TRAVEL VOUCHER OR SUBVOUCHER (DD FORM 1351-2)

PCS TRAVEL



• Soldiers arriving in areas supported by Fort Belvoir will complete a travel voucher upon arrival.

<u>Instructions for completing the Travel Voucher or Sub voucher, DD Form 1351-2:</u>

This form must be typed or written on with a ballpoint pen (no pencil or red ink). If using a ballpoint pen. Read the penalty statement on backside of DD Form 1351-2.

TRAVEL VO	UCHER OR SU	complet	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 Electronic Fund Transfer (EFT) Payment by Check Pay ment by Check Pay the following amount of this reimbursement gives the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement requirement (EFT) Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card (GTCC) contractor: \$ 1. PAYMENT **PLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement requirement. Military personnel are requirement to the GTCC contractor.									reimbursement y personnel are required	
Payment by Check	Pay the following	g amount of this reif	iliburaement direcu	y to the Gover	ninent Travel Charge	Callu	contractor.	4		
2. NAME (Last, First, Middle II	nitiai) (Print or type)		3. GRADE	4. 88N			6. TYPE OF PAYMENT (X as applicable)			
							TDY		MemberiEmployee	
6. ADDRESS. a. NUMBER A	ND STREET	b. CITY		c. STATE	d. ZIP CODE		PC8		Other	
						Dependent(s)		DLA		
e. E-MAIL ADDRESS	E-MAIL ADDRESS									

- BLOCK 1. EFT is the only authorized option. This will ensure your payment is sent to the same bank account as your military pay. Split Disbursement is not authorized for PCS.
- BLOCK 2. Type or print the soldier's Last Name, First Name, and Middle Initial
- BLOCK 3. Type or print the soldier's pay grade (E-5, O-3, W-2, etc.)
- BLOCK 4. Type or print the soldier's social security number.
- BLOCK 5. TYPE OF PAYMENT. Mark ALL that apply. It is possible to have all blocks selected. Pay special attention to Dependent(s) and DLA. If dependent travel is on this voucher, make sure both of these blocks are checked.

BLOCK 6. Type or print a current mailing address to include Street Address, City, State, and Zip Code. DO NOT USE the unit address, unless it is a valid mailing address with a P.O. Box. For example, HHC, DMPO-NCR will result in the payee copy of the voucher not being mailed. Please also include an email address where you can be contacted.

	DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION NUMBER					REVIO DVANO		OVER	NMENT PAYMEN	ITS/	a. D.O. VOUCHER NUMBER
11.0	DRGANIZATION AND STATION										b. SUBVOUCHER NUMBER
12. 0	DEPENDENT(8) (X and complete as a)	ppl/cabi	le)						DRESS ON RECE (p Code)	EIPT OF	c. PAID BY
	ACCOMPANIED		UNACCOMP/	ANIED							
	a. NAME (Last, First, Middle Initial)	b. R	ELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE]						
<u> </u>]						
						AVE H	OUSE	HOL	0 00008 BEEN (8HIPPED?	d. COMPUTATIONS
						YES			NO (Explain in R	lemarks)	
16 I	TINERARY				- 0		d	. –			

BLOCK 7. Type or print a current daytime telephone number (cell phone is acceptable) if possible. If a question arises on your claim, we will try to contact you at this number before returning the voucher.

BLOCK 8. Type or print the travel order number as written on your PCS orders. Do not use order numbers for amendments.

BLOCK 9. Type or print the amount of travel advance you received, the DOV#, and date of payment. Write "None" if you did not receive a travel advance. (NOTE: advances drawn with your ATM card should not be entered in this block). An entry of NONE in this block when an advance was received at your prior duty station constitutes a fraudulent voucher and DMPO-Belvoir will contact the appropriate officials. If you are not sure, put a question mark (?) in this block.

BLOCK 10. FOR USE BY FINANCE

BLOCK 11. Type or print your current organization and station. (i.e. HHC, Special Activities, Fort Belvoir, VA)

*If no dependent traveled on this claim, check "unaccompanied" and go to block 15.

BLOCK 12. Type or print dependent information. Check "Accompanied".

BLOCK 12a. Type or print dependent Last Name, First Name, Middle Initial

BLOCK 12b. Type or print relationship of dependent. For example, spouse, son, daughter.

BLOCK 12c. Type or print date of marriage for spouse and date of birth for other dependents.

BLOCK 13. Type or print dependent, complete address from your previous location.

BLOCK 14. Indicate whether household goods were shipped with this PCS. If a DITY was performed and if so was it full or partial please annotate it in the blank space.

					Y	E8		NO (Explain in R	remarks)	
16. ITINE					MEANS	/ RE	d. EABON	e	f.	
a. DATE		b. PLACE (Home, Of City	fice, Base, Activity, Ci and Country, etc.)	ty and State;	MODE C)F	FOR STOP	LODGING COST	POC MILES	
	DEP									
	ARR									
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	DEP									e. SUMMARY OF PAYMENT
	ARR									(1) Per Diem
	DEP									(2) Actual Expense Allowance
	400		· ·					The state of the s		(2) Mileans

BLOCK 15. ITINERARY

BLOCK 15a DATE. Type or print the date of arrival and departure for all points listed.

BLOCK 15b PLACE. Type or print the locations of the departure and arrival location. If multiple modes of travel were used, indicate the location of mode changes. If TDY was authorized indicate the arrival and departure locations.

BLOCK 15c MEANS/MODE OF TRAVEL. Enter the two-letter code for the mode of travel for each leg of the travel.

GTR/TKT	T	Automobile	A
Government Transportation	G	Motorcycle	M
Commercial Transportation (Own Expense)	C	Bus	В

Privately Owned Conveyance	P	Plane	P
		Rail	R
		Vessel	V

For example, using your own truck or automobile would be PA or an airline ticket provided by the Commercial Ticket Office would be TP. If you traveled by Commercial Transportation (Own Expense) make sure you include a copy of the tickets with your claim and mark CP.

BLOCK 15d REASON FOR STOP. Enter the reason for stop from one of the following codes

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		

BLOCK 15e LODGING COST. Type or print the cost of lodging. Leave blank except for TDY locations. Ensure receipts are attached. If government lodging was directed but not used, a Statement of Non-availability (SNA) is required.

BLOCK 15f POC MILES. Type or print the mileage between departure and arrival points when using a owned and operated Privately Owned Conveyance. The DMPO - Belvoir will use standard distance rates as established by Defense Department official tables.

16. POC TRAVI	L[X ane]	19	OWN/OPERATE		PASSENGE	R	17. D	URATION OF TOY TRAVEL
18. REIMBURSA	BLE EXPENS	C8				The state of the s		12 HOURS OR LESS
a. DATE	ь	. NAT	TURE OF EXPENSE	с	AMOUNT	d. ALLOWED		12 HOURS OR LESS
			X.		Tr.			MORE THAN 12 HOURS
						7		BUT 24 HOURS OR LESS
					Tr.			MORE THAN 24 HOURS
14			Y.		I.	N.		MORE THAN 24 HOURS

BLOCK 16 POC TRAVEL. If you traveled using a Privately Owned Conveyance you must indicate whether you owned and drove the vehicle or a passenger of a vehicle. If more than one POC was used please indicate that in the blank space.

BLOCK 17. DURATION OF TDY TRAVEL Place an X on applicable blocks when TDY travel is involved with the PCS.

BLOCK 18. REIMBURSABLE EXPENSES. Print or type all items of reimbursable expenses. For example, rental car, conference fees, registration fees, bridge tolls, gas, ferry fees, taxi expense, exam fees, etc. Tips and porter fees must be itemized showing actual cost and number of bags. For official long distance telephone calls, block 21a and 21b must be completed. Claims for more than one POC in conjunction with a PCS can also be shown in these blocks. Any reimbursable over \$75.00 will require a receipt. Rental car, conference fees, registration fees are normally TDY expenses and are required to be pre-authorized in the orders.

BLOCK 19. GOVERNMENT/DEDUCTIBLE MEALS. List meals consumed by the soldier with or without charge when furnished by an official source. Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

20.a. CLAIMANT SIGNATURE			<u> </u>	•	b. DATE
c. REVIEWER'S PRINTED NAM	ΙE	d. REVIEWER SIGNA	TURE	e. TELEPHONE I	NUMBER 1. DATE
21.a. APPROVING OFFICIAL'8	PRINTED NAME	b. SIGNATURE		c. TELEPHONE !	NUMBER d. DATE
22. ACCOUNTING CLASSIFICA	ATION	•		,	
24. COMPUTED BY 26.	AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and	Date or Check No.)	28. AMOUNT PAID
D EODM 1361 2 N	1VD 2000	DREV/	OUS EDITION MAY BE USED	Exception to	SE 1012 approved by GSA/IRN

BLOCK 20a/b Soldier MUST sign and date the claim.

BLOCK 20c/d/e/f FOR USE BY FINANCE

BLOCK 21a/b/c/d FOR USE BY FINANCE

BLOCK 22 FOR US BY FINANCE

BLOCK 23 FOR USE BY FINANCE

BLOCK 24 FOR USE BY FINANCE

BLOCK 25 FOR USE BY FINANCE

BLOCK 26 FOR USE BY FINANCE

BLOCK 27 FOR USE BY FINANCE

BLOCK 28 FOR USE BY FINANCE

Attach the appropriate supporting documents (orders, receipts, tickets, etc.). Current regulations require a review of travel vouchers (DD Form 1351-2) before submission. This review will be conducted during finance in processing.