

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)
Smith, John O.
3. GRADE
O-4
4. SSN
123-45-6789
5. TYPE OF PAYMENT (X as applicable)
 TDY
 Member/Employee
 PCS
 Other
 Dependent(s)
 DLA

6. ADDRESS: a. NUMBER AND STREET: 1234 Garnet Street
 b. CITY: Torrance
 c. STATE: CA
 d. ZIP CODE: 90***
e. E-MAIL ADDRESS: john.smith.sample.mil@mail.mil
7. DAYTIME TELEPHONE NUMBER & AREA CODE: 1-951-***-****
8. TRAVEL ORDER/AUTHORIZATION NUMBER: T-12-345-****
9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES: 0.00
10. FOR D.O. USE ONLY
 a. D.O. VOUCHER NUMBER

11. ORGANIZATION AND STATION: G-2, U.S. Army Japan, Camp Zama, Japan
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)

15. ITINERARY

a. DATE 2016	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
07/30	DEP HOR, Torrance, CA	CA			
07/30	ARR Los Angeles Int'l Airport (LAX), CA	CP	AT		15
07/30	DEP Los Angeles Int'l Airport (LAX), CA	CP			
07/31	ARR Narita Int'l Airport (NRT), Tokyo, Japan	GB	AT		
07/31	DEP Narita Int'l Airport (NRT), Tokyo, Japan	GB			
08/01	ARR Camp Zama, Japan (Annual Training)		TD	481.00	
08/12	DEP Camp Zama, Japan (Annual Training)		TD		
08/13	ARR Camp Zama, Japan (In-active Duty Training)		TD		
09/05	DEP Camp Zama, Japan (In-active Duty Training)		TD		
09/05	ARR Narita Int'l Airport (NRT), Tokyo, Japan		AT		
09/05	DEP Narita Int'l Airport (NRT), Tokyo, Japan	CP			
09/05	ARR Los Angeles Int'l Airport (LAX), CA	CA			15
09/05	DEP Los Angeles Int'l Airport (LAX), CA	CA			
09/05	ARR HOR, Torrance, CA		MC		

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.

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
18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
20160801	Taxi	20.00	
20160810	Laundry	10.00	
20160812	Lodging	481.00	
20160905	Taxi	20.00	

19. GOVERNMENT/DEDUCTIBLE
 a. DATE
 b. NO. OF DAYS

20. CLAIMANT SIGNATURE: _____
20.a. REVIEWER'S PRINTED NAME: Wilson, Mary J.
20.b. REVIEWER SIGNATURE: _____
20.c. TELEPHONE NUMBER: 315-263-****
20.d. DATE: 20160906
20.e. DATE: 20160907
21.a. APPROVING OFFICIAL'S PRINTED NAME: _____
21.b. SIGNATURE: _____
21.c. TELEPHONE NUMBER: _____
21.d. DATE: _____

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)

22. ACCOUNTING OFFICER'S SIGNATURE: _____
23. COLLECTION DATE: _____
24. COMPUTED BY: _____
25. AUDITED BY: _____
26. TRAVEL ORDER/AUTHORIZATION POSTED BY: _____
27. DATE: _____