TRAVEL VOUCHER OR SUBVOUCHER   form.						Use typ	ewri	iter, ink,	or b	oall point p	en. PRE	SS HA	RD.	DO NOT	ise p	enc	il. 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																					
E	lectro	tronic Fund   designate a payment that equals			t equals th	ne total of the	ir outstan	dina aovei	ding government travel card balance to the GTCC cor					ntractor.							
		in the second se					-	: directly to the Government Travel Charge Card conf							_						
2. NAME (Last, First, Middle Initial) (Print or type) 3. GRAI						DE 4. SSN			5. TY	PE C	F PAYMENT	(X as	appli	icable)							
A ADDRESS AND OTREST						07475			_		TDY			1	mber/Employee						
6. ADDRESS. a. NUMBER AND STREET b. CITY					b. CITY		c. STATE d. ZIP CODE			Ξ.		PCS	endent(s)		Oth DLA						
e. E-MAIL ADDRESS													10. F	_ '	D.O. USE ON	ΙΥ	DLA	<b>\</b>			
7. DAYTIME TELEPHONE NUMBER &   8. TRAVEL ORDER/AUTHORIZATION										RNME	NT PAYMEN	ITS/			OUCHER NU		R				
AREA CODE NUMBER							ADVANCES														
11. ORGANIZATION AND STATION												b. SUBVOUCHER NUMBER									
12. DE	PENDE	ENT	(S) (X and	complete as ap	oplicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)						c. PAID BY						
ACCOMPANIED UNACCOMPANIED																					
a.	NAME	(Las	st, First, Mi	ddle Initial)	b. RELATI	ONSHIP	c. DATE OF OR MAR														
									14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?					SHIPPED?	d. COMPUTATIONS						
									(X one) YES NO (Explain in Remarks)					emarks)	d. COMINITATIONS						
15. ITII		RY							c. MEANS	/ F	d. REASON	١.	е.	f.							
a. DAT 2020	E 		b. PLA	ACE (Home, Of City	ffice, Base, Ac and Country,	tivity, City etc.)	/ and State;		MODE C TRAVE	)F	FOR STOP		ODGING COST	POC MILES							
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	ARR									(3) Mileage											
16. PO	C TRA	VEL	(X one)	OWN/	OPERATE		PA	SSENGE	ER		17. DURATION OF TRAVEL					(4) Dependent Travel					
18. REIMBURSABLE EXPENSES					1			12 HOURS OR LESS			(5) DLA										
a. DATE				b. NATURE O	c. AMO	d. ALLC	)WEL	/ED				(6) Reimbursable Expenses (7) Total									
										MORE THAN 12 HOURS BUT 24 HOURS OR LESS											
											MODE THAN 64 HOURS			(9) Amount Owed							
												MO	RE THAN 24	HUURS	(10) A	Amou	int Due				
		$\perp$									19. 0		RNMENT/DE	_		_					
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20.a. C	LAIMA	ANT	SIGNATU	RE			l.													b. DATE	
c. REVIEWER'S PRINTED NAME d. REVIEWER SIG						SNATURE					e. TELEPHONE NUMBER					f. DATE					
21.a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATURE										c. TELEPHONE NUMBER					d. DATE						
22. AC	COUN	ITING	G CLASSII	FICATION															'		
23. CO	LLEC1	TION	I DATA																		
24. COMPUTED BY 25. AUDITED BY 26. TRAVEL ORDER/ AUTHORIZATION POSTED BY 27						ву 27.	RECI	EIVED (P	ayee .	Signature and	d Date or C	heck N	o.)		28	. AM	OUNT PAID				

#### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General: DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S)**: To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.

Applicable SORN: T7333 (http://privacy.defense.gov/notices/dfas/T7333.shtml).

**ROUTINE USE(S):** Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <a href="http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html">http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html</a>.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

#### **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	
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		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	- AD - AR	Leave En Route - LV Mission Complete - MC
Awaiting Transportation	- AT	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.