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 Electronic Fund Transfer (EFT) Payment by Che	representin required to	ng travel chargo designate a p	es for trar ayment th	nsportation, at equals th	lodging, ne total o	and rental c of their outst	ar if yo anding	ou are a governi	civilian emplo nent travel ca	yee, unless rd balance	you elect to the GTC	a different amo	ount. Mi	ur reimbursement litary personnel are
2. NAME (Last, First, Middle Initial) (Print or type) 3. GRA					ADE 4. 9		4. SSN			5. TYPE	OF PAYMENT	(X as ap	plicable)	
									TC	Y	N	lember/Employee		
6. ADDRESS. a. NUMBE	R AND STREET		b. CITY				c. S	ΓΑΤΕ	d. ZIP COD	E	PC	s	0	ther
											De	ependent(s)	D	LA
e. E-MAIL ADDRESS						-					10. FOR	D.O. USE ON	LY	
7. DAYTIME TELEPHONI AREA CODE	E NUMBER &	8. TRAVEL NUMBER		UTHORIZAT	TION	9. PREVIC ADVAN		VERNN	IENT PAYMEN	ITS/	a. D.O			
11. ORGANIZATION AND	STATION									b. SUBVOUCHER NUMBER				
12. DEPENDENT(S) (X an	d complete as a	1				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)					c. PAID BY			
ACCOMPANIED			COMPAN		BIRTH									
a. NAME (Last, First, N	Aiddle Initial)	b. RELATIO	NSHIP	c. DATE OF OR MARI	RIAGE	4								
						14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?				d. COMPUTATIONS				
15. ITINERARY						C.	d.		O (Explain in F e.	Remarks) f.	-			
a. DATE b. PLA	CE <i>(Home, Offi</i> City a	ice, Base, Acti and Country, e		and State;		MEANS/ MODE OF TRAVEL	REAS FO STC	R	LODGING COST	POC MILES				
DEP ARR														
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ARR											(1) Per	Diem		
DEP											(2) Act	ual Expense Al	lowance	
ARR											(3) Mile			
16. POC TRAVEL (X one)	OWN	/OPERATE		PA	SSENGE	R	1	7. DUR	ATION OF TD	Y TRAVEL	(4) Dep	endent Travel		
18. REIMBURSABLE EXP	ENSES		I				1	12 HOURS OR LESS		(5) DLA	(5) DLA			
a. DATE	a. DATE b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOW	/ED				(6) Rein	nbursable Expe	enses	_	
									IORE THAN 12		(7) Tota			
								В	UT 24 HOURS	OR LESS		Advance		
								M	IORE THAN 24	4 HOURS		ount Owed		-
							<u> </u>				(10) Amo	ount Due		
							— F		DATE	1	DF MEALS	a. DA	TE	b. NO. OF MEALS
								a.	PAIL	D. NO. (	21 IVILALO	a. DA		D. NO. OF WEALS
20.a. CLAIMANT SIGNAT	URE			b. DATE		c. SUPER	VISOR	SIGNAT	URE		d. DATE			d. DATE
21.a. APPROVING OFFIC	ER SIGNATURE													b. DATE
22. ACCOUNTING CLASS	SIFICATION													
23. COLLECTION DATA														
	OF		26 704		1	0		<b>D</b> / 2	<u>.</u>	10	o,			
24. COMPUTED BY 25. AUDITED BY 26. TRAVEL ORDER/ AUTHORIZATION POSTED E					BY 27. RECEIVED (Payee Signature and Date or Check No.) 28. A					Mount Paid				

# **PRIVACY ACT STATEMENT**

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

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

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

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

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## **INSTRUCTIONS**

#### **ITEM 1 - PAYMENT**

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

### **REQUIRED ATTACHMENTS**

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.

2. Two copies of dependent travel authorization if issued.

3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel. 4. Copy of GTR, MTA or ticket used.

5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.

6. Other attachments will be as directed.

## **ITEM 15 - ITINERARY - SYMBOLS**

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		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.

#### 15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

#### ITEM 15e. LODGING COST

Enter the total cost for lodging.

#### **ITEM 19 - DEDUCTIBLE MEALS**

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

#### 29. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.