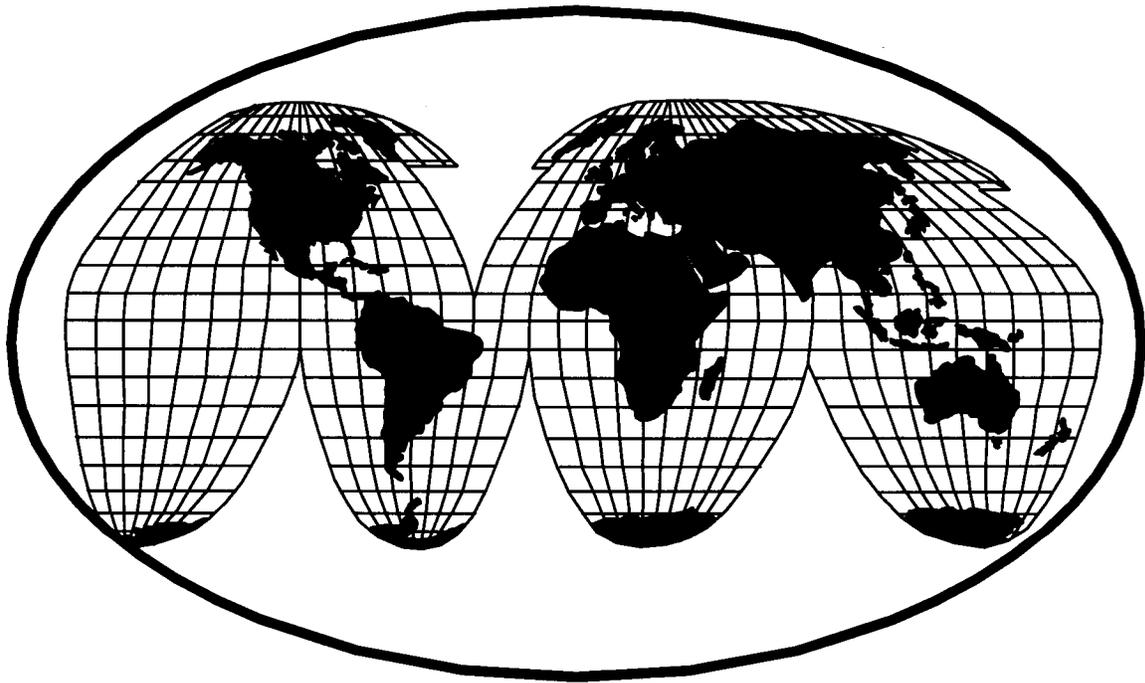




Directorate For Network Operations

TRAVEL GUIDE



“We Travel The World”

DFAS Indianapolis

October 1998

PREFACE

The Directorate for Network Operations (DNO)'s goal is to make all Travel Payments within 10 work days from our date of receipt and reduce the baseline cost while maintaining effective and efficient customer service. The DNO Travel Guide is a major step towards meeting our goal. It provides basic information on travel claims processing as a ready reference for all our customers. This DNO publication reflects our local procedures as well as regulatory information. It does not represent an agency-wide DFAS "position" on processing travel claims.

This Travel Guide provides relevant information that will benefit all of our customers from the Reservists who may travel once a year, to those Active Duty customers who travel year round. It is our intent to provide the widest dissemination of this document so that all DNO customers may benefit from our processing expertise. Travelers need to be aware that specific processing procedures may vary from one Operating Location (OPLOC) to another. Travelers in doubt should contact the OPLOC's travel settlement processing office for guidance.

This pamphlet is a joint endeavor of representatives of DFAS-IN/N Travel, Accounting, Disbursing and Systems divisions. The DNO Travel Guide is not intended to replace guidance found in the Joint Federal Travel Regulations (JFTR) Volume 1 or the Joint Travel Regulations (JTR) Volume 2. To help us better serve our customers please provide comments, recommendations or changes to the following address:

DEFENSE FINANCE AND ACCOUNTING SERVICE INDIANAPOLIS CENTER
DIRECTORATE FOR NETWORK OPERATIONS
8899 EAST 56TH STREET
DEPT 3700
INDIANAPOLIS IN 46249-3700

I solicit your support on behalf of the DNO Travel Divisions, so that we can maximize customer service and economic benefits. With your support, DNO looks forward to improving our customer service while streamlining our travel claims processing and reducing turn around time.

Robert V. Kurrus
COL, U.S. Army
Director, Network Operations

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GENERAL POLICY AND PROCEDURES

The information provided in this pamphlet is designed to assist travelers in the proper preparation of travel claims and to answer questions which may arise concerning travel policies. The Customer Service number listed on page 5 should be used as a first resource to answer such questions.

- Travel regulations do not require travel orders to be amended unless the number of days of TDY authorized is exceeded by 100 percent or 7 days, whichever is less. Example: If TDY is for 8 days, the traveler may be on TDY for 15 days, including travel time, before an amendment is required. Additionally, official travel may begin as many as 7 days before or after the date indicated on the travel order before an amendment is required.
- Travel advance payment policies conform to the Joint Federal Travel Regulations (JFTR), Volume I and the Joint Travel Regulations (JTR), Volume II. As a convenient alternative to the issuance of a travel advance, travelers are to use, to the maximum extent possible, the Government Sponsored Charge Card. Our policy is to process advances 10 workdays prior to the proceed on or about date on a travel order. Requests for advances should be forwarded at least 15 workdays in advance of the proceed date, if at all possible.
- Travel advances not properly liquidated will prompt one advisory letter. If not settled in the prescribed 30 day time frame, it will be promptly collected from the traveler's pay unless other arrangements have been approved by DFAS-IN/N.
- SF 1164 (Claim for Reimbursement for Expenditures on Official Business) should be submitted to the travel office on a monthly basis. DNO requires that all applicable sections be completed to include block 1 and the "Accounting Classification" section.

We currently process advances and travel claims using the Integrated Automated Travel System (IATS). Because of the vast geographical area serviced by our office, travel settlements (i.e., for SF 1164 and DD-1351-2) are transmitted by Electronic Funds Transfer (EFT) to the traveler's bank account or paid by check and mailed to the traveler. ***In accordance with Under Secretary of Defense (Comptroller) policy, EFT became the standard method of payment for all DOD employees, effective October 1, 1995. Effective January 1, 1999, EFT will be the only method of payment with few exceptions.***

DNO is always striving to provide excellent customer support and assistance. If you have any suggestions on how DNO can better serve you, please contact our Customer Service and Performance Assessment area at the following address:

Defense Finance and Accounting Service Indianapolis Center
Directorate for Network Operations
Customer Service and Performance Assessment
8899 East 56th Street
Dept. 3300
Indianapolis IN 46249-3300

SUBMISSION OF TRAVEL CLAIMS

MAILING ADDRESS - TRAVEL - The use of First Class and U.S. Priority mail is recommended for the mailing of all travel claims. If your travel voucher is for a military PCS or a military PCS with TDY enroute, then send it to your servicing military pay office. DNO only processes *retired* military PCS vouchers. Where you send your travel voucher for processing depends on which DFAS-IN affiliated OPLOC/DAO/FAO organization *normally* processes your travel. You can determine this by the Fiscal Station Number (FSN) in the accounting classification on your travel order, if the order is not being funded by another activity. The FSN is a six digit number starting with 'S' or 'O' and is usually located at or near the end of the accounting classification.

Example: 21X2020 17 6725 342771.21000 21AP/21AZ XXX1610QEI0010 EC55 S00000

Match the FSN to the table in APPENDIX A to determine where to send your travel voucher for processing. The following address should be used to mail all travel correspondence or documents for those activities serviced by Directorate for Network Operations. In addition, personnel assigned to the *Military Entrance Processing Command and US Army Retirees filing FINAL SEPARATION vouchers*, as well travel funded by the *Secretary of the Army Financial Operations and Headquarters Military Traffic Management Command* should submit their documents to:

Defense Finance and Accounting Service Indianapolis Center
Directorate for Network Operations
8899 East 56th Street
Dept. 3700
Indianapolis IN 46249-3700

POINTS OF CONTACT - Your travel inquiries may be directed to a DNO Customer Service representative at our toll-free number at *1-888-DFAS-DNO (1-888-332-7366)*. For additional information, visit our website at <http://info-in-dno.dfas.mil>.

PAYMENT OF TRAVEL CLAIMS - All travel claims should be paid by Direct Deposit/Electronic Funds Transfer (DD/EFT) into your bank account. *Effective January 1, 1999, EFT will be the only method of payment with few exceptions. Note: EFT for travel payments is not based on your payroll check being direct deposited.* You must submit a SF 1199A (Direct Deposit), located at APPENDIX B, to the address identified above and attach it to your next travel voucher.

TRIP CANCELLATION OR PAYMENT OF TRAVEL DEBT - If a trip is canceled, the travel advance must be returned. The traveler may return the Treasury Check to the above address or send a personal check or money order made payable to **US TREASURY or DFAS-IN/N** after attaching it to a copy of the travel orders. Personal checks or money orders to make restitution for travel related indebtedness also need to be made payable to **US TREASURY or DFAS-IN/N** and mailed to the above address. Travelers should attach a copy of the debt letter to the check or money order.

PERMANENT CHANGE of STATION (PCS) (CIVILIAN)

The following pertains to civilian permanent change of station moves and contains some general information. The gaining Accounting Office processes the advances and settlement vouchers. All PCS travel claims should be by direct deposit into your bank account. Attach a SF1199A or copy of a voided check to your PCS claim and mail to DNO. It is recommended that First Class or Priority mail be used to mail your claim. If a PCS is canceled, any advance must be returned. All settlements are to be filed within 10 work days of the completion of each portion of travel. Although you have two years in which to complete your move, vouchers are to be promptly submitted for liquidation of travel advances and timely reconciliation of funds. Extension requests, to exceed the two year limitation for real estate purposes, must be submitted in writing to the gaining personnel office, prior to the expiration of the two year period.

Save every document (receipts, bill of sale, invoices, etc.) for every expense incurred during the move, for reimbursement and/or tax purposes. Be sure to keep a copy of all submitted documentation and a copy of settled vouchers for your records.

In addition to notifying your payroll office, each time you change your mailing address throughout your PCS move, please notify DFAS-IN via the Customer Service representatives at 1-888-332-7366. Getting this information will allow us to get important documentation (W-2's, payment vouchers, etc.) to you timely. The Joint Travel Regulation (JTR) states the binding provisions for PCS moves. Refer to the JTR for any concerns you might have on relocation allowances. If you need further information or clarification, please contact one of our Customer Service representatives.

TEMPORARY DUTY (TDY)

TEMPORARY DUTY ADVANCES - As a convenient alternative to the issuance of a travel advance, travelers are to use, to the maximum extent possible, the Government Sponsored Charge Card for obtaining cash withdrawals for meals and incidental expenses for official travel. Personnel using this service will be billed on their personal Government Sponsored Charge Card account for *ALL* cash withdrawals obtained from the ATMs, plus an administrative fee.

Employees may be reimbursed for the administrative fees they are billed. Any administrative fee amount, up to and including that which otherwise would have been advanced for the travel concerned, may be claimed as a reimbursable expense in the remarks section of the Travel Voucher or Subvoucher (DD 1351-2). If an ATM advance is obtained, and the TDY is subsequently canceled, the administrative fee can be claimed on a SF 1164 submitted with a copy of the TDY orders and cancellation orders.

NOTE: ADVANCES WILL NOT BE ISSUED TO TRAVELERS HAVING ATM ACCESS WITH THEIR GOVERNMENT SPONSORED CHARGE CARD, EXCEPT IN THE RARE INSTANCES WHERE ATM USE IS NOT PRACTICAL OR IS UNAVAILABLE (i.e., THE LOCATION DOES NOT ACCEPT THE GOVERNMENT SPONSORED CHARGE CARD OR FACILITIES ARE NOT AVAILABLE). TRAVEL ORDERS MUST SPECIFICALLY AUTHORIZE A CASH TRAVEL ADVANCE IF THE AFOREMENTIONED SITUATION ARISES.

No voucher is required for the payment of travel advances. Fax one copy or mail two copies of your orders to DNO. Include a cover sheet requesting an advance with your name, address and day-time phone number. If you do not have EFT, also include a completed SF 1199A (See APPENDIX B). If the traveler is an EFT customer, an address is still required to ensure that the paperwork is mailed to the proper address. An advance may be requested anytime prior to travel but will not be processed until 10 days prior to departure. Government Sponsored Charge cardholders may not receive advances except in rare instances.

Advances will be paid in accordance with the policies provided in the Joint Federal Travel Regulations and Joint Travel Regulations. Unless the travel order specifies otherwise, the travel advance will be limited to the M&IE (Meals and Incidental Expense) rate (\$30, \$34, \$38, or \$42) plus itemized miscellaneous "out-of-pocket" expenses for employees who either travel more than twice a year or have not been issued a Government Sponsored Charge Card.

The travel approving official may, under limited circumstances, increase the amount of the travel advance when circumstances preclude the use of the Government Sponsored Charge Card, or the charge card was not offered to the employee or member. The authorization will be shown in the remarks section of the travel order. This exception may not be exercised for travelers who have elected not to accept the Government Sponsored Charge Card or whose Government Sponsored Charge Card has been suspended or revoked because of delinquent payments. All other travelers will receive an 80% advance of the TDY locality rate (lodging, M&IE) plus 100 % of other reimbursable expenses, if requested and otherwise authorized. Advances may not be more than 80% unless authorized by the traveler's major command.

Generally, advances will not be issued for TDY of one (1) night or less than \$50.00. An advance will not be granted if the traveler has failed, for reasons unacceptable to an approving official, to submit a claim on a previous travel order under which an advance was paid, or has not made arrangements for settlement of an outstanding advance or overpayment. An employee will be informed that any overpayment must be paid in full by the employee/member within 30 days. If the employee/member does not make voluntary settlement of the indebtedness, collection action will be taken by payroll deduction plus a **\$15.00 administrative fee** and any applicable interest.

COMPLETION OF TEMPORARY DUTY (TDY) SETTLEMENTS
DD1351-2 (OCT 91) See APPENDIX C

General Complete by typewriter, ink or ball point pen. **Pencil will not be accepted.** All entries must be legible and complete.

Vouchers DD 1351-2 Travel Voucher or Subvoucher (dated OCT 91)
DD 1351-2C Travel Voucher or Subvoucher (Continuation Sheet) (as needed)

**Note: Do not use the 1978 or 1991 version of the DD 1351-2
if the 1997 version is available.**

The checklist below refers to the October 1991 version of the DD 1351-2 (only) located at APPENDIX C.

Block 1 Put an "X" in the appropriate box of choice. *Effective January 1, 1999, EFT will be the only method of payment with few exceptions.*

Block 2 Put an "X" in the box that indicates what type of travel was performed.

Block 3 Do not complete this section.

Blocks 4-7

| |
|---|
| Note: A current mailing address is needed even if the payment is paid via EFT. The address is used to mail a completed copy of the advise of payment (AOP) to the proper address. |
|---|

Block 8 Enter a **complete** duty or work (***DAY-TIME***) phone number to include area code.

Block 9 Obtain from the travel order.

Block 10 Include all payments applicable to referenced travel order or state "***NONE***" if not applicable. **Do not list ATM withdrawals here.**

Block 11 Complete with permanent duty station information.

Blocks 12-14 Applicable for PCS claims only. **Do not use these block for TDY travel.**

Block 15 **Itinerary must be complete and exact.** The date and hour of departure from and arrival at the permanent duty station or other place where official travel begins and ends, and points at which temporary duty is performed must be shown. These locations should be listed as City and State. All overnight stops must be listed.

- Deviations from the TDY orders, such as all non-government travel and return trips home during the TDY, must be shown. When deviations occur, include a statement on the claim as to the duty beginning and ending time at the TDY point. Use appropriate symbols from the reverse side of the DD 1351-2 for blocks 15d, 15e, and 15f.
- The number of miles traveled by privately owned conveyance (POC) to and from the

TDY point must be shown in 15g.

- Do not list unit names or Home of Record (HOR)/Home in the itinerary.
- Complete in block 15f the number of meals eaten in a government mess. If none were eaten, place zeros in the blocks.

Block 16 **Reimbursable Expenses** - Show all itemized expenses in this area to include: all lodging costs, mileage to/from commercial transportation terminals, mileage within the vicinity of the TDY point, parking, tolls, taxis, rental car, gas for rental car, commercial airfare (where applicable), registration/conference fees, official local and long distance telephone calls, ATM fees, handlers fees for bags at airports (military only), and other authorized miscellaneous expenses.

Block 17 Show all leave taken in conjunction with TDY, enroute to/from TDY point(s) or during the period of TDY. Military should attach leave documents. Civilians include times.

Block 18 Complete this section only when you use a privately owned conveyance.

Block 19 Obtain from the government transportation request.

Block 20 Blank.

Block 21 **SIGNATURE AND DATE ARE REQUIRED.**

Block 22 Authorized approving official must sign and date attesting to the validity of any information in the Remarks Section, Block 30.

Blocks 23-29 These blocks are for Finance and Accounting Office use.

Block 30 Complete this section when special authorization is not included in DD1610 prior to travel being performed. May also be used to explain unusual circumstances or to clarify voucher entries on front of the DD 1351-2. No signature is required for clarification statements.

COMPLETION OF TEMPORARY DUTY (TDY) SETTLEMENTS
DD1351-2 (AUG 97) See APPENDIX C(1)

General Complete by typewriter, ink or ball point pen. **Pencil will not be accepted.** All entries must be legible and complete.

Vouchers DD 1351-2 Travel Voucher or Subvoucher (dated AUG 97)
DD 1351-2C Travel Voucher or Subvoucher (Continuation Sheet) (as needed)

**Note: Do not use the 1991 version of the DD 1351-2
if the 1997 version is available.**

The checklist below refers to the August 1997 version of the DD 1351-2 (only) located at APPENDIX C(1).

Block 1 Put an "X" in the appropriate box of choice. *Effective January 1, 1999, EFT will be the only method of payment with few exceptions.*

Block 2 Put an "X" in the box that indicates what type of travel was performed.

Block 3 Do not complete this section.

Blocks 4-7 Note: A current mailing address is needed even if the payment is paid via EFT. The address is used to mail a completed copy of the advise of payment (AOP) to the proper address.

Block 8 Enter a complete duty or work (*DAY-TIME*) phone number to include area code.

Block 9 Obtain from the travel order.

Block 10 Include all payments applicable to referenced travel order or state "**NONE**" if not applicable. **Do not list ATM withdrawals here.**

Block 11 Complete with permanent duty station information.

Blocks 12-14 Applicable for PCS claims only. **Do not use these blocks for TDY travel.**

Block 15 **Itinerary must be complete and exact.** The date of departure from and arrival at the permanent duty station or other place where official travel begins and ends, and points at which temporary duty is performed must be shown. These locations should be listed as City and State. All overnight stops must be listed.

- Deviations from the TDY orders, such as all non-government travel and return trips home during the TDY, must be shown. When deviations occur, include a statement on the voucher as to the duty beginning and ending time at the TDY point. Use appropriate symbols from the reverse side of the DD 1351-2 for blocks 15c and 15d.
- The lodging costs should be recorded in block 15e.

- The number of miles traveled by privately owned conveyance (POC) to and from the TDY point must be shown in 15f.
- Do not list unit names or Home of Record (HOR)/Home in the itinerary.

Block 16 Complete this section only when you use a privately owned conveyance.

Block 17 Check appropriate block.

Block 18 **Reimbursable Expenses** - Show all itemized expenses in this area to include: mileage to/from commercial transportation terminals, mileage within the vicinity of the TDY point, parking, tolls, taxis, rental car, gas for rental car, commercial airfare (where applicable), registration/conference fees, official local and long distance telephone calls, ATM fees, handlers fees for bags at airports (military only), and other authorized miscellaneous expenses.

Block 19 Complete this section if meals were eaten in a government dining facility. If none were eaten, zero fill the blocks.

Block 20 **SIGNATURE AND DATE ARE REQUIRED.**

Block 21 Authorized approving official must sign and date attesting to the validity of any information (for items not originally authorized on the orders) in the Remarks Section, Block 29.

Blocks 22-28 These blocks are for Finance and Accounting Office use.

Block 29 Complete this section when special authorization is not included in DD1610 prior to travel being performed. May also be used to explain unusual circumstances or to clarify voucher entries on front of the DD 1351-2. No signature is required for clarification statements.

ATTACHMENTS FOR TDY SETTLEMENTS (DD1351-2)

Orders (2 copies) DD1610, Format 400 orders or other travel orders and *all* amendments to the original orders.

Lodging (Original and 1 copy) All lodging claimed, enroute or at site. Travelers must include itemized receipt from hotel, motel, other commercial establishment or government facility. If TDY is performed at a military installation where government quarters are available, commercial lodging will be limited to the Government quarters cost unless non-use of the government quarters is supported by *a statement or confirmation number of non-availability or other appropriate justification*.

If double occupancy rates are charged, the voucher must show the name of the other government employee on official travel. One half of the double occupancy charge will be allowed for each employee. If the person sharing the room is not a government employee on official travel, the name is not required. *The traveler is responsible for obtaining the single room rate if only the double rate is shown on the lodging receipt.*

Rental Car (2 copies) The use of a rental car must be authorized in the travel orders (DD1610). When an authorized rental car is reserved in advance, it is the traveler's responsibility to see that he or she is charged only the reserved rate. This information is on the flight itinerary from SATO or other authorized U. S. Government ticket issuing agency. If the traveler is charged more than the reserved rate, an explanation is required on the voucher. Reimbursement for insurance paid by the traveler will not be authorized (except overseas). Upgrade charges are not reimbursable unless the approving official certifies that the upgrade was necessary to the mission.

NOTE: PRE-CALCULATION RECEIPTS ARE NOT VALID. TRAVELER MUST BE IN POSSESSION OF FINAL BILL FROM RENTAL AGENCY, WHICH SHOWS PROOF OF PAYMENT AND ITEMIZED EXPENSES.

Transportation (2 copies) Whenever the traveler purchases his or her own commercial transportation tickets, a copy of the receipt (airline, train, etc.), must be submitted with the travel voucher. Reimbursement will be made not to exceed the cost that would have been incurred if transportation had been purchased by the Government.

NOTE: WHEN TICKETS ARE PURCHASED FROM A TRAVEL AGENCY OTHER THAN THOSE UNDER CONTRACT WITH THE U. S. GOVERNMENT, REIMBURSEMENT OF THE COST OF TICKETS COULD BE DENIED.

DD730/ Proof of Return of Unused Tickets (2 copies) of any cancellation form for government procured transportation issued. **Do not send unused airline tickets** with the travel voucher. Turn them in to the issuing activity.

Registration/ Conference Fees (2 copies) Registration/conference fees must be included in the travel orders. List all meals included in the cost of registration fees, by meal(s), i.e., (**B**-breakfast, **L**- lunch, **D**-dinner) and the date(s).

Miscellaneous (2 copies) of any additional authorized expense receipts that are **\$75 or more**. If

Expense small items of expense, such as gas, tolls, or parking charges are lumped together and exceed \$75, show on the voucher the individual breakdown of expenses.
Example: a claim for \$26 in gas would be entered as follows:

Block 16a = Feb. 1-7;
Block 16b = Gas \$6, \$7, \$13;
Block 16c = \$26.

Foreign Travel If travel was to a foreign country, include on the voucher the amount claimed in foreign currency, amount claimed in U. S. Currency and the ***Conversion Rate Used.***

Miscellaneous Attachments (2 copies) of certificates for non-availability of government (quarters and/or meals for military), letters approving actual expense allowance or other pertinent letters/forms. Control numbers for statements of non-availability may also be used instead of the paper copy. These numbers must be on the voucher and list what wasn't available (i.e., meals and/or lodging).

NOTE: CREDIT CARD RECEIPTS CANNOT BE USED AS THE PRIMARY RECEIPT FOR LODGING, RENTAL CAR OR COMMERCIAL TRANSPORTATION (AIRLINE TICKET, TRAIN, OR BUS). RECEIPTS ARE REQUIRED FOR LODGING, REGARDLESS OF THE AMOUNT, AND FOR RENTAL CARS IF \$75 DOLLARS OR MORE.

REVIEW OF TRAVEL VOUCHERS - There is no longer a requirement for a reviewer's signature on the upper right hand corner. The approving official still must sign in block 21a for DD1351-2 (AUG 97) if they have included an extra entitlement in block 29 that was not in the orders. If DD1351-2 (OCT 91) is used, the approving official must sign in block 22a for any extra entitlements in block 30 that were not in the orders.

SUBMISSION PROCEDURES - Submit each DD 1351-2 separately. If you have several vouchers, each voucher must be assembled as a separate claim and mailed in the same envelope. **DO NOT STAPLE SEPARATE CLAIMS TOGETHER.** To allow each budget officer to effectively track the expenditure of funds, each DD 1351-2 should be submitted for payment within five (5) days of return from travel. However, in all instances a voucher must be submitted for payment no later than 30 days after the end of the fiscal year in which travel was performed. ***In all cases the traveler should retain a complete copy of the claim.*** If there are no travel orders, wrong or amended travel orders, or the signature is missing from the travel voucher, the voucher may be returned to the employee if proper documentation is not faxed within one business day after being contacted for the information. Other reasons for a travel voucher to be returned:

- The travel location on the travel itinerary does not match travel orders.
- Travel voucher dates on the travel itinerary are inconsistent with the travel orders.
- Accounting Processing Code (APC) is missing.
- The customer is not serviced by this office.
- The social security number on the travel orders does not match the TDY settlement voucher.
- Missing date on Vocal orders - verbal confirmation (departed before travel order issue).

RETIREED MILITARY TRAVEL

This travel pertains to active duty members retiring from the military to a home of selection. Travel must be completed within one year after termination of active duty. Once a home is selected and transportation is furnished, or a travel and transportation allowance is received, a selection of the home is irrevocable. The final travel claim may be processed after the effective date of retirement. Settlement claims received prior to effective retirement dates are held in suspense and paid on or after the effective date of retirement.

Military members traveling under retirement orders may either drive their own privately owned vehicle, fly, or take a bus. A flat rate for per diem of \$50.00 a day for each authorized travel day is paid if the member uses his/her privately owned vehicle. This rate includes lodging and meals. No further reimbursement for lodging or meals will be paid. The total number of authorized travel days is computed by dividing the official mileage by 350 miles per day. A member receives \$.15 a mile when traveling by privately owned vehicle for each authorized mile. The mileage is based on the official mileage from the member's last duty station to the home of selection. **Do not compute** the distance from the member's current home address to the home of selection. The computation **must be** from his or her **last permanent** duty station. A member receives per diem for one day of travel when traveling by air to the home of selection. If the member purchases the airline ticket, he or she will be reimbursed the cost of the ticket not to exceed what the government would have paid. A member traveling by bus will receive per diem for each authorized day of travel based on the distance from the member's permanent duty station to the home of selection.

Military members are authorized per diem and mileage for their dependents when the dependents travel by a privately owned vehicle. The member's spouse and any dependent children 12 years of age and over receive a flat per diem of \$37.50 for each authorized dependent, per day. Dependents age 11 and under receive \$25.00 a day for each authorized travel day. If a spouse travels separately from the service member, the spouse is entitled to \$50.00 a day. Other dependent allowances remain the same. A member is authorized the use of a second privately owned vehicle when the member's dependent drives the vehicle to the home of selection. This will normally be the member's spouse or dependent child that is of driving age. This individual is reimbursed \$.15 a mile. When one privately owned vehicle is used, the member will receive the following mileage allowances:

- Member with no dependent: .15 cents a mile
- 1 Dependent 02 additional per mile
- 2 Dependents .04 additional per mile
- 3 or more Dependents .05 additional per mile

Generally, one day of travel time is allowed for every 350 miles of the official distance when travel is by privately owned conveyance. One additional day of travel time is allowed for any distance in excess of multiples of 350 miles if the excess is 51 miles or more. When the total official distance is 400 miles or less, 1 day's travel time will be allowed. If a member does not use all of the authorized days, the computation will be for the actual number of days used. If the member exceeds the computed number of days, the system will automatically limit payment to the computed maximum days allowable.

C LAIM for REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS (SF 1164)

SF1164 (LOCAL/VICINITY TRAVEL) COMPLETION (See APPENDIX D)

General Complete by typewriter, ink or ball point pen. **Pencil will not be accepted.** All entries must be legible and complete.

The checklist below refers to the sample SF 1164 located at APPENDIX D.

Block 1 Show the complete address of the traveler's assigned organization.

Blocks 2-3 Finance and Accounting Office use.

Block 4a Complete *NAME, RANK* or *GRADE*.

4b Must include social security number.

4c Complete address is required even if payment is being made by Electronic Funds Transfer (EFT).

4d Include complete duty telephone number.

Block 5 Finance and Accounting Office use.

Block 6 Complete this section fully explaining the nature of expenses being claimed and total amounts of reimbursement being requested.

a. If round trip mileage is being claimed to an alternate duty location, and this trip was performed on additional days, only one trip needs to be shown and an annotation as to the dates the same additional trips were made.

b. If reverse side is needed for additional expenses be sure to carry amounts to the front page.

Block 7 Include in this section the *TOTAL* amount of the claim. Transfer subtotals from the reverse to the front.

Blocks 8-9 Must have the original signature and date of an authorized approving official. A faxed copy is acceptable. Voucher **CANNOT** be processed without this signature.

Block 10 Must have the traveler's original signature and date. A faxed copy is acceptable.

Blocks 11-12 For Finance and Accounting Office use.

Accounting Classification This section must be completed by the funds certifying official, resource advisor or person appointed by the organization for funds control. SF 1164, payment vouchers, will be returned if this section is not complete.

**NOTE: A STANDARD DOCUMENT NUMBER AND MONEY AMOUNT
MUST BE INCLUDED OR CLAIM WILL BE RETURNED UNPAID**

ATTACHMENTS FOR SF 1164 - Include the original and one copy (front and back) of the voucher and two copies of any receipt for an item of expense \$75.00 or more.

SUBMISSION PROCEDURES - Submit each SF 1164 monthly. If you have several SF 1164s to submit, each voucher must be assembled as a separate claim and may be mailed in the same envelope. **DO NOT STAPLE SEPARATE CLAIMS TOGETHER.** To allow each budget officer to more effectively track the expenditure of funds, each SF 1164 should be submitted for payment within five days of the end of the claim. *In all cases the traveler should retain a complete copy of the claim.*

O **TH**ER TDY PROVISIONS

ACTUAL EXPENSE AUTHORIZATION (AEA) - AEA may be authorized before travel begins or approved after travel has been performed. Three copies of the approved Actual Expense Authorization should be attached to the voucher.

ATM FEES - ATM cash withdrawals shall be limited to amounts to cover the meals and incidental expenses portion of per diem, plus miscellaneous reimbursable expenses that cannot be charged to the card (i.e., taxis, local public transportation, tolls, parking fees, and gasoline). Funds will not be withdrawn for lodging, car rental or commercial transportation. These expenses may be charged to the Government Sponsored Charge Card.

When travel is performed, enter the amount of the withdrawal(s) in block 16 of the DD 1351-2, for example, "ATM withdrawal 200.00." In the column titled "amount" enter the ATM *transaction fee*. However, when travel is not performed, submit a request for reimbursement on a SF 1164. Enter "ATM withdrawal (amount)" in section 6 and in the column titled "amount claimed" enter the ATM transaction fee. Additionally, a copy of the order and cancellation must be attached to the SF 1164.

NOTE: ATM WITHDRAWAL FEES WILL NOT BE REIMBURSED IF THE TRANSACTION OCCURRED MORE THAN TWO WORK DAYS PRIOR TO THE SCHEDULED DEPARTURE DATE OF THE TDY. FEES FOR ATM WITHDRAWALS MADE AFTER THE LAST DAY OF TRAVEL ARE NOT REIMBURSABLE.

DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (DD/EFT) - EFT for travel payments is not based on your payroll check being direct deposited. Each traveler must apply to this office to start or change direct deposit of his/her travel payments. (DD/EFT is the standard payment method within DOD for all travel related payments, effective October 1, 1995. It will be the only method of payment effective January 1, 1999, with few exceptions).

EXTENDED TDY FOR ACTIVE/CIVILIAN PERSONNEL (See APPENDIX E) Extended TDY includes a TDY assignment less than 180 days for active/civilian personnel.

Advance of Funds: DNO will issue a travel advance covering the first 30 days of TDY. Include statements of non-availability if you are going to a military installation. You may be refused an advance if you do not include this information. We will advance 80% of the total Per Diem rate if you do not have a Government Sponsored Charge Card.

Filing Procedures: You should file your first 15-30 days of expenses for long term TDY when this filing period has elapsed; however, it must cover at least 15 days. We suggest that you submit your claim to receive the payment in time to pay your monthly lodging costs in a timely manner.

For example, TDY begins June 20. Lodging costs are from June 20 to July 19. You may want to submit your first claim on July 5, for the period June 20 through July 4, 24:00 hours local time.

DNO will process your travel claim for the initial 15 days. Subsequent claims for accruals should be submitted for 30 day periods (in this example, for the period July 5 through August 3). Each request for an accrual should indicate the 30 day period being requested: ***“1st ACCRUAL,” “2nd ACCRUAL,” “3rd ACCRUAL,” etc.*** A final settlement is required upon completion of travel and it is at that time that advances will be collected. The top of the DD1351-2 must read ***“FINAL”***.

Block 15 should begin with the 1st TDY day through the 30th day. Block 16 must reflect the expenses for the 30 days (lodging, rental car, etc.). If a control number has been issued by the billeting office for use of commercial meals and/or lodging, it should also be placed in block 16. For subsequent accruals, please attach copies of the original orders, all previous payment vouchers, and all amendments. Travel vouchers are to clearly show all travel (including authorized and voluntary returns to the permanent duty station (PDS)/residence, side trips, all other travel to locations other than the PDS, etc.).

All leave and/or return to the PDS or residence must be shown on the travel claim. Leave or return to the PDS/residence may reduce your entitlements.

NOTE: ADVANCE(S) WILL NOT BE DEDUCTED UNTIL THE FINAL VOUCHER FOR THAT SPECIFIC TDY IS SUBMITTED. MOST OFTEN THIS CREATES A DEBT, SINCE MOST INITIAL ADVANCES ARE FOR 30 DAYS AND THE FINAL VOUCHER PAYMENT IS FOR LESS THAN 30 DAYS.

EXTENDED TDY FOR RESERVE MILITARY (See APPENDIX E) Extended TDY includes travel in excess of 30 calendar days and less than 140 days for reserve military.

Advance of Funds: DNO will issue a travel advance covering the first 45 days of TDY. If you know the cost of your lodging at the TDY point, write it on the order you are sending in with your advance request. We will advance 80% of the total Per Diem rate if you do not have a Government Sponsored Charge Card.

Filing Procedures: You should file your first 30 days of expenses for long term TDY when this filing period has elapsed. We suggest that you submit your claim to receive the payment in time to pay your monthly lodging costs in a timely manner.

DNO will process your travel claim for the initial 30 days. Subsequent claims for accruals should be submitted for 30 day periods (For example, for the period July 5 through August 3). Each request for an accrual should indicate the 30 day period being requested: “*1st ACCRUAL,*” “*2nd ACCRUAL,*” “*3rd ACCRUAL,*” *etc.* A final settlement is required upon completion of travel and it is at that time that advances will be collected. The top of the DD1351-2 must read “*FINAL*”.

Block 15 should begin with the 1st TDY day through the 30th day. Block 16 must reflect the expenses for the 30 days (lodging, rental car, etc.). If a control number has been issued by the billeting office for use of commercial meals and/or lodging, it should also be placed in block 16. For subsequent accruals, please attach copies of the original orders, all amendments, and all previous payment vouchers. Travel vouchers are to clearly show all travel (including authorized and voluntary returns to the permanent duty station (PDS)/residence, side trips, all other travel to locations other than the PDS, etc.).

All leave and/or return to the PDS or residence must be shown on the travel claim. Leave or return to the PDS/residence may reduce your entitlements.

NOTE: ADVANCE(S) WILL NOT BE DEDUCTED UNTIL THE FINAL VOUCHER FOR THAT SPECIFIC TDY IS SUBMITTED. MOST OFTEN THIS CREATES A DEBT, SINCE MOST INITIAL ADVANCES ARE FOR 45 DAYS AND THE FINAL VOUCHER PAYMENT IS FOR LESS THAN 30 DAYS.

SUPPLEMENTAL PAYMENTS - If you suspect that an error/omission was made in the payment of a settlement voucher, please contact our Travel Customer Service representatives for information on filing a supplemental claim. As a minimum the following must be included:

- A revised DD 1351-2 marked ***SUPPLEMENTAL*** (for items incorrectly claimed/paid, or not claimed on the original voucher). Provide a full explanation on the revised claim or separate sheet of paper for the item(s) of expense in question.
- A copy of the computer generated Travel Voucher Summary.
- A copy of the initial DD 1351-2 and continuation pages.
- Two copies of the orders and any amendments (to include reverse side if applicable).
- 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, as a minimum, the same information that would have been on the receipt had it been available.

GROUP ORDERS FOR RESERVISTS - Reservists on group travel orders must include either an Annex E or an amendment for transportation entitlements and/or statements of non-availability for mess and/or lodging with all vouchers. You must also include any specialized instructions, for example, rental car authorization.

NOTE: DO NOT FILE THE VOUCHER IF YOU DO NOT HAVE ANY OF THESE DOCUMENTS.

TDY INDEBTEDNESS - Travelers should never remit a personal check or money order for payment of a suspected travel indebtedness *until* they have received a letter of notification of the exact amount of overpayment from DFAS-IN/N. This letter is very important. It indicates the proper accounting classification (necessary for deposit purposes for our Disbursing Office) and the “remit to” address. In addition, the submission of a personal check or money order prior to the submission of a supplemental claim could result in the collection being improperly applied and the travel indebtedness erroneously remaining outstanding.

PER DIEM ALLOWANCES - The per diem allowance is a daily payment instead of actual expenses for lodging, meals and related incidental expenses(M&IE). The per diem allowance is distinguished from transportation and other miscellaneous travel expenses and covers charges, including taxes and service charges where applicable, for the following types of expenses:

- **Lodging**. The term “lodging” includes expenses for overnight sleeping facilities and personal use of the room during the daytime. The term “lodging” doesn’t include accommodations on airplanes, trains, buses or vessels. Such cost is included in the transportation cost and is not considered a lodging expense.
- **Meals**. Includes the cost of breakfast, lunch and dinner and all taxes and tips (specifically excluded are alcoholic beverage and entertainment expenses, and any expenses incurred for other persons).
- **Incidental Expenses**. Such expenses that are ***not*** reimbursable include:
 1. Fees and tips to bellhops, housekeepers, porters, and baggage persons in hotels, stewards or Flight attendants and others on vessels, and hotel servants in foreign countries (see par. U3610-C for reimbursement of fees and tips at transportation terminals);
 2. Personal laundry and cleaning and pressing of clothing;
 3. Service charges for fans, air conditioners, and heaters furnished in rooms when the charges aren’t included in the room rate;
 4. Telegrams and telephone calls necessary to reserve lodging accommodations;
 5. Mailing cost associated with filing travel vouchers and payment of Government Sponsored Charge Card billings;
 6. Local transportation including usual tips, between places of lodging or duty and place where meals are taken, when not otherwise reimbursable under Chapter 3, Part F and Chapter 4, Part F of the JTR.

PROPORTIONAL PER DIEM RATES AFFECT TDY TRAVELERS - Proportional per diem rates, that affect the amount of per diem temporary duty travelers receive, went into effect October 1, 1996. Under this system, the rates travelers are paid will be determined by their order approving official, based on the availability of government meals at the TDY location and the mission requirements. The rates apply only to the meal portion of per diem; the lodging and incidental expense portion of per diem are not affected. There are now five per diem options available: Actual Expense, Government Meal Rate (GMR), Commercial Meal Rate (CMR), Deductible Meal Rate, or the Proportional Meal Rate (PMR).

- The order-approving official *will* select one of the following options:
 1. Actual Expense - no change.
 2. Government Meal Rate (GMR) - \$7 plus the appropriate incidental expenses portion of per diem or the OCONUS locality incidental rate as prescribed by JFTR.
 3. Commercial Meal Rate (CMR) - The full amount of the applicable locality meal rate plus incidental portion of per diem.
 4. Deductible Meal Rate - Incidental Expense portion of per diem is \$2 per day in CONUS, and \$3.50 per day OCONUS.
 5. Proportional Meal Rate (PMR) - The (GMR) plus the locality meal rate divided by 2, rounded to the nearest dollar, plus the appropriate incidental portion of per diem.

- The Order Approving Official *will direct* in the orders:
 1. FOR MILITARY ONLY - The use of a government mess when the government mess is available and the traveler is quartered on a U.S. installation.
 2. The PMR when it is known in advance one or two government meals *will not* be available for the duration of the TDY or on a specific day, and the member is quartered on a U.S. installation.

NOTE: IF THE ORDER APPROVING OFFICIAL DOES NOT “DIRECT” GMR OR PMR IN THE TRAVEL ORDERS, THE TRAVELER WILL BE REIMBURSED AT THE COMMERCIAL MEAL RATE.

It is the traveler's responsibility to satisfy the Order Approving Official's requirements in order to effect these changes after the travel has been completed.

INTERNET TRAVEL AIDS

<http://www.dtic.mil/perdiem/>

The current per diem rates are included on this page. The automated JFTR is also located here.

<http://www.MAPQUEST.com>

This page gives the mileage from point A to point B. Just click on the interactive atlas entry point. This may not be the exact mileage travel will pay, but it will be very close.

<http://web1.whs.osd.mil/ICDHOME/SFEFORMS.HTM>

This page contains SF1199A.

<http://referencetool.dfas.mil>

This reference tool is the best way to locate where accounting and disbursing for consolidated installations are being done. You can find the accountable station, vendor pay office, or travel computation office by entering the FSN, Authorized Accounting Activity (AAA), or name of the activity/installation into the query.

<http://www.olsen.ch/> or
http://www.oanda.com/site/cc_index.html

This is a currency converter page. Click on the currency converter entry point or the 164 Currencies Converter option on the second site (which will eventually replace the first). This will give the exchange rates by date. You only need to use this if you neglected to obtain that rate while you were overseas. Travel will use this page to verify any rate you use.

| | |
|--|---|
| www.dfas.mil | Defense Finance and Accounting Service homepage |
| http://info-in-dno.dfas.mil | DNO homepage |
| www.asafm.army.mil/dfas | DFAS systems and policy links |
| www.army.mil/ | Army homepage |
| www-perscom.army.mil/ | US Army Personnel Command homepage |
| www.army.mil/usar/ocar.htm | Office of the Chief of Army Reserve homepage |
| www.army.mil/usar/psc/ocarhp.htm | OCAR Pay Support Office homepage |
| www-usappc.hoffman.army.mil/ | US Army Publishing Agency homepage |
| www.dtic.mil/comptroller/fmr/ | Financial Management Regulations (FMR Series) |
| web1.whs.osd.mil/icdhome/icdhome.htm | DOD Forms Program |
| www.asafm.army.mil/ | Army Financial Management homepage |

FORMS USED

DNO processes the following travel forms:

- **DD 1351-2 (Travel Voucher or Subvoucher)** - Used for the submission of temporary duty claims and supplemental payments. May also be used as a continuation sheet if DD 1351-2C is not available.
- **DD 1351-2C (Travel Voucher or Subvoucher) (Continuation Sheet)** - Used as a continuation sheet with the DD 1351-2 when additional space or items are required.
- **DD1351-3 (Statement of Actual Expense)** - Used to claim actual expenses when authorized while on official travel. Must be accompanied by a completed DD 1351-2. Three copies of the approved Actual Expense Authorization (AEA) must be attached to your voucher.
- **SF 1164 (Claim For Reimbursement For Expenditures On Official Business)** - Used for submission of local/vicinity travel and other miscellaneous expenses when a travel order is not required. May also be used with the DD 1351-2, as an attachment, for vicinity mileage in the area of a TDY point.
- **SF1199A (Direct Deposit)** - Used to initiate or change financial institution/account information for paying your travel settlement DD/EFT. If used for payroll purposes, and you desire your travel deposits to be sent to the same financial institution, please ensure the Travel division is given a copy. The payroll and travel systems use separate databases.

ACRONYMS USED IN TRAVEL

| | |
|----------------|--|
| AEA | Actual Expense Authorization |
| CMR | Commercial Meal Rate |
| DFAS IN | Defense Finance and Accounting Service Indianapolis Center |
| DNO | Directorate for Network Operations |
| DSN | Defense Switching Network (Formerly AUTOVON) |
| EFT | Electronic Funds Transfer (direct deposit of travel payments to bank accounts) |
| GMR | Government Meal Rate |
| IATS | Integrated Automated Travel System (system used in the computation of travel claims) |
| JFTR | Joint Federal Travel Regulation (regulation that governs military members' travel) |
| JTR | Joint Travel Regulation (regulation that governs civilian employees' travel) |
| PDS | Permanent Duty Station (the place where an employee reports for duty) |
| PMR | Proportional Meal Rate |
| SATO | Scheduled Airline Ticket Office (office that issues government procured (contract) commercial transportation - e.g., LIFCO, Wagon Lit, Crimson Travel, etc.) |
| TDY | Temporary Duty (travel away from a permanent duty station to perform duties for a temporary period of time and upon completion of assignment, return or proceed to permanent duty station) |

APPENDIX A - FSN Table

| FSN | Mailing Address |
|---|--|
| 04142, 04351, 11074, 12102, 12121, 19035, 23185, 28013, 28113, 47018, 49092 | Defense Finance & Accounting Service Indianapolis Center Directorate for Network Operations Travel Pay Division Dept 3700 8899 E. 56th Street Indianapolis, IN 46249-3700 Customer Service 1-888-332-7366 |
| 503733, 04296, 12123, 29056, 49146, 49447, 49451 | Defense Finance & Accounting Service Indianapolis Center Defense Accounting Directorate ATTN: DFAS-IN/AKA Dept. 97 8899 E. 56th Street Indianapolis, IN 46249-1325 Customer Service 1-888-332-7366 |
| 01044, 09038, 09177, 16027, 30356 | Defense Finance & Accounting Service - Orlando DFAS-Orlando/FPT Box 934600 2500 Leahy Ave Orlando, FL 32893-4600 Customer Service 1-800-950-9784 or 1-407-646-4144/4248/4493/4162 |
| 96519 | Defense Finance & Accounting Service - Orlando DFAS-Orlando/FPT Box 934800 2500 Leahy Ave Orlando, FL 32893-4800 Customer Service 1-800-950-9784 or 1-407-646-4144/4248/4493/4162 |
| 01088, 14021, 18043, 30093, 30145, 36004, 36018, 38042, 44008, 45016 | Defense Finance & Accounting Service - Rome DFAS-Rome/FPT 124 Chappie James Blvd Rome, NY 13441-4511 Customer Service 1-800-447-1150 |
| 04013, 05010, 14040, 23037, 34031, 41014, 41093 | Defense Finance & Accounting Service - Lawton Lawton - Fort Sill OPLOC 4700 Mo - Way Road DEPT 1796 Fort Sill, OK 73506-1796 Customer Service 580-442-0172 or DSN 639-0172 |
| 02086, 18049 | Defense Finance & Accounting Service - Seaside DFAS - Seaside Travel Pay Branch/DFAS-SS-FPT 400 Giggling Road Seaside, CA 93955-6771 Customer Service 1-800-582-8980 |

APPENDIX A - FSN Table (Cont)

| | |
|--|---|
| <p>05015, 18064, 18126, 41133, 49024</p> | <p>Defense Finance & Accounting Service - San Antonio DFAS-SA/FPT 500 McCullough San Antonio, TX 78215-2100 Customer Service 1-888-478-5636</p> |
| <p>01021, 11116, 19129, 19130, 20113, 23036, 23204, 28017, 28043, 44009, 44177</p> | <p>Defense Finance & Accounting Service - St. Louis DFAS-SL-FPT 4300 Goodfellow Blvd, Bldg 110 PO Box 200009 St. Louis, MO 63120-0009 Customer Service 1-314-260-2957/2956 or DSN 490-2957/2956</p> |
| <p>01002, 02083, 03029, 04170, 11070, 11071, 11173, 12126, 18001, 18129, 29040, 30144, 31124, 34101, 36005, 36237, 36249, 41117, 41457, 42007, 42037</p> | <p>Defense Finance & Accounting Service - Rock Island DFAS - Rock Island Bldg 68 ATTN: DFAS-RI-FPT Rock Island, IL 61299-8300 Customer Service 1-888-332-7742 or 1-309-782-9061/9062/9065/9066</p> |
| <p>09057, 15014</p> | <p>Defense Finance & Accounting Service - Lexington DFAS - Lexington PO Box 14063 Lexington, KY 40512-4063 Customer Service 1-606-293-4360 or DSN 745-4360</p> |

APPENDIX B - Direct Deposit/Electronic Fund Transfer (DD/EFT)

Standard Form 1199A (EG)
 (Rev. June 1987)
 Prescribed by Treasury
 Department
 Treasury Dept. Cr. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| | | | |
|--|--------------|---|--|
| A NAME OF PAYEE (last, first, middle initial) | | D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | |
| ADDRESS (street, route, P.O. Box, APO/FPO) | | E DEPOSITOR ACCOUNT NUMBER | |
| CITY | STATE | ZIP CODE | <input type="text"/> |
| TELEPHONE NUMBER AREA CODE | | F TYPE OF PAYMENT (Check only one) | |
| B NAME OF PERSON(S) ENTITLED TO PAYMENT | | <input type="checkbox"/> Social Security | <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay |
| C CLAIM OR PAYROLL ID NUMBER | | <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Mil. Active |
| Prefix | Suffix | <input type="checkbox"/> Railroad Retirement | <input type="checkbox"/> Mil. Retire. |
| | | <input type="checkbox"/> Civil Service Retirement (OPM) | <input type="checkbox"/> Mil. Survivor |
| | | <input type="checkbox"/> VA Compensation or Pension | <input type="checkbox"/> Other _____ |
| | | (specify) | |
| PAYEE JOINT PAYEE CERTIFICATION | | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) | |
| I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. | | TYPE | |
| SIGNATURE | | AMOUNT | |
| DATE | | | |
| JOINT ACCOUNT HOLDERS CERTIFICATION (optional) | | | |
| I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. | | | |
| SIGNATURE | | SIGNATURE | |
| DATE | | DATE | |
| SIGNATURE | | SIGNATURE | |
| DATE | | DATE | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

| | |
|-------------------------------|----------------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
| <input type="text"/> | <input type="text"/> |

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | | |
|---|------------------------------------|--------------------------------|----------------------|----------------------|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION | | ROUTING NUMBER | | CHECK DIGIT | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| | | DEPOSITOR ACCOUNT TITLE | | | |
| | | <input type="text"/> | | | |
| FINANCIAL INSTITUTION CERTIFICATION | | | | | |
| I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. | | | | | |
| PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

Financial institutions should refer to the GREEN BOOK for further instructions.
 THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY

NSN 7540-01-058-0224

1199-207
 Designed using Perform Pro, WHSDOR, Mar 97

APPENDIX C - Travel Voucher or Subvoucher (DD Form 1351-2 OCT 91)

| 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 REQUIRED BY (X one) | | 2. TYPE OF PAYMENT (X as applicable) | | 3. FOR D.O. USE ONLY | | | |
| <input checked="" type="checkbox"/> CASH | <input type="checkbox"/> CHECK | <input checked="" type="checkbox"/> TDY/TAD | <input type="checkbox"/> PCS | a. D.O. VOUCHER NUMBER | | | |
| <input type="checkbox"/> ELECTRONIC FUND TRANSFER | | <input type="checkbox"/> OTHER | Member/Employee | Dependent(s) | DLA | | b. SUBVOUCHER NUMBER |
| 4. NAME (Last, First, Middle Initial) (Print or type) | | | 5. GRADE | 6. SSN | | | |
| SMITH, JOHN A | | | GS-9 | 000-00-0000 | | | |
| 7. ADDRESS a. NUMBER AND STREET | | b. CITY | | c. STATE | d. ZIP CODE | | c. PAID BY |
| 555 NOWHERE ST | | INDIANAPOLIS | | IN | 43211 | | |
| 8. TELEPHONE NUMBER (include Area Code) | | 9. TRAVEL ORDER NUMBER | | 10. PREVIOUS PAYMENTS/ADVANCES | | | |
| (614) 693-1255 | | RA0001 | | NONE | | | |
| 11. ORGANIZATION AND STATION | | | | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (include Zip Code) | | | |
| DFAS-IN INDIANAPOLIS IN | | | | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) | | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) | | | |
| ACCOMPANIED | | UNACCOMPANIED | | YES <input type="checkbox"/> NO <input type="checkbox"/> (Explain in Remarks) | | | |
| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE | | | | | |
| | | | | | | | |
| 15. ITINERARY | | | | d. COMPUTATIONS | | | |
| a. DATE 19 96 | b. LOCAL TIME (24 hour) | c. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | d. MEANS/ MODE OF TRAVEL | e. REASON FOR STOP | f. NUMBER OF MEALS (1) Gvt (B-L-D) (2) Dtd (B-L-D) | | g. POC MILES |
| 2 Nov | DEP 08:00 | INDIANAPOLIS IN | CP | | | | |
| 2 Nov | ARR 12:30 | ORLANDO FL | | TD | | | 36 |
| 27 Nov | DEP 13:00 | | TP | | 0 | 0 | |
| 27 Nov | ARR 22:00 | INDIANAPOLIS IN | | MC | 0 | 0 | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| 16. REBURSABLE EXPENSES | | | | 17. LEAVE | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | a. DAYS | b. HOURS | | e. SUMMARY OF PAYMENT |
| 2 Nov 97 | AIRLINE TICKET | 89.00 | | 0 | 0 | | (1) Per Diem |
| 2 Nov 97 | R/T PA HOME/ARPT/HOME | 0.00 | | | | | (2) Actual Expense Allowance |
| 23 Nov 97 | ATM WITHDRAWAL \$300 | 1.50 | | | | | (3) Mileage |
| 27 Nov 97 | LODGING | 1633.00 | | | | | (4) Dependent Travel |
| 27 Nov 97 | RENTAL VEHICLE | 625.00 | | | | | (5) DLA |
| 18. POC TRAVEL (X one) <input checked="" type="checkbox"/> CASUALTY <input type="checkbox"/> PASSENGER | | | | c. TAKEN BETWEEN | | f. Reimbursable Expenses | |
| 20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER (31 USC 1348(b)) | | | | d. AND | | (7) Total | |
| | | | | | | (8) Less Advance | |
| | | | | | | (9) Amount Owed | |
| | | | | | | (10) Amount Due | |
| 21. a. CLAIMANT SIGNATURE | | | | b. DATE | | 22. a. APPROVING OFFICER SIGNATURE | |
| | | | | 2 Dec 97 | | | |
| 23. ACCOUNTING CLASSIFICATION | | | | b. DATE | | | |
| | | | | | | | |
| 24. COLLECTION DATA | | | | | | | |
| | | | | | | | |
| 25. COMPUTED BY | 26. AUDITED BY | 27. TRAVEL ORDER POSTED BY | 28. RECEIVED (Payee Sign and Date or Check No.) | | 29. AMOUNT PAID | | |
| | | | | | | | |

DD Form 1351-2, OCT 91
 Replaces previous editions of DD Form 1351-2 and DD Form 1351-4, which may be used.

APPENDIX C - Travel Voucher or Subvoucher (DD Form 1351-2 Oct. 91) Back Page

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

REQUIRED ATTACHMENTS

1. Original and/or legible 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 or ticket used.
5. Hotel/motel receipts and any item of expense claimed in excess of \$25.00.
6. Other attachments will be as directed.

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, Vol. 1 App. A and JTR, Vol. 2 App. D for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

ITEM 15. ITINERARY - SYMBOLS

15d. Means/Mode of Travel (Use two letters)

| | | | |
|--|-----|------------|-----|
| GTR/TKT | - T | Automobile | - A |
| Government Transportation | - G | Motorcycle | - M |
| Commercial Transportation (Own expense) | - C | Bus | - B |
| Privately Owned Conveyance (POC) | - P | Plane | - P |
| | | Rail | - R |
| | | Vessel | - V |

15e. Reason for Stop

| | |
|-------------------------|------|
| Awaiting Transportation | - AT |
| Leave En Route | - LV |
| Mission Complete | - MC |
| Authorized Delay | - AD |
| Temporary Duty | - TD |

15f. Number of Meals

| | | |
|---------------|-----------|------------|
| Breakfast - B | Lunch - L | Dinner - D |
|---------------|-----------|------------|

30. REMARKS

TO BE USED FOR CLARIFYING REMARKS

APPENDIX C(1)- Travel Voucher or Subvoucher (DD Form 1351-2 AUG 97)

| 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: Amt to Govt Tvl Charge Card \$ | | 2. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> PCS <input type="checkbox"/> DLA | | 3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER | | | |
| 4. NAME (Last, First, Middle Initial) (Print or type) SMITH, JOHN A | | 5. GRADE GS-9 | 6. SSN 000-00-0000 | | c. PAID BY | | |
| 7. ADDRESS, a. NUMBER AND STREET 555 NOWHERE ST | | b. CITY INDIANAPOLIS | c. STATE IN | d. ZIP CODE 43211 | | d. COMPUTATIONS | |
| 8. DAYTIME TELEPHONE NUMBER & AREA CODE (614) 693-1255 | 9. TRAVEL ORDER NUMBER RA0001 | 10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES NONE | | | | | |
| 11. ORGANIZATION AND STATION DFAS-IN INDIANAPOLIS, IN | | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | | | |
| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE | | | | | |
| 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 | | |
| 2 Nov | DEP INDIANAPOLIS IN | CP | | | | | |
| 2 Nov | ARR ORLANDO FL | | TD | | | | |
| 27 Nov | DEP ORLANDO FL | TP | | 1633.00 | | | |
| | ARR INDIANAPOLIS IN | | MC | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
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| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| 18. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | | | 17. DURATION OF TDY TRAVEL | | | |
| 19. REBURSABLE EXPENSES | | | | 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | | | | |
| 2 Nov 97 | AIRLINE TICKET | 89.00 | | | | | |
| 2 Nov 97 | R/T PA HOME/ARTP/HOME | 0.00 | | | | | |
| 23 Nov 97 | ATM WITHDRAWAL \$300 | 1.50 | | | | | |
| 27 Nov 97 | RENTAL VEHICLE | 625.00 | | | | | |
| 20. 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 | | | |
| 19. GOVERNMENT/DEDUCTIBLE MEALS | | | | | | | |
| a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS | | | | |
| | 0 | | | | | | |
| 20.a. CLAIMANT SIGNATURE | | b. DATE 2 DEC 97 | 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 (Payee Signature and Date or Check No.) | | 28. AMOUNT PAID | | |

DD FORM 1351-2, AUG 1997 (EG)

PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

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

APPENDIX D - Claim For Reimbursement For Expenditures On Official Business (SF 1164)

| | | |
|---|---|--------------------|
| CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS | 1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE DFAS-IN INDIANAPOLIS IN 46249-3700 | 2. VOUCHER NUMBER |
| | | 3. SCHEDULE NUMBER |
| <i>Read the Privacy Act Statement on the back of this form.</i> | | 5. PAID BY |
| 4. a. NAME (Last, first, middle initial) SMITH, JOHN A | b. SOCIAL SECURITY NO. 000-00-0000 | |
| c. MAILING ADDRESS (include ZIP Code) 555 NOWHERE STREET INDIANAPOLIS IN 46249-3700 | d. OFFICE TELEPHONE NUMBER (000) 000-0000 | |

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

| DATE | CODE | Show appropriate code in col. (b): A-Local travel B-Telephone or teletype, or C-Other expenses (Itemized) | MILEAGE RATE | AMOUNT CLAIMED | | | |
|--|------|--|---|----------------|-------------|--------------|-----------------------|
| | | | | MILEAGE | FARE OR TOL | ADD PER SONS | TPS AND MISCELLANEOUS |
| (a) | (b) | (c) FROM | (d) TO | (e) | (f) | (g) | (h) |
| 19 96 | | (Explain expenditures in specific detail) | 0.31 | | | | |
| 03 NOV | A | INDIANAPOLIS IN | CHICAGO IL | 150.0 | 46.50 | | |
| 03 NOV | A | CHICAGO IL | INDIANAPOLIS IN | 150.0 | 46.50 | | |
| | | SAME TRIP PERFORMED ON 5,6,7,8, NOV 1996 | | 1200.0 | 372.00 | | |
| | | | | | 0.00 | | |
| 03 NOV | C | REGISTRATION FEE | TOTAL QUALITY MGMT CONFERENCE | | 0.00 | | 65.00 |
| | | | | | 0.00 | | |
| | | REGISTRATION FEES ARE | PAID ON THIS FORM ONLY | | 0.00 | | |
| | | IF ACCOMPANIED BY A | REQUEST FOR MILEAGE | | 0.00 | | |
| | | REIMBURSEMENT. | | | 0.00 | | |
| | | | | | 0.00 | | |
| If additional space is required continue on the back. | | | SUBTOTALS CARRIED FORWARD FROM THE BACK | | | | |
| 7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h)) \$ 530.00 | | | | TOTALS | 1500.0 | 465.00 | 65.00 |

| | |
|---|---|
| 8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 660e). <i>Sign Original City</i> DATE | 10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. <i>Sign Original City</i> DATE |
| 9. This claim is certified correct and proper for payment. <i>Sign Original City</i> DATE | 11. CASH PAYMENT RECEIPT a. PAYEE (Signature) b. DATE RECEIVED c. AMOUNT \$ |
| AFFROMING OFFICIAL SIGN HERE → | 12. PAYMENT MADE BY CHECK NO. |

ACCOUNTING CLASSIFICATION

APPENDIX E - Extended TDY Voucher Preparation (Interim Submission)

Please mark at the top which accrual the voucher represents: "2nd ACCRUAL," "3rd ACCRUAL," etc. With each voucher submission, please include copies of the original orders, all amendments, previous payment vouchers, billeting control #'s, lodging receipts, and a mileage log.

| 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: Aml to Govt Trvl Charge Card \$ | | 2. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA | | 3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER | | | |
| 4. NAME (Last, First, Middle Initial) (Print or type) SMITH, JOHN A | | 5. GRADE GS-9 | 6. SSN 000-00-0000 | | c. PAID BY | | |
| 7. ADDRESS: a. NUMBER AND STREET 555 NOWHERE ST | | b. CITY INDIANAPOLIS | | c. STATE IN | d. ZIP CODE 43211 | | |
| 8. DAYTIME TELEPHONE NUMBER & AREA CODE (614) 693-1255 | 9. TRAVEL ORDER NUMBER RA0001 | | 10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES DOV 541111 3690.00 6/98 DOV 412345 2500.00 7/98 DOV 412346 2500.00 8/98 | | | | |
| 11. ORGANIZATION AND STATION DFAS-IN INDIANAPOLIS, IN | | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED 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 | | | | d. COMPUTATIONS | | | |
| a. DATE 1 Aug 31 Aug | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) WASHINGTON DC CONTINUING TDY | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP TD | e. LODGING COST 2046.00 | f. POC MILES | | |
| 16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | | | 17. DURATION OF TDY 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 | | | |
| 18. REIMBURSABLE EXPENSES | | | | e. SUMMARY OF PAYMENT | | | |
| a. DATE 1-31 Aug 1998 | b. NATURE OF EXPENSE RENTAL CAR | c. AMOUNT 525.00 | d. ALLOWED | (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 | | | |
| | | | | 19. GOVERNMENT/DEDUCTIBLE MEALS | | | |
| | | a. DATE | b. NO. OF MEALS 0 | a. DATE | b. NO. OF MEALS | | |
| 20. a. CLAIMANT SIGNATURE | | b. DATE 8/31/98 | 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 (Payee Signature and Date or Check No.) | | 28. AMOUNT PAID | | |

DD FORM 1351-2, AUG 1997 (EG)

PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

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

APPENDIX E - Extended TDY Voucher Preparation (Final Submission)

Please mark "FINAL" at the top of the last voucher submission. With this submission, please include copies of the original orders, all amendments, all previous payment vouchers, billing control #'s, lodging receipts, and a mileage log.

| 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: Amt to Govt Tvl Charge Card \$ | | 2. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input checked="" 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 (Last, First, Middle Initial) (Print or type) SMITH, JOHN A | | 5. GRADE GS-9 | 6. SSN 000-00-0000 | b. SUBVOUCHER NUMBER | | | |
| 7. ADDRESS a. NUMBER AND STREET 555 NOWHERE ST | | b. CITY INDIANAPOLIS | c. STATE IN | d. ZIP CODE 43211 | c. PAID BY | | |
| 8. DAYTIME TELEPHONE NUMBER & AREA CODE (614) 693-1255 | 9. TRAVEL ORDER NUMBER RA0001 | 10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES DO NOT DEDUCT UNTIL FINAL CLAIM 3690.00 DOV 541111 6/98 | | | | | |
| 11. ORGANIZATION AND STATION DFAS-IN INDIANAPOLIS, IN | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | | | d. COMPUTATIONS | |
| a. NAME (Last, First, Middle Initial) | | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE | | | | |
| 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 | | |
| 6 Jun | INDIANAPOLIS, IN | | | | | | |
| 6 Jun | WASHINGTON DC | | TD | | 18 | | |
| 7 Jul | | TP | | 2112.00 | | | |
| 7 Jul | BOSTON, MA | | TD | 160.00 | | | |
| 9 Jul | | TP | | | | | |
| 12 Jul | WASHINGTON DC | | TD | 2112.00 | | | |
| 14 Aug | | TP | | | | | |
| 14 Aug | INDIANAPOLIS, IN | | AD | | 18 | | |
| 16 Aug | AUTHORIZED RETURN | | TP | | | | |
| 16 Aug | WASHINGTON DC | | TD | 1980.00 | 18 | | |
| 15 Sep | | TP | | | | | |
| 15 Sep | INDIANAPOLIS, IN | | MC | | 18 | | |
| | | | | | | e. SUMMARY OF PAYMENT | |
| | | | | | | (1) Per Diem | |
| | | | | | | (2) Actual Expense Allowance | |
| | | | | | | (3) Mileage | |
| 18. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | 17. DURATION OF TDY TRAVEL | | (4) Dependent Travel | | | |
| 19. REBURSABLE EXPENSES | | 12 HOURS OR LESS | | (5) DLA | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | (6) Reimbursable Expenses | | | |
| see above | PA RES TO ARPT/RTN (9X2) | | | (7) Total | | | |
| 6 Jun 98 | TAXI (28.50) | 28.50 | | (8) Less Advance | | | |
| 7 Jul 98 | TAXI (28.50, 21.00) | 49.50 | | (9) Amount Owed | | | |
| 12 Jul 98 | TAXI (21.00, 28.50) | 49.50 | | (10) Amount Due | | | |
| 16 Aug 98 | TAXI (28.50) | 28.50 | | | | | |
| 15 Sep 98 | TAXI (28.50) | 28.50 | | 19. GOVERNMENT/DEDUCTIBLE MEALS | | | |
| 6Jun-15Sep | RENTAL CAR | 1825.00 | | a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS |
| | | | | | 0 | | |
| 20. a. CLAIMANT SIGNATURE | | b. DATE 9/25/98 | 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 (Payee Signature and Date or Check No.) | | 28. AMOUNT PAID | |

DD FORM 1351-2, AUG 1997 (EG)

PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

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