



# Completing your TDY Travel Voucher

DD Form 1351-2



## GETTING STARTED

A DD Form 1351-2 is a common form that you're asked to submit after your TDY travel. This form, alongside your travel orders, tells DFAS how much to reimburse you for allowances, per diem, and expenses incurred while on travel. However, your reimbursable expenses are not set in stone, this guide highlights “Key Points”, and outlines actions to “Get Started” that will help you complete your travel voucher successfully on your first attempt.



### What is a DD Form 1351-2

The DD Form 1351-2 (May 2011) is the primary form used to record travel itineraries and claim expenses for government travel. The following is a step-by-step guide with examples to ensure that you are filling the form out correctly. The numbers listed below correspond to the numbers shown in the blocks on the DD 1351-2.



### Key Points Before You Get Started

- Ensure you are using May 2011 version.
- When possible, all fields must be filled out completely (unless otherwise noted) and must be legible.
- Before you begin, please login into your [MyPay](#) account to set verify / set-up your EFT account information. Having up to date EFT account information, will help to ensure timely direct deposit of funds into your account.
- All TDY locations need to appear on the orders accompanying the TDY voucher, if they do not, the location will not be counted towards your final pay. You will need to request an amendment from the command that issued the orders to include the locations you traveled while TDY.
- Orders and any amendments will need to be submitted along with the travel voucher.
- You are able to exceed the total number of authorized days by less than or equal to 100% or 7 days (whichever is less) without an amendment. If your TDY exceeds the number of days authorized by more than 100% or 7 Days, you will need to contact the command that created the orders to obtain an amendment (with additional days authorized).
- Make sure you include appropriate signatures and dates prior to submission. You (aka Claimant.) must sign the voucher AFTER Mission Complete (MC) Date and BEFORE the reviewer.

# DD Form 1351-2

## Box 1: PAYMENT

- Select Electronic Funds Transfer (EFT)
- SPLIT DISBURSEMENT (if necessary) – Check the box and indicate how much of your total entitlement you would like paid directly to your Government Travel Charge Card (GTCC).

If you would like all or a portion of your payment applied to your GTCC you must check the split disbursement box and include the amount requested. (If an amount is included in error, travel pay will process a split disbursement regardless if there is a balance or not.) Make sure that the split amount adequately covers charges you've placed on your GTCC.

**Box 2: NAME:** Enter your last name, first name, and middle initial.

**Box 3: GRADE:** Enter your current rank or grade.

**Box 4: SSN:** Enter your complete nine-digit social security number.

Verify your social security number is correct on both your orders (amendments if used) and voucher.

## Box 5: TYPE OF PAYMENT

- Select TDY
- Select Member/Employee

**Box 6: ADDRESS/E-MAIL ADDRESS:** Enter your most current permanent duty station (PDS) mailing address.

E-mail will be the primary means of communication for questions or if corrections are needed. Enter an e-mail address you will be able to access while TDY and at home. Please add [dfas.rome.ift.mbx.iatsummary@mail.mil](mailto:dfas.rome.ift.mbx.iatsummary@mail.mil) to your safe sender list.

**Box 7: DAYTIME TELEPHONE NUMBER AND AREA CODE:** Provide the best number for any questions/concerns pertaining to your voucher. Ensure the area code is included; if DSN, please indicate DSN before the phone number.

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		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"/> Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: <b>\$ 108.00</b>					
<input type="checkbox"/> Payment by Check		2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)	
Miller, Andrew, J		E-8		111-22-3333	<input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA		
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			
100 Main Street		El Paso	TX	79924			
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
asmiller@gmail.com		(520) 437-0000		BL3150030		10. FOR D.O. USE ONLY	
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		a. D.O. VOUCHER NUMBER	
1-43 ADA BN FORT BLISS		<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				b. SUBVOUCHER NUMBER	
13. DEPENDENT(S) (X and complete as applicable)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		15. COMPUTATIONS		c. PAID BY	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		d. COMPUTATIONS	
16. ITINERARY		17. DURATION OF TRAVEL		18. GOVERNMENT/Deductible MEALS		19. 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	(1) Per Diem	
12/29	Fort Bliss	GP				(2) Actual Expense Allowance	
12/30	Arrifjan, Kuwait		AD	108.00		(3) Mileage	
01/01	Arrifjan, Kuwait	GP				(4) Dependent Travel	
01/01	Al Asad Air Base, Iraq		TD			(5) DLA	
07/20	Al Asad Air Base, Iraq	GP				(6) Reimbursable Expenses	
07/20	Arrifjan, Kuwait		AD			(7) Total	
07/24	Arrifjan, Kuwait	GP				(8) Less Advance	
07/25	Fort Bliss		MC			(9) Amount Owed	
						(10) Amount Due	
19. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER		20. CLAIMANT SIGNATURE	
						MILLER, ANDREW JOSEPH	
21. REVIEWER'S PRINTED NAME		22. APPROVING OFFICIAL'S PRINTED NAME		23. ACCOUNTING CLASSIFICATION		24. RECEIVED (Payee Signature and Date or Check No.)	
CRANE, TERRILL		[Signature]				8/26/2021	
25. COMPUTED BY		26. AUDITED BY		27. TRAVEL ORDER/AUTHORIZATION POSTED BY		28. AMOUNT PAID	

**Box 8: TRAVEL ORDER/AUTHORIZATION NUMBER:** This number is located on the upper left hand corner of your orders, if TCS orders, or from Box 22 of your DD Form 1610.

**Box 9: PREVIOUS GOVERNMENT PAYMENTS/ADVANCES:** If you received any advances or other payments for the specific TDY trip, write the amounts in this box. If not, or if you are unsure, leave this box blank.

**Box 10: FOR D.O. USE ONLY:** Do NOT enter information.

**Box 11: ORGANIZATION AND STATION:** Unit or organization name.

**Box 12: DEPENDENT(S):** Do NOT enter information

**Box 13: DEPENDENT ADDRESS ON RECEIPT OF ORDERS:** Do NOT enter information.

Leave boxes 12 and 13 blank; dependents are not authorized on TDY.

**Box 14: HAVE HOUSEHOLD GOODS BEEN SHIPPED?** Select 'NO'

TDY travel rarely involves shipment of household goods. You should only select 'YES' if household goods are indicated on your orders.

**Box 15: ITINERARY:** 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.

Please see pages 4-6 for more detailed information on completing box 15-a-e.

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) Payment by Check <input type="checkbox"/>		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: <b>\$ 108.00</b>											
2. NAME (Last, First, Middle Initial) (Print or type) Miller, Andrew, J			3. GRADE E-8		4. SSN 111-22-3333		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> POC <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA (Dependent(s))						
6. ADDRESS: a. NUMBER AND STREET 100 Main Street			b. CITY El Paso		c. STATE TX		d. ZIP CODE 79924						
e. E-MAIL ADDRESS amiller@email.com						10. FOR D.O. USE ONLY							
7. DAYTIME TELEPHONE NUMBER & AREA CODE (520) 437-0000		8. TRAVEL ORDER/AUTHORIZATION NUMBER BL3150030		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES				a. D.O. VOUCHER NUMBER					
11. ORGANIZATION AND STATION 1-43 ADA BN FORT BLISS				12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (include Zip Code)					
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)				d. COMPUTATIONS			
16. ITINERARY						c. MEANS/MODE OF TRAVEL		d. REASON FOR STOP		e. LODGING COST		f. POC MILES	
a. DATE 2020		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)											
12/29 DEP		Fort Bliss				GP							
12/30 ARR		Arifjan, Kuwait				AD							
01/01 DEP		Arifjan, Kuwait				GP		108.00					
01/01 ARR		Al Asad Air Base, Iraq				TD							
07/20 DEP		Al Asad Air Base, Iraq				GP							
07/20 ARR		Arifjan, Kuwait				AD							
07/24 DEP		Arifjan, Kuwait				GP							
07/25 ARR		Fort Bliss				MC							
ARR													
DEP													
ARR													
DEP													
ARR													
18. POC TRAVEL (X one)						OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL			
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED		12 HOURS OR LESS		MORE THAN 12 HOURS BUT 24 HOURS OR LESS		MORE THAN 24 HOURS	
12/30		Lodging		108.00						<input checked="" type="checkbox"/>			
19. GOVERNMENT/DEDUCTIBLE MEALS						a. DATE		b. NO. OF MEALS		c. DATE		d. NO. OF MEALS	
20. CLAIMANT SIGNATURE MILLER, ANDREW JOSEPH, [REDACTED]						b. DATE 8/26/2021							
c. REVIEWER'S PRINTED NAME				d. REVIEWER SIGNATURE CRANE, TERRILL, [REDACTED]				e. TELEPHONE NUMBER		f. DATE 8/26/21			
21. APPROVING OFFICIAL'S PRINTED NAME				b. SIGNATURE [REDACTED]				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	

**Box 15a: DATE:** List the year the travel was conducted, even when the travel crosses into the next calendar year.

- DEP: List the date you departed your residence/mobilization area.
- ARR: List the date arrived at the next mode of travel or location.

Your travel date must be within seven days of the proceed date identified on your orders. Anything beyond seven days will require an amendment.

**Box 15b: PLACE:** Each box in this section should only have one location per box. Enter every stop to/from your TDY location and home, while en route, using the “DEP” and “ARR” rows.

- DEP: List the location in which you departed.
- ARR: List the location in which you arrived.

Repeat until all overnight stops are listed and final destination reached.

All TDY locations need to appear on the orders accompanying your voucher, if they do not, the location will not be counted towards your final pay. You will need to request an amendment from the command that issued the orders to include all locations you traveled while TDY.

Authorized Delay (AD) stops over 14 days require an amendment authorizing the location.

**Box 15c: MEANS/MODES OF TRAVEL\*:** List the two-digit form of transportation you used en route to the PLACE listed in 15b.

**First Digit:**

- T - GTR/TKT or CBA
- G - Government Transportation
- C - Commercial Transportation
- P - Privately Owned Conveyance

**Second Digit:**

- A - Automobile
- M - Motorcycle
- B - Bus
- P - Plane
- R - Rail
- V - Vessel

**Most Common Combinations:**

- PA – Private Auto
- CA – Commercial Auto (ex: Taxi)
- TP – Government Provided Airfare (no cost)
- CP – Commercial Airfare (traveler purchased)

TRAVEL VOUCHER OR SUBVOUCHER						Read Privacy Act Statement, Penalty Statement, and Instructions at back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue on remarks.				
15. ITINERARY						c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
a. DATE 2020	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)									
12/29	DEP	Fort Bliss					GP			
12/30	ARR	Ariifjan, Kuwait						AD		
01/01	DEP	Ariifjan, Kuwait					GP		108.00	
01/01	ARR	Al Asad Air Base, Iraq						TD		
07/20	DEP	Al Asad Air Base, Iraq					GP			
07/20	ARR	Ariifjan, Kuwait						AD		
07/24	DEP	Ariifjan, Kuwait					GP			
07/25	ARR	Fort Bliss						MC		
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									

  

12/30	ARR	Ariifjan, Kuwait	GP	AD	108.00				
01/01	DEP	Ariifjan, Kuwait	GP	AD					
01/01	ARR	Al Asad Air Base, Iraq		TD					
07/20	DEP	Al Asad Air Base, Iraq	GP						
07/20	ARR	Ariifjan, Kuwait		AD					
07/24	DEP	Ariifjan, Kuwait	GP						
07/25	ARR	Fort Bliss		MC					
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

  

16. MEANS/MODES OF TRAVEL		17. DURATION OF TRAVEL		18. DEPARTMENT TRAVEL	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	e. HOURS OR LESS	f. TYPE
12/30	Lodging	108.00		MORE THAN 12 HOURS BUT 24 HOURS OR LESS	1
				MORE THAN 24 HOURS	2
					3
					4
					5
					6
					7
					8
					9
					10

  

19. CLASSIFY TRAVELER		20. DATE	
MILLER, ANDREW JOSEPH		8/26/2021	
21. TELEPHONE NUMBER		22. DATE	
CRANE TEL. [REDACTED]		8/26/21	
23. APPROVED OFFICIAL'S PRINTED NAME		24. DATE	
[REDACTED]		[REDACTED]	
25. ACCOUNTING CLASSIFICATION			
26. COLLECTION DATA			
27. COMPLETED BY	28. APPROVED BY	29. TRAVEL VOUCHER AUTHORIZATION NUMBER	30. RECEIVED FROM SIGNATURE AND DATE OF CHECK NO.
31. AMOUNT PAID			

\*See Supporting Documentation for additional information.

**Box 15d: REASON FOR STOP:** List the reason for stops using the appropriate two-letter code. Reason for stop” is limited to the following:

- AD – Authorized delay, for layovers while en route. You are authorized up to 14 days in AD status
- AT – Awaiting transportation (less than 24 hours)
- MC – Mission Complete, for the date you return to your PDS or HOR
- LV – Emergency Leave or Funded Environmental and Morale Leave (FEML)
- TD – Temporary Duty location, authorized in your orders

**Box 15e: LODGING COSTS\*:** If your trip involved an overnight stay with lodging costs for the PLACE entered in block 15b, enter the amount in this space.

A lodging receipt or a Statement in Lieu of Receipt must be included to receive reimbursement. Submitted receipts must show the following:

- lodging name and address
- your name
- check-in/check-out dates
- means of payment (VISA, Mastercard, etc...)
- dollar amount with charges itemized
- a zero balance (proof that you paid for your entire stay)

NOTE: Lodging or room taxes are claimed separately as a reimbursable expense in block 18. Additional information provided below.

**Box 15f: POC MILES:** If you drove to the transportation terminal (airport or rental car facility) enter the number of miles to the transportation terminal. Once TDY is completed ensure miles are entered back to HOR. If you drove to the TDY location mileage will be paid per the Defense Table of Official Distances (DTOD).

15. ITINERARY		c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
12/29	DEP Fort Bliss	GP			
12/30	ARR Arifjan, Kuwait		AD		
01/01	DEP Arifjan, Kuwait	GP		108.00	
01/01	ARR Al Asad Air Base, Iraq		TD		
07/20	DEP Al Asad Air Base, Iraq	GP			
07/20	ARR Arifjan, Kuwait		AD		
07/24	DEP Arifjan, Kuwait	GP			
07/25	ARR Fort Bliss		MC		
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				

  

01/01	DEP	Arifjan, Kuwait	GP		108.00	
01/01	ARR	Al Asad Air Base, Iraq		TD		
07/20	DEP	Al Asad Air Base, Iraq	GP			
07/20	ARR	Arifjan, Kuwait		AD		
07/24	DEP	Arifjan, Kuwait	GP			
07/25	ARR	Fort Bliss		MC		
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

  

16. REIMBURSABLE EXPENSES		17. DURATION OF TRAVEL		18. GOVERNMENT-DEDUCTIBLE MILEAGE	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	e. DATE	f. NO. OF MILES
12/30	Lodging	108.00			

  

19. TRAVELER SIGNATURE		20. TRAVELER SIGNATURE		21. DATE	
MILLER ANDREW JOSEPH		CRANE TRAVIS		8/26/2021	
22. APPROVED OFFICIAL'S PRINTED NAME		23. SIGNATURE		24. DATE	
				8/26/21	
25. ACCOUNT CLASSIFICATION		26. TELEPHONE NUMBER		27. DATE	
28. COLLECTION DATE		29. TELEPHONE NUMBER		30. DATE	
31. COMPLETED BY	32. DATED BY	33. TRAVEL ORDER AUTHORITY/DATE POSTED BY	34. RECEIVED FROM (Signature and Date of Order No.)	35. AMOUNT PAID	

\*See Supporting Documentation for additional information.

**Box 16: POC TRAVEL\*:** Select 'OWN/OPERATE' if driving your own vehicle or fully paying for the vehicle expenses. Otherwise, select 'PASSENGER'.

You must check the box before 'OWN/OPERATE' to be reimbursed for the POC miles you list in column 15f.

**Box 17: DURATION OF TRAVEL:** Select the duration of TDY travel.

If travel was less than 12 hours, you will not receive per diem for that day. If it is between 12-24 hours, you will receive partial per diem. If more than, 24 hours you will receive full Per Diem.

**Box 18: REIMBURSABLE EXPENSES\*:** This is an itemized list for incurred expenses, such as airline tickets, rental car, fuel, public transportation, taxi fare, excess baggage, etc. Claimed expenses must have been incurred during the period of actual TDY travel.

Do NOT list meals in this area. Meals will automatically be calculated based on your orders.

**Box 18a: DATE:** List the date the expense was incurred.

**Box 18b: NATURE OF EXPENSE:** List the type of expense (i.e., lodging taxes)

**Box 18c: AMOUNT:** List the amount of the expense.

All claimed reimbursable expenses \$75 and over require a receipt. Lodging ALWAYS require a receipt regardless of costs.

**Box 18d: ALLOWED:** Leave blank. If necessary, the supervisor or resource manager will enter adjustments.

**Box 19: GOVERNMENT/DEDUCTIBLE MEALS\*:** If authorized the local commercial rate meals and you were provided meals at no cost, complete this block.

**Box 19a: DATE:** Date the meals were provided.

**Box 19b: NO OF MEALS:** Number of meals provided by the government with no cost to the traveler.

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: 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: <b>\$ 108.00</b>		3. GRADE E-8		4. 83N 111-22-3333	
2. NAME (Last, First, Middle Initial) (Print or type) Miller, Andrew, J			5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Member/Employee <input type="checkbox"/> DLA Dependent(s)		6. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS		
8. ADDRESS a. NUMBER AND STREET 100 Main Street		b. CITY El Paso		c. STATE TX		d. ZIP CODE 79924	
4. E-MAIL ADDRESS amiller@email.com				10. ORGANIZATION AND STATION 1-43 ADA BN FORT BLISS			
7. DAYTIME TELEPHONE NUMBER & AREA CODE (520) 437-0000		8. TRAVEL ORDER/AUTHORIZATION NUMBER BL3150030		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		11. DEPENDENT(S) ADDRESS ON RECEIPT OF ORDERS (include Zip Code)	
12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				13. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO (Explain in Remarks)			
11. ORGANIZATION AND STATION 1-43 ADA BN FORT BLISS		12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENT(S) ADDRESS ON RECEIPT OF ORDERS (include Zip Code)		14. COMPUTATIONS	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		14. COMPUTATIONS	
16. ITINERARY				17. DURATION OF TRAVEL			
a. DATE 2020		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/MODE OF TRAVEL		d. REASON FOR STOP	
12/29		Fort Bliss		GP		AD	
12/30		Arifjan, Kuwait		GP		AD	
01/01		Arifjan, Kuwait		GP		TD	
01/01		Al Asad Air Base, Iraq		GP		AD	
07/20		Al Asad Air Base, Iraq		GP		AD	
07/20		Arifjan, Kuwait		GP		AD	
07/24		Arifjan, Kuwait		GP		AD	
07/25		Fort Bliss		GP		MC	
18. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS			
18. REIMBURSABLE EXPENSES				17. DURATION OF TRAVEL			
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED	
12/30		Lodging		108.00			
2/1-2/15		Gas \$11, \$15, \$18, \$20, \$12		76.00			
18. REIMBURSABLE EXPENSES				17. DURATION OF TRAVEL			
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED	
12/30		Lodging		108.00			
2/1-2/15		Gas \$11, \$15, \$18, \$20, \$12		76.00			
19. GOVERNMENT/DEDUCTIBLE MEALS				17. DURATION OF TRAVEL			
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
19. GOVERNMENT/DEDUCTIBLE MEALS				17. DURATION OF TRAVEL			
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
21. APPROVING OFFICIAL'S PRINTED NAME MILLER ANDREW JOSEPH 1273197237 3204-0407				b. SIGNATURE [Signature]			
21. APPROVING OFFICIAL'S PRINTED NAME				b. SIGNATURE			
22. ACCOUNTING CLASSIFICATION				27. RECEIVED (Payee Signature and Date or Check No.)			
22. ACCOUNTING CLASSIFICATION				27. RECEIVED (Payee Signature and Date or Check No.)			
23. COLLECTION DATA				28. AMOUNT PAID			
23. COLLECTION DATA				28. AMOUNT PAID			
24. COMPUTED BY		26. AUDITED BY		28. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
24. COMPUTED BY		26. AUDITED BY		28. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
24. COMPUTED BY				28. AMOUNT PAID			
24. COMPUTED BY				28. AMOUNT PAID			

\*See Supporting Documentation for additional information.

**Box 20a: CLAIMANT SIGNATURE:** The person whose name is listed in block 2 is considered the "Claimant" and MUST either, wet sign or digitally sign in this box.

**Box 20b: DATE:** Must include day, month, and year to be considered valid.

**Box 20c: REVIEWER PRINTED NAME:** Person indicating the voucher is reviewed for accuracy and date the voucher was reviewed.

This person must be familiar with the orders. Typically, this will be your Supervisor or your Commander

**Box 20d: REVIEWER SIGNATURE:** Digitally or a wet signature is required.

**Box 20e: TELEPHONE NUMBER:** Telephone number of Reviewer listed in 20c.

**Box 20f: DATE:** The Signature date should be on or after the date of the Claimant's signature. Must include day, month, and year to be considered valid.

**Box 21a-d: APPROVING OFFICIAL:** These boxes are only required if authorizing an entitlement not included on the orders. The Approving official is attesting to the validity of, and approving payment for any additional items not originally authorized on the orders. There must be a remark in the remarks section (Block 29) explaining what additional items are being approved.

Signature date MUST be on or after the Mission Complete (MC) Date if not, the claim will be returned.

**Box 22-28:** Leave blank; blocks are for the Finance and Accounting Office use only.

**Box 29: REMARKS:** Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during temporary duty
- Clarify any additional travel-related issues
- Reflect exchange rates when working with foreign currency

Claim items authorized by the Authorizing Official (Block 21-a) in this space, or for leave dates as needed. (If NOT annotated elsewhere on the DD Form 1351-2).

- **IMPORTANT:** If additional space is needed, please use the DD1351-2C (continuation sheet) and include with the DD Form 1351-2.

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: 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. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: <b>\$ 108.00</b>					
2. NAME (Last, First, Middle Initial) (Print or type) Miller, Andrew, J			3. GRADE E-8	4. SSN 111-22-3333		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS: a. NUMBER AND STREET 100 Main Street			b. CITY El Paso	c. STATE TX	d. ZIP CODE 79924		
e. E-MAIL ADDRESS asmiller@email.com						16. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE (520) 437-0000		8. TRAVEL ORDER/AUTHORIZATION NUMBER BL3150030		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION 1-43 ADA BN FORT BLISS						b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			c. PAID BY	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE			
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY							
a. DATE (2021)	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
12/29	DEP Fort Bliss			GP			
12/30	ARR Arifjan, Kuwait				AD		
01/01	DEP Arifjan, Kuwait			GP		108.00	
01/01	ARR Al Asad Air Base, Iraq				TD		
07/20	DEP Al Asad Air Base, Iraq			GP			
07/20	ARR Arifjan, Kuwait				AD		
07/24	DEP Arifjan, Kuwait			GP			
07/25	ARR Fort Bliss				MC		
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due			
18. REIMBURSABLE EXPENSES							
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED				
12/30	Lodging	108.00					
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE MILLER, ANDREW JOSEPH.				b. DATE 8/26/2021			
c. REVIEWER'S PRINTED NAME CRANE, TERRILL		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		f. DATE 8/26/21	
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			



# SUPPORTING DOCUMENTATION\*

Additional information regarding supporting documentation to submit alongside your completed DD Form 1351-2 is provided below:



## Rental Cars and Transportation

- **Car Rental:** Include one legible copy or the original receipt for the costs related to a rental car if cost is \$75.00 or over. The use of a rental car must be authorized in the travel orders or approved after the fact by the Approving Official (AO). Reimbursement for insurance paid by the traveler will not be authorized (except overseas). Upgrade charges are not reimbursable unless the AO certifies that the upgrade was necessary to the mission and signs box 21 of the DD Form 1351-2.
- **Transportation Tickets:** Whenever the traveler purchases his or her own commercial transportation tickets, a copy of the receipt must be submitted with the travel voucher. Reimbursement will not exceed that cost that would have been incurred if transportation had been purchased by the Government or other limitations as prescribed by the governing travel regulations. Please note that when commercial transportation 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.
- **Airline Ticket Reimbursement** - Travel orders must state the method of purchase, whether the transportation ticket was purchased using an individually billed account (IBA) or centrally billed account (CBA) or was otherwise personally purchased by the traveler.
  - Under a CBA, the traveler is not responsible for personally purchasing their airline tickets. A traveler will make their flight reservations through a Travel Management Company (TMC), the TMC charges the airfare costs to a CBA and then submits the claim for direct reimbursement to Commercial Pay.
  - An IBA is when a traveler makes their airfare reservations through a TMC and their government charge-card was charged for the amount of the ticket. The traveler now has an out-of-pocket expense that they can claim on their travel voucher.
  - Personally procured airfare is when the traveler purchases their own airfare.

NOTE: If the purchase method changes after the travel order is published, then the AO may approve the changed method after the fact on the travel voucher. In order to avoid potential reimbursement issues, always ensure that your travel orders state "IBA Authorized or Personally procured airfare authorized" or you have AO approval, when paying for airfare related to a TDY with your government charge-card.

- **Separate Legs of Travel** - If the trip involves more than one leg of travel, then each leg is computed separately and should be listed separately on your DD Form 1351-2. Official points include:
  - Actual Residence
  - Home of Record
  - Primary Residence
  - TDY Location
  - Safe Haven Location
  - Passenger Point of Embarkation
  - Passenger Point of Debarkation
  - Place Entering Active Duty (PLEAD)

## Lodging

Whether lodging is en route or at the TDY location, travelers must include a paid, itemized receipt from hotel, motel, or other commercial lodging facility or Government quarters. If TDY is performed at a military installation where Government quarters are not available, you must provide statement or confirmation of non-availability or other appropriate justification and use other lodging available under the Integrated Lodging Program (ILP). If the appropriate documentation is not provided the lodging reimbursement will be limited to the amount of the Government quarters. You must use ILP lodging in the following priority order: Government quarters, Privatized lodging or DoD Preferred commercial lodging. For more information on the ILP visit the Defense Travel Management Office website at [www.defensetravel.dod.mil/Docs/AP-ILPP-01.pdf](http://www.defensetravel.dod.mil/Docs/AP-ILPP-01.pdf).

## Miscellaneous Expenses

- **Conference Fees:** Include one legible copy or the original receipt for costs related to registration/conference fees. Registration/conference fees must be authorized in the travel orders to be reimbursed. 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) in block 19 of the DD Form 1351-2.
- **Grouping Expenses:** Include one legible copy or the original receipt for any additional authorized expense that is \$75 or more. If small items of expense, such as gas, tolls, or parking charges are lumped together and exceed \$75, show the individual breakdown of expenses on the voucher.  
For Example: A claim for \$76 in gas charges would be entered on the DD Form 1351-2 as follows:  
Block 18a = Feb 1-15  
Block 18b = Gas \$11, \$15, \$18, \$20, \$12  
Block 18c = \$76
- **Tips:** TDY travelers must state what types of tips they are claiming for reimbursement. Please note: Not all tips are reimbursable. The following tips may be reimbursable for Military and Civilian TDY travelers:
  - Taxis and courtesy shuttle (must be included as part of taxi/shuttle fare. Up to 20% of fare authorized)
  - Baggage check-in fee at curbside and baggage handling tips for a traveler with a disability. NOTE: These are only for travelers with medical or special needs.

Tips to waiters/waitresses, room service, and to bellhops for personal baggage handling are not separately reimbursable. These types of tips are included in the daily incidental portion of the meal rate.