

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 type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt to Govt Tvl Charge Card \$ _____				2. TYPE OF PAYMENT (<i>X as applicable</i>) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER _____					
4. NAME (<i>Last, First, Middle Initial</i>) (<i>Print or type</i>) _____				5. GRADE _____		6. SSN _____		b. SUBVOUCHER NUMBER _____			
7. ADDRESS: a. NUMBER AND STREET _____			b. CITY _____		c. STATE _____		d. ZIP CODE _____		c. PAID BY _____		
8. DAYTIME TELEPHONE NUMBER & AREA CODE _____		9. TRAVEL ORDER NUMBER _____		10. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES							
11. ORGANIZATION AND STATION _____											
12. DEPENDENT(S) (<i>X and complete as applicable</i>) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (<i>Last, First, Middle Initial</i>) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE						13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (<i>Include Zip Code</i>)					
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (<i>X one</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>Explain in Remarks</i>)											
15. ITINERARY										d. COMPUTATIONS	
a. DATE	b. PLACE (<i>Home, Office, Base, Activity, City and State; City and Country, etc.</i>)				c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES			
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 (<i>X one</i>)		OWN/OPERATE		PASSENGER		17. DURATION OF TDY TRAVEL					
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED		12 HOURS OR LESS			
								MORE THAN 12 HOURS BUT 24 HOURS OR LESS			
								MORE THAN 24 HOURS			
18. REIMBURSABLE EXPENSES											
19. GOVERNMENT/DEDUCTIBLE MEALS											
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS					
20.a. CLAIMANT SIGNATURE _____				b. DATE _____		c. SUPERVISOR SIGNATURE _____				d. DATE _____	
21.a. APPROVING OFFICER SIGNATURE _____										b. DATE _____	
22. ACCOUNTING CLASSIFICATION											
23. COLLECTION DATA											
24. COMPUTED BY _____		25. AUDITED BY _____		26. TRAVEL ORDER POSTED BY _____		27. RECEIVED (<i>Payee Signature and Date or Check No.</i>) _____				28. AMOUNT PAID _____	

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of 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 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	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
<i>(Own expense)</i>	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance <i>(POC)</i>	- P	Vessel	- V

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

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN