



## DD FORM 1351-2 Travel Voucher



# Completing the Travel Voucher



➤ **Block 1 (Payment):**

- **EFT MANDATORY**
- **IF YOU WANT SPLIT DISBURSEMENT PLEASE ANNOTATE THE AMOUNT AND PLACE AN X IN THE BLOCK**

TRAVEL VOUCHER OR SUBVOUCHER					
1. PAYMENT		SPLIT DISBURSEMENT: The following represents travel charges for travel representing travel charges for travel required to designate a payment			
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Pay the following amount			
<input type="checkbox"/> Payment by Check					
2. NAME (Last, First, Middle Initial) (Print or type)					
6. ADDRESS. a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE
				PCS	Other
				Dependent(s)	DLA
e. E-MAIL ADDRESS				10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		a. D.O. VOUCHER NUMBER	
9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES				b. SUBVOUCHER NUMBER	
11. ORGANIZATION AND STATION				c. PAID BY	
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	
ACCOMPANIED		UNACCOMPANIED			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				d. COMPUTATIONS	
<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)					



# Completing the 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.			
<b>1. PAYMENT</b> <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____			
<b>2. NAME</b> (Last, First, Middle Initial) (Print or type)		<b>3. GRADE</b>	<b>4. SSN</b>		<b>5. TYPE OF PAYMENT</b> (X as applicable)
<b>a. ADDRESS</b> - NUMBER AND STREET		<b>b. CITY</b>	<b>c. STATE</b>	<b>d. ZIP CODE</b>	<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)
					<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA
<b>10. FOR D.O. USE ONLY</b>					
<b>a. D.O. VOUCHER NUMBER</b>					
<b>b. SUBVOUCHER NUMBER</b>					
<b>c. PAID BY</b>					
<b>d. COMPUTATIONS</b>					

- **Block 2-4: Self explanatory**
- **Block 5: EVERYONE-"X" Member & PCS**
  - TDY if you were enroute (school)
  - DLA for E-6 or above not moving into BEQ/BOQ whether you arrived here with your dependents or not
  - DLA for E-5 and below if dependents accompanied you
  - DLA E-5 and below if dependants did not accompany you to Fort Leavenworth but you have Commanders Memo for not residing in the barracks.
  - If you are claiming TLE today, check other, must have itemized lodging receipt showing day-by-day and SNA if lodging off post



# Completing the 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.			
<b>1. PAYMENT</b> <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____			
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b>		<b>3. GRADE</b>	<b>4. SSN</b>		<b>5. TYPE OF PAYMENT (X as applicable)</b>
<b>6. ADDRESS. a. NUMBER AND STREET</b>		<b>b. CITY</b>	<b>c. STATE</b>	<b>d. ZIP CODE</b>	<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
<b>e. E-MAIL ADDRESS</b>		<b>10. FOR D.O. USE ONLY</b>			
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>	<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>	<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>		<b>a. D.O. VOUCHER NUMBER</b>	
<b>11. ORGANIZATION AND STATION</b>				<b>b. SUBVOUCHER NUMBER</b>	
				<b>c. PAID BY</b>	
				<b>d. COMPUTATIONS</b>	

➤ **Block 6a-d:** Address where you can receive mail. A statement of your travel payment will be sent to this address. Must be within 48 CONUS states. CAN NOT be Puerto Rico, Hawaii, Alaska, Guam or APO

➤ **Block 6e:** Email address (AKO, Google, Yahoo, Etc.)

➤ **Block 7:** Daytime phone number. Prefer Cell Phone. If you don't have a daytime phone number, leave blank

➤ **Block 8:** Need travel order # in upper left hand corner, and date which is in the upper right hand corner of your ORIGINAL PCS order

➤ **Block 9:** List any travel advances you received. (i.e., DLA, or Travel Advance, DO NOT LIST ADV Pay) DITY moves are handled by Transportation



# Completing the Travel Voucher



- Block 11 Unit of Assignment (Permanent).
- Block 12: If your dependents accompanied you, mark accompanied, and list them in Block 12a, b, and c. If they didn't come or your don't have dependents mark unaccompanied
- Block 13: Address where your dependents were when you received your orders to come to Fort Leavenworth.
- Block 10d Annotate Sign In and Sign Out Dates from DA-31

					Dependent(s)	DLA
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	
12. DEPENDENT(S) <i>(X and complete as applicable)</i>					13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS <i>(Include Zip Code)</i>	
ACCOMPANIED			UNACCOMPANIED			c. PAID BY
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE				
						d. COMPUTATIONS
					14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? <i>(X one)</i>	
					<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Explain in Remarks)</i>	



# Completing the Travel Voucher



15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
DEP	Ft Jackson S.C.					
ARR	Dallas TX					
DEP	Kansas City MO					
ARR	Ft Leavenworth KS					
DEP						
ARR						
DEP						
ARR						
DEP						(2) Actual Expense Allowance
ARR						(3) Mileage

➤ **Block 15 (ITINERARY)**

➤ **Column B (place):**

- Last Duty Station or MEPS Station or AIT
- Leave Point if you went on leave, HRAP is considered LEAVE
- If you flew in to Kansas City and got a taxi, rental car, or POV. List KCI
- Fort Leavenworth KS



## STATESIDE TO STATESIDE PCS



# Completing the Travel Voucher



15. ITINERARY		c.	d.	e.	f.	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES	
DEP	Heidleburg GE					
ARR	Frankfurt GE					
DEP	Chicago IL					
ARR	Pontoon Beach MO					
DEP	Nashville TN					
ARR	Ft Leavenworth KS					
DEP						(2) Actual Expense Allowance
ARR						(3) Mileage

➤ **Block 15 b: OCONUS PCS**

- Last Duty Station
- Airport that you flew out of
- First place you landed in CONUS
- VPC location (if shipped vehicle and picked up)
- Leave point if you went on leave
- Fort Leavenworth

## OVERSEAS TO STATESIDE PCS



# Completing the Travel Voucher



15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
DEP	West Point Academy				
ARR					
DEP	Las Vegas Nevada				
ARR					
DEP	Ft Benning GA				
ARR					
DEP	Ft Knox KY				
ARR					
DEP	Las Vegas NV (X-Mas Lv)				
ARR					
DEP	Ft Knox KY				
ARR					
DEP	Ft Leavenworth KS				
ARR					

➤ **Block 15 B:TDY ENROUTE**

- Last Duty Station, University or Home of Record
- Leave
- TDY Point (BOLC II)
- TDY Point (BOLC III)
- Leave (X-Mas Leave)
- TDY Point (BOLC III)
- Fort Leavenworth

•NOTE: For OBC, Need Every Leave time and location



# Completing the Travel Voucher



15. ITINERARY		c.	d.	e.	f.	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING	POC	
DEP	Ft Jackson SC	CP				
ARR	Dallas TX					
DEP		CP				
ARR	Kansas City MO					
DEP		PA				
ARR	Ft Leavenworth KS					
DEP						
ARR						
DEP						
ARR						(1) Per Diem
DEP						(2) Actual Expense Allowance
ARR						(3) Mileage

➤ **Block 15 Column c (mode of travel): Entries will be in the Odd Blocks (i.e., 1, 3, 5, etc)**

- PA = POV or Rental
- CA = Commercial Auto
- CP = Commercial Plane
- CR = Commercial Train
- CB = Commercial Bus
- GA = Government Auto
- GP = Government Plane
- TR = Government Train
- GB = Government Bus



# Completing the Travel Voucher



15. ITINERARY		c.	d.		
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE OF TRAVEL	REASON FOR STOP		
DEP	Ft Jackson SC	CP			
ARR	Dallas TX		LV		
DEP		CP			
ARR	Kansas City MO		AT		
DEP		PA			
ARR	Ft Leavenworth KS		MC		
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					
ARR				e. SUMMARY OF PAYMENT	
ARR				(1) Per Diem	
DEP				(2) Actual Expense Allowance	
ARR				(3) Mileage	

➤ Block 15 Column d (reason for stop): Entries will be in the Even blocks (i.e., 2, 4, 6, etc)

- AT = awaiting transportation at Airport
- AD = authorized delay (airline memo)
- LV = leave (Includes HRAP, PTDY)
- TD = TDY (Military Schools)
- MC = Mission Complete (Arrived at Ft Leavenworth KS)
- PU = Pick up vehicle shipped from overseas



# Completing the Travel Voucher



15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
2015						
9 May	DEP Ft Jackson SC	CP				
9 May	ARR Dallas TX		LV			
20 May	DEP Dallas TX	CP				
20 May	ARR Kansas City MO					
20 May	DEP Kansas City MO					
20 May	ARR Ft Leavenworth KS					
	DEP Ft Leavenworth KS					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					e. SUMMARY OF PAYMENT
	DEP					(1) Per Diem
	ARR					(2) Actual Expense Allowance
	DEP					(3) Mileage
	ARR 2 POV's					

➤ **Block 15 Column a (date):**

- Under Date, write in the year - 2015

➤ You must enter a month and day for each Departure and arrive (i.e., 2 May)

➤ If you drove 2 POV's, annotate in the last block of the itinerary.



# Completing the Travel Voucher



16. POC TRAVEL ( <i>X one</i> )		<input checked="" type="checkbox"/>	OWN/OPERATE			PASSENGER	17. DURATION OF TDY TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES							12 HOURS OR LESS	(5) DLA		
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED		MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(6) Reimbursable Expenses		
							MORE THAN 24 HOURS	(7) Total		0.00
								(8) Less Advance		
							(9) Amount Owed		0.00	
							(10) Amount Due			
19. GOVERNMENT/DEDUCTIBLE MEALS										
			a. DATE	b. NO. OF MEALS					a. DATE	b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE										
21.a. APPROVING OFFICER SIGNATURE										
22. ACCOUNTING CLASSIFICATION										
23. COLLECTION DATA										
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED ( <i>Payee Signature and Date or Check No.</i> )			28. AMOUNT PAID	

➤ **Block 16: POC travel**

- Mark Owner/operator if responsible for operation/maintenance expense & used POC at any point during trip, e.g. to/from airport etc.
- If you were a passenger, mark passenger.



# Completing the Travel Voucher



16. POC TRAVEL ( <i>X one</i> )		OWN/OPERATE	PASSENGER	17. DURATION OF TDY 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		
	TOLL	2.00			(7) Total	0.00	
25 May 07	TLE	400.00			(8) Less Advance		
3 Jun 07				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		DATE		SUPERVISOR SIGNATURE		DATE	
21.a.				22. A			
23. COLLECTION DATA							
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED ( <i>Payee Signature and Date or Check No.</i> )			28. AMOUNT PAID	

➤ **Block 18: List expenses you want to be reimbursed for. You can claim: commercial plane,( to include if paid by GOVCC by Soldier) CTO fees, bus, taxis, or train tickets, tolls, or skycaps.**

➤ **If TDY enroute ATM fees and In and Around Mileage if authorized.**

➤ **You must have receipt for any expense over \$75.00**

# Completing the Travel Voucher



16. POC TRAVEL ( <i>X one</i> )		OWN/OPERATE	PASSENGER	17. DURATION OF TDY 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
<p>➤ <b>Block 22:</b></p> <ul style="list-style-type: none"> <li>• Spouses name and SSAN and branch of service if Dual Military</li> </ul>							0.00
						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/ AUTHORIZATION POSTED BY		27. RECEIVED ( <i>Payee Signature and Date or Check No.</i> )		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



# Completing the Travel Voucher



16. POC TRAVEL ( <i>X one</i> )		OWN/OPERATE	PASSENGER	17. DURATION OF TDY TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS	MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(5) DLA	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED			(6) Reimbursable Expenses	
						(7) Total	0.00
				MORE THAN 24 HOURS	(8) Less Advance		
					(9) Amount Owed	0.00	
				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			

➤ **Block 20a&b (signature and date):**

- Check voucher and verify.
- Sign and date

DD FORM 1351-2, MAY 2011

Reset

approved by  
GSA/IRMS 12-91.



## POV pick-up?

After you have picked up your vehicle, please come to the Finance office with the following documents:

- A complete copy of your orders
- Any receipts (hotel, train, etc) for the trip to pick up your vehicle

Finance will assist with the remaining documents and completion of the travel claim

