

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. <input checked="" type="checkbox"/> 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)	
6. ADDRESS: a. NUMBER AND STREET			b. CITY		c. STATE	d. ZIP CODE	<input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA
e. E-MAIL ADDRESS						10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		c. PAID BY	
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED		<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		e. SUMMARY OF PAYMENT	
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
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16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL			
18. REIMBURSABLE EXPENSES				<input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS			
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	19. GOVERNMENT/DEDUCTIBLE MEALS		
					a. DATE	b. NO. OF MEALS	a. DATE
							b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE						b. DATE	
c. REVIEWER'S PRINTED NAME			d. REVIEWER SIGNATURE			e. TELEPHONE NUMBER	f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE			c. TELEPHONE NUMBER	d. DATE
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

DD Form 1351-2 Instructions

6e – Email Address: Provide your personal email address. Do not use your government email.

15a – Itinerary: Record your travel details. Use DEP for the point of origin and ARR for the destination.

20a – Claimant Signature: Sign your name in this section.

20b – Date: Enter the date you completed your move.