HOW TO FILL OUT A DD FORM 1351-2 TRAVEL VOUCHER

TRAVEL VOU	HER OR SUB	OUCHER	form	. Use type	ct Statemen writer, ink, o d, continue i	r ball point pen. F	nt, and RESS	Instructions or HARD. DO NO	back Tuse	before completing pencil. If more		
1. PAYMENT X Electronic Fund Transfer (EFT)	Electronic Fund Transfer (EFT) Electronic Fund Transfer (EFT)											
	Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: 2. NAME (Last. First. Middle Initial (Print or type) 3. GRADE 4. SSN 5. TYPE OF PAYMENT (X as applicable)											
2. NAME (Last, First, Middle I	nitial) (Print or type)		3. GRA	NDE	4. SSN		5. T	YPE OF PAYMEN ⊤	T (X as	1		
								TDY		Member/Employee		
6. ADDRESS. a. NUMBER A	ND STREET	b. CITY			c. STATE	d. ZIP CODE	1	PCS		Other		
								Dependent(s)		DLA		
e. E-MAIL ADDRESS						,	10.	10. FOR D.O. USE ONLY				
7. DAYTIME TELEPHONE N AREA CODE	UMBER & 8. TRAVEL NUMBE	ORDER/AUTHORIZAT R	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES					a. D.O. VOUCHER NUMBER				
11. ORGANIZATION AND ST	ATION						b.	SUBVOUCHER N	UMBER	3		

- **BLOCK 1. PAYMENT.** EFT is the only authorized option. This will ensure the member's payment is sent to the same bank account as their military pay. If a government travel charge card (GTCC) is used, under "Split Disbursement," check the box and enter the amount to be split to the GTCC.
- BLOCK 2. NAME. Type or print the member's Last Name, First Name, and Middle Initial
- **BLOCK 3. GRADE.** Type or print the member's pay grade (E-5, O-3, W-1, etc.)
- **BLOCK 4. SSN.** Type or print the member's social security number
- **BLOCK 5**. **TYPE OF PAYMENT.** Mark ALL that apply. It is possible to have all blocks selected. Pay special attention to Dependent(s) and DLA. If dependent travel is on this voucher, make sure both of these blocks are checked.
- **BLOCK 6. ADDRESS.** Type or print the member's current mailing address to include Street Address, City, State, and Zip Code. DO NOT USE the unit address, unless it is a valid mailing address with a P.O. Box. Type the best email address with which to contact the member.
- **BLOCK 7. DAYTIME TELEPHONE NUMBER AND AREA CODE.** Type or print the member's current daytime telephone number.
- **BLOCK 8. TRAVEL ORDER/AUTHORIZATION NUMBER.** Type or print the travel order number as written on the member's PCS/TDY orders. Do not use order numbers for amendments.
- **BLOCK 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES.** Type or print the amount of travel advance the member received, the DOV#, and date of payment. Write "None" if they did not receive a travel advance. (NOTE: this is only money the member received from the government for this travel).
- BLOCK 10. FOR D.O. USE ONLY. Use section "d. COMPUTATONS" for remarks.
- **BLOCK 11. ORGANIZATION AND STATION** Type or print the member's current organization and station.

12. DEPE	12. DEPENDENT(\$) (X and complete as applicable)					13. DEPENDENTS' ADDRESS ON RECEIPT OF						c. PAID BY			
AC	COMPA	NIED		UNACCOMPA	NIED	C	RDEF	RS (Inc	dude 2	Zip Code)					
a. NA	ME (Las	t, First, Middle Initial)	b. RE	LATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	1									
						1									
						1									
						14. H	AVE H	OUSE	HOL	D GOODS BEEN	SHIPPED?	d. COMPUTATIONS			
							YES			NO (Explain in R					
15. ITINE						MEA	NS/	REA	SON	e. LODGING	f. POC				
a. DATE		b. PLACE (Home, Offi City a	ce, Bas nd Cou	se, Activity, City intry, etc.)	and State;	MOD TRA	E OF VEL	FC ST		COST	MILES				
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	ARR														
	DEP											e. SUMMARY OF PAYMENT			
	ARR											(1) Per Diem			
	DEP											(2) Actual Expense Allowance			
	ARR							L.,				(3) Mileage			

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

- -BLOCK 12a. NAME. Type or print dependent Last Name, First Name, Middle Initial
- **-BLOCK 12b. RELATIONSHIP.** Type or print relationship of dependent. For example, spouse, son, daughter.
- **-BLOCK 12c. DATE OF BIRTH OR MARRIAGE.** Type or print date of marriage for spouse or date of birth for other dependents. If the member has more than four dependents, write the information on the reverse side of the DD Form 1351-2 in Block 29, Remarks.

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

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

BLOCK 15. ITINERARY

- **-BLOCK 15a DATE.** Type or print the date of arrival and departure for all points listed, including the year at the top (under "a. DATE"). Dates must match orders/endorsements.
- **-BLOCK 15b PLACE.** Type or print the locations of the departure and arrival location, including city and state. If multiple modes of travel were used, indicate the location of mode changes. If TDY was authorized indicate the arrival and departure locations. Locations must match orders/endorsements. Using general terms such as home, office, or HTC without city and state is not valid.
- **-BLOCK 15c MEANS/MODE OF TRAVEL.** Enter the two letter code for the mode of travel for each leg of the travel.

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

For example: Using their own truck or automobile would be PA or an airline ticket provided by the Commercial Ticket Office (CTO) would be TP. If they traveled by Commercial Transportation (Own Expense) make sure they include a copy of the tickets with their claim and mark CP.

-BLOCK 15d REASON FOR STOP. Enter the reason for stop from one of the following codes

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

- **-BLOCK 15e LODGING COST.** Type or print the cost of lodging. Leave blank except for TDY locations. Ensure receipts are attached. If government lodging was directed but not used, a Statement of Non-availability (SNA) is required.
- **-BLOCK 15f POC MILES.** Type or print the mileage between local departure and arrival points when using an owned and operated Privately Owned Conveyance (POC). Example: Travel to/from home/office/HTC to airport or in and around the PDS. The Disbursing Office will use standard distance rates as established by Defense Table of Official Distances for all other travel.

16. POC TRAVE	L (X one)	OWN/OPERATE		PASSENGE	ER	17. D	JRATION OF TRA	AVEL	(4) Depe	endent Travel	
18. REIMBURSA	ABLE EXPENS	ES					42 1101100 001		(5) DLA		
a. DATE	b.	NATURE OF EXPENSE	C. /	AMOUNT	d. ALLOWED	1	12 HOURS OR LESS		(6) Reim	bursable Expenses	
					MORE THAN 12	2 HOURS	(7) Total		0.00		
						1	BUT 24 HOURS	OR LESS			
									(9) Amor	unt Owed	0.00
						1	MORE THAN 24 HOURS		(10) Amor	unt Due	
						19. G	OVERNMENT/DE	DUCTIBLE	MEALS		
							a. DATE	b. NO. O	F MEALS	a. DATE	b. NO. OF MEALS
20.a. CLAIMANT	SIGNATURE										b. DATE
c. REVIEWER'S	PRINTED NA	ME	d. SIG	GNATURE					e. TELEF	PHONE NUMBER	f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIG	GNATURE					c. TELEF	PHONE NUMBER	d. DATE	

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

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

BLOCK 18. REIMBURSABLE EXPENSES. Print or type all items of reimbursable expenses. For example, rental car, conference registration fees, bridge tolls, gas, ferry fees, taxi expense, etc. However, some require pre-authorization on orders. Claims for more than one POC in conjunction with a PCS can also be shown in these blocks (e.g. "(2) POVs"). Any lodging or reimbursable expense \$75.00 or more will require a receipt. **ALL** expenses must be included on 1351-2.

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

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

BLOCK 21a/b/c/d. APPROVING OFFICIAL. AO signature not required for any DD 1351-2 loaded into a DTS voucher.

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

Notes:

General

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

Dependent Travel

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

PCS DD Form 1351-2 Example:

TRAVEL VO	TMS Doc ID:			HER	form.	Use type eded, com	writer, i tinue in	nk, or remai	t, Penalty St r ball point p rks.	pe të	SS HAR	D. DO NOT	use per	fore completing ncil. If more space	
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