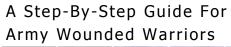
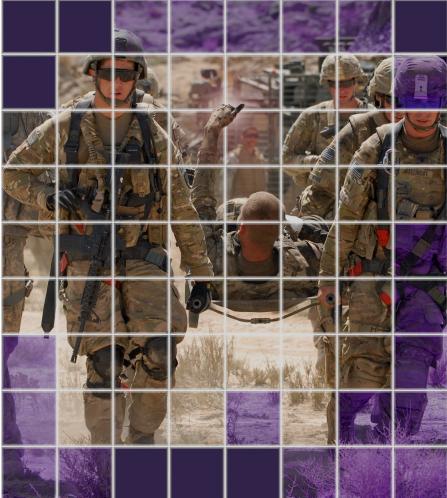


View this and other Wounded Warrior pay and entitlement information at www.dfas.mil/militarymembers/woundedwarrior/ woundedwarriorpay.html

How To Prepare A Travel Voucher (DD Form 1351-2)





Prepared by Expeditionary Support Organization Defense Finance and Accounting Service July 2015

Serving those who serve all

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 finance personnel, supporting most medical treatment facilities, who stand ready to assist you in completing this form to ensure timely and proper payment.

This "How to" guide is intended for Army Wounded Warriors. 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 the traveler in receiving faster payment. Submitting "pay ready" vouchers to the Defense Finance and Accounting Service will assist in providing timely and accurate payment to the traveler.

The DFAS Expeditionary Support Organization

Army Wounded Warrior Travel Pay Travel Contact Information

Have a question? Need to check on your travel voucher submission or status of payment? We're standing by to assist you.

Call a Travel Customer Service Representative at 1-317-212-3562 (DSN 699-3562) between 7 a.m. and 3 p.m. (Eastern)

Or email us at dfas.indianapolis-in.jfa.mbx.casualty-customer-service@mail.mil

You can also contact your local Wounded Warrior Pay Management Team for help in completing your travel voucher, reviewing your travel voucher package and submitting it to DFAS for processing.

Ready to submit your travel voucher?

By email:	dfas.indianapolis-in.jfa.mbx.in-travel-casualty@mail.mil
By FAX:	(317) 275-0138; DSN: 510-366-0138
By mail:	DFAS-IN/Casualty Travel (JFA)
	8899 E. 56th St.
	Indianapolis, IN 46249

A complete voucher packet includes...

- DD Form 1351-2
- All orders issued for the mission to include mobilization orders (if applicable), Temporary Change of Station (TCS) orders, attachments, endorsements, any and all amendments, and Permanent Change of Station (PCS) orders, Demobilization/ REFRAD/DD214 orders when filing final voucher (Reserve/National Guard only)
- Additional TDY orders (e.g., DD 1610s)
- All previous accruals/advances received from overseas finance offices (non-submission of previous payment data will result in delays of payment) especially DTS payments
- · Receipts for all lodging regardless of amount
- All receipts for expenses incurred for \$75.00 and over
- DA 31 leave form Note: leave must be annotated on the 1351-2)
- IF APPLICABLE: Statement of Non-Availability for commercial lodging and meals (i.e., if you had to stay in a commercial hotel due to unavailability of quarters)
- DIRECT DEPOSIT: Service Members should provide direct deposit information for their financial institution by submitting a SF 1199 Direct Deposit Form or a voided check with their claim and ensure their MyPay account for Travel Pay is updated with current banking information

Need a form?

The DD Form 1351-2 has been updated. All travel completed during or after May 2011 must use the latest form available online at:

http://www.dtic.mil/whs/directives/forms/eforms/dd1351-2.pdf

The form may be downloaded and completed on your computer, or printed and filled in by hand. If you are using a CAC computer, you can now digitally sign your form.

Remember, your 1351-2 must include your signature! If you cannot digitally sign the form, print out the completed form and sign it. You can fax the signed form, receipts, and other documentation to the number on page 3, or scan your package and send to **dfas.indianapolis-in.jfa.mbx.in-travel-casualty@mail.mil**

Protect yourself! If you submit your voucher via email, we suggest you encrypt the message to make sure your important personal identification information is secure. If you are unsure, fax or mail your travel documents to us.

Common scenarios while receiving care at a medical treatment facility (MTF)...

Scenario 1. While at the MTF, you remain on Temporary Change of Station (TCS) Orders

> When you file your first travel voucher at the MTF, your travel itinerary will show your movement from home to mobilization site, to theater, and then to the MTF for care. A full page example of this scenario is on page 6. This is often referred to as your "first accrual." If you remain at the MTF for an extended time, you can file subsequent monthly vouchers to receive your travel entitlements accrued from the previous month.

If you choose, you can wait to file your first travel voucher until after your care at the MTF has concluded and you return to your home station. An example of this type of itinerary is on page 9 of this guide.

Scenario 2. While at the MTF, you receive Permanent Change of Station (PCS) Orders

When you file your travel voucher at the MTF, your travel itinerary will show your movement from your previous permanent duty station, into theater, and then to the MTF where you are PCS'd. An example of this type of itinerary is on page 9 of this guide.

When you PCS, you may also have dependents moving to your new permanent duty location. In many cases, dependent movement is not the same as the Soldier's. An example of an itinerary for PCS dependent movement can be found on page 9 of this guide. Completion of the PCS dependent travel portion of the voucher can be filed separately or with the Soldier's PCS travel voucher. If dependent's travel itinerary is different from the Soldier, then include a second DD Form 1351-2 in the packet to show the dependent travel itinerary. Soldier specific information should remain at the top of the second 1351-2 (Blocks 1-11.)

Example of a first accrual travel voucher

TRAVEL VOU			spa	ce is neede	ed, conti	nue i	n remarks.					efore completing encil. If more
1. PAYMENT Electronic Fund Transfer (EFT)	SPLIT DISBURSEM representing travel charg to designate a payment NOTE: A split disbu	les for transpo hat equals the ursement is	aying Office will p rtation, lodging, a total of their out only necessa	ay directly to and rental car standing gove ary when a	the Gover if you are mment tra GTCC is	nment a civili vel ca used	Travel Charge an employee, u rd balance to t i while on o	unless you he GTCC c fficial tra	elect a contracto vel for	lifferent amount. r. the Governn	Military p nent.	eimbursement bersonnel are required
Payment by Check	Pay the following	ng amount o					rnment Trav	el Charge			\$	
2. NAME (Last, First, Middle Soldier, Johnny	Initial) (Print or type)		3. GR	ADE E-5	4. SSN 000-		000		5. TYP	E OF PAYMEN	· · · · ·	oplicable) Member/Employee
6. ADDRESS. a. NUMBER A	AND STREET	b. CITY		2.	c. STA		d. ZIP CODE	E	Ê	PCS		Dther
130 Freedom St		Anywh	ere		I	N	000	00		Dependent(s)	\vdash	DLA
e. E-MAIL ADDRESS	7								10. F	OR D.O. USE O	NLY	
7. DAYTIME TELEPHONE N AREA CODE (000) 000-00	000 NUMBE 10-213	. ORDER/AUT R S	HORIZATION	9. PREVIO ADVAN		ERNM	ENT PAYMEN	ITS/		.O. VOUCHER N		
E-Mail	ATION WRAMC					0.0			b. S	UBVOUCHER N	UMBER	
12. DEPENDENT(S) (X and a					NDENTS' RS (Inclue		ESS ON RECE Code)	EIPT OF	c. P	AID BY		
ACCOMPANIED a. NAME (Last, First, Mid		CCOMPANIE	D DATE OF BIRTH OR MARRIAGE				,					
				14. HAVE	HOUSEH()LD G	OODS BEEN	SHIPPED?	d. C	OMPUTATIONS		
45 17015040.				YE	S	NC) (Explain in R					
	E (Home, Office, Base, Ac City and Country,	tivity, City and etc.)	l State;	MEANS/ MODE OF TRAVEL	d REASO FOR STOP	N	e. LODGING COST			pital		
12/1 DEP Ft. Drum 12/2 ARR Kuwait	, NY			GP			/	-		tance		
12/2 ARR Kuwait 4/28 DEP				GP	TD			_ (I	npa	tient)	-	
4/28 ARR Landstuh	1, GE				HA	Ľ	·					
5/15 DEP				GP				т				
5/15 ARR Walter Ro	eed AMC, DC				TD	ج		- 16		orary Ity		
ARR First Acc	rual 12/01/2014 Thru :	5/31/2015						(0	utp	atient)		
ARR					-							
DEP									e. S	JMMARY OF PA	YMENT	
ARR									(1) P	er Diem		
DEP										ctual Expense A	llowance	
ARR									(3) N	-		
16. POC TRAVEL (X one)	OWN/OPERATE		PASSENG	SER	17.	DURA	TION OF TRA	VEL		ependent Travel		
18. REIMBURSABLE EXPEN	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOV	VED	12	HOURS OR L	ESS.	(5) D	LA eimbursable Exp	000505	_
a. DATE	D. NATORE OF EXPENSE		C. AMOUNT	U. ALLOW		۰	ORE THAN 12		(0) K		Jenses	0.00
					_		JT 24 HOURS			ess Advance		0.00
						-			(9) A	mount Owed		0.0
		Tr	aveler's			M	ORE THAN 24	HOURS	(10) A	mount Due		
			gnature		19		RNMENT/DE					1
		_				a.	DATE	b. NO. O	F MEAL	.S a. D	ATE	b. NO. OF MEAL
		č	& Date							_		
					-	_						+
20.a. CLAIMANT SIGNATUR		VELER'S	SIGNATURI	 E							_	b. DATE
	^{NAME} EWER'S NAME ◀	¢'	d. SIGNATURE REVIEV	VER'S SIG	SNATU	RE	R		7	LEPHONE NUM	0000	
21.a. APPROVING OFFICIAL	L'S PRINTED NAME	1	b. SIGNATURE			_		\checkmark	C. TE	EPHONE NUM	BER	d. DATE
22. ACCOUNTING CLASSIF	ICATION							riewei rmati		-		
23. COLLECTION DATA												
24. COMPUTED BY	25. AUDITED BY	26. TRAVE AUTHORI	L ORDER/ ZATION POSTE	27. RI	ECEIVED	(Payee	e Signature and	d Date or C	heck N	o.)	28. A	MOUNT PAID

Instructions for completing a DD Form 1351-2

Block 1: Electronic Funds Transfer (EFT) is mandatory for all service members

- * Use a voided check or SF1199 Direct Deposit Form or MyPay
- * Split disbursement: Amount indicated to be paid to your Government Issued Travel Card if Soldier used the U.S. Government-provided VISA card
- * Any amount can be sent to your Government Issued Travel Card
- * Indicate "ALL" or specific dollar amount

***Note:* Split disbursement option is only for Government Issued Travel Cardholders

X Electronic Fund Transfer (EFT)	BURSEMENT: The Paying Office travel charges for transportation, loc a payment that equals the total of th	dging, and leir outstar	rentál car if y nding governr	vou are a civilia ment travel caro	n employee, unless y I balance to the GTC	ou elect a differen C contractor.	t amount. Míl	itary personnel are required
Payment by Check Pay th	he following amount of this rein	nbursem	ent directly	to the Gover	nment Travel Cha	rge Card contra	ictor:	\$
Block 4: Social S Block 5: Indicate medical "DLA" (I movem	ime, First Nam of the Soldier Security Numb e "TDY" for sho I treatment fac Dislocation All ent. DLA is all ove) and elects	er of ort te ility a owa so e	f Sold erm vie and ir nce) i ntitleo	lier (Re sitation ndicate f there d if the	egulatior n. Mark " e "Depen e is perm Soldier	n require PCS" if dents" nanent f	[:] assig and family	ined to
Blocks 6a-6d: Va Block 6e: Valid e Block 7: Daytime make co	e-mail address e telephone nu					·		
Block 8: Order n Block 9: List any	umber which is and all previon ng to the trave Use - Leave B	us p I pei Iank	ayme riod b	ents pa eing c	aid from a laimed	any fina	ance c	office
2. NAME (Last, First, Middle Initial) (Print or	r type)	3. GRA	DE	4. SSN		5. TYPE OF	PAYMENT (>	(as applicable)
						TDY		Member/Employee
6. ADDRESS. a. NUMBER AND STREET	b. CITY			c. STATE	d. ZIP CODE	PCS	-	Other
						Deper	ndent(s)	DLA
e. E-MAIL ADDRESS						10. FOR D.	O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZA NUMBER	TION	9. PREVIO ADVANO		ENT PAYMENTS/	a. D.O. V	DUCHER NUN	IBER
11. ORGANIZATION AND STATION						b. SUBVC	UCHER NUM	BER

Blocks 12-14: Leave blocks 12-14 blank if remaining on Temporary Change of Station (TCS) orders while at the medical treatment facility. If you receive PCS orders and are moving dependents from previous duty station or home of residence to medical facility, then follow steps on the next page to complete this portion. See page 9 for an itinerary for family member movement

12. DEPENDENT(S) (X and complete as ap	13. DEPENDEN	TS' ADDRESS ON RECEIPT OF		
ACCOMPANIED		NACCOMPANIED		nple Drive, Liberty, NY
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		
Soldier, Julie M	Daughter	4/3/95		
Soldier, Bridgett A	Daughter	9/23/98		
Soldier, Brittney L	Daughter	9/23/98	14. HAVE HOUS (X one)	EHOLD GOODS BEEN SHIPPED?
Soldier, Donna L	Spouse	5/17/75	X YES	NO (Explain in Remarks)

***Note:* Mark "unaccompanied" if family is traveling separate from the Soldier (i.e., Soldier is already at the PCS location)

Block 12: Dependents

- a: List last name, first name, and middle initial of all dependents
- b: List the relationship to the Soldier being treated
- **c:** 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 by the government

Block 15: Itinerary

- **a:** Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 12/1). Next to "ARR" list the date arrived at the next location (this could be the same day)
- **b:** Place: List the location for each travel step for departure, duty, change of transportation modes, leave, etc. This block should include city/state (e.g., Ft. Drum, NY) or overseas location (e.g., Kuwait). Ensure all overnight stops are listed, including your final destination. Note: Only one location can be listed per block
- **c:** Means/Modes of Travel: List the type of transportation used for each leg of travel (PA for private auto, GP for government plane, etc)
- d: Reason for Stop: List the reason for stops using the appropriate two letter code. Note: Codes are used on the second page of 1351-2
- **e:** Lodging Cost is used to list any lodging expense incurred while TDY at the medical treatment facility
- f: POC (Privately Owned Conveyance) Miles is used to list any Privately Owned Vehicle mileage incurred. Typically this is mileage to home station or mobilization site. Check the box for own/operate in block 1b if you owned or physically operated (e.g., drove) the vehicle used to travel to or from the TDY/PCS location. *Ensure Block 16 is complete when claiming automobile mileage*

Deployment itinerary for Temporary Change of Station(TCS)

15. ITINE	RARY		c. MEANS/	d. REASON	e.	f.
a. DATE 2014		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	FOR STOP	LODGING COST	POC MILES
12/1	DEP	Ft. Drum, NY	GP			
12/2	ARR	Kuwait		TD		
4/28	DEP		GP			
4/28	ARR	Landstuhl RMC, GE		HA		
5/15	DEP		GP			
5/15	ARR	Walter Reed AMC, DC		TD		
6/12	DEP		CP			
6/12	ARR	Ft. Drum, NY		MC		
	DEP					

Deployment itinerary for PCS to a medical treatment facility

						-
15. ITINE ^a DATE 2014	RARY	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
12/1	DEP	Ft. Drum, NY	GP			
12/2	ARR	Kuwait		TD		
1/20	DEP		GP			
1/20	ARR	Landstuhl RMC, GE		HA		
2/19	DEP		GP			
2/19	ARR	Walter Reed AMC, DC		TD		
2/20	DEP		СР			
3/1	ARR	Walter Reed AMC, DC		MC		
3/1	DEP					

Family itinerary for PCS to a medical treatment facility

15. ITINE	RARY		c. MEANS/	d. REASON	e.	f.
$^{a}2014$		 PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) 	MODE OF TRAVEL	FOR	LODGING COST	POC MILES
2/28	DEP	1815 Example Drive, Liberty, NY	PA			
3/1	ARR	Walter Reed AMC, DC		MC		851
	DEP					

**Note: Even if you are already at the medical treatment facility when PCS orders are issued, you are allowed suffcient time to initiate PCS from the previous duty station, but no later than the report date issued on the orders

The "Means/Modes of Travel" abbreviations are on the next page

The "Means/Modes of Travel" block should include the appropriate

two-letter code:

Choices for first letter:	Choices for second letter:
T: Government provided ticket	A: Automobile
G: Government Transportation	M: Motorcycle
C: Commercial Transportation	B: Bus
P: Privately Owned Conveyance	P: Plane
, ,	P. Dail

Most common combinations:

PA - Private Auto	TP - Government provided airfare (no cost)
CA - Commercial Auto (taxi)	CP - Commercial airfare (traveler purchased)

The "Reason for Stop" block should include the appropriate two-letter code:

- AD Authorized Delay is used for overnight stays or if delayed at airport
- AT Awaiting Transportation is used when waiting for other modes of travel. This is usually conducted in same day travel
- 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 at a medical treatment facility while in an outpatient status
- LV Leave is used to indicate time away from military duty; either on site, at home of residence or chosen location. LV is also used for convalescent leave
- MC Mission Complete is used to conclude travel. "MC" for Permanent Change of Station (PCS) indicates the date subsequent to shipment of household goods, and clearance of quarters from the previous permanent duty station

Block 16: Must indicate whether Privately Own Conveyance is Own/ Operatoror Passenger

16. POC IRAVEL (X one) OWN/OPERATE PASSENGER	16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER
--	------------------------	--	-------------	--	-----------

Block 17: Indicate the duration of Temporary Duty (TDY) Travel

Block 18: Reimbursable Expenses:

17. DI	JRATION OF TRAVEL
	12 HOURS OR LESS
	MORE THAN 12 HOURS BUT 24 HOURS OR LESS
×	MORE THAN 24 HOURS

- 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

18. REIMBURSABLE EXPENSES							
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED				

Block 19: Government/Deductible Meals (circle one)

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

** Note: If you have a Statement of Non-Availability (SNA) for meals and consume a meal either at cost or no cost, you will have to annotate the number of meals in block 19b. 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

19. GOVERNMENT/DEDUCTIBLE MEALS					
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS		
5/25/2015	2				
5/26-5/27/2015	6				

Block 20 (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete Block 20 (c, d, e & f): Supervisory Chain of Command signature once voucher is reviewed for accuracy and date the voucher was reviewed. Both must be complete

20.a. CLAIMANT SIGNATURE			b. DATE
c. REVIEWER'S PRINTED NAME	d. SIGNATURE	e. TELEPHONE NUMBER	f. DATE

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). Must include date signed in Block 21a

21.a. APPROVING OFFICIAL'S PRINTED NAME	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE

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 temporary duty
- Clarify any additional travel-related issues
- · Reflect exchange rates when working with foreign currency

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.

Army Wounded Warrior -Travel Pay SUPPLEMENTALS

Q. What do I do when I feel I've 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 call a Travel Customer Service Representative at 1-317-212-3562 or DSN 699-3562 or email us at dfas.indianapolis-in.ifa.mbx.casualty-customer-service@mail.mil

Q. What do I do when an error or omission has occurred?

- A. When an error or omission has occurred, submit a supplemental claim to the Casualty Travel Team via:
 - Fax: (317) 275-0138; DSN: 510-366-0138 E-mail: dfas.indianapolis-in.jfa.mbx.in-travel-casualty@mail.mil Mail: DFAS-IN/Casualty Travel (JFA) 8899 E. 56th St. Indianapolis, IN 46249

Q. How do I prepare a supplemental claim?

- A. The 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 revised DD Form 1351-2 or on a separate sheet of paper
 - b. A copy of the Advice of Payment for 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

When listing your Reimburseable

Room Taxes: If travel occurred in the Continental United States (CONUS), room taxes should be claimed in Block 18 (separately from lodging expense). If outside the Continental United States (OCONUS), do not separate expense

Personal Auto Miles: As of 1 January 2015, the rate for Personally Owned Conveyance (POC) mileage is \$0.575 per mile. The most current mileage rate is available at www.gsa.gov and select POV Mileage Reimbursement in the "Most Requested Links" section

Note: As of 1 October 2014, reimbursement of ATM Fees and laundry are not authorized

TOP 10 REASONS FOR PAYMENT DELAYS

- 1. Missing Traveler/Reviewer/Approving Official signatures/dates
- 2. Missing orders
- 3. Missing receipts/invalid receipts
- 4. Expenses claimed but not authorized in orders or authorized by Approving Officer
- 5. Block for mileage not checked (Block 16)/ owner operator not claimed
- 6. Incomplete itinerary
- Traveler does not submit or reviewer does not forward voucher within 5 business days of completion of travel
- 8. Orders do not have required lines of accounting
- 9. Incorrect SSN on travel vouchers and/or orders
- 10. Not claiming all previous payments received for travel period

Local Information:

Local Personnel Office:

Local Finance Office:

Local Wounded Warrior Pay Management Team:

Notes:

To view the latest Wounded Warrior pay and entitlement information online, go to www.dfas.mil/ militarymembers/woundedwarrior/ woundedwarriorpay.html