



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 (November 2025) 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 the November 2025 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.

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) <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:		\$ 108.00			
2. NAME (Last, First, Middle Initial) (Print or type) Smith, Monica L.			3. GRADE E5	4. <input type="checkbox"/> SSN <input checked="" type="checkbox"/> DoD ID 123456789101112	6. TYPE OF PAYMENT (X as applicable) <input checked="" 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		
8. ADDRESS: a. NUMBER AND STREET 123 Hopkins Street		b. CITY Columbia		c. STATE SC	d. ZIP CODE 29207		
e. E-MAIL ADDRESS monica.smith.mil@army.mil				10. FOR D.O. USE ONLY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE 8038675309		8. TRAVEL ORDER/AUTHORIZATION NUMBER MLW120707		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION 165th Infantry Brigade Fort Jackson SC						b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" 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) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS	
16. ITINERARY				c. MEANS/ MODE OF TRAVEL		d. REASON FOR STOP	
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		e. LODGING COST		f. POC MILES	
2025							
1207	DEP	Fort Jackson, SC		GP			
1207	ARR	Ramstein AB Germany		GP	AD		
1208	DEP	Ramstein AB Germany		GP			
1209	ARR	Al Udeid Qatar		GP	TD		
1220	DEP	Al Udeid Qatar		GP			
1220	ARR	Ramstein AB Germany		GP	AD		
1221	DEP	Ramstein AB Germany		GP			
1222	ARR	Fort Jackson SC		GP	MC		
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
				e. SUMMARY OF PAYMENT			
				(1) Per Diem			
				(2) Actual Expense Allowance			
				(3) Mileage			
				(4) Dependent Travel			
				(5) DLA			
				(6) Reimbursable Expenses			
				(7) Total			
				(8) Less Advance			
				(9) Amount Owed			
				(10) Amount Due			
18. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL			
				<input type="checkbox"/> 12 HOURS OR LESS			
				<input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS			
				<input checked="" type="checkbox"/> MORE THAN 24 HOURS			
18. REIMBURSABLE EXPENSES				18. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
20251207	Lodging	\$108.00					
20251222	Gas	\$77.00					
20. a. CLAIMANT SIGNATURE Monica				b. DATE			
c. REVIEWER'S PRINTED NAME Keith Ponch				d. REVIEWER SIGNATURE			
				e. TELEPHONE NUMBER 803-123-6767			
				f. DATE			
21. a. APPROVING OFFICIAL'S PRINTED NAME Jim Dueler				b. SIGNATURE			
				c. TELEPHONE NUMBER 803-456-6868			
				d. DATE			
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		26. AUDITED BY		28. 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 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. <i>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</i>			<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 108.00					
2. NAME (Last, First, Middle Initial) (Print or type) Smith, Monica L.				3. GRADE E5	4. <input type="checkbox"/> SSN <input checked="" type="checkbox"/> DoD ID 123456789101112	5. TYPE OF PAYMENT (X as applicable) <input checked="" 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					
6. ADDRESS, a. NUMBER AND STREET 123 Hopkins Street			b. CITY Columbia		c. STATE SC	d. ZIP CODE 29207		10. FOR D.O. USE ONLY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE 8038675309						8. TRAVEL ORDER/AUTHORIZATION NUMBER MLW120707		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION 165th Infantry Brigade Fort Jackson SC						12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		b. SUBVOUCHER NUMBER	
15. ITINERARY						c. MEANS/MODE OF TRAVEL		d. REASON FOR STOP		e. LODGING COST	f. POC MILES
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)									
2025											
1207		DEP		Fort Jackson, SC		GP					
1207		ARR		Ramestein AB Germany				AD			
1208		DEP		Ramestein AB Germany		GP					
1209		ARR		Al Udeid Qatar				TD			
1220		DEP		Al Udeid Qatar		GP					
1220		ARR		Ramestein AB Germany				AD			
1221		DEP		Ramestein AB Germany		GP					
1222		ARR		Fort Jackson SC				MC			
		DEP									
1222		ARR		Fort Jackson SC				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 <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS					
18. REIMBURSABLE EXPENSES						19. GOVERNMENT DEDUCTIBLE MEALS					
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED		a. DATE		b. NO. OF MEALS	
20251207		Lodging		\$108.00							
20251222		Gas		\$77.00							
20. a. CLAIMANT SIGNATURE Monica						b. DATE					
c. REVIEWER'S PRINTED NAME Keith Ponch						d. REVIEWER SIGNATURE					
21. a. APPROVING OFFICIAL'S PRINTED NAME Jim Dueler						b. SIGNATURE					
22. ACCOUNTING CLASSIFICATION						e. TELEPHONE NUMBER 803-123-6767					
23. COLLECTION DATA						f. DATE					
24. COMPUTED BY						c. TELEPHONE NUMBER 803-456-6868					
25. AUDITED BY						d. DATE					
26. TRAVEL ORDER/AUTHORIZATION POSTED BY						27. RECEIVED (Payee Signature and Date or Check No.)					
28. AMOUNT PAID											

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).

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10. FOR D.O. USE ONLY					
11. ORGANIZATION AND STATION 165th Infantry Brigade Fort Jackson SC		a. D.O. VOUCHER NUMBER		b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY	
15. ITINERARY					
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
2025					
1207	DEP Fort Jackson, SC	GP			
1207	ARR Ramestein AB Germany		AD		
1208	DEP Ramestein AB Germany	GP			
1209	ARR Al Udeid Qatar		TD		
1220	DEP Al Udeid Qatar	GP			
1220	ARR Ramestein AB Germany		AD		
1221	DEP Ramestein AB Germany	GP			
1222	ARR Fort Jackson SC		MC		
	DEP				
16. SUMMARY OF PAYMENTS					
1) Per Diem					
2) Allowance					
3) Mileage					
4) Dependent Travel					
5) DLA					
6) Reimbursable Expenses					
7) Total					
8) Less Advance					
9) Amount Owed					
10) Amount Due					
17. DURATION OF TRAVEL					
<input type="checkbox"/> 12 HOURS OR LESS					
<input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS					
<input checked="" type="checkbox"/> MORE THAN 24 HOURS					
18. REIMBURSABLE EXPENSES					
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED		
20251207	Lodging	\$108.00			
20251222	Gas	\$77.00			
19. GOVERNMENT/DEDUCTIBLE MEALS					
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS		
20. CLAIMANT SIGNATURE Monica					
21. REVIEWER'S PRINTED NAME Keith Ponch					
21.a. APPROVING OFFICIAL'S PRINTED NAME Jim Dueler					
22. ACCOUNTING CLASSIFICATION					
23. COLLECTION DATA					
24. COMPUTED BY		26. AUDITED BY		28. AMOUNT PAID	
25. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)			

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.

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12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <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			
16. ITINERARY				e. SUMMARY OF PAYMENT			
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and County, etc.)			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
1207 DEP	Fort Jackson, SC			GP			
1207 ARR	Rammstein AB Germany				AD		
1208 DEP	Rammstein AB Germany			GP			
1209 ARR	Al Udeid Qatar				TD		
1220 DEP	Al Udeid Qatar			GP			
1220 ARR	Rammstein AB Germany				AD		
1221 DEP	Rammstein AB Germany			GP			
1222 ARR	Fort Jackson SC				MC		
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
18. REIMBURSABLE EXPENSES				17. DURATION OF TRAVEL			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	<input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS			
20251207	Lodging	\$108.00					
20251222	Gas	\$77.00					
19. GOVERNMENT DEDUCTIBLE MEALS							
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS				
20. a. CLAIMANT SIGNATURE Monica				b. DATE			
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21. a. APPROVING OFFICIAL'S PRINTED NAME Jim Dueler		b. SIGNATURE		c. TELEPHONE NUMBER 803-456-6868		d. DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		26. AUDITED BY		28. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
						29. 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.

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 \$77 in gas charges would be entered on the DD Form 1351-2 as follows:
Block 18a = Dec 7
Block 18b = Gas
Block 18c = \$77
- **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.