicable)*

☐ TDY ☐ Member/Employee
☐ PCS ☐ Other
☐ Dependent(s) ☐ DLA

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/AUTHORIZATION NUMBER

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

c. PAID BY

11. ORGANIZATION AND STATION

12. DEPENDENT(S) *(X and complete as applicable)*

☐ ACCOMPANIED ☐ UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*

☐ YES ☐ NO *(Explain in Remarks)*

d. COMPUTATIONS

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 MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
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16. POC TRAVEL *(X one)* ☐ OWN/OPERATE ☐ PASSENGER

17. DURATION OF TRAVEL

☐ 12 HOURS OR LESS
☐ MORE THAN 12 HOURS BUT 24 HOURS OR LESS
☐ MORE THAN 24 HOURS

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	0.00
(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	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE

c. REVIEWER'S PRINTED NAME | d. SIGNATURE | e. TELEPHONE NUMBER | f. DATE

21.a. APPROVING OFFICIAL'S PRINTED NAME | b. SIGNATURE | c. TELEPHONE NUMBER | d. DATE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY | **25. AUDITED BY** | **26. TRAVEL ORDER/ AUTHORIZATION POSTED BY** | **27. RECEIVED** *(Payee Signature and Date or Check No.)* | **28. AMOUNT PAID**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.
Applicable SORN: T7333 (http://privacy.defense.gov/notices/dfas/T7333.shtml).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

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

ITEM 15 - ITINERARY - SYMBOLS

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

GTR/TKT or CBA *(See Note)*	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation *(Own expense)*	- C	Bus	- B
		Plane	- P
Privately Owned Conveyance (POC)	- P	Rail	- R
		Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
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 unused "e-tickets")* MUST BE TURNED IN TO THE T/O OR CTO.

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE OF PAGES

4. NAME *(Last, First, Middle Initial) (Print or type)*

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 MILES
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3. FOR D.O. USE ONLY

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

29. REMARKS

ELECTRONIC FUNDS TRANSFER (EFT) CERTIFICATE

Data Required by the Privacy Act of 1974

AUTHORITY:	Debt Collection Improvement Act of 1996, Public Law 104-134. Public 104-134 requires that all federal payments shall be made by means of EFT.
PURPOSE:	To ensure reimbursements made to military members and civilian employees who perform official travel are credited in their EFT account in a timely manner.
ROUTINE USES:	To authorize a financial institution chosen by individual military members and civilian employees to credit their EFT account.
MANDATORY OR VOLUNTARY DISCLOSURE:	Disclosure is mandatory. Failure to furnish information requested may result in non-payment of travel pay entitlement or may delay receipt of payment to your EFT account.

Name (last, first, MI)	SSN
Command/Duty Station	
Paygrade/GS Level	
Work Phone	Home Phone

Financial Institution's Name				
Financial Institution's Routing Transit Number (RTN) (obtain from your financial institution or bottom part of your personal check)				
Account Type (check one)	Checking		Savings	
Account Number				
Signature			Date	

PSANORVA Form 7300/1 (4-98)

CHECKLIST FOR TRAVEL CLAIMS

User: All military and civilian personnel on official travel.
Purpose. This checklist should be used by the Traveler (TVLR) and Authorizing Official's (AO) to ensure travel claims are proper, complete, and comply with the intent of the orders before submitting. Claims are to be completed within five business days upon completion of travel.
Definitions:
Traveler - Individual who performed the travel.
Authorizing Official (AO) - Individual designated in writing by the command using Appointment/Termination Record-Authorized Signature (DD Form 577)

	TVLR	AO	
1.			The Travel Voucher (DD Form 1351-2 Mar 2008) must be prepared in ink, typewriter, or computer generated and include full SSN.
2.			Member's signature must be in Block 20a, and dated in Block 20b AO's must complete Blocks 21a-21d on the travel voucher. NO AO SIGNATURE REQUIRED ON MILITARY PCS.
3.			All information in Blocks 1-9 and 11 of the travel voucher must be completed. Blk 12 and 13 for dependent PCS only. Provide a duty phone number and e-mail address. Ensure the administrative data i.e. name, SSN on the travel voucher agree with the orders. If not, make administrative corrections and initial.
4.			Indicate advances and/or accrued per diem payments listed in Block 9. Annotate "NONE" in Block 9 if there were no advances or partial payments. Do not indicate ATM cash withdrawals in Block 9.
5.			Annotate Block 1 of the DD1351-2 (Split Disbursement) to reflect amounts charged to the Government Travel Charge Card (GTCC). This is mandatory for GTCC holders for TDY only not in conjunction with PCS.
6.			Itinerary in Block 15a must use dates (not times), modes of travel, and reason for stops. Please refer to the reverse page of the DD1351-2 for correct codes.
7.			Check Block 16 (POC Travel) if mileage is claimed.
8.			Block 17 must be completed indicating duration of travel period.
9.			Indicate all of the authorized reimbursable expenses in Block 18. Mission related items (e.g. batteries/film) are not reimbursable travel expenses and should be submitted through Vendor Pay.
10.			Is rental car expense or airline ticket reimbursement claimed? If so, only rental car and airline tickets obtained through proper channels (government contracted office, e.g. SATO) will be reimbursed. Rental Car/Airline Ticket receipts are required regardless of dollar amount. Pre-calculation receipts are not acceptable. Receipts must have a zero balance. Include a copy of the government contracted travel office (SATO) itinerary. If you didn't use a government contracted office you will only be reimbursed the GOVT rate.
11.			Annotate control numbers for non-availability of government quarters in the remarks. If not, and approved after the fact, the Approving Official's signature authorizing commercial lodging or an amended order issued must be included. (TDY only and not in conjunction with PCS). Provide/attach copy of CNA.
12.			Lodging must be claimed and supported by paid receipts (regardless of amount). Receipts must show a zero balance. Attach copy of lodging receipt. PER JFTR U4129E ***Lodging cost reimbursement is not authorized for a member who stays with a friend or relative.***
13.			All reimbursable expenses of $75.00 or more claimed on the travel voucher must be supported by an original paid receipt. Attach copies of all receipts over 75.00.
14.			Is a conference or registration fee claimed? If so, state the number of meals provided at no cost in Block 19 of the DD 1351-2. If none, please state. Attach copy of conference fee receipt.
15.			Exchange rate when foreign currency is involved must be annotated on the reimbursable block. The traveler must include the itemized expense in both foreign currency and U.S. Dollars.
16.			Was leave taken in conjunction with the travel? If so, annotate it in the itinerary and in Block 29, Remarks section. Attach a copy of the NAVCOMP 3065 (leave form - MILITARY ONLY) if leave was taken in conjunction with

			travel.
17.			Attach complete copy of orders and all modifications.
18.			If claiming dependent Dislocation Allowance (DLA) annotate DLA in BLK 18 and fill out attached DLA Statement. Attach old and new page 2 (Record of Emergency (Military only). TLE is to be claimed in BLK 18 of the travel voucher and fill out attached TLE statement. Attach lodging receipts for TLE. CNA FROM NGIS IS REQUIRED FOR TLE
19.			Ensure the required orders, receipts, statements, justifications, etc., are attached to the travel claim and that the claim is reasonable and consistent with the mission.
20.			Is the bank account information on file with your travel office correct? If so, any funds not being sent to the GTCC account will be electronically sent to the personal account. If not, complete form SF 1199A and attach a copy to travel claim.
21.			Forward the completed travel voucher and supporting documentation to the Supervisor/Reviewing official or Authorizing Official. Required for Civilian PCS ONLY

Remarks:

Date Submitted by Member		**Member Signature**	
Date Approved by AO		**AO Signature**	

NPPSC FORM (07-12)

Privacy Act of 1974 applies, it must be protected IAW DODINST 5400.11R and is 'For Official Use Only (FOUO)'. Any misuse or unauthorized disclosure may result in both civil or criminal penalties.
PRIVACY SENSITIVE

DISLOCATION ALLOWANCE STATEMENT

Name:	SSN:	Order Number:

This is the _____ (number) claim for Dislocation Allowance based on a PCS during FY _____. I have not and will not request government procured shipment of a house trailer or reimbursement for shipment at personal expense if I am claiming DLA for this PCS.

If claiming dependent DLA

Date dependent travel began	
Date dependent travel ended	

If claiming single DLA

E7 and above shore duty may elect to reside off base. E6 and below must attach a copy of the Barracks approval for Single BAH. E6 and above Sea duty may elect to live off Ship.

This is to certify that upon my transfer to_____/ homeported in _____, that I opted not to occupy government quarters (BEQ/BOQ) _____ Member's signatures	I maintain residence off-base and my current address is: _____ Street/Apt # _____ City/State/Zip

Mode of Transportation	City/State/Country	
	From	To

Old Address	New Address

Place to which dependents were last transported at government expense:

Authorized POVs	
License Plate#	State

Member's Signature	Date

NPPSC FORM (06-12)

Privacy Act of 1974 applies, it must be protected IAW DODINST 5400.11R and is 'For Official Use Only (FOUO)'. Any misuse or unauthorized disclosure may result in both civil or criminal penalties. PRIVACY SENSITIVE

TEMPORARY LODGING EXPENSE ALLOWANCE CERTIFICATION

(please print legibly)

Name:	SSN:
Name/location of last permanent duty station (PDS)/homeport/designated place	
Date detached from last PDS:	Date reported to new PDS:

Dependent Information

Name	Relationship	Date of birth/marriage

TLE at Old PDS

Temporary lodging was obtained at:	
Daily cost of lodging: $_____ (receipts attached).	

TLE at New PDS

Temporary lodging was obtained at:	
Daily cost of lodging: $ (receipts attached).	

Dates Temporary Lodging Occupied

Prior to Detachment		to	
After Reporting (for dependents after arrival at new PDS)		to	

If commercial temporary lodging facilities were used, a non-availability of government quarters statement is attached.

I certify that in connection with _____ departure from, and/or _____ arrival at my permanent duty station, homeport, or designated place, I was required to obtain temporary lodging for _ myself; or myself and dependents listed above; or __N/A__ dependents only as listed above. I also certify that these quarters were not my permanent quarters at either the old or the new permanent duty station."

Member's Signature	Date:
Interviewed by:	

NPPSC FORM (06-12)

Privacy Act of 1974 applies, it must be protected IAW DODINST 5400.11R and is 'For Official Use Only (FOUO)'. Any misuse or unauthorized disclosure may result in both civil or criminal penalties. PRIVACY SENSITIVE

TRAVEL ADVANCE REQUEST

1. NAME (LAST, FIRST MI)	2. SSN	3.GRADE/RANK
4. MAILING ADDRESS	CONTACT NUMBER	

5. CHECK TYPE OF ADVANCE REQUESTED

ORDER TYPE — ELIGIBILITY

☐ Permanent Change of Station (PCS) .....A, B, C, D, E, F

☐ Travel overseas via POC Shipping Port _____(Name of Port)

OR

☐ Travel via Old PDS Location _____(ZIP and/or City and State)

☐ Temporary Additional Duty (TAD/TDY).....A, G, H, I

☐ Retirement.....A, B, C, D

☐ Separation/Discharge (served at least 90% of enlistment).....A, C

☐ Separation/Discharge (served less than 90% of enlistment)..... 75% of bus fare.

☐ Member ☐ Dependent

☐ Separation/Discharge under OTH conditions

☐ Member – 75% of bus fare ☐ Dependent – C

Check type of advance requesting: (see above for eligibility)

PCS

☐ A. Member POC Mileage

☐ B. Member PCS Flat Per Diem

☐ C. Dependent POC Mileage (Provide copy of Page2

☐ D. Dependent PCS Flat Per Diem (Provide copy of Page2)

☐ E. Dependent Dislocation Allowance (DLA) (Provide copy of Page2)

☐ Check box if married MIL to MIL

☐ F. Single Dislocation Allowance (DLA).

TAD/TDY

☐ G. TAD/TDY Per Diem (Complete block 6)

☐ H. Auto Rental (SATO endorsement is required)

☐ I. Registration Fee

6. TAD/TDY

MEALS AUTHORIZED

☐ GOV DED ☐ GMR ☐ PMR ☐ CMR

Note: Endorsement is required if PMR or CMR is authorized while in government quarters.

COST OF LODGING: Note: If claiming commercial quarters, Certificate of Non-Availability (CNA) from the BOQ/BEQ is required. Documentation of daily rate for lodging advance must be provided before initial advance will be paid , subsequent request for lodging advance at same TDY location will required paid receipt for Lodging. PER JFTR U4129E

Lodging cost reimbursement is not authorized for a member who stays with a friend or relative.

FM: TO: Daily Rate

FM: TO: Daily Rate

EFT INFORMATION

Account # _____

Routing # _____

☐ Checking ☐ Savings

Financial Institution _____

Home Phone Number _____

7. MUST COMPLETE IF ADVANCE REQUESTED

A. Name	B. Relationship	C. Date of Marriage or Birth Date of Children	D. License Plate Number	E. Date MO/DY/YR Detaching
	Member	NA		
	Spouse			
	Child			
	Child			
	Child			
	Child			
	Child			

TRAVEL ADVANCE REQUEST

COMPLETE IF SINGLE DLA IS SELECTED

Check one:

☐ E-6and below Shore Duty: Entitlement for the advance will be approved once it has been established that Government quarters *WILL NOT* be assigned at the new permanent duty station. You must obtain this certification from your ultimate activity.

☐ E-7 and above SHORE DUTY/E6 and above SEA DUTY: I certify that in conjunction with my reassignment to _____ that I do not intend to occupy Government quarters under the authority set forth in 37 U.S.C. 403(B), as amended. I understand that if Government quarters are permanently assigned, *I will be required to repay the advance immediately.*

COMPLETE IF A, B, C, D, E, & F ARE SELECTED ON PAGE 1

Member Certification: I certify that I intend to travel and/or relocate my dependents from (ZIP and/or city and state) _____ to _____ on or about (enter date) _____. My dependents will establish a bona fide residence in connection with my PCS. If I do not move my dependents within 30 days from the reporting date, *advance DLA will be recouped.*

PRIVACY ACT STATEMENT

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL-93-579) that requires that federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts. The principal purpose is to provide information required to legally pay advances to Navy personnel. Routine use: Member provides information about PCS, TAD, Discharge, Retirement, or Separation travel. The Disbursing Officer verifies entitlements and pay requested travel advances. Disclosure of information is voluntary. *If member does not provide the requested information, payment will not be made.*

ALL MEMBERS MUST READ ABOVE STATEMENT AND SIGN

I understand that in the event my entitlement is less than the travel advanced, the difference is a collectable indebtedness due the Government and shall be collected *immediately*. PER JFTR U4129E ***Lodging cost reimbursement is not authorized for a member who stays with a friend or relative***

Signature	Date

Privacy Act of 1974 applies, it must be protected IAW DODINST 5400.11R and is 'For Official Use Only (FOUO)'. Any misuse or unauthorized disclosure may result in both civil or criminal penalties. PRIVACY SENSITIVE