

HOW TO FILL OUT A DD FORM 1351-2 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.			
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____			
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"/> PCS <input type="checkbox"/> Dependent(s)
e. E-MAIL ADDRESS				<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		10. FOR D.O. USE ONLY	
11. ORGANIZATION AND STATION				a. D.O. VOUCHER NUMBER	
				b. SUBVOUCHER NUMBER	

BLOCK 1. PAYMENT. EFT is the only authorized option. This will ensure the member’s payment is sent to the same bank account as their military pay. If a government travel charge card (GTCC) is used, under “Split Disbursement,” check the box and enter the amount to be split to the GTCC.

BLOCK 2. NAME. Type or print the member’s Last Name, First Name, and Middle Initial

BLOCK 3. GRADE. Type or print the member’s pay grade (E-5, O-3, W-1, etc.)

BLOCK 4. SSN. Type or print the member’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. ADDRESS. Type or print the member’s 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. Type the best email address with which to contact the member.

BLOCK 7. DAYTIME TELEPHONE NUMBER AND AREA CODE. Type or print the member’s current daytime telephone number.

BLOCK 8. TRAVEL ORDER/AUTHORIZATION NUMBER. Type or print the travel order number as written on the member’s PCS/TDY orders. Do not use order numbers for amendments.

BLOCK 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES. Type or print the amount of travel advance the member received, the DOV#, and date of payment. Write "None" if they did not receive a travel advance. (NOTE: this is only money the member received from the government for this travel).

BLOCK 10. FOR D.O. USE ONLY. Use section “d. COMPUTATONS” for remarks.

BLOCK 11. ORGANIZATION AND STATION Type or print the member’s current organization and station.

12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			c. PAID BY			
ACCOMPANIED			UNACCOMPANIED						
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE						
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?			d. COMPUTATIONS			
			(X one) YES						
			NO (Explain in Remarks)						
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	
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
								e. SUMMARY OF PAYMENT	
								(1) Per Diem	
								(2) Actual Expense Allowance	
								(3) Mileage	

BLOCK 12. DEPENDENT(S). Check "ACCOMPANIED" if the member is traveling with dependents during *this* travel. If no dependent traveled on this claim, check "UNACCOMPANIED" and go to block 15.

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

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

-BLOCK 12c. DATE OF BIRTH OR MARRIAGE. Type or print date of marriage for spouse or date of birth for other dependents. If the member has more than four dependents, write the information on the reverse side of the DD Form 1351-2 in Block 29, Remarks.

BLOCK 13. DEPENDENTS ADDRESS ON RECEIPT OF ORDERS. Type or print dependent's address at the time the member received their orders.

BLOCK 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? Indicate whether household goods were shipped with this PCS.

BLOCK 15. ITINERARY

-BLOCK 15a DATE. Type or print the date of arrival and departure for all points listed, including the year at the top (under "a. DATE"). Dates must match orders/endorsements.

-BLOCK 15b PLACE. Type or print the locations of the departure and arrival location, including city and state. If multiple modes of travel were used, indicate the location of mode changes. If TDY was authorized indicate the arrival and departure locations. Locations must match orders/endorsements. Using general terms such as home, office, or HTC without city and state is not valid.

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

First Letter		Second Letter	
GTR/TKT	T	Automobile	A
Government Transportation	G	Motorcycle	M
Commercial Transportation (Own Expense)	C	Bus	B
Privately Owned Conveyance	P	Plane	P
		Rail	R
		Vessel	V

For example: Using their own truck or automobile would be PA or an airline ticket provided by the Commercial Ticket Office (CTO) would be TP. If they traveled by Commercial Transportation (Own Expense) make sure they include a copy of the tickets with their 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	Hospital Admittance	HA
Authorized Return	AR	Mission Complete	MC	Hospital Discharge	HD
Awaiting Transportation	AT	Temporary Duty	TD	Voluntary Return	VR

-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 local departure and arrival points when using an owned and operated Privately Owned Conveyance (POC). Example: Travel to/from home/office/HTC to airport or in and around the PDS. The Disbursing Office will use standard distance rates as established by Defense Table of Official Distances for all other travel.

16. POC TRAVEL (X one)		OWN/OPERATE	PASSENGER	17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS	(5) DLA		
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED		(6) Reimbursable Expenses		
					(7) Total		0.00
					(8) Less Advance		
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(9) Amount Owed		0.00
				MORE THAN 24 HOURS	(10) Amount Due		
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE							b. DATE
c. REVIEWER'S PRINTED NAME			d. SIGNATURE			e. TELEPHONE NUMBER	
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE			c. TELEPHONE NUMBER	
						d. DATE	

BLOCK 16. POC TRAVEL. If the member traveled using a Privately Owned Conveyance indicate whether they owned and drove the vehicle or were a passenger of a vehicle.

BLOCK 17. DURATION OF TRAVEL. Place an X on applicable blocks.

BLOCK 18. REIMBURSABLE EXPENSES. Print or type all items of reimbursable expenses. For example, rental car, conference registration fees, bridge tolls, gas, ferry fees, taxi expense, exam fees, etc. However, some require pre-authorization on orders. Claims for more than one POC in conjunction with a PCS can also be shown in these blocks (e.g. "(2) POVs"). Any lodging or reimbursable expense \$75.00 or more will require a receipt. Reference Joint Travel Regulations Chapter 2 Part M and Appendix G for a complete list with stipulations.

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

BLOCK 20a/b. CLAIMANT SIGNATURE. The member **MUST** sign and date the claim on or after the completion of travel.

BLOCK 21a/b/c/d. APPROVING OFFICIAL. All TDY claims must be reviewed and signed by an Approving Official in **possession of a valid DD Form 577** Appointment/Termination Record. Send the DD Form 577 with the travel package. **PCS claims do not** require an Approving Official signature.

Attach the appropriate supporting documents (orders, receipts, tickets, statement in lieu of receipts, etc.).

Notes:

General

1. Use the current DD form 1351-2 dated May 2011. All others are obsolete.
2. Ensure that all dates are provided on 1351-2 and that they match the orders and endorsements.
3. Ensure claim is signed and completely filled out all information must be correct (SSN, name etc.).
4. List all advances in block 9.
5. Ensure that web orders are provided and all the orders are signed and reporting endorsements are included.
6. Reporting and detaching endorsements must be provided for all TAD sites for PCS with TEMINS or DUINS enroute.
7. Page 3/CHRO screen in 3270 is accepted in place of orders for accession claims only.
8. Provide a copy of flight itinerary if government flight was issued.
9. GTR reroute statement must be provided if the Marine change their government issued ticket in any way.
10. Ensure that all documentation is legible
11. Provide receipts for lodging regardless of amount and all expenses \$75.00 or more (credit card slips and bank statements are not considered receipts).
12. Lodging receipts must be itemized

Dependent Travel

1. If dependents' itinerary varies from member's itinerary in any way, they must have a separate itinerary.
2. Block 12 and 13 must be filled out correctly in order to pay dependent travel.
3. Block 13 should reflect the old address (where dependents were upon receipt of orders) NOT the new address.

DLA

1. If a Marine (E-5 and below) is not married or did not relocate their dependents but they are claiming DLA, ensure they have an endorsement from their command that states "government quarters are not assigned."
2. Ensure Block 13 is filled out correctly in order to receive dependent DLA.

TLE

1. Ensure the TLE form is filled out completely and signed (must check the boxes as well when they are applicable).
2. Ensure that temporary lodging is near the old or new duty station or designated location (which must be listed in the orders).
3. Lodging receipts must be provided regardless of amount (statement in lieu is not authorized for lodging).

PCS DD Form 1351-2 Example:

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty State and Instructions on back before completing form. Use typewriter, ink, or ball point pen. 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. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00		DTMS Doc ID:			
2. NAME (Last, First, Middle Initial) (Print or Type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)			
Puller, Lewis B		O-9	1234567890	<input type="checkbox"/> TDY	<input checked="" type="checkbox"/> Member/Employee		
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	7. DAYTIME TELEPHONE NUMBER & AREA CODE		
1234 W DevDog Rd		BEAUFORT	SC	2990600000	555-555-5555		
e. E-MAIL ADDRESS		8. TRAVEL ORDER AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY	
Chesty0001@gmail.com		M0000000CTB0000		0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (include Zip Code)		b. SUBVOUCHER NUMBER	
MCAS BEAUFORT SC		<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		1234 Motivation Dr Camp Lejeune NC 28542		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)		d. COMPUTATIONS	
Puller, Virginia		SPOUSE	19371113	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		1 POV USBD	
15. ITINERARY				MEANS/ MODE OF TRAVEL		REASON FOR STOP	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					f. POC MILES	
02/13	OKINAWA JP	TP				I took leave from 2/14 - 2/17	
02/13	SEATTLE WA	TP		AT			
02/13	DALLAS FT WORTH TX	TP		AT			
02/13	TAMPA FL	PA		AT			
02/14	HERNANDO FL	PA		LV		PREPARED BY:	
02/17	BEAUFORT SC	PA		LV		LCPL MCGINNIS 20160225	
02/24	MCAS BEAUFORT SC	PA		MC		e. SUMMARY OF PAYMENT	
16. POC TRAVEL (X one)				17. DURATION OF TRAVEL		(1) Per Diem	
<input checked="" type="checkbox"/> OWN/OPERATE		PASSENGER		12 HOURS OR LESS		(2) Actual Expense Allowance	
18. REIMBURSABLE EXPENSES				MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(3) Mileage	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	MORE THAN 24 HOURS		(4) Dependent Travel	
20160212	OVERWEIGHT BAGGAGE	\$123.00		<input checked="" type="checkbox"/>		(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
				19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20. a. CLAIMANT SIGNATURE				b. DATE			
<input checked="" type="checkbox"/> L. Puller				20160225			
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		f. DATE	
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
22. ACCOUNTING CLASSIFICATION							
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	

DD FORM 1351-2, MAY 2011

PREVIOUS EDITION IS OBSOLETE.

Exception to SF 1012 approved by GSA/IRMS 12-91.
Adobe Designer 8.0

TDY DD Form 1352-2 Example:

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 DTMS Doc ID:		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.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
<input type="checkbox"/> Payment by Check		2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. BSN	5. TYPE OF PAYMENT (X as applicable)	
Hardcharger, Ian M		E-3		1234567890	<input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
6. ADDRESS: a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE		
12345 S Fidelis Rd		FRANKLIN		TN	370640000		
e. E-MAIL ADDRESS: I.M.Hardcharger@gmail.com		10. FOR D.O. USE ONLY					
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION # (HARS#)		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER	
555-555-5555		M0000000T000000				b. SUBVOUCHER NUMBER	
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
KILO CO 3D BN 23D MARINES				37064			
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
<input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		c. PAID BY	
						d. COMPUTATIONS	
						Mbr did not take leave	
15. ITINERARY							
a. DATE	b. PLACE (Home, OVR, Base, Activity, City and State, City and Country, etc.)	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES		
12/04	FRANKLIN, TN 37064	PA					
12/04	HTC SMYRNA, TN 37167	PA	TD		29		
12/04	BRIDGETON, MO 63044	PA	TD	\$326.73	345		
12/07	HTC SMYRNA, TN 37167	PA	TD		345		
12/07	FRANKLIN, TN 37064	MC			29		
						Prepared by: LCpl Pacstud	
						e. SUMMARY OF PAYMENT	
						(1) Per Diem	
						(2) Actual Expense Allowance	
						(3) Mileage	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OVI/OPERATE		PASSENGER		17. DURATION OF TRAVEL	
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED	
20141207		Rental Car		250.00		12 HOURS OR LESS	
						MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
						<input checked="" type="checkbox"/> MORE THAN 24 HOURS	
18. GOVERNMENT DEDUCTIBLE MEALS							
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20. CLAIMANT SIGNATURE							
I M Hardcharger						d. DATE	
						160224	
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		f. DATE	
Pvt O M Johnson		O M Johnson		555-555-5555		160224	
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
SSgt J Basilone		J Basilone		555-555-5555		160224	
22. ACCOUNTING CLASSIFICATION							
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	

DD FORM 1351-2, MAY 2011

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