

Travel Claim

Quick Reference Guide

DD Form 1351-2, Jul 2004

References/Links:

[JFTR](#)
[Airline Rates\(GSA\) or SATO](#)
[Online Booking Engine](#)
[Per-Diem Rates](#)
[Federal Travel Regs \(FTR\)](#)
[Personnel & Pay Procedures Manual \(Chapt. 2\)](#)
[CG Supplement to JFTR](#)
[Personnel Manual](#)
[TPAX Users Guide](#)
[Travel Voucher Summaries \(TVS\)](#)
[Travel Payment Status](#)
[Audit Status/Reports](#)

Travel Claims

Travel Authorizations Page 3
 Travel Advances Page 5
 Travel Settlements Page 5
 Releasing Settlements Page 6
 Supplemental Claims Page 6
 Local 1164 Travel Page 6

Further Assistance

Resources are available on the PSC (tvI) web page:
www.uscg.mil/hq/psc/TVL.asp
 or by calling PSC Customer Care:
 1-866-772-8724/(785) 339-220.

Submission of Travel Claims

These items will guide you through the process of completing your travel voucher and submitting it to your supervisor for review. Pages 2-6 are block for block detailed instructions for Travel Claim Submission.

The Travel Claim Package

The following items are required for each travel claim:

- Original of the travel voucher.
- Original of your travel orders, including any amendments or endorsements.
- Original itemized receipt for lodging expenses regardless of the amount. If double occupancy, only ONE HALF of the lodging expense is allowable. All members executing orders occupying lodging facilities must divide room cost equally.
- Original receipts showing method of payment of Airline Tickets.
- Original receipts for reimbursable expenses of \$75 or more.
- Only TONO's (Document ID #) that begin with 11, 12 or 13 are to be submitted to PSC for liquidation.
- Copy of SF-1038 (Advance of Funds) should be attached. An advance against YOUR Government Travel Charge Card IS NOT considered an advance of funds.
- Ensure you have a signed copy (TPAX electronic signature) of orders, amendments, endorsements, and receipts to the travel claim.
- Mail to: Commanding Officer (TVL), U.S. Coast Guard Personnel Service Center, 444 SE Quincy St. Topeka, KS 66683-3591

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 on reverse.			
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> 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.		3. GRADE		4. SSN	
2. NAME (Last, First, Middle Initial) (Print or type)		3. CITY		6. STATE		7. ZIP CODE	
5. ADDRESS, #, NUMBER AND STREET		6. CITY		6. STATE		7. ZIP CODE	
8. EMAIL ADDRESS		9. TRAVEL ORDER AUTHORIZATION NUMBER		10. FORM D.O. USE ONLY		11. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (if and complete as applicable)		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDER (Include Zip Code)		14. PAID BY	
12. DEPENDENT(S) (if and complete as applicable)		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDER (Include Zip Code)		14. PAID BY		15. COMPUTATIONS	
13. DEPENDENT(S) (if and complete as applicable)		14. PAID BY		15. COMPUTATIONS		16. SUMMARY OF PAYMENT	
14. PAID BY		15. COMPUTATIONS		16. SUMMARY OF PAYMENT		17. MILEAGE	
15. COMPUTATIONS		16. SUMMARY OF PAYMENT		17. MILEAGE		18. DEPENDENT TRAVEL	
16. SUMMARY OF PAYMENT		17. MILEAGE		18. DEPENDENT TRAVEL		19. REIMBURSABLE EXPENSES	
17. MILEAGE		18. DEPENDENT TRAVEL		19. REIMBURSABLE EXPENSES		20. GOVERNMENT DEDUCTIBLE MEALS	
18. DEPENDENT TRAVEL		19. REIMBURSABLE EXPENSES		20. GOVERNMENT DEDUCTIBLE MEALS		21. CLAIMANT SIGNATURE	
19. REIMBURSABLE EXPENSES		20. GOVERNMENT DEDUCTIBLE MEALS		21. CLAIMANT SIGNATURE		22. SUPERVISOR SIGNATURE	
20. GOVERNMENT DEDUCTIBLE MEALS		21. CLAIMANT SIGNATURE		22. SUPERVISOR SIGNATURE		23. APPROVING OFFICER SIGNATURE	
21. CLAIMANT SIGNATURE		22. SUPERVISOR SIGNATURE		23. APPROVING OFFICER SIGNATURE		24. DATE	
22. SUPERVISOR SIGNATURE		23. APPROVING OFFICER SIGNATURE		24. DATE		25. DATE	
23. APPROVING OFFICER SIGNATURE		24. DATE		25. DATE		26. DATE	

QUICK CHECKLIST

- Is the appropriate type of payment (TDY/PCS) selected in block 5 and who Performed the Travel
- Is your name (block 2), rank (block 3) and SSN (block 4) complete and legible?
- Is there a complete mailing address listed in blocks 6a through 6d (including zip-code) – regardless of method of payment selected?
- Is the 16 digit Travel Order Number (TONO) listed in block 8 properly? (13 digits and "000" at the end for a total of 16 digits) **Note:** Industrial site Traveler disregard numerical restrictions
- If advances were charged to the orders (Government), are they listed in block 9? **DO NOT LIST ADVANCES CHARGED TO YOUR GOV'T TRAVEL CARD.**
- Are the dates in the Itinerary section (block 15a) correct?
- Have the correct codes for Mode of Travel(block 15c) and Reason to Stop (block 15d) been entered? (See page 4 of this Guide.)
- If POC is authorized and used: 1) Is the mileage recorded in block 15f (primary mode) or block 18 (secondary mode) of transportation? 2) Has the correct block been checked Block 16: Own/Operate or Passenger?
- Reimbursable Expenses (block 18): 1) If rental vehicle authorized, has the total been listed and the itemized rental contract attached? 2) Have all reimbursable expenses been listed and are those of \$75.00 or more supported by receipts? 3) Does airfare receipt/itinerary show method of payment and 1st 6 digits of credit card number used for payment.

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 type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Split Disbursement: Amount to Government Travel Charge Card <input type="checkbox"/> Payment by Check \$ _____								
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)			
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE		<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee	
e. E-MAIL		6.a. Address. Enter Number and Street	<input type="checkbox"/> PCS	<input type="checkbox"/> Other	<input type="checkbox"/> Dependent(s)			<input type="checkbox"/> DLA
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES				10. FOR D.O. USE ONLY	
11. ORGANIZATION AND STATION							a. D.O. VOUCHER NUMBER	
							b. SUBVOUCHER NUMBER	

Blocks 1 – 11:

These are the identifying blocks of the Travel Claim. These can be considered the ***MOST IMPORTANT*** blocks, because if these are not completed properly - ***YOUR CLAIM WILL BE RETURNED UNPROCESSED.***

Block 1: Not used – EFT is only option.

Block 2: Name - Last Name, First Name, Middle Initial
SAILOR, SUSIE Q. Type of Payment -

Block 3: Grade -**Military Personnel** - YN2 (E-5), CDR (O-5)
Civilian Personnel - GS-11, WG-3, etc.
Auxiliarists – AUX
Non-Federal Civilian: CIV LEAVE BLANK

Block 4: SSN – Enter your social security number (9 digits)

Note: Read the information on the reverse side of the form as required by the Privacy Act of 1974 regarding disclosure of your SSN.

Block 5: Mark the appropriate blocks as applicable to your type of mission.

Block 6a through 6e: Address – Enter your home mailing address, be sure to include apartment number or P.O. Box number and email address as appropriate.

Note: You must provide a mailing address even if you are requesting payment by EFT. If, for some reason, your direct deposit payment fails a check may be mailed to the address indicated in blocks 6a-6e. *This address will also be used to mail a copy of the Travel Voucher Summary (TVS) or return Incomplete Travel Claims*

Block 7: Telephone Number – Enter the area code and telephone number where you can be contacted during the daytime.

Block 8: Travel Order Number (TONO) – Enter the TONO/ Document ID Number from your travel order. The location of the TONO or Document ID Number, as it is sometimes referred to, varies depending on what type of form or format was used for your original travel order. All TONO's consist of 16 digits, the first four characters represent the Type of Travel (TDY, PCS, Blanket) and the Fiscal Year (FY).

Blocks 1 – 11: (Cont'd)

TONO IDENTIFICATION

Your TONO should be similar to one of the following:

Type of Order	TONO Example
TAD/TDY	1102232PBZA73000
PCS, Retirement, Discharge	1202232P23704000
Blanket or Repeat Orders	1302232ZM1233000

The TONO Block **MUST** be filled out correctly and reflect the number that is on the original orders. If there is an error in this block – the Travel Claim **CANNOT** be processed.

Multi Document ID Numbers on Original Orders - There are times when a set of orders has two or more TONOs assigned. You must file a separate Travel Claim for each of the Document ID's, clearly identifying the period of time for EACH of the TONOs on their respective claims. A separate copy of the orders must be submitted with each Travel Claim as if it were a single TONO.

Reserve ADT Orders – On some orders prepared for reserve members, there are three or more different Document ID numbers. The only TONO that applies to Travel entitlements are one of the travel numbers listed above – 11 Document Type or 13 Document Types. Ensure they are on your orders.

Block 9: Previous Payments/Advances - Enter the amount of any travel advances taken against the Government and NOT your Government-Issued Travel Charge Card. Normally advances are issued by Travelers Checks and are listed on the reverse of your orders as a stamped endorsement.

You would have had to complete a **Standard Form 1038, Advance of Funds Application and Account** to receive an advance of funds – attach a copy of this form as supporting documentation with your travel claim if available.

If the advance was taken against your Government-Issued Travel Charge Card (ATM withdrawal, for example) IT IS NOT an advance of funds against the Government and need not be listed on the travel voucher.

Block 11: Organization and Station - This is your Permanent Duty Station. Enter station name and location:

MSO Savannah, GA

17TH District Office, Juneau, AK

12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
ACCOMPANIED	UNACCOMPANIED		
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
			Yes <input type="checkbox"/> No (Explain in Remarks) <input type="checkbox"/>

Blocks 12 – 14

These blocks are for **PCS transfers only**. TDY travelers may proceed to the instructions for block 15 (Itinerary). Submit all claims at the conclusion of all travel (members/dependents) if any advances were taken – submit at the same time.

Block 12: - Dependents

If your dependent(s) traveled...	Then mark the	AND
At the same time, <u>From</u> and <u>To</u> the same locations as you did...	Accompanied block	Complete the remainder of the Travel Voucher Form.
At a <u>Different</u> time or <u>Different</u> location than you did...	Un-accompanied block	Complete the remainder of the travel voucher showing your itinerary in block 15, and complete a <u>Separate Travel Voucher</u> with the dependent(s) itinerary in blocks 15a through 15g.

Block 12a: Name – Enter the dependent(s) name(s) in the following format: ***Last, First, Middle Initial***

Block 12b: Relationship – Do not list persons who traveled as a result of these orders, but are not listed on either your CG-4170 for BAH purposes or a DD-1172 for dependent ID card purposes. In order to be eligible for reimbursement for dependent travel, your dependent(s) must be listed on your Travel Orders.

Block 12c: Date of Birth or Marriage –

Spouse: Enter the date of Marriage

Children: Enter date of Birth

Others: Enter the date the dependent was approved by the Coast Guard or a DEERS official and listed on your CG-4170A or DD1172.

Block 13: Dependent's Address on Receipt of Orders – Enter the complete mailing address, including zip code, of your dependent(s) on the date you received your orders.

Block 14: Have household goods been shipped? - Indicate, by marking the "Yes" or "No" block, whether or not your household goods have been shipped to the area of your new duty station or to the area where your dependent(s) will reside in your absence. If you marked the "No" block, Please Explain in the remarks (block 26) the reason household goods were not shipped.

Itinerary – Block 15

Use this section to provide accounting of the time spent on your trip. You need to provide, dates of arrivals and departures, locations, **PRIMARY** mode of travel used during your trip. **List reason(s) for any stops where you overnigh (hang your hat).**

You need to include itinerary information for each portion of your trip that you want to be reimbursed for. The distance traveled between various points when traveling by privately-owned conveyance (POC).

NOTE: If you run out of room in the itinerary section, attach a DD Form 1351-2C, Travel Voucher or Sub-voucher (Continuation Sheet).

Block 15a: Date – In the top of the column enter the year you started the travel. (For Example: **2001**)

In the remaining rows, enter the month and day : **10/15** for each departure or arrival made during the trip.

Block 15b: Place – Enter the location of each departure or arrival, where you over-nighted, during the trip. Include the unit name or other identifying title (home, airport, etc.), city, county and state or country. For Example: **Home; Tampa, Hillsborough, FL**

NOTES:

- (1) If you are going to claim POV mileage from office or home to an airport (plane being the primary mode of transportation), complete as a reimbursable expense (BLOCK 18).
- (2) If you are going to claim taxi service request reimbursement in the block 18.
- (3) Only claim PRIMARY modes of transportation in the itinerary section of the DD-1351.

These blocks MUST be filled out accurately to ensure you are paid the correct amount of per-diem that you are entitled. Per-diem is based on the city/county where you are performing your duties.

Travel Itinerary

c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES

FIRST LETTER

SECOND LETTER

Transportation Request	T	Auto	A
Government Transportation	G	Bus	B
Commercial Transportation (own Expense)	C	Plane	P
Privately Owned Conveyance	P	Rail (Train)	R
		Vessel	V
		Motorcycle	M

Block 15d: - Reason for Stop - Enter the appropriate two-letter code from this table to indicate the reason for stop.

Reason	Code
Awaiting Transportation	AT
Leave En Route	LV
Mission Complete	MC
Authorized Delay	AD
Temporary Duty	TD

Block 15e: - Lodging Cost - Enter the daily lodging amount paid. Do not include any taxes charged in this block. Claim taxes in block 18 (Miscellaneous Expenses)

Block 15f: - POC Miles - Enter the ACTUAL number of miles driven by Privately Owned Convenience (POC) during this portion of the trip IF PRIMARY MODE OF TRANSPORTATION ONLY. Otherwise claim in Block 18.

- You may use a POC if authorized. When use of a POC is at the member's request and convenience, reimbursement is limited to the cost of the constructed Government procured transportation only.

Example Itinerary (TAD) This is an example of a properly completed itinerary portion of a TAD travel claim, PCS claims will be similar. Travel Itinerary

15. ITINERARY

a DATE	b PLACE (Home, office, Base, etc)	c MEANS/ MODE OF TRAVEL	d REASON FOR STOP	e LODGING COST	G POC Miles
11/13	Home Alameda Ca	CP			
	O'CCGDSEVEN Miami Fl	CP	TD	67.00	
11/26	Home Alameda Ca		MC	Daily Lodging Do Not	
				Include Taxes	

ON A TRIP FROM POINT A TO B AND RETURN, THE ITINERARY SHOULD LIST A TO B, THEN B TO A.

Block 16 – Mark either OWNER/OPERATOR or PASSENGER If you travel by POC, but do not mark this block, YOU WILL NOT BE REIMBURSED FOR CLAIMED MILEAGE

Block 17 – Duration of TDY Travel - Indicate the duration of your TDY (Choose appropriate block).

Detailed Instructions for the Completion of the Travel Voucher (DD form 1351-2, Mar 2000 Block 18)

Use this section (blocks 18a through 18d) to claim any reimbursable expenses. Note: If you run out of room in the Reimbursable Expenses section, attach a DD Form 1351-2C, Travel Voucher or Sub Voucher (Continuation Sheet)

18a Date: Enter the date the expense were incurred

18b Nature of Expenses: Enter the purpose of the expenses (e.g., Taxi, Bridge Toll, Hotel, Rental Car, **Hotel Taxes**, etc.) For AirFare/lodging reimbursement, a charge card receipt is not acceptable as proof of payment since it only shows the amount paid and not what was purchased.

18c Amount: Enter the amount you are claiming for reimbursement. You must have actually used/procured items to claim for reimbursement.

Reminder: You must provide itemized receipts for lodging and any expenses of \$75 or more.

18d Allowed: Not used leave blank.

An Itemized Listing of allowed reimbursable expenses along with the amount of reimbursement will be provided in the Travel Voucher Summary (TVS) that will be E-Mailed to the traveler at his/her Global E-Mail address.

Note: Only claim "travel-related" expenses; NOT "mission-related" expenses.

Block 18 - Reimbursable Expenses

This is an example of a properly completed reimbursable expenses section of a travel voucher for TAD travel.

A Date	B Nature of Expense	C Amount	D Allowed
11/2/02	POC Mileage	45 Miles	
11/26/02	Rental Car (contract attached)	\$259.00	
11/27/02	Fuel for rental car	\$20.00	
11/26/02	Airport Parking Oakland	\$50.00	
11/26/02	Hotel Taxes	\$31.47	
11/10/02	Airline Ticket Oakland to Miami	\$412.00	

- When requesting reimbursement for lodging expenses you must attach an itemized receipt, regardless of the cost.
- An original itemized receipt must accompany all reimbursable expenses of \$75 or over.
- Temporary Lodging Expense (TLE) – When staying with friends or relatives, provide a complete mailing address, including county and zip code to ensure proper per-diem is used in calculating reimbursement
- UTS/FAX approving officials must have access/viewed all receipts PRIOR to submitting for payment.
- If any required receipts are lost/stolen, member must itemize and certify these expenses and sign this certification as authentic.
- There are special rules which apply for reimbursement for any official telephone calls or other communications charges.

Rules to Claim: Additional information for military personnel and civilian employees who are requesting reimbursement for Telephone Charges.

Military Personnel should follow these rules when claiming reimbursement for telephone calls or other communication charges incurred during the course of official business:

- Local calls may only be claimed when the calls were for official business, and you provide an itemized listing when you submit your travel voucher.
- Long distance calls are not reimbursable unless the order-issuing official has completed the certification in block 20 of your travel voucher.
- You may not certify your own phone calls for reimbursement for official telephone calls or other communication charges.

Civilian Personnel: Civilian personnel should follow these rules when claiming reimbursement for telephone calls or other communication charges incurred during the course of official business:

For calls made within the Continental United States

- Brief calls (less than 5 minutes) are allowed.
- A claim of no more than \$5 may be made for each day while in a travel status.
- Reimbursement will not be made for more than one call per day.

Outside the Continental United States

- A claim of no more than five documented minutes may be made for each day while in a travel status.
- Reimbursement will not be made for more than one call per day.
- The maximum reimbursement allowed for telephone calls is \$10 per day.

19. Government/Deductible Meals

When on Commercial Per-Diem, itemize any government provided meals. This will affect your Meals and Incidental Expenses portion for these days.

20a. Claimant Signature - Very Important: Sign your travel voucher. We cannot process your travel voucher unless you sign it. If you are filing a UTS claim this must be the **ELECTRONIC SIGNATURE** not an ink signature.

20b. Date Enter the date you are signing the travel voucher.

TDY: The travel voucher must be submitted to your supervisor within three days of completion of your trip

PCS: Wait until ALL TRAVELERS have completed the travel IF a Government Advance of Funds was received.

20c. or 21a. (Note: Not required for separated or retired members; Enter "Separated" or "Retired") Supervisor/Approving Officer Signature: One of These blocks MUST be completed by the authorized supervisor/administrative reviewer/Approving Official. By signing, the supervisor/administrative reviewer is certifying that the:

- Travel was performed in accordance with the order as issued/amended.
- All expenditures were reasonable, justified and consistent with the mission.
- Travel voucher was completed in accordance with these instructions.
- All necessary documentation (orders, receipts. Etc.) are attached to the claim.

If you are filing a TPAX claim it MUST have the ELECTRONIC SIGNATURE.

Reminder: The administrative review must be completed within two days of receipt of the claim from the traveler.

Blocks:

22: – Additional Remarks.... SUPPLEMENTAL CLAIM, etc...– **NOT TO BE USED FOR AN AMENDMENT TO ORDERS**

23: - Not used Leave Blank

24 – 28: Not Used - These blocks will be relayed to the traveler via the Travel Voucher Summary (TVS). The TVS will be sent via E-MAIL to the traveler at his/her Global E-Mail address.

29: Remarks – Enter any leave taken during the TDY period.

Accounting Data

A frequent cause for delays in processing travel claims is incorrect accounting data. This section will help you to determine whether or not the accounting data on your travel order is correct.

Document Number - The Document ID Number or Travel Order Number (TONO) consists of 16 digits. The first four digits represent the type of travel and Fiscal year. Your TONO should be similar to one of the following:

Type of Order	Example
TDY	1102234PBZA73000
PCS, Retirement, Discharge	1202234P23704000
Blanket or Repeat	1302234ZM1233000

Accounting String - The accounting string is used to charge the cost of travel to the appropriate unit and funding account. The string is represented by a series of alphanumeric characters. The general format of Coast Guard accounting line data is:

2/	F/	201/	136/	30/	0/	AB/	12345/	2100
Agency Code "2"	Region District	Appn Code	Appn Limitation	Allotment Level		Program Element	Cost Center	Object Class

Document Type 33 and DITY Moves - Claims for reimbursement of Document type 33 (Miscellaneous items) and for Do It Yourself (DITY) Moves should be forward to the Coast Guard Finance Center (FINCEN) for processing. These types of claims are not processed by PSC (tv).

Send Document type 33 and DITY Move claims to:

COMMANDING OFFICER
US COAST GUARD FINANCE CENTER
1430 A KRISTINA WAY
CHESAPEAKE, VA 23326-1000

Local 1164 Travel - Local Travel is claimed on Standard Form 1164, which is available on USCG Adobe Forms or may be completed TPAX.

If a claimed expense been denied by PSC (TVL) as a NON-TRAVEL item, this form must be submitted to FINCEN at the address above.

Supplemental Travel Claim Submissions

Occasionally there are times when a submitted travel claim does not have all of the required information and is processed with the partial information provided. It could be that the information required from the front page of this guide was not included (plane receipt, hotel lodging receipt, etc.), or a member was overpaid for some reason, such as an entitlement was paid because it wasn't identified as being provided on the original claim (meals provided).

When an error is discovered from a processed travel claim, a supplemental travel claim must be submitted. The procedures to correctly process a travel claim are very similar to filing your original claim. FOLLOW THESE STEPS:

- Obtain ALL documentation from your original submission and make legible copies and submit WITH your supplemental claim.
- In LARGE letters on the TOP and BOTTOM of A NEW DD-1351 write in "SUPPLEMENTAL".
- Clearly identify what the reason for the supplemental claim (i.e., LODGING - \$\$\$.\$\$ amount).
- Mark in remarks (Block 22/Accounting Classification), that proper documentation is enclosed for the supplemental claim.
- The member AND Approving Official/Admin Reviewer MUST sign and date the Supplemental Claim.
- If the original travel order did NOT authorize the additional claimed items, an **AMENDMENT TO ORDERS** must be completed.

Amendments to Travel Orders

Amendments to travel orders are required when authorized travel entitlements change. For example, a rental car is required, or actual expense for lodging is required that was not known when the original orders were prepared. When preparing an Amendment To Orders identify the following on the amendment:

- Traveler Name
- Full TONO/Accounting Data
- Changes to the original orders
- You may NOT lower per-diem rates for a member after the travel has been completed.

It is recommended that Amendments be prepared in letter type format using the From, To, Subject etc...

Example:

Subj: AMENDMENT TO ORDERS TONO 1102282JRA034000

1. Orders amended to authorize compact size rental car.

I. M. AUTHORIZED

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

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
Privately Owned	Plane - P
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.

