

Instructions for completing the DD FORM 1351-2 for mileage reimbursement

Block Number	Content
1 Payment	Select Electronic Fund Transfer (EFT)
2 Name	Last Name, First name, Middle Initial
3 Grade	Type CIV
4 SSN	Last four digits of your social security number
5 Type of payment	Select TDY
6 Address	a. Street address, no PO Boxes b. City of residence c. State of residence d. Zip Code of residence e. Your preferred email address
7 Daytime Telephone Number	Your daytime phone number
8	Leave Blank
9	Leave Blank
10	Leave Blank
11 Organization	ESGR
12	Leave Blank
13	Leave Blank
14	Leave Blank

15 See below example:

15. ITINERARY						
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. LODGING COST	f. POC MILES
2016						
Jan 1	DEP	HOR	PA			
Jan 1	ARR	Destination Street		TD		20
Jan 1	DEP	Destination City, State, Zip	PA			
Jan 1	ARR	HOR		MC		20
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

16 POC Travel	Select Own/Operate
17 Duration of Travel	Select 12 hours or less
18	Leave Blank
19	Leave Blank
20 Claimant Signature	a. Your signature b. Date you filled out the form