

DoDDS~Europe HR Division

"RAT" VOUCHER

Renewal Agreement Travel "RAT"

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REIMBURSEMENT MEMO

Sample Memo from TMO for Reimbursement of 100lbs Postage

EMPLOYEE'S TRAVEL CLAIM: RESPONSIBILITIES

Before you prepare/submit your Travel Voucher to your supervisor, for approval, ensure that you have included all of your reimbursable expenses.

The suggested time to submit your Travel Voucher is one week. Make sure that you have attached the following:

The Traveler's Checklist

- One (1) copy of your travel orders and any amendments that you have made in connection to your RAT orders attached to
- One (1) copy of all completed Travel Voucher or Subvoucher (DD Form 1351-2, JUL 2004)
- One (1) copy of Direct Deposit Authorization (DD FORM 2762, OCT 1997 (EG))
- Memo from TMO for Reimbursement of 100 lb Postage (If appropriate)
- Copies of all appropriate receipts and tickets (**Note:** Must submit receipts for **ALL lodging**, must maintain receipts for other expenses under \$75.)
- Submit your Travel Voucher to your supervisor/school administrator for approval & required signature (Blocks 20 c & D)
- After the Travel Voucher is approved, you or your supervisor's office will forward your paperwork to DFAS Columbus using one of the options below.
NOTE: If an AO signature is required forward to the Area HR Division Chief.

WHERE TO SEND YOUR CLAIM



1 – Mailing the Voucher	DFAS Columbus Center Attn: DFAS-PTB/CO P.O. Box 369015 Columbus, OH 43236-9015
2 – Emailing the Voucher	Col-travel-claims@dfas.mil
3 – Faxing the Voucher	Attention: Civilian PCS/Separation Claims and Advance requests FAX # (614) 693-2463
4 – FEDEX Address	DFAS-PTBFB/CO, PCS TRAVEL, 3990 E Broad ST, BLDG 21, Columbus, OH 43213-1152

“PLEASE do not send your Travel Voucher to DoDDS Human Resources Division” unless you need AO Signature

“DoDDS RAT Travel Voucher”

TRAVELER’S CHECKLIST FOR CIVILIAN RAT SETTLEMENT VOUCHER (DD1351-2)

Updated 11 May 2009

User - All civilian travelers submitting claims for RAT claims are to be completed within **5 working days** of the completion of the travel.

Purpose - This checklist should be used by the travelers to ensure their travel claims are proper, complete, and comply with the intent of the order before submitting them to the reviewing/approving official for signature.



- ❑ The Travel Voucher (**DD Form 1351-2, JUL 2004**) must be prepared in ink, typewriter, or computer generated.
- ❑ Do you have one (1) copy of Orders/Amendment? Are the reverse sides of the Orders included? Are they the correct Orders?
- ❑ **Blocks 1 to 9 and 11** must be completed on all vouchers and be legible. Provide a duty phone number and e-mail address. Does the administrative data, i.e. name, SSN on the travel voucher agree with the orders? If not, make administrative corrections and initial.
- ❑ You should annotate “NONE” in **Block 9** since there is no advance for RAT.
- ❑ Indicate on **Block 12** of the Voucher all family members who actually traveled with you. If your dependents are on delayed travel, a separate travel voucher must be completed after their arrival at your location.
- ❑ In **Block 15**, columns (a) through (e) must be completed using dates and not times, modes of travel, and reason for stops. Refer to the reverse page of the DD 1351-2 for correct “modes of travel” and “reason for stop” codes. Your voucher will be returned if any of the dates or codes are omitted. Is the itinerary complete? (I.e. port of Embarkation—Vicenza, Italy/Home to Debarkation. HOR/Alternate Destination/Home to Vicenza, Italy). Are the correct Modes of Travel/Reasons for Stop completed? If the government is purchasing your ticket/s the mode of Travel will be GP, if you are purchasing your own ticket/s the mode of Travel will be CP (like on the sample travel voucher)
- ❑ In **Block 16**, (POC travel) checked if mileage is claimed? Examples of POC mileage are: to and from the airport, and to new duty location and from old duty location. Indicate the number of people of per POC, if more than one POC is



authorized and used. If the traveler is claiming Taxi/s to/from airport terminals are the “to and from points” listed?

- ❑ **Block 17** must be completed indicating the duration of your travel period.
- ❑ You must list in **Block 18** all expenses for which you are claiming reimbursement. **Receipts must be attached for all airline tickets and lodging** or certified statement explaining why receipts are not attached. Receipts are not required for taxi fares under \$75.00.
- ❑ Are the Plane Tickets (government issued and commercial) attached?
- ❑ Are Hotel receipts for authorized layovers attached? (Voucher must be signed and annotated by **Authorizing Official** – HR Staff (Area or HQ) (in addition to the Supervisor’s signature) that layover was authorized/necessary.)
- ❑ In **Block 18** - Exchange rate when foreign currency is involved must be indicated on the travel voucher. The traveler must include the expense in both foreign currency and in US dollars.
- ❑ If traveler is claiming package mailing expense, are receipts w/weight amount written on the receipt attached – 100 LBS per person limit? (Poundage is required on all mail receipts in order

to receive reimbursement).

- ❑ Your original signature must be in **Block 20a**, and dated in **Block 20b** of the travel voucher
- ❑ Fill out the attached Direct Deposit Authorization (DD FORM 2762, OCT 1997 (EG) as the money will be deposited via Electronic Funds Transfer (EFT) into your bank account? (Or indicate on file if EFT used on previous claims).
- ❑ You must forward your completed travel voucher and supporting documentation to your supervisor or appropriate reviewing official for signature and date in **Blocks 20c and 20d**. This is required before your voucher is sent to DFAS.
- ❑ Did you make a copy for your personal files before giving your packet to your supervisor?



SAMPLE Travel Voucher

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: \$					
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)		
Doe, John G.		GS12	111-22-3333		<input type="checkbox"/> TDY	Member/Employee	
3. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> PCS	<input checked="" type="checkbox"/> Other RAT <input type="checkbox"/> DLA	
CMR 444 Box 333		APO	AE	09000			
6. DAYTIME TELEPHONE NUMBER - AREA CODE		7. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			
333-4444		PC92222		NONE			
11. ORGANIZATION AND STATION		10. FOR D.O. USE ONLY					
Wherever ES, Wherever Germany		a. D.O. VOUCHER NUMBER					
		b. SUBVOUCHER NUMBER					
12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)					
<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		CMR 444 BOX 3333 APO AE 09000					
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE				
Jane		Spouse	04/24/97				
Doe, Julie		Daughter	03/06/01				
Doe, Jack		Son	02/08/05				
15. ITINERARY		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)					
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. LOOKING COST	f. MILES	
2009							
6/13	DEP	Home, Wherever Germany	PA				
6/13	ARR	Frankfurt Airport (FRA); Frankfurt, Germany	CP	AT		50	
6/13	DEP	LAX, Los Angeles, CA	CA	AT			
6/13	DEP	Home of Record, Rialto, CA	CA	LV			
6/13	ARR	LAX, Los Angeles, CA	CP	AT			
8/28	DEP	Frankfurt Airport (FRA); Frankfurt, Germany	CP	MC			
8/28	ARR	Home, Wherever Germany					
8/28	DEP						
8/28	ARR						
8/28	DEP						
8/28	ARR						
16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER			
18. REIMBURSABLE EXPENSES		17. DURATION OF TRAVEL					
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	12 HOURS OR LESS			
6/13	POC Home to FRA (4 people)	27.50		MORE THAN 12 HOURS BUT 24 HOURS OR LESS			
6/13	Shuttle - LAX to Rialto, CA	97.00		MORE THAN 24 HOURS			
8/19	Postage- ship personal property	178.65					
6/13	Airline Tickets	3,224.00					
8/28	Shuttle - Rialto, CA to LAX	97.00					
8/28	Taxi - FRA to Home (86 Euro)	114.92					
19. GOVERNMENT/Deductible MEALS		e. SUMMARY OF PAYMENT					
a. DATE	b. NO. OF MEALS	a. DATE					(1) Per Diem
							(2) Actual Expense Allowance
							(3) Mileage
							(4) Dependent Travel
							(5) DLA
							(6) Reimbursable Expenses
							(7) Total
							(8) Less Advance
							(9) Amount Owed
							(10) Amount Due
a. CLAIMANT SIGNATURE		d. REVIEWER SIGNATURE				b. DATE	
amantha Noname						9/1/09	
e. TELEPHONE NUMBER		f. DATE					
333-5555		9/1/09					
a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	

Your Travel Order Number is in block 25 of your travel orders

Blocks 12 should list all dependents who actually traveled with you. For delayed travel use a separate voucher

Block 15: dates should be used, not times. Be sure to use correct "modes of travel" and "reason for stop" codes (instructions on the back page)

Attach receipts for the expenses claimed in Block 18. Receipts are not required for taxi fares under \$75

All Blocks highlighted in yellow should be completed

Box 5 should be checked "other." Write or type "RAT" to indicate the type of travel

Write "None" in box 9

Using the instructions for 15c on the back of the claim, enter the two letter code for each type of travel

"G" stands for Government transportation—anything the government pays for (including tickets)

"C" is for commercial transportation

"P" means privately owned transportation

The second letter indicates the type of vehicle used for transport

Block 17 refers to the total duration of the trip—from departure to return.

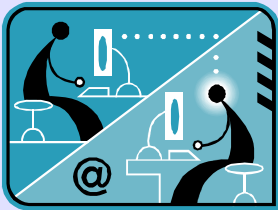
Be sure that your claim is signed by you, your supervisor and (if necessary) the area office



Travel Voucher Forms can be downloaded from
[http://www.dtic.mil/whs/directives/infomgt/forms/
ddforms1000-1499.htm](http://www.dtic.mil/whs/directives/infomgt/forms/ddforms1000-1499.htm)

OR

Enter "dd form 1351-2" for a
Travel Voucher or Subvoucher



Enter "dd form 1351-2c"
for a Travel Voucher or Subvoucher
Continuation Sheet

Google - Microsoft Internet Explorer

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ddform 1351-2

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RAT Travel Voucher Procedures on Claiming Reimbursement of 100# Postage

11-May-09



The DoDDS sponsor is responsible for the following in order to be reimbursed for the 100 lb shipment:

 Before leaving your district, the sponsor must have a letter from the local TMO, stating that they are authorized reimbursement of their mailable items (See example at right)

-  The sponsor must obtain receipts indicating mailing facility address, date, itemized costs and weights.
-  The sponsor must remember that clothing and materials related to the travel are only reimbursable items.
-  The sponsor must remember that additional services and expenses associated with personally procuring shipment such as duty, insurance, etc. is not authorized reimbursement.
-  The sponsor must have a copy of their current travel orders

*Failure to do **all of the above** may delay processing of reimbursement*



SAMPLE Letter from TMO

MEMORANDUM

SUBJECT: Authorization for Reimbursement of Personally Arranged Shipment of Personal Property

1. Reference:

JTR VOL II, U8210.

2. In Accordance with the above reference, TP-1701-CD, SMITH, MARY, 123-45-6789 is authorized to ship his/her personal property shipment at own expense based on reimbursement by the Government under travel order number PC81238 dated 10 Mar 09 issued by Department of Defense Education Activity Personnel Center 4040 N. Fairfax Drive, Arlington, VA 22203-1634.
3. Government transportation cost for personal property via Code-8, under IS08 rate per 100 pounds net from Wherever, Germany to Columbia, MO is \$188.79 and from COLUMBIA, MO to Wherever, Germany is \$178.65. The member is responsible to obtain weight ticket of mail shipment in order to support reimbursement of personally arranged shipment of personal property. The cost of insurance will not be paid by the government.

<Original Signed>
Jane Fillintheblank
Chief, Movements Branch