

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) Payment by Check <input type="checkbox"/>		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) Smith, John O.		3. GRADE O-4	4. SSN 123-45-6789	5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)			<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA
6. ADDRESS, a. NUMBER AND STREET 12** Garnet Street		b. CITY Torrance	c. STATE CA	d. ZIP CODE 90***			10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER
7. DAYTIME TELEPHONE NUMBER & AREA CODE 1-951-***-****		8. TRAVEL ORDER/AUTHORIZATION NUMBER T-12-345-****		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00			11. ORGANIZATION AND STATION G-10, U.S. Army Japan, Camp Zama, Japan
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)					14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <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. POC MILES		
20141230	DEP HOR, Torrance, CA	CA					
20141230	ARR Los Angeles Int'l Airport (LAX), CA		AT		15		
20141230	DEP	CP					
20141231	ARR Narita Int'l Airport (NRT), Tokyo, Japan		AT				
20141231	DEP	GB					
20150101	ARR Camp Zama, Japan		TD	481.00			
20150119	DEP (Annual Training)						
20150120	ARR Camp Zama, Japan		TD				
20150123	DEP (In-active Duty Training)	GB					
20150124	ARR Narita Int'l Airport (NRT), Tokyo, Japan		AT				
20150124	DEP	CP					
20150124	ARR Los Angeles Int'l Airport (LAX), CA		AT		15		
20150124	DEP	CA					
20150124	ARR HOR, Torrance, CA		MC				
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 type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS					
18. REIMBURSABLE EXPENSES				19. GOVERNMENT/DEDUCTIBLE M			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED				
20141230	Taxi	20.00					
20150111	Laundry	10.00					
20150112	Lodging	481.00					
20150124	Taxi	20.00					
20.a. CLAIMANT SIGNATURE _____				b. DATE 20150125			
c. REVIEWER'S PRINTED NAME Wilson, Mary J.		d. REVIEWER SIGNATURE _____		e. TELEPHONE NUMBER 315-263-****			
21.a. APPROVING OFFICIAL'S PRINTED NAME _____		SIGNATURE _____		f. DATE 20150126			
22. ACCOUNTING C							
23. COLLECTION D							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED BY	

If you perform both AT & IDT, please have two separate lodging receipts for AT and IDT, showing zero balance on AT receipt. This is DFAS requirement for your pay process.

Lodging for AT (Reimbursable)

Lodging for IDT (NOT Reimbursable)

After you arrived your HOR, please sign and submit this to DFAS.

Please have your section supervisor's signature here.

DD 1351-2 Sample:
Travel Voucher for Annual Training
 Travel Expenses for Annual Training will be reimbursed. (IDT is NOT included)

