

DD Form 1351-2
Travel Voucher Instructions

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- Block 1: PAYMENT -
 - o Select Electronic Funds Transfer (EFT)
 - o SPLIT DISBURSEMENT (if necessary) – Check the box and indicate how much of your total entitlement you would like to be paid directly to your Government Travel Charge Card (GTCC). Please make sure that the split amount adequately covers charges you’ve placed on your credit card.

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. <i>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</i>
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		
<input type="checkbox"/> Payment by Check	<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:	\$ 108.00

- Block 2: NAME - Enter your last name, first name, and middle initial.
- Block 3: GRADE - Enter your current rank or grade.
- Block 4: SSN - Enter your complete nine-digit social security number.
- Block 5: TYPE OF PAYMENT –
 - o Select TDY
 - o Select Dependent(s)

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

- Block 6a-d: ADDRESS – Enter your most current mailing address.
- Block 6e: E-MAIL ADDRESS - Your e-mail address will be our primary means of communication in the event we have any questions about your travel claim or corrections need to be made. Enter an e-mail address you will be able to access while TDY and at home.
 - o **IMPORTANT:** If no update is received, please check your junk email inbox and/or add dfas.rome.ift.mbx.iatssummary@mail.mil to your safe sender list.

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- Block 7: DAYTIME TELEPHONE NUMBER AND AREA CODE - 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: TRAVEL ORDER/AUTHORIZATION NUMBER –This number is located on the upper left hand corner of your orders, if TCS orders, or from Box 22 of your DD Form 1610.

**8. TRAVEL ORDER/AUTHORIZATION
NUMBER**

- Block 9: PREVIOUS GOVERNMENT PAYMENTS/ADVANCES - Have you received any advances or other payments for the specific TDY trip you are filing this claim for? If so, write the amounts in this box. If not, or if you are unsure, leave this box blank.
- Blocks 10a-e: FOR D.O. USE ONLY -
 - IMPORTANT - Block 10d can be used to indicate annual leave taken while on TDY travel. If used please enter the dates of your leave and indicate type of leave.
Example: "Annual Leave, [Day(s), Month, Year]."

- Block 11: ORGANIZATION AND STATION - Write in your unit or organization name.

11. ORGANIZATION AND STATION
1-43 ADA BN FORT BLISS

- Block 12 and Block 13: Provide all dependent(s) information.
- Block 14: HAVE HOUSEHOLD GOODS BEEN SHIPPED - TDY travel rarely involves shipment of household goods, so this box can usually be marked "No".

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

- Block 15a: DATE - Enter the full year in which the travel began even when the travel crosses into the next calendar year.
- Block 15b: PLACE - Each box in this section should only have one location per box. Enter every stop to/from your temporary duty location and home using the "DEP" and "ARR" rows to ensure you are paid correctly for all stops, including overnight stays while en route.
 - It is imperative that you return to your permanent duty station (PDS) or home of record (HOR) by the final day on your travel order.

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- Block 15c: MEANS/ MODE OF TRAVEL - Indicate the two-digit form of transportation you used en route to the PLACE listed in 15b.

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 –The second page of your DD Form 1351-2 lists the “reasons for stop” under the instructions section. Please note that for TCS orders, the “reason for stop” is limited to the following:
 - AD – Authorized delay, for layovers while en route to the AOR. You are authorized up to 14 days in active duty (AD) status. Beyond that, you need an amendment authorizing any additional time.
 - TD – Temporary Duty, for the TD location(s) authorized in your orders.
 - MC – Mission Complete, for the date you return to your PDS or HOR.
 - AT – Awaiting transportation (less than 24 hours)
 - LV – Leave, enter Emergency Leave or Funded Environmental and Morale Leave (FEML).
- Block 15e: LODGING COST – If your trip involved an overnight stay with lodging costs for the PLACE entered in block 15b, enter the amount in this space.
 - A lodging receipt or a Statement in Lieu of Receipt must be included to receive reimbursement.
 - ✓ lodging name and address
 - ✓ your name
 - ✓ check-in/check-out dates
 - ✓ the means of payment (VISA, Mastercard, etc...)
 - ✓ dollar amount with charges itemized
 - ✓ a zero balance (proof that you paid for your entire stay)

Lodging or room taxes are claimed separately as a reimbursable expense in block 18.

- Block 15f: POC (Personal Occupancy Conveyance) MILES – If you drove to the TDY location enter the number of miles from HOR to the TDY location. If you drove to the airport enter the number of miles to the airport. Once TDY is complete ensure miles are entered back to HOR.

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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	Fort Bliss	GP			
12/30	ARR	Arifjan, Kuwait		AD		
01/01	DEP	Arifjan, Kuwait	GP		108.00	
01/01	ARR	Al Asad Air Base, Iraq		TD		
07/20	DEP	Al Asad Air Base, Iraq	GP			
07/20	ARR	Arifjan, Kuwait		AD		
07/24	DEP	Arifjan, Kuwait	GP			
07/25	ARR			MC		
	DEP	Fort Bliss				

- Block 16: POC TRAVEL -
 - Select Own/Operate if driving your own vehicle or fully paying for the vehicle expenses. Please note, you must check the box before "Own/Operate" to be reimbursed for the POC miles you list in column 15f.
- Block 17: DURATION OF TRAVEL - Check the approximate duration of your TDY travel. If travel was less than 12 hours, you will not receive per diem for that day. If it is between 12-24 hours, you will receive partial per diem. If more than, 24 hours you will receive full Per Diem.

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

- Block 18a-d: REIMBURSABLE EXPENSES - This is an itemized list for incurred expenses, such as airline tickets, rental car, fuel, public transportation, taxi fare, excess baggage, etc. Claimed expenses must have been incurred during the period of actual TDY travel.
 - Please do NOT list meals in this area. Meals will automatically be calculated based on your orders.
 - 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
12/30	Lodging	108.00	

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- Block 19: GOVERNMENT/DEDUCTIBLE MEALS – You may be entitled to the local commercial rate for meals but may be required to dine in a dining facility (DFAC) or other government facility during your stay. If so, enter the date and number of meals you purchased at the dining facility.
- Block 20a: CLAIMANT SIGNATURE - the person whose name is listed in block 2 is considered the “Claimant” and MUST either wet sign or digitally sign in this box.
- Block 20b: DATE - must include day, month and year to be considered valid.
- Block 20c: REVIEWER’S PRINTED NAME the reviewer is responsible to validate the DD1351-2 is completed correctly and the information is accurate. This person may be your supervisor or your commander.
- Block 20d: REVIEWER’S SIGNATURE either digitally or a wet signature is required.
- 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. Must include day, month and year to be considered valid.
- Blocks 21a-d: An Approving Official signature is only required if authorizing an entitlement not included on the orders. He/she is attesting to the validity of, and approving payment for any additional items not originally authorized on the orders. There must be a remark in the remarks section (Block 29) explaining what additional items are being approved. The signature date MUST be on or after the Mission Complete (MC) Date if not, the claim will be returned.

IMPORTANT: Blocks 22-28: Leave blank, these blocks are for the Finance and Accounting Office use only.

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- Block 29: REMARKS (located on bottom or reverse): Enter any additional information, as applicable.
- Claim items authorized by the Authorizing Official (Block 21-a) in this space, or for leave dates as needed. (If NOT annotated in Block 10). If additional space is needed, please use the DD1351-2C (continuation sheet) and include with the DD1351-2.

<p>29. REMARKS</p> <p>a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:</p> <p>b. ALL UNUSED TICKETS (<i>including identification of unused "e-tickets"</i>) MUST BE TURNED IN TO THE T/O OR CTO.</p>
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DD FORM 1351-2 (BACK), MAY 2011