

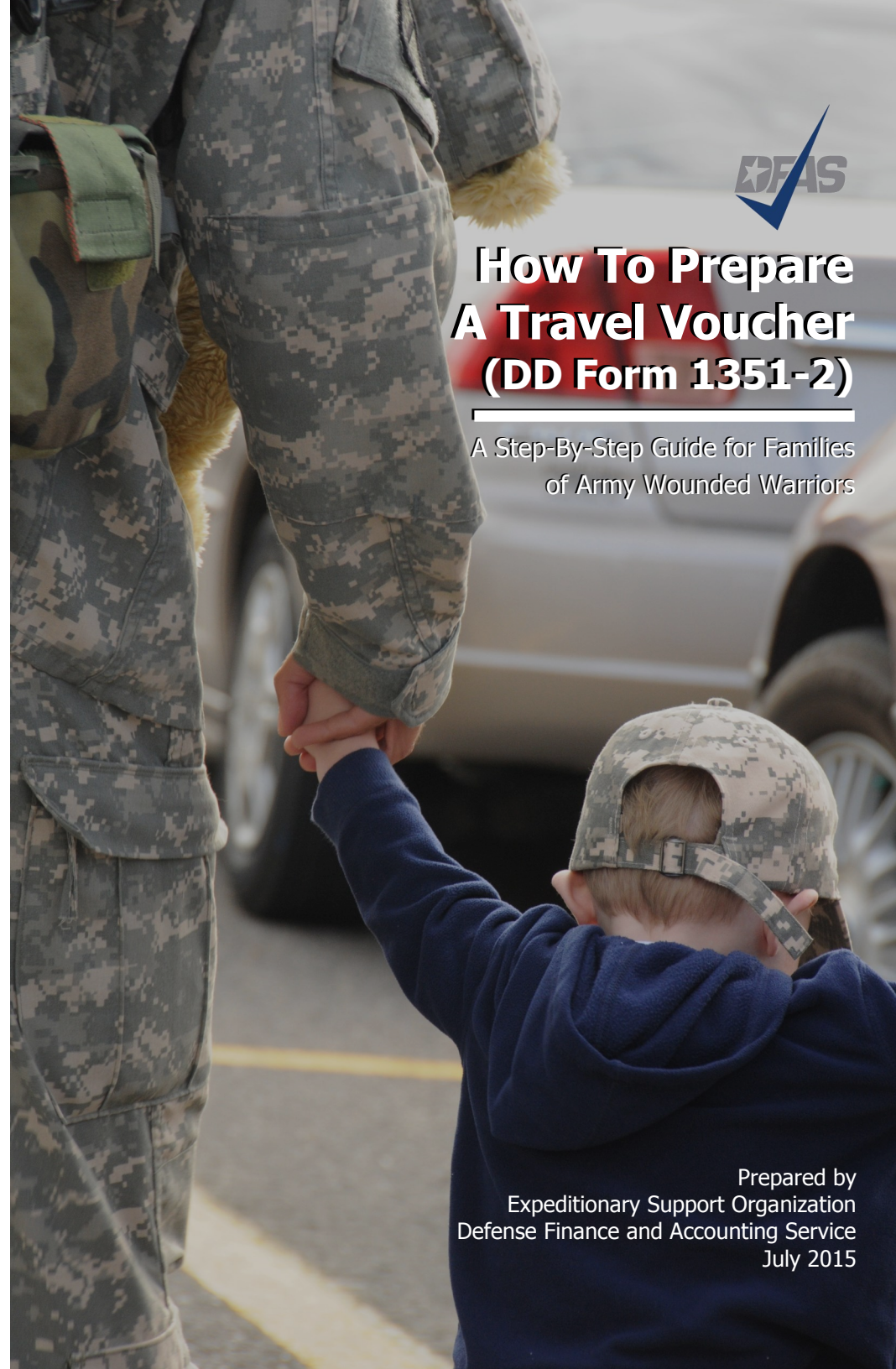


View this and other Wounded Warrior pay and entitlement information at www.dfas.mil/militarymembers/woundedwarrior/woundedwarriorpay.html



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

A Step-By-Step Guide for Families
of Army Wounded Warriors



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

Serving those who serve all

Thank you for your family's 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 family members traveling on official orders. 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 family members 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 CUSTOMER SERVICE INQUIRIES

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 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 and any amendments/extensions (if issued)
- Receipts for all lodging, regardless of amount
- All receipts for expenses incurred for \$75.00 and over
- DIRECT DEPOSIT: Family member should provide direct deposit information for their financial institution by submitting a SF 1199 Direct Deposit Form or a voided check with their claim

Example of a first accrual 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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		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. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.					
2. NAME (Last, First, Middle Initial) (Print or type) Soldier, Johnny		3. GRADE E-5	4. SSN 000-00-0000	5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Other Member/Employee Dependent(s) DLA			
6. ADDRESS a. NUMBER AND STREET 130 Remembrance Dr.		b. CITY Freedom	c. STATE IN	d. ZIP CODE 00000			
e. E-MAIL ADDRESS johnnysoldier@email.com		7. D. NAME TELEPHONE NUMBER & AREA CODE (000) 000-0000		8. TRAVEL ORDER/AUTHORIZATION NUMBER 10-213		9. PREVIOUS GOVERNMENT PAYMENT ADVANCES 768.00	
ORGANIZATION AND STATION WRAMC		10. FOR D.O. USE ONLY ADVANCE VOUCHER NUMBER		b. SUBVOUCHER NUMBER			
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		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 type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. MILES		
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)						
3/14	DEP Freedom, IN	TP					
3/14	ARR Walter Reed AMC, DC	TD		600.00			
	ARR First Accrual 3/14/2015 Thru 3/31/2015						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS		e. SUMMARY OF PAYMENT (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 0.00 (10) Amount Due			
18. REIMBURSABLE EXPENSES		19. 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
3/17/14	Lodging Taxes	\$0.00					
20.a. CLAIMANT SIGNATURE		TRAVELER'S SIGNATURE		b. DATE 6/14/2015			
c. REVIEWER'S PRINTED NAME		d. SIGNATURE	e. TELEPHONE NUMBER	f. DATE 6/14/2015			
REVIEWER'S NAME		REVIEWER'S SIGNATURE	000-000-0000				
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE	TELEPHONE NUMBER	d. DATE			
22. ACCOUNTING CLASSIFICATION		Reviewer's Information					
23. COLLECTION DATA							
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID			

Need a form?

The DD Form 1351-2 has been updated. All travel voucher packets 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.

Remember, your 1351-2 must include your signature! 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! Email can be an insecure way to send your personal information. If possible, encrypt you message to help keep yourself safe from identity thieves. If you are unsure, fax or mail your documents to us.

Instructions for completing a DD Form 1351-2

Block 1: Electronic Funds Transfer (EFT) is highly recommended, though checks may be issued.

* Use a voided check or SF1199 Direct Deposit Form

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

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	<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:	\$ _____

- Block 2:** Last Name, First Name, Middle Initial of family member
- Block 3:** If non-DoD employee, or non-military, indicate "CIV"
- Block 4:** Full Social Security Number (9 digits) of family member
- Block 5:** Indicate "TDY" for short term visitation and "Other"
- Blocks 6a-6d:** Valid mailing address for receipt of advice of payment or check
- Block 6e:** Valid e-mail address
- Block 7:** Daytime telephone number in the event DFAS-IN should need to make contact
- Block 8:** Order number, which is typically listed on the upper left hand corner to the orders provided to the family member
- Block 9:** List any and all previous payments paid from any Finance Office pertaining to the travel period being claimed
- Block 10:** Do Not Use - Leave Blank
- Block 11:** Hospital or medical treatment facility in which Soldier is being treated

2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)		
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee
					<input type="checkbox"/> PCS	<input type="checkbox"/> Other
e. E-MAIL ADDRESS				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		
11. ORGANIZATION AND STATION				b. SUBVOUCHER NUMBER		

Blocks 12-14: Leave Blank

15. ITINERARY				c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
3/14	DEP	Freedom, IN			TP	
3/14	ARR	Walter Reed AMC, DC				TD
7/05	DEP				TP	
7/05	ARR	Freedom, IN				MC
	DEP					

Block 15: Itinerary

a: Date: List the year the travel was conducted. Next to "DEP" list the date you departed your residence. Next to "ARR" list the date arrived at the next mode of travel or location

b: Place:

DEP: List the city and state that was departed

ARR: List the city and state in which you arrived

Once this is complete, indicate the date of departure of current location. Repeat step "b" until all overnight stops are listed and final destination has been reached

c: Means/Modes of Travel: List the type of transportation used for each leg of travel. Use the two-letter code found in the Means/Modes of Travel box below

d: Reason for Stop: List the reason for stops using the appropriate two letter code listed here:

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

TD- Temporary Duty is used to indicate time spent at medical treatment facility

MC- Mission Complete is used to conclude travel

LV- Leave is used to indicate time away from the medical treatment facility; either on site, at home of residence or chosen location

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. Check the box in block 16 for own/operate if you owned or physically operated (e.g., drove) the vehicle used to travel to or from the TDY/PCS location

The "Means/Modes of Travel" block should include the appropriate two-letter code:

Choices for first letter:

T: Government provided ticket

G: Government Transportation

C: Commercial Transportation

P: Privately Owned Conveyance

Choices for second letter:

A: Automobile

M: Motorcycle

B: Bus

P: Plane

R: Rail

Most common combinations:

PA - Private Auto

TP - Government provided airfare (no cost)

CA - Commercial Auto (taxi)

CP - Commercial airfare (traveler purchased)

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

16. POC TRAVEL (<i>X one</i>)	<input type="checkbox"/> OWN/OPERATE	<input checked="" type="checkbox"/> PASSENGER
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Block 17: Indicate the duration of Temporary Duty (TDY) travel

17. DURATION OF TRAVEL	
<input type="checkbox"/>	12 HOURS OR LESS
<input type="checkbox"/>	MORE THAN 12 HOURS BUT 24 HOURS OR LESS
<input checked="" type="checkbox"/>	MORE THAN 24 HOURS

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred
- b: List the type of expense (i.e., lodging taxes)
- 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:** This block will typically be left blank unless certain meals are provided to you by the government at reduced or not cost to you

19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

Block 20 (a & b): Physical signature of traveler and date the voucher was signed. **Both must be complete**

Block 20 (c, d, e & f): Finance Office 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
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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

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.

Army Wounded Warrior - Travel Pay

Frequently Asked Questions

- Q. WHAT ARE INVITATIONAL TRAVEL AUTHORIZATIONS?
- A. Invitational Travel Authorizations (ITAs) are government orders that can authorize up to three family members of a Wounded Warrior to travel to the medical treatment facility where the Service Member is receiving care.
- Q. WHAT DO ITAs AUTHORIZE?
- A. ITAs can authorize up to three family members to travel to the location of the Service Member. When on ITAs, your travel to and from the hospital, lodging costs, meals, and incidental expenses are reimbursed by the government. You will be paid a daily rate (per diem) for your meals and incidental expenses. The per diem rates received may differ depending on the location on the orders-not the location of the hotel. Lodging costs cannot exceed the approved lodging rate for the area you are temporarily staying. Per diem and maximum lodging rates vary for each location. Please contact your local Wounded Warrior Pay Management Team for current rates.
- Q. HOW CAN AN ADVANCE BE OBTAINED?
- A. You are authorized a one-time advance while staying at the medical treatment facility. Authorization for the advance must be reflected on your orders. The advance amount you are eligible to receive will depend upon the length of your stay at the facility. The amount received for each day will be 80% of the set per diem and 100% of the lodging rate to be paid. You are able to receive your advance via electronic funds transfer (EFT), check, or in some instances you can be paid cash. Your local WWPMT can help you fill out your advance request and can submit it for payment on your behalf. A travel voucher must be filed with your local WWPMT in order to settle the advance received.
- Q. HOW DO I GET REIMBURSED FOR MY TRAVEL ENTITLEMENTS WHILE AT THE MEDICAL TREATMENT FACILITY?
- A. In order to be reimbursed for the amount you have spent on travel, lodging, meals, and incidentals you must complete a travel voucher, DD 1351-2. If you have been issued an advance at the start of your trip you must claim the total amount of the advance on your first voucher submitted. The advance must be paid back to the government. If you do not claim the amount of the advance in your first travel voucher, there is a possibility you will be in debt to the U.S. Government. When filing your travel voucher you must submit a copy of all orders with your voucher.
- Q. WHAT IS A MONTHLY TRAVEL ACCRUAL?
- A. A monthly accrual is a voucher that is submitted every month to pay the travel entitlements accrued from the previous month. Your local WWPMT can assist you in completing and submitting these vouchers every month. If preferred, you can wait until your travel is completed before you

submit a voucher. Your voucher would then reimburse you for the entire period.

Q. WHAT ARE NON-MEDICAL ATTENDANT ORDERS?

- A. When your Wounded Warrior becomes an outpatient, you may be issued Non-Medical Attendant (NMA) orders. While the Service Member is an outpatient, typically one person is authorized travel entitlements. NMAs work similar to ITAs, with the same travel entitlements authorized. You are still authorized per diem and lodging costs at the current location not to exceed the approved lodging rate for that specific location. Please continue to file a monthly travel voucher through DTS.

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 the Travel Customer Service Representative at 1-317-212-3562 or DSN 699-3562 or email us at dfas.indianapolis-in.jfa.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 by fax to (317) 275-0138 (DSN 510-366-0138) by e-mail at dfas.indianapolis-in.jfa.mbx.in-travel-casualty@mail.mil, or by mail at:

DFAS-IN/Casualty (JFA)
Travel 8899 E. 56th St.
Indianapolis, IN 46249

Q. HOW DO I PREPARE A SUPPLEMENTAL CLAIM?

- A. The supplemental claim must include:
- A DD1351-2 marked "SUPPLEMENTAL" Provide a full explanation of the item(s) of expense in question on the revised DD1351-2 or on a separate sheet of paper
 - A copy of the Advice of Payment for the voucher in question
 - A copy of the initial DD 1351-2 and continuation sheets (if any)
 - One copy of the orders and amendments
 - 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

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
7. 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:

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

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