

DD Form 1351-2 Evacuation Travel Voucher Instructions



DFAS Rome TDY Travel Pay

Last Update: September 13, 2021

IMPORTANT: Civilian employees (not on TDY orders), dependents of both Service members and civilian employees, and approved escort for a dependent are authorized evacuation allowances when ordered/directed to leave location due to unusual emergency circumstances. The following information will assist you in claiming travel related expenses on your DD 1351-2 (May 2011) incurred during your evacuation and after arrival at your safe haven location.

- Block 1:
 - Select Electronic Funds Transfer (EFT).
Civilian Employees Only: Select Split Disbursement if you used a government travel card to pay for any expenses or to withdraw cash. Enter the balance of the card on the line next to the dollar (\$) sign.

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		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.
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		
<input type="checkbox"/> Payment by Check	<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____	

- Block 2:
 - Enter the evacuee's Last Name, First Name, and Middle Initial
 - **Service Member's Dependent:** Enter spouse (if married) or eldest dependent's name.
 - **Civilian Employee not on TDY orders:** Enter your name.
 - **Civilian employee on TDY orders:** Enter spouse (if married) or eldest dependent's name.
- Block 3:
 - Enter DEP (for dependent) or CIV (for civilian)
- Block 4:
 - Enter social security number for individual listed in box 2.
- Block 5:
 - Select Member/Employee if the voucher is for a civilian employee;
 - Select Dependent(s) if the voucher is for either dependent(s) of Servicemember or dependent(s) of a civilian employee;
 - Select **both** Member/Employee and dependents if the voucher is for civilian employee and dependent(s).

5. TYPE OF PAYMENT (X as applicable)			
<input type="checkbox"/>	TDY	<input type="checkbox"/>	Member/Employee
<input type="checkbox"/>	PCS	<input type="checkbox"/>	Other
<input type="checkbox"/>	Dependent(s)	<input type="checkbox"/>	DLA

- Block 6a-d:
 - Enter home mailing address. NOTE: The authorized evacuee must reside in a mandatory evacuation location.
- Block 6e:
 - Email Address: Use employee's/sponsor's @mail.mil email address.
IMPORTANT: DFAS will communicate updates via the provided email. If no update is received, please check your junk email inbox or add dfas.rome.jft.mbx.iatssummary@mail.mil to you safe sender list.
- Block 7:
 - Provide the best number for any questions/concerns pertaining to your voucher. Ensure the area code is included; if DSN, please indicate DSN before the phone number.
- Block 8:
 - Enter Travel Authorization Number from box 22 on your DD1610 Orders.

**8. TRAVEL ORDER/AUTHORIZATION
NUMBER**

- Block 9:
 - Leave blank unless there was an advance provided.
- Blocks 10a-e:
 - Leave blank, these blocks are for the Finance and Accounting Office use only.
- Block 11:
 - Enter the Service member or civilian employee unit/organization.

11. ORGANIZATION AND STATION

- Block 12a-c:
 - ✓ Select Accompanied, if you had authorized dependent(s) travel with you on the same dates to the same location(s) even if they traveled in a separate POC.
 - ✓ Select Unaccompanied if you did not have dependents travel with you, if they traveled on different dates, if they traveled to different locations.

- a. List all dependents that evacuated. Include first and last name. You do not need to include the individual listed in Box 2.
- b. Include relationship of dependent to the Service member or civilian employee.
- c. If the dependent is the Service member or civilian employee's spouse include date of marriage. For all other dependents, include date of birth

12. DEPENDENT(S) (X and complete as applicable)		
ACCOMPANIED		UNACCOMPANIED
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

- Block 13:
 - This should be the same as the home address (blocks 6a-d). If evacuated from another area besides home, the Service member or civilian employee should confirm that they are authorized reimbursement. If so, list that location and ensure it is reflected in the order.

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS <i>(Include Zip Code)</i>

- Block 14:
 - Select applicable response.

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? <i>(X one)</i>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>(Explain in Remarks)</i>

- Block 15a:
 - Provide applicable dates for each stop. The travel dates must match the timeframe covered in the evacuation memo on the DD1610. There is no reimbursement authorized before or after these dates.

- Block 15b:
 - The first line is the home address that was evacuated (city, state, zip).
 - List the safe haven location(s) (city, state, zip) on the subsequent lines. Use multiple lines if you stayed at different locations on different dates.
 - The last line should be back to the evacuated location or to designated location or new PDS, if applicable.

- Block 15c:
 - When not utilizing a personal vehicle, most travelers use **GP** for Government Plane or **CP** for Commercial Plane. For all other travel, or travel/ to or from the airport, please use the applicable 2-digit mode of transportation:

First Digit:

T - GTR/TKT or CBA
G - Government Transportation
C - Commercial Transportation (Own expense)
P - Privately Owned Conveyance (POC)

Second Digit:

A - Automobile
M - Motorcycle
B - Bus
P - Plane
R - Rail
V - Vessel

- Block 15d:
 - Reason for Stop is **TD** at the Safe Haven location(s). Upon return to the home address, enter **MC** for Mission Complete.
- Block 15e:
 - Add applicable lodging cost. A lodging receipt must be included to receive reimbursement. Lodging or room taxes are claimed separately as a reimbursable expense in block18.

NOTE:

- **Service member's dependents:** Reimbursement for lodging is not authorized if staying with friends or relatives.
 - **Civilian Employee and dependents:** Reimbursement for lodging is not ordinarily authorized if staying with friends or relatives, but may be approved if the traveler can substantiate an additional cost that the host incurred for providing lodging.
- Block 15f:

Only terminal mileage needs to be claimed (travel to/from airport, bus station, etc), the official distance for all other travel will be computed by DFAS.

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15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2020	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
12/29	DEP	EX: Fort Bliss, TX	CP			
12/29	ARR	EX: Lawton, OK		TD	849.00	
01/07	DEP		CP			
01/07	ARR	EX: Fort Bliss, TX		MC		
	DEP					

- Block 16:
 - Select Own/Operate if driving your own vehicle or fully paying for the vehicle expenses.
 - Select Passenger if you rode with someone else who paid for the vehicle expenses.

16. POC TRAVEL (X one)	<input type="checkbox"/>	OWN/OPERATE	<input type="checkbox"/>	PASSENGER
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- Block 17:
 - Select the duration of the travel / time gone from your home location.

17. DURATION OF TRAVEL	
<input type="checkbox"/>	12 HOURS OR LESS
<input type="checkbox"/>	MORE THAN 12 HOURS BUT 24 HOURS OR LESS
<input type="checkbox"/>	MORE THAN 24 HOURS

- Block 18a:
 - Enter the date of travel
- Block 18b:
 - Enter authorized expenses. If applicable, include lodging / room taxes here. Do **NOT** list the following expenses:
 - Gas (reimbursed separately under mileage)
 - Food (reimbursed separately as per diem)
 - Phone calls
 - Pet expenses
 - Credit card fees
 - Laundry (included in the \$5/day incidental expenses portion of per diem and are not reimbursed separately, even if expense exceeded \$5/day).
- Block 18c:

- Enter the amount of the expense.
- Block 18d
 - Leave blank. If necessary, the supervisor or resource manager will enter adjustments.

18. REIMBURSABLE EXPENSES			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
12/29-1/7	EX: Lodging	849.00	
12/29/20	EX: Airfare	348.04	

- Block 19:
 - Leave blank; not applicable for evacuations.
- Block 20a:
 - Claimant Signature: The person whose name is listed in block 2 is considered the “Claimant” and will need to either wet sign or digitally sign in this box. (If the Claimant is a minor child the Sponsor may sign on their behalf.)
- Block 20b:
 - This box must contain the MONTH, DATE, and YEAR to be considered valid. Even if signed digitally this date MUST be filled out. IMPORTANT: The date of signature must be on or after the mission complete (MC) date.
- Block 20c:
 - Typed or Hand-written name of the Reviewer. The reviewer is responsible to validate the DD1351-2 is completed correctly and the information is correct.
- Block 20d:
 - Signature of the Reviewer listed in 20c.
- Block 20e:
 - Telephone Number of the Reviewer listed in 20c.
- Block 20f:
 - Date of Signature. The Signature date should be on or after the date of the Claimant’s signature.
- Block 21:

Approving Official signature is only required if authorizing an entitlement not included on the orders.

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- Block 21a:
 - Typed or Hand-written name of the Approving Official.
- Block 21b:
 - Signature of the Approving Official listed in 21a.
- Block 21c:
 - Telephone Number of the Approving Official listed in 21a.
- Block 21d:
 - Date of Signature. The Signature date should be on or after the date of the Approving Official signature.
- Block 22:
 - Enter authorization on DD Form 1610, from block 19: 'Accounting Citation'.
- Blocks 23-28 Leave blank.

IMPORTANT: Blocks 21-28: Leave blank, these blocks are for the Finance and Accounting Office use only.

- Block 29 (located on bottom or reverse): Enter any additional information, as applicable.

<p>29. REMARKS</p> <p>a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:</p> <p>b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.</p>

DD FORM 1351-2 (BACK), MAY 2011

IMPORTANT: If at any time, additional space is needed, please use the DD1351-2C (continuation sheet) and include with the DD1351-2.