

# **CIVILIAN PERMANENT CHANGE OF STATION PCS TRAVEL VOUCHER GUIDE**

**HOW TO COMPLETE THE DD 1351-2**

---



*Thank you for your service to the nation and thank you in advance for referring to this guide as you prepare your travel vouchers. We have customer service personnel, who stand ready to assist you in completing documentation necessary to ensure timely and proper payment.*

*This “How to” guide is intended for all Civilian PCS Travelers serviced by DFAS Columbus Travel Pay Services. It provides step-by-step procedures in preparing a travel voucher so it is “pay ready” upon submission. The goal with this guide and other travel information pamphlets is to assist you, the traveler, in receiving faster payment. Submitting “pay ready” vouchers to the Defense Finance and Accounting Service Columbus will assist us in providing you a timely and accurate payment..*

**Defense Finance and Accounting Service Columbus Center  
Travel Pay Services**



Civilian PCS Travel Pay  
Customer Service Inquiries

Please contact the agency or official issuing your travel orders for specific assistance with the Travel order, DD form 1614. For information regarding the processing of or explanation of payment for PCS vouchers processed by DFAS Columbus Travel Pay Services you may contact us at:

Toll Free	1-800-756-4571 Option 3
Commercial	216-522-6998
DSN	580-6998
PCS Voucher submissions can be sent by fax to: (any one of the following)	216-367-3422 (DSN 580-7833) 216-367-3423 (DSN 580-7834), 216-367-3424 (DSN 580-7835)
PCS Advance Requests <b><i>only</i></b> can be sent by fax to:	216-367-3428 (DSN 580-7839)
Civilian Set-up or Change; Fax information to:	216-367-3430(DSN 580-7841)
Disbursing EFT Payment Tracer	1-800-756-4571 Option 3

**Table of Contents**

Introduction.....	1
Army Travel Customer Service Inquiries .....	2
Very Important Information.....	3
Examples of a Permanent Change of Station (PCS) travel voucher .....	4
Instructions for completing a DD Form 1351-2 for:	
Renewal Agreement Travel .....	4
House Hunting Trip .....	9
Travel to New Duty Station (En route travel).....	12
POV Pick up / Drop off Expenses .....	15
POV Shipment within CONUS.....	18
Movement & Storage of Household Goods.....	20
Temporary Quarters Subsistence Expense.....	22
Miscellaneous Expense Allowance.....	24
Real Estate / Unexpired Lease/ Relocation Services .....	26
Relocation Income Tax (RIT) Allowance.....	30
Civilian Permanent Change of Station (PCS)	
Travel Pay - Supplemental.....	32
Explanation of Box Text for Block 15.....	33
Samples of Other Forms Common to Civilian PCS .....	35

# VERY IMPORTANT INFORMATION

## Incomplete information will stop your claim from being paid!

Here are 10 common errors that can stop your claim from being paid:

1. Missing orders (DD Form 1614) and / or any and all amendments.
2. Missing Reviewer/ Approving Official signatures/dates on the DD Form 1351-2.
3. Incomplete itinerary (block 15) on the DD Form 1351-2.
4. EFT / Direct Deposit Information is not included with claim.
5. Missing traveler's official signatures/dates (blocks 20 a & b) on the DD Form 1351-2.
6. Missing or improperly completed statement with the Miscellaneous Expense Allowance.
7. Missing or improperly completed DD Form 2912 for Temporary Quarters Subsistence Expenses.
8. Missing Real Estate - Purchase and/or Sale information or signatures.
9. Personal information is not accurate or incomplete on the DD Form 1351-2 (blocks 1-14).
10. Order, DD Form 1614, or amendments are incorrect or incomplete.

## Other helpful hints:

- ❖ If you use your own personal vehicle as mode of travel, block 16 must be completed.
- ❖ If you are authorized TDY enroute, please ensure that your orders reflect accurate and complete TDY information. Although your TDY enroute information should be included on your PCS order; in some cases, you may receive separate orders. Please submit copies of any/all orders received.
- ❖ All previous advances received related to the PCS Travel (non-submission of previous payment data can result in delays of payment).
- ❖ Receipts for all lodging, regardless of amount.
- ❖ All receipts for expenses incurred for \$75.00 or more must be submitted.
- ❖ Be sure to include a copy of your travel orders, DD form 1614, with any amendments each time you submit a claim.
- ❖ DIRECT DEPOSIT: Employees must submit direct deposit information to establish or change their financial institution for PCS Travel reimbursements.
- ❖ Additional information regarding claims discussed in this booklet are also available in the DFAS Columbus Handbook for Civilian Permanent Duty Travel (PDT) at: <http://www.dfas.mil/travelpay/dodagencies/permanentdutytravelpdt.html> or in the Joint Travel Regulation (JTR) Volume II Chapter 5 which can be found on the web at: <http://www.defensetravel.dod.mil/perdiem/trvregs.html>
- ❖ Often times several vouchers (DD Form 1351-2) will be submitted during the PCS transition to the new duty station. Blocks 1 -14 will be completed in similar fashion each time and in accordance with the guidance below. However please remember as you locate permanent residence to provide a current address to which information including your W2 Form may be sent. Also be sure to update you email address and duty station phone number if and as those changes occur.

## Instructions for completing a DD Form 1351-2 for Renewal Agreement Travel

### Block 1: PAYMENT

Electronic Funds Transfer (EFT) is mandatory absent a waiver from your agency. You may submit a SF 1199, DD 2762, or other documentation as long as it contains the following to ensure payment is properly transferred to your account:

- ✓ The Traveler's name
- ✓ The Traveler's SSN
- ✓ The Traveler's address
- ✓ The routing number
- ✓ The account number
- ✓ Whether the account is Checking or Savings

SPLIT DISBURSMENT when available requires an "x" in the block requesting it and the dollar amount to be sent to the Government Travel Card. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card.

Block 2: Name: Last name, first name, and middle initial of Employee.

Block 3: Grade of the Employee.

Block 4: Social Security Number of Employee.

Block 5: Indicate "PCS" and "Member/Employee" – for employee only.

Indicate "PCS", "Member/Employee", "Dependent(s)

– for employee and dependents.

Indicate "PCS" and "TDY" – for TDY enroute.

Indicate "PCS", "Dependent(s)" – for dependent(s) travel only.

Blocks 6a-6d: Valid mailing address for receipt of advice of payment.

Block 6e: Valid e-mail address.

Block 7: Daytime telephone number in the event DFAS Columbus should need to make contact.

Block 8: Order number which is listed on the orders or amendments, (See DD Form 1614 Block 25), provided to the employee.

Block 9: List any and all previous payments paid from any finance office pertaining to the travel period being claimed. List "0.00" if you have not received any payments and "?" if you are not certain.

Block 10: Do Not Use - Leave Blank.

Block 11: Employee's new duty station address where employee is being assigned. (See DD Form 1614 Block 8).

Blocks 12-14: Dependent(s): If you have moved dependents from duty station to home or record (HOR) and back, then follow steps on the next page to complete this portion.

\*\*\* Note: Mark "accompanied" if family traveled with employee or "unaccompanied" if family is traveling separate from the employee (i.e., employee is already at the PCS location). If employee only is traveling, then mark "unaccompanied."

Block 12a: List last name, first name, and middle initial of all dependents.

Block 12b: List the relationship to the employee.

Block 12c: List the date of birth of dependent children and date of marriage for spouse.

Block 13: List the address where dependents were residing at time PCS orders were received.

Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

- a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.  
Next to “DEP” list the date departed for next stage of trip  
Next to “ARR” list the date arrived at your New Permanent Duty Station.
- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: List any lodging expense incurred while en route. In the case of Renewal Agreement Travel when an overnight stop is incurred a memorandum from the TMO office clearly indicating overnight stops are required and why would is required. (List any Tax for Lodging in Block 18)
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: If a privately owned conveyance was used, then you must indicate whether POC is Own/Operator or Passenger.  
If you are claiming mileage for an authorized POC driven to / from a terminal, then annotate Own/Operator.

Block 17: Indicate the total duration of travel.

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred.
- b: List the type of expense (i.e., taxi fares).
- c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the travel to or from the Home of Record during Renewal Agreement Travel

In such a case note in:

- a: Date the meals were provided.
- b: Number of meals provided by the government with no cost to the traveler.

\*\* Note: If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate “Ded” or “Gov” next to the number of meals.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the fact by the AO.

**\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\***

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) <input type="checkbox"/> Payment by Check		8. 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. 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 M.			3. GRADE TP-CE	4. SSN 000-00-0000		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS - a. NUMBER AND STREET CMR ### BOX #####		b. CITY APO		c. STATE AE	d. ZIP CODE #####		
9. E-MAIL ADDRESS: PUBLIC.SAMPLE@US.ARMY.MIL							10. FOR D.O. USE ONLY
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555		8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION Agency Name & Location						b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY	
a. NAME (Last, First, Middle Initial) Smith, Suzie Q. Smith, Sally		b. RELATIONSHIP Wife Daughter	c. DATE OF BIRTH OR MATRIMONY 050401 080930	14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS	
15. ITINERARY							
a. DATE 2009	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 MILLS
06/27	DEP	DODDS BAMBERG, GM (PDS)		CA			
06/27	ARR	NUREMBERG AIRPORT, GM		TP	AT		
06/27	DEP	ORLANDO, FL (HOR)			AD		
08/16	DEP	NUREMBERG AIRPORT, GM		TP			
08/16	ARR	DODDS BAMBERG, GM (PDS)		CA	AT		
08/16	DEP						
08/16	ARR				MC		
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER							17. DURATION OF TRAVEL
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS		14. SUMMARY OF PAYMENT	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED		(1) Per Diem	
06/26/09	POSTAGE TO FLORIDA		187.60			(2) Actual Expense Allowance	
06/27/09	TAXI TO AIRPORT		55.00			(3) Mileage	
06/27/09	TAXI FROM AIRPORT		40.00			(4) Dependent Travel	
08/15/09	POSTAGE TO GERMANY		147.00			(5) DLA	
08/16/09	TAXI TO AIRPORT		40.00			(6) Reimbursable Expenses	
08/16/09	TAXI FROM AIRPORT		55.00			(7) Total	
						0.00	
						(8) Leave Advance	
						(9) Amount Owed	
						(10) Amount Due	
19. GOVERNMENT DEDUCTIBLE MEALS							
a. DATE	b. NO. OF MEALS		a. DATE	b. NO. OF MEALS			
20. a. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED *****							b. DATE MMDDYY
c. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *				d. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER		e. TELEPHONE NUMBER 000-000-0000	
21. a. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS				b. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS		f. TELEPHONE NUMBER 614-693-0000	
22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY						g. DATE MMDDYY	
23. COLLECTION DATA AGENCY USE ONLY							
24. COMPUTED BY AGENCY USE		25. AUDITED BY AGENCY USE		26. TRAVEL ORDER AUTHORITY (Must be provided by) AGENCY USE		27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE	
						28. AMOUNT PAID	

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED  
UNTIL SUPPLY IS EXHAUSTED.Exception to SF 1012 approved by GSAR/MS 12-91  
Adobe Designer 7.0

Reset



## 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 3728).

## 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 16 - ITINERARY - SYMBOLS

#### 16e. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in item 18 as a reimbursable expense.

#### 16d. 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 16e. LODGING COST

Enter the total cost for lodging.

#### ITEM 18 - 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. U4126-A3g and JTR, par. C4664-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

### 28. 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.

1. THE TRAVELER MAY USE THIS SPACE TO CLARIFY ANY ADDITIONAL TRAVEL-RELATED ISSUES SUCH LEAVE OR TDY DATES
2. REFLECT EXCHANGE RATES WHEN APPLICABLE
3. LIST/ EXPLAIN ANY ADDITIONAL EXPENSE AUTHORIZED AFTER THE FACT.
4. IF APPROVING OFFICIAL HAS SPECIFICALLY APPROVED AUTHORIZED ITEMS, THEN IT CAN BE CITED HERE WITH THEIR INITIALS; THEIR SIGNATURE AND DATE ARE REQUIRED TO BE PLACED IN BLOCK 21a-21d.

## Instructions for completing a DD Form 1351-2 for House Hunting Trip (HHT)

- Block 1 –Block 11: Complete as directed on page 4 of this booklet.
- Blocks 12-14: Dependent(s): Dependent children may travel on a House Hunting Trip but at employee (not government) expense.  
If your dependent spouse is traveling from previous duty station or residence to new duty station, then follow steps below to complete this portion. \*\*\*Note: Mark “accompanied” if spouse traveled with employee or “unaccompanied” if spouse traveled separate from the employee. If employee only traveled, then mark “unaccompanied”.
- Block 12a: List last name, first name, and middle initial of spouse.
- Block 12b: List the relationship to the employee.
- Block 12c: List the date of marriage for spouse.
- Block 13: List the address where dependents were residing at time PCS orders were received.
- Block 14: Indicate whether household goods have been shipped.
- Block 15: Itinerary
- a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.  
Next to “DEP” list the date departed for next stage of trip  
Next to “ARR” list the date arrived at your New Permanent Duty Station.
  - b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
  - c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
  - d: Reason for Stop: List the reason for stops using the appropriate two letter code.
  - e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)
  - f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.
- Block 16: POC Travel: Must indicate whether POC is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.
- Block 17: Indicate the total duration of travel.
- Block 18: Reimbursable Expenses:
- a: List the date the expense was incurred.
  - b: List the type of expense (i.e., taxi fares).
  - c: List the amount of the expense.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

**\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\***

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.			
<b>T. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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 elected 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.					
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:		\$ 0.00			
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)		
Doe, John M.		GS-7	000-00-0000		<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee	
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input checked="" type="checkbox"/> PCS	<input type="checkbox"/> Other	
123 OLD STREET		DAVENPORT	IA	52801	<input checked="" type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA	
9. E-MAIL ADDRESS: PUBLIC.SAMPLE@US.ARMY.MIL							
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		6. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY	
555-555-5555		Block 25 of DD form 1614		0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION						b. SUBVOUCHER NUMBER	
Agency Name & Location							
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
<input checked="" type="checkbox"/> ACCOMPANIED				123 OLD STREET			
<input type="checkbox"/> UNACCOMPANIED				DAVENPORT, IA 52801			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MATRIMONY		c. PAID BY		
Doe, Suzie Q.		Wife	050701				
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (If one)				d. COMPUTATIONS			
<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
2009							
05/11	DEP	DFAS ROCK ISLAND		TP			
05/11	ARR	COLUMBUS, OH			AD	900.00	
05/20	DEP			TP			
05/20	ARR	DFAS ROCK ISLAND			MC		
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. POC TRAVEL (X one)				17. DURATION OF TRAVEL			
<input type="checkbox"/> OWN/OPERATE				<input type="checkbox"/> PASSENGER			
18. REIMBURSABLE EXPENSES				19. GOVERNMENT DEDUCTIBLE MEALS			
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	e. DATE		
5/11	TAXI TO AIRPORT		45.00		12 HOURS OR LESS		
5/11	TAXI TO AIRPORT		30.00		MORE THAN 12 HOURS BUT 24 HOURS OR LESS		
5/11-5/20	LODGING TAX		108.00		<input checked="" type="checkbox"/> MORE THAN 24 HOURS		
5/20	TAXI TO AIRPORT		30.00				
5/20	TAXI TO AIRPORT		45.00				
5/15	LAUNDRY		46.85		a. DATE	b. NO. OF MEALS	c. DATE
5/11-5/20	RENTAL CAR		375.00				
5/16	RENTAL CAR GAS		40.00				
5/20	RENTAL CAR GAS		35.00				
20. a. CLAIMANT SIGNATURE							
***** FORM MUST BE SIGNED AND DATED *****							
c. REVIEWER'S PRINTED NAME				d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER	
* MUST PRINT NAME OF REVIEWER *				MUST HAVE SIGNATURE OF REVIEWER		000-000-0000	
21. a. APPROVING OFFICIAL'S PRINTED NAME				b. SIGNATURE		c. TELEPHONE NUMBER	
REQUIRED ONLY ON CERTAIN CLAIMS				REQUIRED ONLY ON CERTAIN CLAIMS		614-693-0000	
22. ACCOUNTING CLASSIFICATION				27. RECEIVED (Physic Signature and Date or Check No.)		d. DATE	
AGENCY USE ONLY				AGENCY USE		MMDYYYY	
23. COLLECTION DATA							
AGENCY USE ONLY							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER AUTHORITY/ISSUED BY		28. AMOUNT PAID	
AGENCY USE		AGENCY USE		AGENCY USE			

Reset

## **Instructions for completing a DD Form 1351-2 for En route Travel to New Duty Station**

Block 1 –Block 11: Complete as directed on page 4 of this booklet.

Blocks 12-14: Dependent(s): If you have moved dependents from previous duty station or residence to new duty station, then follow steps on the next page to complete this portion. \*\*\*Note:

Mark “accompanied” if family traveled with employee or “unaccompanied” if family is traveling separate from the employee (i.e., employee is already at the PCS location). If employee only is traveling, then mark “unaccompanied”.

Block 12a: List last name, first name, and middle initial of all dependents.

Block 12b: List the relationship to the employee.

Block 12c: List the date of birth of dependent children and date of marriage for spouse.

Block 13: List the address where dependents were residing at time PCS orders were received.

Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

- a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.  
Next to “DEP” list the date departed for next stage of trip  
Next to “ARR” list the date arrived at your New Permanent Duty Station.
- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: Must indicate whether POC (Privately Owned Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.

Block 17: Indicate the duration of travel en route.

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred.
- b: List the type of expense (i.e., taxi fares).
- c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the enroute travel to the New Duty Station.

In such a case note in:

- a: Date the meals were provided.
- b: Number of meals provided by the government with no cost to the traveler.

\*\* Note: If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate "Ded" or "Gov" next to the number of meals.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

**\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\***



## **Instructions for completing a DD Form 1351-2 for POV Pick up / Drop Off Expenses**

Block 1 –Block 11: Complete as directed on page 4 of this booklet.

Blocks 12: Dependent(s): Mark “Unaccompanied”. Note:

There is no reimbursement for dependent transportation  
or per diem related to this entitlement.

Block 13-14: Leave Blank

Block 15: Itinerary

- a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.  
Next to “DEP” list the date departed for next stage of trip  
Next to “ARR” list the date arrived at your New Permanent Duty Station.
- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: Leave Blank;  
lodging/perdiem is not reimbursable with this claim.
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: Must indicate whether POC (Privately Owned Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.

Block 17: Indicate the duration of total travel.

Note: no per diem is reimbursable with this entitlement.

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred.
- b: List the type of expense (i.e., taxi fares).
- c: List the amount of the expense.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.



**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

**\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\***

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.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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 civil servant 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.					
		<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
<b>2. NAME (Last, First, Middle Initial (if not on type))</b> Doe, Jane R.		<b>3. GRADE</b> GS-9	<b>4. SSN</b> 000-00-0000		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Civil <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
<b>6. ADDRESS - a. NUMBER AND STREET</b> 456 NEW STREET		<b>b. CITY</b> CHICAGO		<b>c. STATE</b> IL	<b>d. ZIP CODE</b> 60609		
<b>7. E-MAIL ADDRESS</b> PUBLIC.SAMPLE@US.ARMY.MIL							<b>10. FOR D.O. USE ONLY</b>
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 555-555-5555		<b>8. TRAVEL ORDER AUTHORIZATION NUMBER</b> Block 25 of DD form 1614		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b> 0.00		<b>a. D.O. VOUCHER NUMBER</b>	
<b>11. ORGANIZATION AND STATION</b> Agency Name & Location				<b>b. SLEVOUCHER NUMBER</b>			
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <b>a. NAME (Last, First, Middle Initial)</b> <b>b. RELATIONSHIP</b> <b>c. DATE OF BIRTH OR MARRIAGE</b>				<b>13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (include Zip Code)</b>			
				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
<b>15. ITINERARY</b>				<b>16. PDC TRAVEL (X one)</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> PASSENGER <input type="checkbox"/> FREIGHT			
<b>a. DATE</b> 2009		<b>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</b>		<b>1. MEANS/ MODE OF TRAVEL</b>	<b>2. REASON FOR STOP</b>	<b>3. LODGING COST</b>	<b>4. PDC MILES</b>
05/14	DEP	DCMA CHICAGO, IL (DUTY STATION)		TP			
05/14	ARR	PONTOON BEACH, IL (VPC)		AT			
05/14	DEP			PA			
05/14	ARR	DCMA CHICAGO, IL (DUTY STATION)		MC			289
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
				<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS			
<b>16. REIMBURSABLE EXPENSES</b>				<b>18. GOVERNMENT DEDUCTIBLE MEALS</b>			
<b>a. DATE</b>	<b>b. NATURE OF EXPENSE</b>	<b>c. AMOUNT</b>	<b>d. ALLOWED</b>	<b>a. DATE</b>	<b>b. NO. OF MEALS</b>	<b>a. DATE</b>	<b>b. NO. OF MEALS</b>
5/14/09	AIRFARE	229.00					
5/14/09	AGENT FEE	30.00					
5/14/09	TAXI TO AIRPORT	55.00					
5/14/09	TAXI TO VPC	30.00					
	(VEHICLE PROCESSING CT)						
5/14/09	TOLLS	3.00					
				<b>19. SUMMARY OF PAYMENT</b> (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due			
<b>20. a. CLAIMANT SIGNATURE</b> ***** FORM MUST BE SIGNED AND DATED *****							<b>c. DATE</b> MMDDYYYY
<b>e. REVIEWER'S PRINTED NAME</b> * MUST PRINT NAME OF REVIEWER *		<b>f. REVIEWER SIGNATURE</b> MUST HAVE SIGNATURE OF REVIEWER		<b>g. TELEPHONE NUMBER</b> 000-000-0000		<b>h. DATE</b> MMDDYYYY	
<b>21. a. APPROVING OFFICIAL'S PRINTED NAME</b> REQUIRED ONLY ON CERTAIN CLAIMS		<b>b. SIGNATURE</b> REQUIRED ONLY ON CERTAIN CLAIMS		<b>c. TELEPHONE NUMBER</b> 614-693-0000		<b>d. DATE</b> MMDDYYYY	
<b>22. ACCOUNTING CLASSIFICATION</b> AGENCY USE ONLY							
<b>23. COLLECTION DATA</b> AGENCY USE ONLY							
<b>24. COMPUTED BY</b> AGENCY USE		<b>25. AUDITED BY</b> AGENCY USE		<b>26. TRAVEL ORDER AUTHORITY (Agency Use Only)</b> AGENCY USE		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b> AGENCY USE	
						<b>28. AMOUNT PAID</b>	

## **Instructions for completing a DD Form 1351-2 for POV Shipment Within CONUS**

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

\*\*\* Please ensure your current address is provided with each claim submission. \*\*\*

Blocks 12 through 17: Do not require completion with the POV Shipment within CONUS Claim

Block 18: Reimbursable Expenses:

a: List the date the POV was shipped.

b: List "POV Shipment CONUS"

c: List the amount being claimed for POV Shipment.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

**\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\***



## **Instructions for completing a DD Form 1351-2 for Movement & Storage of Household Goods (HHG)**

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

\*\*\* Please ensure your current address is provided with each claim submission. \*\*\*

Blocks 12 through 17: Do not require completion with the Household Goods (HHG)

Block 18: Reimbursable Expenses:

- a: List the date the HHG were moved / shipped.
- b: List "House Hold Good Move"; on subsequent lines you can detail expenses.
- c: List the amount being claimed for each expense listed in (b.).

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

**\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\***

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.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
<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)	
		Doe, John M.		GS-7	000-00-0000	<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input checked="" type="checkbox"/> PCS		
123 NEW STREET		COLUMBUS	OH	43216	<input checked="" type="checkbox"/> Dependent(s)		
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY	
555-555-5555		Block 25 of DD form 1614		0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION				b. SUBVOUCHER NUMBER			
Agency Name & Location							
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				123 OLD STREET			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	DAVENPORT, IA 52801			
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY				16. POC TRAVEL (X one)			
a. DATE 2009	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	17. DURATION OF TRAVEL	
06/13	DEP ROCK ISLAND, IL (OLD DUTY STATION)					12 HOURS OR LESS	
06/14	ARR COLUMBUS, OH (NEW DUTY STATION)					MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
	DEP					MORE THAN 24 HOURS	
	ARR					18. GOVERNMENT DEDUCTIBLE MEALS	
	DEP					a. DATE	b. NO. OF MEALS
	ARR					a. DATE	b. NO. OF MEALS
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
19. REIMBURSABLE EXPENSES				20. CLAIMANT SIGNATURE			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	***** FORM MUST BE SIGNED AND DATED *****			
	SELF MOVE OF HOUSEHOLD GOODS			b. DATE MMDDYYYY			
06/05/09	RENTAL TRUCK	\$75.00		c. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *			
06/05/09	BOXES & BUBBLE WRAP	69.00		d. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER			
06/13/09	RENTAL TRUCK GAS	52.00		e. TELEPHONE NUMBER 000-000-0000			
06/14/09	RENTAL TRUCK GAS	63.00		f. DATE MMDDYYYY			
06/13/09	WEIGHT TICKET EMPTY	3.50		21. APPROVING OFFICIAL'S PRINTED NAME			
06/13/09	WEIGHT TICKET FULL	3.50		REQUIRED ONLY ON CERTAIN CLAIMS			
6/14-7/14	1ST 30 DAYS STORAGE	120.00		g. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS			
				h. TELEPHONE NUMBER 614-693-0000			
				i. DATE MMDDYYYY			
22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY							
23. COLLECTION DATA AGENCY USE ONLY							
24. COMPUTED BY AGENCY USE		25. AUDITED BY AGENCY USE		26. TRAVEL ORDER AUTHORITY AGENCY USE		27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE	28. AMOUNT PAID

Reset

## **Instructions for completing a DD Form 1351-2 for Temporary Quarters Subsistence Expense (TQSE)**

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

\*\*\* Please ensure your current address is provided with each claim submission. \*\*\*

Blocks 12: X Accompanied or Unaccompanied and list the dependents claimed for TQSE

Blocks 13 through 17: Do not require completion with the Temporary Quarters Subsistence Expense

Block 18: Reimbursable Expenses:

a: List the date TQSE period being claimed began and / or ended

b: List "TQSE"

c: List the amount being claimed for TQSE.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

**\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\***

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.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
<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)	
		Doe, John M.		G5-7	000-00-0000	<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input checked="" type="checkbox"/> PCS		
123 NEW STREET		COLUMBUS	OH	43216	<input checked="" type="checkbox"/> Dependent(s)		
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY	
555-555-5555		Block 25 of DD form 1614		0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		b. SUBVOUCHER NUMBER	
Agency Name & Location				123 OLD STREET		c. PAID BY	
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
<input checked="" type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MESSAGE		d. COMPUTATIONS		
Doe, Suzie Q.		Wife	050701				
Doe, Sally		Daughter	081031				
15. ITINERARY							
a. DATE 2009	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	g. SUMMARY OF PAYMENT	
6/2	Columbus, OH TOSE Actual Expense					(1) Per Diem	
						(2) Actual Expense Allowance	
						(3) Mileage	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total	0.00
						(8) Loan Advance	
						(9) Amount Owed	
						(10) Amount Due	
16. POC TRAVEL (X one)				17. DURATION OF TRAVEL			
<input type="checkbox"/> DWNO/STATE				<input type="checkbox"/> PASSENGER			
18. REIMBURSABLE EXPENSES				19. GOVERNMENT DEDUCTIBLE MEALS			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS	c. DATE	d. NO. OF MEALS
6/2/09	TQSE ACTUAL EXPENSES	4,116.45					
	DD FORM 2912 Attached						
20. CLAIMANT SIGNATURE							
***** FORM MUST BE SIGNED AND DATED *****							
e. REVIEWER'S PRINTED NAME				f. REVIEWER SIGNATURE		g. TELEPHONE NUMBER	
* MUST PRINT NAME OF REVIEWER *				MUST HAVE SIGNATURE OF REVIEWER		000-000-0000	
21. APPROVING OFFICIAL'S PRINTED NAME				h. SIGNATURE		i. TELEPHONE NUMBER	
REQUIRED ONLY ON CERTAIN CLAIMS				REQUIRED ONLY ON CERTAIN CLAIMS		614-693-0000	
22. ACCOUNTING CLASSIFICATION				26. TRAVEL ORDER		27. RECEIVED (Payee Signature and Date or Check No.)	
AGENCY USE ONLY				AGENCY USE		AGENCY USE	
23. COLLECTION DATA				28. AMOUNT PAID			
AGENCY USE ONLY							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER		27. RECEIVED (Payee Signature and Date or Check No.)	
AGENCY USE		AGENCY USE		AGENCY USE		AGENCY USE	

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved by OIG/11MS 12/01 Adobe Designer 7.0

Reset



## **Instructions for completing a DD Form 1351-2 for Miscellaneous Expense Allowance (MEA)**

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

\*\*\* Please ensure your current address is provided with each claim submission. \*\*\*

Blocks 12 through 17: Do not require completion with the Miscellaneous Expense Allowance (MEA)

Block 18: Reimbursable Expenses:

- a: List the date MEA is being claimed; date should be consistent with MEA Statement.
- b: List "MEA" or "Miscellaneous Expense Allowance". If claiming "Itemized MEA", then after that statement list each expense to be considered.
- c: List the amount being claimed for MEA:
  - (1) \$ 500 single
  - (2) \$1,000 family
  - (3) When itemizing list each individual amount for each expense listed in (b.) above

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

**\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\***

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.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		<input type="checkbox"/> Payment by Check				Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor \$ 0.00	
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
Doe, John M.			GS-7	000-00-0000		<input type="checkbox"/> TOY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS: a NUMBER AND STREET			b CITY	c STATE	d ZIP CODE		
125 NEW STREET			COLUMBUS	OH	43216		
7. E-MAIL ADDRESS PUBLIC.SAMPLE@US.ARMY.MIL						10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a D.O. VOUCHER NUMBER	
555-555-5555		Block 25 of DD form 1614		0.00		b SUBVOUCHER NUMBER	
11. ORGANIZATION AND STATION				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
Agency Name & Location				125 OLD STREET DAVENPORT, IA 52801			
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
<input checked="" type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED			
a NAME (Last, First, Middle Initial)		b RELATIONSHIP		c DATE OF BIRTH OR BIRTHDATE		d COMPUTATIONS	
Doe, Suzie Q.		Wife		050701			
Doe, Sally		Daughter		081031			
15. ITINERARY				16. MEANS, MODE OF TRAVEL			
a DATE		b PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		REASON FOR STOP		c LODGING COST	
6/2		DCP		"I certify that We (or "I" if you're claiming MEA for self only) have discontinued our (or "my" if you are claiming self only) residence at the old PDS and have established a residence at the new PDS."			
		ARR					
		DCP					
		ARR					
		DCP					
		ARR					
		DCP					
		ARR					
		DCP					
		ARR					
		DCP					
		ARR					
18. POC TRAVEL (X one)				17. DURATION OF TRAVEL			
<input checked="" type="checkbox"/> OWN/OPERATE				<input type="checkbox"/> PASSENGER			
19. REIMBURSABLE EXPENSES				12 HOURS OR LESS			
a DATE		b NATURE OF EXPENSE		c AMOUNT		d ALLOWED	
6/2/09		MEA		1,000.00			
		Misc. Expense Allowance					
				MORE THAN 12 HOURS, BUT 24 HOURS OR LESS			
				MORE THAN 24 HOURS			
				19. GOVERNMENT DEDUCTIBLE MEALS			
a DATE		b NO. OF MEALS		a DATE		b NO. OF MEALS	
20. CLAIMANT SIGNATURE				21. DATE			
***** FORM MUST BE SIGNED AND DATED *****				MMDDYYYY			
2. REVIEWER'S PRINTED NAME		3. REVIEWER SIGNATURE		4. TELEPHONE NUMBER		5. DATE	
* MUST PRINT NAME OF REVIEWER *		MUST HAVE SIGNATURE OF REVIEWER		000-000-0000		MMDDYYYY	
21. APPROVING OFFICIAL'S PRINTED NAME		3. SIGNATURE		c TELEPHONE NUMBER		d DATE	
REQUIRED ONLY ON CERTAIN CLAIMS		REQUIRED ONLY ON CERTAIN CLAIMS		614-693-0000		MMDDYYYY	
22. ACCOUNTING CLASSIFICATION							
AGENCY USE ONLY							
23. COLLECTION DATA							
AGENCY USE ONLY							
24. COMPLETED BY		25. ACCREDITED BY		26. TRAVEL ORDER AUTHORITY/ISSUED BY		27. RECEIVED (Type Signature and Date or Check No.)	
AGENCY USE		AGENCY USE		AGENCY USE		AGENCY USE	
28. AMOUNT PAID							

Reset

## **Instructions for completing a DD Form 1351-2 for Real Estate / Unexpired Lease/ Relocation Services**

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

\*\*\* Please ensure your current address is provided with each claim submission. \*\*\*

Blocks 12 through 17: Do not require completion with claims for Real Estate, Unexpired Lease, or Relocation Services

Block 18: Reimbursable Expenses:

- a: List the date of the closing or approval of the Real Estate, Unexpired Lease, or HMIP
- b: Depending on the claim list "Real Estate Sale", Real Estate Purchase", Unexpired Lease Expenses", or "HMIP; Home Marketing Incentive Payment".
- c: List the total amount being claimed for the expense listed in (b.) above.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

**Note:** For Home Marketing Incentive Payments you are provided with an approved (signed by the authorizing/order-issuing official) source document with the computed payment for HMIP. Currently, an official DoD source document for payment of HMIP does not exist. The document submitted for payment may be a locally developed form, for attachment to the travel claim (DD Form 1351-2). Agencies may assign personnel to administer the HMIP process and paperwork. The form, at a minimum, must contain the following information:

1. Employee's name (last, first, middle initial)
2. Employee's social security number
3. Employee's present position, title, grade
4. Current organization
5. Current duty phone number
6. Detailed computation of the HMIP clearly showing how the approved amount was compared to the maximums per JTR, par. C15103, and determined to be the lesser of the following:
  - a. One to five percent of the price the relocation service company paid when it purchased the residence from the employee, to include the approved percentage (1% to 5%) and the price the relocation company paid or the buyout offer amount on the residence;
  - b. \$10,000
  - c. One half of the savings realized from the reduced fee/expenses paid as a result of the employee finding a bona fide buyer and the sale is closed, to include the percentages relative to the relocation company's service costs.

*Note:* The Relocation Services Company must complete the amended sale transaction and submit the employee's real estate invoice for payment before the HMIP computation can be computed.
7. Authorizing/order-issuing official's signature
8. Traveler's signature

\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\*



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.																																																																																											
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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.																																																																																													
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ <b>0.00</b>																																																																																													
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> Doe, John M.		<b>3. GRADE</b> GS-7	<b>4. SSN</b> 000-00-0000		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> OLA																																																																																										
<b>6. ADDRESS - a. NUMBER AND STREET</b> 123 NEW STREET		<b>b. CITY</b> COLUMBUS	<b>c. STATE</b> OH	<b>d. ZIP CODE</b> 43216																																																																																											
<b>e. E-MAIL ADDRESS</b> PUBLIC.SAMPLE@US.ARMY.MIL		<b>10. FOR D.O. USE ONLY</b> <b>a. D.O. VOUCHER NUMBER</b>  <b>b. SUBVOUCHER NUMBER</b>  <b>c. PAID BY</b>																																																																																													
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 555-555-5555		<b>8. TRAVEL ORDER AUTHORIZATION NUMBER</b> Block 25 of DD form 1614		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> 0.00																																																																																											
<b>11. ORGANIZATION AND STATION</b> Agency Name & Location																																																																																															
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <b>a. NAME (Last, First, Middle Initial)</b> <b>b. RELATIONSHIP</b> <b>c. DATE OF BIRTH OR MARRIAGE</b> Doe, Suzie Q.    Wife    050701 Doe, Sally    Daughter    081031				<b>13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b> 123 OLD STREET DAVENPORT, IA 52801																																																																																											
				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain in Remarks)		<b>d. COMPUTATIONS</b>																																																																																									
<b>15. ITINERARY</b> <table border="1"> <thead> <tr> <th>a. DATE 2009</th> <th>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</th> <th>c. MEANS/ MODE OF TRAVEL</th> <th>d. REASON FOR STOP</th> <th>e. LODGING COST</th> <th>f. POC MILES</th> <th colspan="2">g. SUMMARY OF PAYMENT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) Per Diem</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(2) Actual Expense Allowance</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(3) Mileage</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(4) Dependent Travel</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(5) OLA</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(6) Reimbursable Expenses</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(7) Total</td><td>0.00</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(8) Less Advance</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(9) Amount Owed</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(10) Amount Due</td><td> </td></tr> </tbody> </table>								a. DATE 2009	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	g. SUMMARY OF PAYMENT								(1) Per Diem								(2) Actual Expense Allowance								(3) Mileage								(4) Dependent Travel								(5) OLA								(6) Reimbursable Expenses								(7) Total	0.00							(8) Less Advance								(9) Amount Owed								(10) Amount Due	
a. DATE 2009	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	g. SUMMARY OF PAYMENT																																																																																									
						(1) Per Diem																																																																																									
						(2) Actual Expense Allowance																																																																																									
						(3) Mileage																																																																																									
						(4) Dependent Travel																																																																																									
						(5) OLA																																																																																									
						(6) Reimbursable Expenses																																																																																									
						(7) Total	0.00																																																																																								
						(8) Less Advance																																																																																									
						(9) Amount Owed																																																																																									
						(10) Amount Due																																																																																									
<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN OPERATE <input type="checkbox"/> PASSENGER		<b>17. DURATION OF TRAVEL</b> <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		<b>18. GOVERNMENT DEDUCTIBLE MEALS</b> <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NO. OF MEALS</th> <th>c. DATE</th> <th>d. NO. OF MEALS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				a. DATE	b. NO. OF MEALS	c. DATE	d. NO. OF MEALS																																																																																				
a. DATE	b. NO. OF MEALS	c. DATE	d. NO. OF MEALS																																																																																												
<b>18. REIMBURSABLE EXPENSES</b> <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr> <td>09/02/09</td> <td>PURCHASE OF RESIDENCE AT NEW DUTY STATION DD FORM 1705 ATTACHED</td> <td>6,858.95</td> <td> </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	09/02/09	PURCHASE OF RESIDENCE AT NEW DUTY STATION DD FORM 1705 ATTACHED	6,858.95																																																																																							
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED																																																																																												
09/02/09	PURCHASE OF RESIDENCE AT NEW DUTY STATION DD FORM 1705 ATTACHED	6,858.95																																																																																													
<b>20. a. CLAIMANT SIGNATURE</b> ***** FORM MUST BE SIGNED AND DATED *****		<b>b. DATE</b> MMDDYYYY																																																																																													
<b>c. REVIEWER'S PRINTED NAME</b> * MUST PRINT NAME OF REVIEWER *		<b>d. REVIEWER SIGNATURE</b> MUST HAVE SIGNATURE OF REVIEWER		<b>e. TELEPHONE NUMBER</b> 000-000-0000		<b>f. DATE</b> MMDDYYYY																																																																																									
<b>21. a. APPROVING OFFICIAL'S PRINTED NAME</b> REQUIRED ONLY ON CERTAIN CLAIMS		<b>c. SIGNATURE</b> REQUIRED ONLY ON CERTAIN CLAIMS		<b>e. TELEPHONE NUMBER</b> 614-693-0000		<b>d. DATE</b> MMDDYYYY																																																																																									
<b>22. ACCOUNTING CLASSIFICATION</b> AGENCY USE ONLY																																																																																															
<b>23. COLLECTION DATA</b> AGENCY USE ONLY																																																																																															
<b>24. COMPUTED BY</b> AGENCY USE		<b>25. AUDITED BY</b> AGENCY USE		<b>26. TRAVEL ORDER/ RECEIPT NUMBER</b> AGENCY USE		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b> AGENCY USE																																																																																									
						<b>28. AMOUNT PAID</b>																																																																																									

Reset

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.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
<input type="checkbox"/> Payment by Check		2. NAME (Last, First, Middle Initial, if not or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)	
		Doe, Fred P.		GS-11	000-00-0000	<input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			
123 YOUR STREET		GROVEPORT	OH	43236			
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY	
555-555-5555		Block 25 of DD form 1614		0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDER (Include Zip Code)		b. SUBVOUCHER NUMBER	
Agency Name & Location		<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		497 OLD STREET		c. PAID BY	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		
					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		
15. ITINERARY				MEANS/ MODE OF TRAVEL		REASON FOR STOP	
a. DATE 2009	b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)			LOADING COST		P.C. MILES	
	DLP						
	ARR						
	DLP						
	ARR						
	DLP						
	ARR						
	DLP						
	ARR						
	DLP						
	ARR						
	DLP						
	ARR						
16. POC TRAVEL (X one)				OWN/OPERATE		PASSENGER	
16. REIMBURSABLE EXPENSES				12 HOURS OR LESS		17. GOVERNMENT DEDUCTIBLE MEALS	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	a. DATE		b. NO. OF MEALS
11/30/09	HMIP		10,000.00				
	See attached documents: DD form 1614 with all amendments and the agency approved HMIP Payment worksheet. (Employee & agency complete this form or some form of it.)						
18. CLAIMANT SIGNATURE				19. DURATION OF TRAVEL		20. SUMMARY OF PAYMENT	
***** FORM MUST BE SIGNED AND DATED *****				12 HOURS OR LESS		(1) Per Diem	
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(2) Actual Expense Allowance	
				MORE THAN 24 HOURS		(3) Mileage	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total 0.00	
						(8) Loan Advance	
						(9) Amount Owed	
						(10) Amount Due	
21. REVIEWER'S PRINTED NAME		22. REVIEWER SIGNATURE		23. TELEPHONE NUMBER		24. DATE	
* MUST PRINT NAME OF REVIEWER *		MUST HAVE SIGNATURE OF REVIEWER		000-000-0000		MMDDYYYY	
25. APPROVING OFFICIAL'S PRINTED NAME		26. SIGNATURE		27. TELEPHONE NUMBER		28. DATE	
REQUIRED ONLY ON CERTAIN CLAIMS		REQUIRED ONLY ON CERTAIN CLAIMS		614-693-0000		MMDDYYYY	
29. ACCOUNTING CLASSIFICATION AGENCY USE ONLY							
30. COLLECTION DATA AGENCY USE ONLY							
31. COMPUTED BY		32. AUDITED BY		33. TRAVEL ORDER AUTHORIZATION NUMBER		34. RECEIVED (Payee Signature and Date or Check No.)	
AGENCY USE		AGENCY USE		AGENCY USE		AGENCY USE	
DD FORM 1351-2, MAR 2008				PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.		Exception to SF 1012 approved by GSATIMS 12-01 Adobe Designer: 7.0 Reset	

## **Instructions for completing a DD Form 1351-2 for Relocation Income Tax Allowance (RITA)**

Blocks 1 through 11 - Are completed as with all previous vouchers in this brochure

\*\*\* Please ensure your current address is provided with each claim submission. \*\*\*

Blocks 13 through 17 - Do not require completion with the RITA Claim

Block 18: Reimbursable Expenses:

a: List the date your are filing the Relocation Income Tax Allowance (RITA).

b: Depending on the claim list "Real Estate Sale", Real Estate Purchase", Unexpired Lease Expenses," or "HMIP; Home Marketing Incentive Payment."

c: List the total amount being claimed for the expense listed in (b.) above.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

**Note:** The RIT allowance is authorized to reimburse you for substantially all of the additional Federal, State, and Local income taxes incurred as a result of the additional PCS travel entitlements. You are eligible for this allowance if you were transferred on or after November 14, 1983, in the interest of the government from one official station to another for permanent duty. Employees that are not eligible for this allowance include:

1. New appointees
2. Employees assigned under the Government Employees Training Act
3. Employees returning from overseas assignments for purpose of separation

**\*\*\*\* A Sample of a completed DD Form 1351-2 is on the following page(s). \*\*\*\***

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.					
<input checked="" type="checkbox"/>	Electronic Fund Transfer (EFT)	Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:				\$ 0.00	
<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)	
		Doe, Fred P.		G5-11	000-00-0000	<input type="checkbox"/> TOY	<input type="checkbox"/> Member/Employee
6. ADDRESS - a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input checked="" type="checkbox"/> PCS		
123 YOUR STREET		GROVEPORT	OH	43236	<input checked="" type="checkbox"/> Dependent(s)		
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION (REQUIRED)		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY	
555-555-5555		Block 25 of DD form 1614		0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION				b. SUBVOUCHER NUMBER			
Agency Name & Location				c. PAID BY			
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED		497 OLD STREET			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	DAVENPORT, IA 52801			
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY				16. POC TRAVEL (X one)			
a. DATE 2009	b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)			MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
17. REIMBURSABLE EXPENSES				18. GOVERNMENT DEDUCTIBLE MEALS			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
3/08/2009	2008 RITA See attached documents: DD form 1614 with all amendments and the RIT Status Certification Form along with income information required.						
19. CLAIMANT SIGNATURE				20. REVIEWER'S PRINTED NAME			
***** FORM MUST BE SIGNED AND DATED *****				* MUST PRINT NAME OF REVIEWER *			
*****				MUST HAVE SIGNATURE OF REVIEWER			
*****				TELEPHONE NUMBER			
*****				000-000-0000			
*****				DATE			
*****				MMDDYYYY			
21. APPROVING OFFICIAL'S PRINTED NAME				22. SIGNATURE			
REQUIRED ONLY ON CERTAIN CLAIMS				REQUIRED ONLY ON CERTAIN CLAIMS			
				TELEPHONE NUMBER			
				614-693-0000			
				DATE			
				MMDDYYYY			
23. ACCOUNTING CLASSIFICATION							
AGENCY USE ONLY							
24. COLLECTION DATA							
AGENCY USE ONLY							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER AUTHORITY CONTROL ISSUED BY		27. RECEIVED (Reviewer Signature and Date or Check No.)	
AGENCY USE		AGENCY USE		AGENCY USE		AGENCY USE	
28. AMOUNT PAID							

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved by OSA/HMS 12-01 Adobe Design: 7.0

Reset



**Civilian Permanent Change of Station (PCS)  
Travel Pay - Supplementals**

- Q. What do I do when I feel I have been paid in error?
- A. When it is suspected that an error and/or omission has been made in the payment of a travel voucher, please get with your Defense Military Pay Office (DMPO) as the starting point to resolve any questions on your voucher.
- Q. What do I do when an error or omission has occurred?
- A. When an error or omission has occurred, submit a supplemental claim back through your local reviewing official
- Q. How do I prepare a supplemental claim?
- A. DFAS Columbus Customer Service will walk you thru the steps to complete a supplemental claim.

At a minimum, a supplemental claim must include:

- a. A DD Form 1351-2 marked "SUPPLEMENTAL". Provide a full explanation of the item(s) of expense in question on the new DD Form 1351-2 or on a separate sheet of paper.
- b. A copy of the Advice of Payment for the original payment made on the voucher in question.
- c. A copy of the initial DD Form 1351-2 and continuation sheets (if any).
- d. One copy of the orders and amendments.
- e. A copy of all supporting documentation applicable to the supplemental claim. If not available, provide a written statement attesting to the accuracy of items claimed for which no receipt is available. Statements should reflect the same information that would have been on the receipt had it been available.

**Box text for Block 15:**

***“Means/Modes of Travel” (Two letter code)***

**First:**

**T** - Government provided ticket (no out of pocket cost to traveler)

**G** - Government transportation (no out of pocket cost to traveler)

**C** - Commercial transportation (traveler personally purchases transportation)

**P** - Privately Owned Conveyance

**Second:**

**A** - Automobile

**M** - Motorcycle

**B** - Bus

**P** - Plane

**R** - Rail

Common combinations:

**PA** - Private auto

**CA** - Commercial auto (taxi)

**TP** - Government provided airfare (no cost)

**CP** - Commercial airfare (traveler purchased)

***“Reason for Stop” (Two letter code)***

**AD:** Authorized Delay is used for overnight stays or if delayed at airport over midnight.

**AT:** Awaiting Transportation is used when waiting for other modes of travel. This is usually conducted in same day travel, no overnight at terminal.

**HA:** Hospital Admittance is used to indicate inpatient care at a medical treatment facility or hospital .

**HD:** Hospital Discharge is used to indicate discharge from inpatient care.

**TD:** Temporary Duty is used to indicate time spent performing official business at a location other than the old or new permanent duty station (PDS).

**LV:** Leave is used to indicate time away from military duty; either on site, at home of residence or chosen location.

**MC:** Mission Complete is used to conclude

travel. "MC" for Permanent Change of Station (PCS) indicates the date the entitlement being claimed is executed to the new PDS. For example, MC for en route travel is the date the member arrives at the new PDS to report for duty. MC for a Personally Procured Move is the date the Household Goods (HHG) arrive at the new PDS.

[Publication acknowledgments/credits](#)

Prepared by the DFAS Columbus Travel Pay Services

Attached are some other forms common to Civilian PCS Travel Claim submissions. These are only samples designed to give an idea of what a form might look like. Please refer to your agency or to our PAMPHLET FOR CIVILIAN PERMANENT DUTY TRAVEL (PDT) which is located on our website along with some other helpful tools at:  
<http://www.dfas.mil/travelpay/dodagencies/permanentdutytravelpdt.html>

REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL <i>(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)</i>			
SECTION I - REQUEST FOR OFFICIAL TRAVEL			
1. DATE (YYYYMMDD)	2. NAME (Last, First, Middle)	3. SOCIAL SECURITY NUMBER	
4. NEW POSITION TITLE	5. GRADE OR RATING	6. RETIREMENT CODE <i>(Insert retirement code from Block 30 of employee's most recent SF 50. If unknown, employee should contact their servicing personnel office.)</i>	
7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE		8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION	
9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD)			
10. TRAVEL PURPOSE		11. TRANSPORTATION MODE	
<input type="checkbox"/> BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT <input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION <input type="checkbox"/> TEMPORARY CHANGE OF STATION <input type="checkbox"/> OTHER		<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POC <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RAIL <input type="checkbox"/> AIR MILEAGE RATE: \$ _____	
		12a. PER DIEM FOR EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO	
		b. PER DIEM FOR DEPENDENT(S) <input type="checkbox"/> YES <input type="checkbox"/> NO	
13a. ROUND TRIP TRAVEL FOR HOUSE HUNTING		14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE	
<input type="checkbox"/> YES <input type="checkbox"/> NO ACTUAL EXPENSE <input type="checkbox"/> FIXED		<input type="checkbox"/> YES <input type="checkbox"/> NO ACTUAL EXPENSE <input type="checkbox"/> FIXED	
		15a. HOUSEHOLD GOODS (HHG) SHIPMENT	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMMUTED RATE <input type="checkbox"/> GOVERNMENT BILL OF LADING (GBL)	
b. NUMBER OF DAYS (including travel)		b. NUMBER OF DAYS AUTHORIZED	
16. OTHER AUTHORIZED EXPENSES		17. DEPENDENT TRAVEL	
<input type="checkbox"/> TEMPORARY STORAGE OF HHG <input type="checkbox"/> NONTEMPORARY STORAGE OF HHG <input type="checkbox"/> RELOCATION SERVICES <input type="checkbox"/> PROPERTY MANAGEMENT SERVICES <input type="checkbox"/> REAL ESTATE EXPENSES		<input type="checkbox"/> UNEXPIRED LEASE <input type="checkbox"/> RELOCATION INCOME TAX ALLOWANCE <input type="checkbox"/> POV SHIPMENT <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> MISCELLANEOUS EXPENSES TRAVEL ADVANCE AUTHORIZED (Amount) \$ _____	
		<input type="checkbox"/> CONCURRENT <input type="checkbox"/> DELAYED <input type="checkbox"/> EARLY RETURN <input type="checkbox"/> NOT AUTHORIZED	
18a. DEPENDENT TRAVEL FROM (Home Address)		b. TO (New PCS)	
19. DEPENDENTS			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)
20. ESTIMATED COST			
a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL
\$ _____	\$ _____	\$ _____	\$ 0.00
			21. TRANSPORTATION AGREEMENT
			SIGNED (X one)
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			DATE SIGNED (YYYYMMDD)
SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL			
22. ACCOUNTING CITATION			
23. APPROVING OFFICIAL		b. SIGNATURE	
a. TITLE			
24. AUTHORIZING/ORDER ISSUING OFFICIAL		b. SIGNATURE	c. ORGANIZATION ADDRESS
a. TITLE			
25. TRAVEL AUTHORIZATION NUMBER		28. DATE ISSUED (YYYYMMDD)	

**PRIVACY ACT STATEMENT**  
(5 U.S.C. §552a)

**AUTHORITY:** 5 U.S.C. §§5701, 5702; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** Used as authority to issue transportation documents, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel and transportation allowances.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may preclude timely consideration of your request.

**SECTION III - ADMINISTRATIVE INFORMATION**

**27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS:**

*(Loaning/Gaining Activity - provide the address to where the employee should submit this claim for final disbursement.)*

**28. REMARKS OR OTHER AUTHORIZATIONS** *(Use this space for special requirements, leave, excess baggage, etc., or other authorization.)*

This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES <i>(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))</i>			
<b>PRIVACY ACT STATEMENT</b>			
<p><b>AUTHORITY:</b> 5 USC 5724 and EO 9397 (SSN).  <b>PRINCIPAL PURPOSE(S):</b> Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.  <b>ROUTINE USE(S):</b> None.  <b>DISCLOSURE:</b> Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.</p>			
<b>EMPLOYEE INSTRUCTIONS</b>			
<p>1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I, II, or III and enter all applicable amounts and totals in Columns (1) and (2) of Part V, on the back of this form.  2. Attach one complete set of required supporting documents, e.g., sales agreement between buyer and seller, settlement statement, etc. <i>Please submit copies as the documents are not returned.</i> Sign and date in the applicable Employee Certification block.  3. Submit Travel Voucher or Subvoucher, DD Form 1351-2, along with the original DD Form 1705 and copies of supporting documents to your supervisor. <i>Retain a copy of this claim application and the originals of all supporting documents for your personal files.</i></p>			
<b>PART I - EMPLOYEE INFORMATION</b>			
1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NO.	3. MAILING ADDRESS (include ZIP Code)	
4. WAS A REAL ESTATE CLAIM PREVIOUSLY SUBMITTED FOR EXPENSES FOR THIS PCS TRANSFER? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PART II - TRANSFER INFORMATION</b>			
5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMDD)	6. OLD DUTY STATION LOCATION		7. NEW DUTY STATION LOCATION
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD)	9. DATE TRANSPORTATION AGREEMENT SIGNED (YYYYMMDD)	10. DATE REPORTED FOR DUTY AT NEW DUTY STATION (YYYYMMDD)	
<b>PART III - RESIDENCE INFORMATION</b>			
		a. PROPERTY AT OLD DUTY STATION	b. PROPERTY AT NEW DUTY STATION
11. COMPLETE RESIDENCE ADDRESS (include apartment number and ZIP Code)	123 OLD STREET DAVENPORT, IA 52801		
12. NUMBER OF DWELLING UNITS	1		
13. CLOSING OR SETTLEMENT DATE (YYYYMMDD)	20090610		
14. SALE AND/OR PURCHASE PRICE	\$ 862,000.00	\$	
15. TOTAL EXPENSES CLAIMED	\$ 61,916.20	\$	
<b>EMPLOYEE CERTIFICATION(S)</b>			
16. SALE OF OLD RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above sale represent only amounts actually paid by me, that title to the property was in my name and/or a member of my immediate family, and that this was my primary residence when I was first definitely informed of my transfer.		17. PURCHASE OF NEW RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above purchase represent only amounts actually paid by me, and that title to the property is in my name and/or a member of my immediate family and is my new primary residence.	
a. EMPLOYEE SIGNATURE	b. DATE (YYYYMMDD)	a. EMPLOYEE SIGNATURE	b. DATE (YYYYMMDD)
YOUR SIGNATURE	20090615		
<b>MANAGEMENT INSTRUCTIONS</b> <i>(To be reviewed/completed by the employee's supervisor or the official designated by the commanding officer of the employee's activity.)</i>			
<p>1. For Sales and Purchases: Send the original Reimbursement for Real Estate Sale and/or Purchase Closing Cost Expenses, DD Form 1705, and copies of the supporting documents to the official designated to approve the reasonableness of the expenses itemized in Part V.  2. Submit the original DD Form 1705 and copies of the supporting documents, including the Travel Voucher or Subvoucher, DD Form 1351-2, to the appropriate payment approving official in the paying office.</p>			
<b>PART IV - MANAGEMENT APPROVAL INFORMATION</b>			
18. SALE EXPENSES The sale expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a seller in the locality where the property is located. <input type="checkbox"/> AS CLAIMED <input checked="" type="checkbox"/> AS REDUCED (See attached memo)		19. PURCHASE EXPENSES The purchase expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a buyer in the locality where the property is located. <input type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo)	
20. PAYMENT APPROVAL BY NEW DUTY STATION Payment of this claim is approved in the amount of: \$ <u>61,000.00</u> If amount approved is less than amount claimed, see attached memo.			
a. SIGNATURE	b. DATE (YYYYMMDD)	a. SIGNATURE	b. DATE (YYYYMMDD)
Reviewer Signature	20090618	AO Signature	20090619
c. TITLE Reviewing Official Title		c. TITLE Approving Official (AO) Title	

**PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION**

EXPENSE ITEM AND EXPLANATION	TOTAL AMOUNTS PAID	
	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. <b>SALES/BROKER'S COMMISSION FEES:</b> The sales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	\$ 51,720.00	
22. <b>ADVERTISING FEES:</b> Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	\$	
23. <b>APPRAISAL FEE:</b> The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
24. <b>LEGAL AND RELATED FEES:</b> The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	\$ 790.00	\$
25. <b>MISCELLANEOUS COSTS:</b> Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.		
a. <b>PREPAYMENT CHARGE:</b> The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	\$	
b. <b>LENDER'S APPRAISAL FEE:</b> The amount paid for the mortgagee or lender's charge for residence appraisal.		\$
c. <b>FHA OR VA APPLICATION FEE</b>	\$	\$
d. <b>CERTIFICATION FEE:</b> The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA.	\$ 1,407.00	\$
e. <b>CREDIT REPORT FEE:</b> The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA.	\$	\$
f. <b>MORTGAGE TITLE POLICY FEE:</b> The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	\$	\$
g. <b>ESCROW AGENT'S FEE:</b> The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction.	\$	\$
h. <b>CITY/COUNTY/STATE TAX STAMPS</b>	\$	\$
i. <b>SALES OR TRANSFER TAXES; MORTGAGE TAX</b>	\$ 7,974.20	\$
26. <b>OTHER INCIDENTAL EXPENSES:</b> This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	\$ 25.00	\$
27. <b>TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION</b> (Column (1). See Footnotes 1 and 3)	\$ 61,916.20	
28. <b>TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION</b> (Column (2). See Footnotes 2 and 3)		\$ 0.00

*Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.*

**Footnotes:**

1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.



**REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES**

*(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))*

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 5724 and EO 9397 (SSNI).

**PRINCIPAL PURPOSE(S):** Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.

**EMPLOYEE INSTRUCTIONS**

1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I, II, or III and enter all applicable amounts and totals in Columns (1) and (2) of Part V, on the back of this form.
2. Attach one complete set of required supporting documents, e.g., sales agreement between buyer and seller, settlement statement, etc. *Please submit copies as the documents are not returned.* Sign and date in the applicable Employee Certification block.
3. Submit Travel Voucher or Subvoucher, DD Form 1351-2, along with the original DD Form 1705 and copies of supporting documents to your supervisor. *Retain a copy of this claim application and the originals of all supporting documents for your personal files.*

**PART I - EMPLOYEE INFORMATION**

1. NAME (Last, First, Middle Initial) Doe, John M.	2. SOCIAL SECURITY NO. 000-00-0000	3. MAILING ADDRESS (include ZIP Code) 123 New Street Columbus, OH 43216
4. WAS A REAL ESTATE CLAIM PREVIOUSLY SUBMITTED FOR EXPENSES FOR THIS PCS TRANSFER? (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

**PART II - TRANSFER INFORMATION**

5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMDD)	6. OLD DUTY STATION LOCATION Rock Island, IL	7. NEW DUTY STATION LOCATION Columbus, OH
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 20090501	9. DATE TRANSPORTATION AGREEMENT SIGNED (YYYYMMDD) 20090430	10. DATE REPORTED FOR DUTY AT NEW DUTY STATION (YYYYMMDD) 20090602

**PART III - RESIDENCE INFORMATION**

	a. PROPERTY AT OLD DUTY STATION	b. PROPERTY AT NEW DUTY STATION
11. COMPLETE RESIDENCE ADDRESS (include apartment number and ZIP Code)		123 New Street Columbus, Ohio 43216
12. NUMBER OF DWELLING UNITS		1
13. CLOSING OR SETTLEMENT DATE (YYYYMMDD)		20090902
14. SALE AND/OR PURCHASE PRICE	\$	\$ 287,900.00
15. TOTAL EXPENSES CLAIMED	\$	\$ 6,858.95

**EMPLOYEE CERTIFICATION(S)**

16. SALE OF OLD RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above sale represent only amounts actually paid by me, that title to the property was in my name and/or a member of my immediate family, and that this was my primary residence when I was first definitely informed of my transfer.		17. PURCHASE OF NEW RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above purchase represent only amounts actually paid by me, and that title to the property is in my name and/or a member of my immediate family and is my primary residence.	
a. EMPLOYEE SIGNATURE	b. DATE (YYYYMMDD)	a. EMPLOYEE SIGNATURE	b. DATE (YYYYMMDD)
		YOUR SIGNATURE	20090905

**MANAGEMENT INSTRUCTIONS**

*(To be reviewed/completed by the employee's supervisor or the official designated by the commanding officer of the employee's activity.)*

1. For Sales and Purchases: Send the original Reimbursement for Real Estate Sale and/or Purchase Closing Cost Expenses, DD Form 1705, and copies of the supporting documents to the official designated to approve the reasonableness of the expenses itemized in Part V.
2. Submit the original DD Form 1705 and copies of the supporting documents, including the Travel Voucher or Subvoucher, DD Form 1351-2, to the appropriate payment approving official in the paying office.

**PART IV - MANAGEMENT APPROVAL INFORMATION**

18. SALE EXPENSES The sale expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a seller in the locality where the property is located. <input type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo)		19. PURCHASE EXPENSES The purchase expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a buyer in the locality where the property is located. <input checked="" type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo)		20. PAYMENT APPROVAL BY NEW DUTY STATION Payment of this claim is approved in the amount of: \$ 6,858.95  If amount approved is less than amount claimed, see attached memo.	
a. SIGNATURE	b. DATE (YYYYMMDD)	a. SIGNATURE	b. DATE (YYYYMMDD)	a. SIGNATURE	b. DATE (YYYYMMDD)
		Reviewer Signature	20090910	AO Signature	20090913
c. TITLE		c. TITLE		c. TITLE	
		Reviewing Official Title		Approving Official (AO) Title	

DD FORM 1705, OCT 2002

PREVIOUS EDITION IS OBSOLETE.

Reset

Adobe Professional 7.0

**PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION**

EXPENSE ITEM AND EXPLANATION	TOTAL AMOUNTS PAID	
	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The sales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	\$	
22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	\$	
23. APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
24. LEGAL AND RELATED FEES: The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	\$	\$ 596.04
25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.		
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	\$	
b. LENDER'S APPRAISAL FEE: The amount paid for the mortgagee or lender's charge for residence appraisal.		\$ 300.00
c. FHA OR VA APPLICATION FEE	\$	\$ 0.00
d. CERTIFICATION FEE: The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA.	\$	\$ 7.50
e. CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA.	\$	\$ 15.50
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	\$	\$ 1,285.04
g. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction.	\$	\$ 545.00
h. CITY/COUNTY/STATE TAX STAMPS	\$	\$ 1,727.67
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	\$	\$ 79.00
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	\$	\$ 2,303.20
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3)	\$ 0.00	
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnotes 2 and 3)		\$ 6,858.95

*Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.*

**Footnotes:**

1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

