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.												
Ele Tra	1. PAYMENT SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement Electronic Fund Transfer (EFT) February Sector 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. Image: Sector transportation of the sector transportation of the sector travel card balance to the GTCC contractor. Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$									sement anel are required							
2. NAME (Last, First, Middle Initial) (Print or type) 3. GRAI										OF PAYMENT	-	applica	ble)				
								TD	Y		Membe	er/Employee					
6. ADDRESS. a. NUMBER AND STREET b. CITY			I		c. S	c. STATE d. ZIP CODE		E	PC	S		Other					
								De	pendent(s)		DLA						
e. E-MAIL	ADDRESS			1				-					10. FOR	D.O. USE ON	ILY		
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION AREA CODE NUMBER					9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES				a. D.O. VOUCHER NUMBER								
11. ORGANIZATION AND STATION									b. SUBVOUCHER NUMBER								
12. DEPE	NDENT(S) (X and	complete as a	pplicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)					c. PAID BY					
AC	COMPANIED		UNA	CCOMPA	NIED				1000 21	<i>ip</i> 0000	-)						
a. NA	ME (Last, First, Mi	ddle Initial)	b. RELATI	ONSHIP	c. DATE OF OR MAR	F BIRTH RIAGE											
					011111111												
							14. HAVE F (X one)	IOUS	EHOLD	0 GOO	DS BEEN S	SHIPPED?	d. COMF	UTATIONS			
							(X one) YES	; [NO (E	Explain in R	emarks)					
15. ITINE	RARY		1				C. MEANS/	REA			e.	f.					
a. DATE	b. PLA	CE (Home, O	ffice, Base, A and Country,	ctivity, City	and State;		MEANS/ MODE OF TRAVEL	FC	DR		DGING COST	PÖC MILES					
	DEP	City	ana oounuy,	510.7			INVEL	ST	JP								
	ARR																
	DEP																
	ARR																
	DEP																
	ARR																
	DEP																
	ARR																
	ARR													IARY OF PAY			
	DEP												(1) Per D				
	ARR													I Expense Alle			
	DEP												(3) Milea	•	owance	-	
40.000	ARR	014/01				SSENGE	- D	L	47. DI					-			
	TRAVEL (X one)		/OPERATE			SSENGE	R	_	17. DU	JRATIC	ON OF TRA	VEL		ndent Travel			
	BURSABLE EXPE							(50		12 HC	OURS OR L	ESS	(5) DLA				
a. DA	IE	b. NATURE OF EXPENSE				DUNT	d. ALLOW	/ED		-			(6) Reimbursable Expenses (7) Total				
										MORE	MORE THAN 12 HOURS BUT 24 HOURS OR LESS						
										BUI2	4 HOURS	OR LESS					
										MORE	E THAN 24	HOURS	(9) Amou				
									40 -			BU(C=)=-	(10) Amo	unt Due			
												DUCTIBLE		· ·		<u> </u>	NO. 67.17
										a. DA	ιE	D. NO. O	F MEALS	a. DA	ΑIE	b	. NO. OF MEALS
20 - 01		25						1/100			-					<u> </u>	DATE
20.a. CLA	IMANT SIGNATU				b. DATE		c. SUPER	VISOF	s SIGN	AIUR	C					d.	. DATE
21 3 40	ROVING OFFICE	SIGNATUR	-														DATE
21.a. API	NOVING OFFICE	C SIGNATURE	-													D.	. DATE
22. AUU	DUNTING CLASSI	ICATION															
23 COL	ECTION DATA																
20. UULL																	
24. COM	PUTED BY	25. AUDITED	BY	26. TRA	/EL ORDER		27. RE	CEIV	ED (Pa	ayee Sig	gnature and	d Date or C	heck No.)		28.	AMOU	NT PAID
						. 551ED	<u> </u>										
DD FC	RM 1351-2	, AUG 2	006	PRE	VIOUS EE UNTIL	DITION SUPPL	(JUL 2004) Y IS EXHA	MAY	' BE U ED.	JSED			Exce	ption to SF 10)12 app	proved b	yGSA/IRMS 12-91 Adobe Designer 7.0

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.

2. Two copies of dependent travel authorization if issued.

3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.

4. Copy of GTR, MTA or ticket used.

5. Hotel/motel receipts and any item of expense claimed in an

amount of \$75.00 or more.

6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation		Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Ówned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay Authorized Return Awaiting Transportation	- AD - AR	Leave En Route - LV Mission Complete - MC Temporary Duty - TD
Hospital Admittance	- HA	Voluntary Return - VR
Hospital Discharge	- HD	-

ITEM 15e. LODGING COST Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see *JFTR*, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.