TRAVEL VOU	form.	Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing orm. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space s needed, continue in remarks.											
1. PAYMENT Electronic Fund Transfer (EFT) Payment by Check	ting travel ch designate a NOTE: A	narges for transpo payment that equ split disburse	The Paying Offici- ortation, lodging, an uals the total of the ement is only ne nount of this reim	nd rental ir outstan ecessal	car if you are nding governn r y when a (a civilia nent trav GTCC i	n emplo vel card is usec	byee, unless yo balance to the I while on o	ou elect a di GTCC con official trav	fferent amo tractor. vel for th	ount. Military p e Governme	personnel a	·
2. NAME (Last, First, Middle Initial) (Print or type) Last, First, MI				3. GRA	de E-7	4. ssn 123-45-6789			9	5. TYPE	OF PAYMENT	<u> </u>	<i>licable)</i> mber/Employee
6. ADDRESS. a. NUMBER AND STREET b. CITY							STATE d. ZIP CODE			PC		Oth	
100 Main St. e. E-MAIL ADDRESS last.first.mil@army.mil			Kill	leen		T	ГХ 76541				pendent(s)	DL	٩
			ORDER/AUTHORIZATION		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES				NTS/	a. D.O. VOUCHER NUMBER			
11. ORGANIZATION AND STATION A CO, 3-8 CAV, 3ABC			1CD]					b. SUB	VOUCHER NU	JMBER		
12. DEPENDENT(S) (X and complete as applicable)					13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)						BY		
ACCOMPANIED													
a. NAME (Last, First, Middle Initial)		b. RELATIONS	b. RELATIONSHIP C. DATE OF BIR OR MARRIAG		`								
					(X one)	·				d. COMPUTATIONS			
15. ITINERARY					C. MEANS/	d. REAS	ON	D (Explain in F e. LODGING	Remarks) f. POC				
a. DATE b. PLACE (Home, Office, Base, Activity, City and State; 2022 City and Country, etc.)				MODE OF TRAVEL	FOF STO	<	COST	MILES					
7/12 DEP Fort Hood, TX 7/13 ARR					GP	TE)						
8/20 DEP Poland					GP								
8/20 ARR 8/25 DEP Germany					CD	AD)						
8/25 ARR					GP	TD)						
1/4 DEP Bulgaria					GP		-						
1/5 ARR DEP Fort Hood						MC	C						
When Com	plating	WOUL Iti	noron th	o hol				d for a		l	oubmi	agion	
veryone's start da late stated on you	te will be	e the day t	they left the	e Perr	manent								
All movements bet	ween loo	cations mu	ust show th	e mo	de of tra				ill be a	uestio	ned)		
All locations must Any locations claim	nave a re	ason for s	top code e	ntere	d							ent or	another
ravel order (DTS) t													
a. DATE b. NATURE C		F EXPENSE c. AM		UNT	۲ d. ALLOWED		12	12 HOURS OR LESS		(6) Reimbursable Expenses		enses	
							м	MORE THAN 12 HOURS		(7) Total			
							BI	BUT 24 HOURS OR LESS MORE THAN 24 HOURS GOVERNMENT/DEDUCTIBLE		(8) Less Advance (9) Amount Owed			
							M			(9) Amount Owed (10) Amount Due			
						1	19. GOV			()			
							a.	DATE	b. NO. O	F MEALS	a. D/	ATE	b. NO. OF MEALS
Clair	nan	nt mu	ust S	ig	n a	nc	d c	late	af	ter	MC	d	ate.
20.a. CLAIMANT SIGNATURE MILLER.ANDREW.JOSEPH.1273197237					Digitally signed by MILLER.ANDREW_JOSEPH.1273197237 Date: 2023.01.30 06:57:56 -05'00'					b. DATE 1/6/202			b. DATE 1/6/2023
c. REVIEWER'S PRINTED NAME d. REVIEWER SI					GNATURE					e. TELEPHONE NUMBER		f. DATE	
21.a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATU					E					c. TELEPHONE NUMBER			d. DATE
22. ACCOUNTING CLASSIFI	CATION		I							1			I
23. COLLECTION DATA													
24. COMPUTED BY	25. AUDITED I	BY 26.	AUTHORIZATION	/ POSTED	27. RE	CEIVE) (Payee	e Signature an	nd Date or C	heck No.)		28. AM	OUNT PAID
DD FORM 1351-2					EVIOUS E					Exce	eption to SF 10)12 approve	ed byGSA/IRMS 12-9

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: http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html.

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 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

claimed in Item 18 as a reimbursable expense.

- AD

- AR

- HD

Meals consumed by a member/employee when furnished with or

without charge incident to an official assignment by sources other

C4554-B for definition of deductible meals). Meals furnished on

commercial aircraft or by private individuals are not considered

than a government mess (see JFTR, par. U4125-A3g and JTR, par.

- G

- C

- P

Note: Transportation tickets purchased with a CBA must not be

Automobile - A

Motorcycle - M

- B

- P

- R

- V

Bus

Rail

Plane

Vessel

Leave En Route - LV Mission Complete - MC

Temporary Duty - TD Voluntary Return - VR

GTR/TKT or CBA (See Note) - T

Government Transportation

Commercial Transportation

(Own expense)

Conveyance (POC)

Privately Ówned

15d. REASON FOR STOP

Authorized Delay

Authorized Return

Hospital Discharge

ITEM 15e. LODGING COST

deductible meals.

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Awaiting Transportation - AT Hospital Admittance - HA

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.

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.

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.