

Contingency Travel Voucher Guidance



March 26, 2020 - Prepared by Mr. Derek Skates - DFAS Rome

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- Block 1 Put an "X" in the appropriate box. EFT is required for payment. If split disbursement is chosen, write in the amount you want to be sent to your government charge card account.
- Block 2-4 Enter your name, grade, and SSN.
- Block 5 Put an "X" in the box that indicates which type of travel was performed. Should be TDY.
- Block 6 Enter your mailing address and email address. Note: Email address is used for notification purposes including returns notices, voucher status and AOPs. A completed copy of the advice of payment (AOP) for the traveler can be found in myPay. Please use email you actively access.
- Block 7 Enter a complete duty or work (DAYTIME) phone number to include area code.
- Block 8 Enter your travel order number (obtain from top left of MOB order).
- Block 9 Write the amount of any payments (advances, accruals, or previous settlements) received against the referenced travel order or leave blank if not applicable. This should include any prior DTS Vouchers that have been paid and DTS Voucher will be attached as supporting documentation to prevent overpayment. Do not list ATM withdrawals here.

<p>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</p> <p>14,580.00</p>

- Block 10 Block 10 is for internal DFAS/DO use.
- Block 11 Enter the name and location of your unit/permanent duty station.
- Block 12-14 These blocks are applicable for PCS claims only. Do not use these blocks for TDY travel.
- Block 15 Itinerary must reflect a complete itinerary starting at the traveler's Home of Record or if Active Duty the PDS Location. Complete dates of departure and arrivals must be listed in block 15a. for all official travel, beginning, end and points at which temporary duty is performed in between must be shown. These locations should be listed in block 15b as City and State/Country. Deviations from the TDY orders, such as all non-government travel and authorized return trips home during the TDY, must be shown. When deviations occur, include a statement on the voucher as to the duty beginning and ending time at the TDY point. In block 15C input the 2 digit code for your mode of travel, and in 15d the 2 digit code for reason to stop. Please list any lodging costs you incurred in block 15e. Block 15f is for the number of miles traveled by privately owned conveyance (POC) to and from any TDY points, to and from home/office and to a terminal or airport. Always use complete city, state, or country name, do not list unit names or the term HOR in the itinerary. State full name of location such as CAMP UDAIRI, KUWAIT instead of city for travel to Kuwait. If you are requesting monthly partial payments of Per Diem, ensure the correct dates and location you are claiming are listed in block 15a and 15b. If the location has not changed please state TDY INPLACE.
- Block 16 Select owner/operator or passenger when travel is performed in a privately owned conveyance. Owner/operator must be check and passenger unchecked when claiming POC/POV mileage.
- Block 17 Select the appropriate box for duration of travel.

Block 18 Reimbursable Expenses: Show all itemized expenses in this area to include: mileage within the vicinity of the TDY point, parking, tolls, taxis, rental car, gas for rental car, commercial airfare (where applicable), excess baggage fees, lodging tax, and other miscellaneous expenses. The cost of mission related items are NOT reimbursable through travel.

Block 19 Write the date and the number of meals that were provided daily to you at no cost. If no meals were provided free of charge or in a government mess hall you can leave block 19 blank.

Block 20a-b TRAVELER DATE AND SIGNATURE ARE REQUIRED

Block 20c-d REVIEWING OFFICIAL'S SIGNATURE AND DATE

Block 21 a-d If there is an expense not authorized in your orders it maybe authorized as an after the fact expense. The Approving Official for these funds must list the expense that is being approved in block 29 and sign and date the 1351-2 in block 21a-d.

Block 22 DFAS authorized approving official (AO) must sign and date attesting to the validity of and approving payment of any additional items not originally authorized on the orders. Write a remark in (Block 22 or 29 (Remarks), page 2 of DD 1351-2) explaining what additional items are being approved.

Block 23-28 These blocks are for Finance and Accounting Office uses.

Block 29 This block is located on page 2 (back side) of DD 1351-2. Any after the fact expenses are listed here and must be authorized by the Approving Official by signing block 21a-d. You may also use this section to explain unusual circumstances or to clarify voucher entries on page 1 of the DD 1351-2. No signature is required for clarification statements.

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 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	- A
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	- AD	Leave En Route	- LV
Authorized Return	- AR	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.

1351-2 Travel Voucher Submittal General Guidance - What is needed for a "Pay Ready Voucher"

When submitting, include a complete copy of your 1351-2 Travel Voucher, MOB/Contingency and TCS orders (with all pages and amendments), DD214 and/or REFRAD (released from active duty order) if TDY is complete. DTS payments in conjunction with TDY, please include DTS Advice of Payment (AOP), which can be obtained in DTS. To claim commercial meals in (CENTCOM/Middle East) include ALL appropriate SNA(s) dated 6/29/17 until current SNA dated 2/29/20. When all SNAs are not available, please include the appropriate SNAs for the TDY time period. If claiming commercial meals for location on SNA, include a 1351-5 signed by an O-5 or higher in the AOR (CENTCOM/Middle East). Review documents for clarity. **(CONTINGENCY VOUCHERS)**

How to Claim Mileage

In order to be paid POV/PA/POC **terminal mileage** (to or from an airport or other transportation terminal), SM must claim the terminal miles by annotating number of miles in block 15f of 1351-2 and marking **Block 16 POC Travel as own/operate**. In addition, **round trip mileage** can only be paid to/from a terminal. (i.e. driving to and from airport and family member drives car home, round-trip mileage can be paid if claimed). In order to claim round trip mileage, mark block 16 POC travel as own/operate and provide the total amount of miles driven from HOR to terminal and return to HOR in block 15f of 1351-2 itinerary. Showing travel to terminal within itinerary is not required but if choose to do so, must use PA in block 15c.

If claiming POV for an official leg of travel (not to a terminal) example: from HOR to Home station, make sure Block 16 is checked own/operate AND your mode of travel shown in block 15c is PA. Provide the number of miles in 15f. If miles are not provided, DTOD will be used to determine distance.

DFAS cannot accept the dollar amount for mileage claimed in reimbursable block 18. If using **Smart Voucher**, it often does not generate (PA) in 15c, instead it generates (TA) which DFAS will accept. CA is for commercial auto like a taxi/Uber and we cannot accept this code to pay mileage. You can hand write PA in 15c and the mileage in 15f.

Mileage to and from TD location using PA (POV) over 50 miles is verified in **DTOD (Defense Table of Official Distances)**. Terminal (mileage to and from airport) is paid as claimed unless over 400 miles, then it is verified in DTOD and **cost constructed** (compare mileage to airfare cost and DFAS pays lesser amount). The SM is welcome to use another distance calculation site for mileage because DTOD requires an access.

Amended Orders

SM must provide an amended TCS order authorizing any location as a TD/TDY location that has a duration of over 14 days (14-day max at AD/AT location/stop).

If SM has change in HOR or home-station, SM must provide an amended MOB order authorizing change.

The report on (MOB order)/proceed on (TCS order)/departure date must be within 30 days + or -. If departure is beyond 30 days, an amended order is required.

Itinerary of 1351-2

General travel should be listed on the 1351-2 by city, state and country (if OCONUS). The most common locations are travel from HOR-> HOME STATION-> MOB STATION-> Any authorized delay (AD) and duty (TD) locations then return to DEMOB station, home station and (MC) at HOR. Remember to include airport/terminal (mileage)- travel if applicable.

The top of block 15A should show the travel year(s) i.e. for 2018 (18) and if you cross over a year 2018/2019 (18/19). Underneath the year in the dep/arr boxes should list month and date ONLY. i.e. 9/10. Please note limited character space in columns.

Codes for 15c and 15d are provided on second page (back) of 1351-2.

The most commonly used Codes for **Means of Travel** in 15c are Government (G), Commercial (C) and Privately Owned Conveyance (P). The most common Mode of travel is automobile (A) and plane (P). An example of the proper 15C codes are GP (government plane), CP (commercial plane) and PA (privately owned conveyance (POV)).

The most commonly used Codes for **Reason For Stop** in 15d are AD (Authorized Delay), TD (Temporary Duty) and MC (Mission Complete). In 15D, reason for stop code TD is for authorized TD/TDY locations ONLY as directed by MOB and TCS orders such as home station, MOB and DEMOB station and TD locations on TCS order and amendments.

Signatures

Claimant/traveler signature and date (20a-b) must be on or before the reviewer's signature date (20c-f) and both must be after MC (Mission Complete/last TD day claimed if an accrual). Please have reviewer sign your claim (20c-f).

The digital signature date in blocks 20a and d of 1351-2 holds precedence/supersedes over the written/typed signature in blocks 20b and f.

EFT (Electronics Funds Transfer)/Direct Deposit Information in myPay

DFAS reimburses travel entitlements (PCS, TDY, TLE, DITY, ETS, Settlement Voucher, etc.) to the "Travel Account" identified in myPay not the net pay/payroll account. Your "Travel Account" in myPay may be set up to mirror your payroll/net pay account. However, updating your payroll account/Direct Deposit in myPay DOES NOT automatically update your "Travel Account" simultaneously, as these are two separate accounts in myPay. The service member can choose to update EFT "Travel Account" in myPay. If that cannot be accomplished, sending DFAS a Direct Deposit Form (i.e. DD Form 2762, SF 1199A (block 1C is for the SSN) or FMS Form 2231) will speed up this process to update the "Travel Account". EFT in myPay is separate from EFT in DTS and they do not update simultaneously. When a payment is sent to an old account, it could be forever lost if sent to an old account the service member owed money to or to an ex-spouses account. Better scenario if payment goes to wrong/old account, the bank rejects payment and returns it to DFAS for invalid EFT (closed account). DFAS would then contact SM to update banking/EFT/direct deposit. If myPay does not have a travel account, the payroll/net pay account is used. Updated EFT can be written in 10d of 1351-2 (catch all area.)

Common Causes for Partial Payment and Returned Vouchers/LESSONS LEARNED

Travel days are limited to 3 days to AOR as per policy, SM should list all stops in itinerary to be paid all travel days. SM can file a supplemental showing all stops to be paid if this step was initially missed. Travel days are limited to 2 days returning from AOR) as per policy, SM should list all stops in itinerary to be paid all travel days. SM can file a supplemental showing all stops to be paid if this step was initially missed.

Reimbursable items in block 18 less than \$75 do not require a receipt. \$75 and over require a receipt or a **SILO (Statement In Lieu Of)**. HHG shipment, rental car, lodging receipt is mandatory. Non-reimbursable items include ATM fees, laundry, gasoline for POC, haircuts, hygiene, shipment of HHG (household goods) – requires Transportation Office Letter with valid LOA.

An **Authorizing Official (AO)** can sign box 21a-d and explain what is authorized for reimbursement such as Internet/data fees associated with lodging, rental car, airfare, pet fees for military working dogs, reimbursement for dual/retained lodging and late/early check in fees to hotel. Write explanation in block 29.

Leave and Emergency Leave - please include leave documentation (DA FORM 31) in packet. You may write leave in the itinerary or in 10D of 1351-2 (catch all). For Emergency Leave include Leave Form or Red Cross Message/Letter along with valid Line of Accounting (LOA) (Line of Accounting/Accounting Classification/Accounting Code/Accounting Citation) in block 17 of DA Form 31. If the Emergency Leave travel is shown within the 1351-2 itinerary, DFAS can pay travel day(s) to and from Emergency Leave location including taxi/Uber or POV mileage to and from terminal (airport). Example of leave within itinerary: depart Syria 1/19/20 and arrive in leave location 1/20/20 then depart leave location 1/30/20 and arrive in Syria 1/31/20.

DTS payments in conjunction with TDY, please include DTS Advice of Payment (AOP), which can be obtained in DTS. We will accept DTS dates and other info such as leave, emergency leave, TDY covered in (DTS) dates and updated direct deposit/banking info/EFT if written in Section 10D of 1351-2.

Steps to acquire proper DTS AOP (Advice of Payment - DTS payment breakdown/receipt)

- 1) Log into DTS
- 2) Select ROA Trip
- 3) Enter SSN
- 4) Check Show Inactive Documents
- 5) Select Vouchers tab in left pane
- 6) Under Options select print voucher - this displays the detailed AOP DFAS needs

Be wary of **Split disbursement/(Government Travel Charge Card)(GTCC)** area. Only recommend checking this box and specifying an amount to be paid for charges occurred during TDY such as rental car, lodging, airfare, excess baggage, parking, tolls, etc. If funds go to Citibank erroneously, it could take 1-2 months for them to return funds to DFAS for us to re-issue or for the vendor to return payment to the SM.

When a **Foreign Currency** is claimed, the currency conversion rate must be shown on the receipt or the 1351-2 provided and DFAS urges SM to provide this receipt otherwise, DFAS uses **OANDA**:

<https://www1.oanda.com/currency/converter/> to verify the amount claimed i.e. Rota, Spain, Germany, etc.

LOA (Line of Accounting) states **File Travel Voucher in DTS/SM in Field Duty Status/AIP (Assignment Incentive Pay)**

If MOB/Contingency Order i.e. UD-029-0001 on 2nd page under FOR ARMY USE states: Traveler (claimant) must **book travel in DTS**. i.e. 1/31/19 to 2/14/19 and 11/15/19 (MC date) should be claimed in DTS. Please refer to LDTA (Lead Defense Travel/DTS Administrator) for guidance.

If TCS order i.e. item b: Soldier is deployed in a **Field Duty** status. Government lodging and meals provided. No Per Diem is authorized. In most cases, SM has AIP (Assignment Incentive Pay) order.

Instead **AIP (Assignment Incentive Pay)** i.e order BL-049-0016 pays SM \$195 per month from 2/14/19 to 1/18/20 or until one day prior to MC (11/15/19). Please refer to Incentive Pay, MILPAY or Finance Office for guidance. If SM has TCS amendment stating **soldier is authorized commercial travel**, DFAS would pay travel day(s) to or from AOR or PDS as directed by the order.

Reimbursement of Unaccompanied Baggage/Movement of Household Goods (HHG)

MOB order item: (c) Unaccompanied baggage shipment is not authorized.

MOB order item: (d) Movement of household goods and dependents is not authorized.

MOB order item: (g) Special Storage of HHG/POV may be authorized IAW Para U4770 (TMO).

MOB order item: (h) Excess accompanied baggage is not to exceed 120 pounds.

TCS order item: c. Temporary storage of HHG authorized if service member meets the eligibility criteria as outlined in the PPG. Storage of HHG at Government expense has no impact on BAH. Contact your servicing Transportation Office (TMO/Transportation Management Office) for assistance.

In order to be paid for HHG (household goods) storage or shipment, SM must provide a letter from the Transportation Office (TMO) authorizing storage or shipment reimbursement, the amount, a valid LOA (Line of Accounting/Accounting Classification/Accounting Code/Accounting Citation) and a receipt (or SILO - (Statement In Lieu Of) which replaces lost or unavailable receipt(s)) regardless if amount is under \$75.

Supplemental Voucher

Can be claimed when there is a change, update or adding something for payment. i.e. Write on top of 1351-2 SUPPLEMENTAL Mileage, Travel days, air or taxi fare, or monthly accrual, etc. SUPPLEMENTAL can be written in 10d as well.

An Accrual

A SM can claim a monthly accrual by using example on page 11 however, it is suggested to resubmit initial submission *** (include **ALL documents** to include commercial meals authorization - 1351-5, SNA(s) or Enclosure Letter(s)) adding new days to the end. i.e. First accrual was paid 9/1/19 to 12/31/19. Claim second accrual 9/1/19 to 1/31/19 so any mistake made in previous claim such as updating POV mileage can be added and paid. This saves time for the SM, Finance Office, LDTA/DTS Administrator and DFAS while saving the Army and the tax payers money for multiple submissions.

AIRFARE Reimbursement Reimbursement

In order to be paid for airfare, SM must do ONE of the following: 1) have an Authorizing Official(AO) approval, signing box 21a-d of 1351-2 and explaining airfare/IBA authorized for reimbursement (recommended). 2) Provide MOB orders with IBA (Individualized Billed Account) authorized. 3) Provide a 1610 order authorizing airfare reimbursement with valid LOA.

Voucher Submittal Options

dfas.indianapolis-in.zte.mbx.contingency-travel@mail.mil **(CONTINGENCY Vouchers)**

dfas.rome.jft.mbx.army-travel@mail.mil **(TDY Vouchers)**

dfas.indianapolis-in.jfa.mbx.in-travel-casualty@mail.mil **(WIA (Wounded In Action)/**

Casualty/Medical Treatment Vouchers)

Travel Voucher Direct

Smart Voucher

Additional guidance can be found on the DFAS website:

<https://www.dfas.mil/militarymembers/travelpay/Army-Contingency-Travel.html>

DFAS Customer Care Center at 1-888-332-7366 Opt. 1 (Travel Inquiries) 730am-5pm EDT TAC (Travel Assistance Center) at 1-888-435-7146

Vendor Pay Customer Service at 1-800-553-0527 or by email at: dfas.rome.jaa.mbx.rome-vendorpay@mail.mil

FORMS

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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 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) <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	
6. ADDRESS. a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE		
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) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED 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)		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
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(Continuation Sheet)

PAGE 3 OF 3 PAGES

4. NAME (Last, First, Middle Initial) (Print or type)

3. FOR D.O. USE ONLY

[illegible]

18. REIMBURSABLE EXPENSES

[illegible]

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

29. REMARKS

DD FORM 1351-2, MAY 2011 PREVIOUS EDITION IS OBSOLETE. Exception to SF 1012 approved by GSA/IRMS 12-91. Adobe Designer 8.0

MEMORANDUM FOR DFAS ROME/TRAVEL

SUBJECT: STATEMENT IN LIEU OF ACTUAL RECEIPTS

I, _____ DO HEREBY CERTIFY BY THIS STATEMENT THAT RECEIPTS FOR THE FOLLOWING TRAVEL EXPENSES WERE EITHER INADVERTENTLY MISPLACED, LOST OR DESTROYED AND HEREBY CLAIM THE FOLLOWING AMOUNT OF \$_____ WHICH CONSISTS OF THE FOLLOWING:

PLACE AN (X) BY THE APPLICABLE EXPENSE BEING CLAIMED

LODGING _____ DAILY COST OF LODGING _____ DAILY TAX COST _____

DATES OF LODGING _____
NAME AND ADDRESS OF LODGING ESTABLISHMENT

RENTAL _____ NAME OF RENTAL COMPANY _____

AIRFARE _____ NAME OF AIRLINE TAKEN _____ # OF TRAVELERS _____

DATES OF TRAVEL _____

NAMES OF TRAVELERS _____

FROM LOCATION _____

TO LOCATION _____

COST OF AIRFARE/RENTAL PER PERSON _____

PLEASE LIST ANY OTHER MISCELLANEOUS CHARGES CLAIMED HERE _____

I ALSO CERTIFY THAT NO HIDDEN CHARGES OR CLAIMS ARE ADDED INTO THESE COSTS:

SIGNED _____

DATE _____

DIRECT DEPOSIT AUTHORIZATION
(Please read Instructions on back before completing this form.)

Form Approved
OMB No. 0730-0004
Expires Oct 31, 2000

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0004), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS OF THE AGENCY WHICH PROVIDED THIS FORM.

PRIVACY ACT STATEMENT

AUTHORITY: 31 C.F.R. Part 209, Department of the Treasury Financial Manual, Bulletin No. 95-07, E.O. 9397, DoD "Financial Management Regulation", Volume 5.

PRINCIPAL PURPOSES: This form authorizes direct deposits of net payments, travel payments, and allotments to financial institutions to which payment is to be directed.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

SECTION I - EMPLOYEE/MEMBER/ANNUITANT INFORMATION

1. NAME OF EMPLOYEE/MEMBER/ANNUITANT (Last, First, Middle)		2. ORGANIZATION
3. HOME ADDRESS OF EMPLOYEE/MEMBER/ANNUITANT (Street, Apartment Number, City, State, ZIP Code)		
4. SOCIAL SECURITY NUMBER	5. WORK TELEPHONE NUMBER (Include Area Code)	6. HOME TELEPHONE NUMBER (Include Area Code)

SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

7. TYPE OF ACCOUNT (X as appropriate)		8. TYPE OF PAYMENT (X only one)	
<input type="checkbox"/> CHECKING	<input type="checkbox"/> NET PAY	<input type="checkbox"/> ALLOTMENTS	<input type="checkbox"/> OTHER PAYMENTS (Specify) _____
<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRAVEL		
9. FOR ALLOTMENT ONLY (X as appropriate) (Employees only)			10. NEW ALLOTMENT AMOUNT
<input type="checkbox"/> START	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	\$

NOTE: When applicable, a voided personal check/share draft must be attached. If a voided personal check/share draft is not attached, items 11 through 14 must be completed.

11. ROUTING TRANSIT NUMBER (RTN) (9 digits)	12. ACCOUNT NUMBER
13. ACCOUNT TITLE (See Instructions)	
14. FINANCIAL INSTITUTION	
a. NAME	b. TELEPHONE NUMBER (Include Area Code)
c. ADDRESS (Street, Suite Number, City, State, ZIP Code)	

SECTION III - AUTHORIZATION

15. EMPLOYEE/MEMBER/ANNUITANT SIGNATURE	16. DATE
--	-----------------

INSTRUCTIONS FOR PREPARING DD FORM 2762

PURPOSE

You may use this form to provide instructions for processing your net pay, travel payments, or allotments (including third-party allotments). This form is NOT intended for court-ordered garnishments or tax levies.

Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

A separate form must be completed for each type of payment to be sent by Direct Deposit.

NOTE: Continue to use the ACH Vendor/ Miscellaneous Payment Enrollment Form (SF 3881) to process vendor payments.

SECTION I - EMPLOYEE/MEMBER/ANNUITANT INFORMATION (Items 1 - 6)

You must complete Items 1 through 6 after carefully reading the instructions and the Privacy Act Statement.

You must keep the agency informed of any address change to remain qualified for payment.

Item 2 - Organization. The name of the Department, Activity, and Office Code you are employed/assigned.

SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

Item 7 - Type of Account. Place an "X" in the appropriate box to indicate if you want your payment to be sent to a checking or savings account.

Item 8 - Type of Payment. Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

Item 9 - For Allotment Only. Place an "X" in the appropriate box to indicate if you want to start, change, or cancel an allotment.

Item 11 - Routing Transit Number (RTN). This is the financial institution's nine-digit RTN to which payment is to be directed. If depositing to a check/share draft account, enter the number printed on the lower left hand corner of your personal check/share draft.

NOTE: If the check/share draft includes "Payable Through" under the bank name, on your personal check/share draft, contact the financial institution to obtain the correct RTN for Direct Deposit.

Item 12 - Account Number. The account number (can be less than 17 digits) to which payment is to be directed. If depositing to a check/share draft account, this number is usually located at the bottom of your personal check/share draft following the RTN. NOTE: Do NOT include the check number which is usually located at the top left hand corner or top middle of your personal check/share draft, following account number.

Item 13 - Account Title. The name on the account at the financial institution to which payment is to be directed. If depositing to a check/share draft account, the name is usually located at the top left hand corner or top middle of your personal check/share draft.

Item 14 - Financial Institution. The name, address, and telephone number of the institution to which payment is to be directed. NOTE: If a copy of a voided personal check/share draft is attached, Items 11 through 14c are not required to be completed.

SECTION III - AUTHORIZATION

Items 15 and 16 - Signature and Date. You must sign and date this form before the authorization can be processed.

FOR CHANGES:

You must complete and submit a new "Direct Deposit Authorization" form to the applicable DoD agency. If you are changing the financial institution to which payment is to be directed, we recommend that the accounts be maintained at both financial institutions until the new institution received your Direct Deposit payment.

FOR CANCELLATIONS:

This authorization will remain in effect until you cancel by providing a written notice to the DoD agency or by your death or legal incapacity. Upon cancellation, you should notify the receiving financial institution. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
CITY	STATE	ZIP CODE																			
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																			
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay																			
C CLAIM OR PAYROLL ID NUMBER		<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active																			
Prefix Suffix		<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.																			
		<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor																			
		<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (<i>specify</i>)																			
		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																			
		TYPE	AMOUNT																		
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE	DATE	SIGNATURE	DATE																		
SIGNATURE	DATE	SIGNATURE	DATE																		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
		DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER		DATE									

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury 15-51
000
AUSTIN, TEXAS

Month Day Year
08 31 84

Check No.
0000 415785

Pay to the order of

28 28

DOLLARS CTS
\$****100 00

NOT NEGOTIABLE

①:00000518① 041571926①

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

REQUEST AND AUTHORITY FOR LEAVE This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)				1. CONTROL NUMBER	
PART I					
2. NAME (Last, First, Middle Initial)		3. SSN (For security purposes, Requestor or Soldier, is advised to leave the SSN field blank, as (S1) can input your SSN information last.)		4. RANK	
5. DATE					
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED NA	d. EXCESS NA	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS					
Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
				23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. 25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
d. PASSPORT NUMBER					
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS				27. ACCOUNTING CITATION	
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION	

PRIVACY ACT STATEMENT

AUTHORITY:	Title 5, USC, Section 301.
PRINCIPAL PURPOSE(S):	To authorize military leave, document start and stop of such leave; record address and telephone number where a Soldier may be contacted in case of an emergency during leave; and certify leave days chargeable to a Soldier's leave account.
ROUTINE USES:	To update a Soldier's military leave and pay records. Information furnished may be disclosed to DOD officials or employees who need this information to perform their duties; to federal, state, and local law enforcement authorities in appropriate cases; the American Red Cross; and relatives. The social security number is used for positive identification.
DISCLOSURE:	Voluntary. Disclosure of SSN is voluntary. However, this form will not be processed without a Soldier's SSN, since the Army identifies members by SSN for pay or leave purposes.

INSTRUCTIONS TO INDIVIDUAL

1. **AUTHORITY FOR LEAVE.** A Soldier on leave must carry this form while on leave.
2. **CHANGES.** A Soldier who desires changes in authorized leave or does not begin leave on schedule will notify commander.
3. **REPORTING.** A Soldier will report to duty station not later than 2400 on the last day of leave (*block 10b*) (*even if PCS orders contain a later reporting date*).
4. **DEPARTURE/RETURN.** A Soldier will begin and end leave on post, at the duty location, or from the place he or she regularly commutes to work.
5. **CHARGEABLE LEAVE.** If a Soldier works over one-half of the normally scheduled working hours on the day of his or her departure or return, that day is not a chargeable leave day. (*Soldier's commander may authorize early departure or late arrival.*) If he or she returns on a normally scheduled nonduty day, that day is not chargeable to leave.
6. **TRAVEL EXPENSES.** A Soldier on leave pays for all his or her travel expenses, to include return to duty station. He or she must have sufficient funds to pay all expenses. A Soldier without sufficient funds to return to duty station reports to the nearest military installation.
7. **LEAVE EXTENSIONS.** A Soldier must request leave extension prior to end of leave.
 - a. If disapproved, 3 above applies.
 - b. If approved, complete block 15a - 15c. Attach written notification of extension when received.
8. **LOST OR DESTROYED LEAVE FORM EN ROUTE PCS.** Request a reconstructed form from the losing station. Continue with required travel and reporting dates.
9. **CASUAL PAY.** A Soldier who needs a casual pay while on leave should contact the servicing FAO for information and assistance.
10. **MEDICAL TREATMENT.**
 - a. A Soldier who requires medical treatment while on leave, report to the nearest military medical facility. In the absence of such a facility, report to a uniformed services treatment facility or Veteran's Administration facility, if possible.
 - b. Medical treatment at Government expense at other than federal facilities is authorized only for emergencies when treatment cannot be obtained from Government facilities or when prior approval is obtained.
 - c. If a Soldier becomes hospitalized by a civilian physician, the Soldier or someone acting for him or her contact the Patient Administration Office of the nearest military medical facility as soon as possible. A Soldier may seek assistance from the nearest U.S. Army recruiting station or local chapter of the American Red Cross. Information provided must include nature of illness or injury, date and place of hospitalization, and name and telephone number of attending physician.
 - d. If a Soldier is placed sick-in-quarters by a civilian physician he or she will
 - (1) Contact the Patient Administration Office of the nearest military medical facility.
 - (2) Obtain written statement from attending physician (*military or civilian*) verifying condition and including dates of treatment. Provide statement to leave approving authority upon return to duty.

Active duty TDY -- **1351-2 CHECKLIST** -- for Travelers

DD Form 1351-2 (v. May 2011) - Use an ink pen, typewriter, or computer/printer to complete your form.

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Block 1 Select method of payment.<input type="checkbox"/> Block 2 Enter full name.<input type="checkbox"/> Block 3 Enter grade or rank.<input type="checkbox"/> Block 4 Enter nine-digit Social Security Number.<input type="checkbox"/> Block 5 Select type of payment, for active duty travel "TDY" and "Member/Employee" is correct.<input type="checkbox"/> Block 6a-d Provide current mailing address.<input type="checkbox"/> Block 6e Make sure your email address is correct and legible. Voucher status email notifications are sent to this email address.<input type="checkbox"/> Block 7 Provide your daytime (duty) telephone number.<input type="checkbox"/> Block 8 Enter your travel order/authorization number.<input type="checkbox"/> Block 9 List the amount of any advance and/or partial payments you received. Write "NONE" if you didn't receive an advance. Do not indicate ATM cash withdrawals here.<input type="checkbox"/> Block 10 Write "annual leave" if applicable under "d. computations".<input type="checkbox"/> Block 11 Provide organization name and duty station you traveled to.<input type="checkbox"/> Block 12 Select "unaccompanied".<input type="checkbox"/> Block 13 Not applicable.<input type="checkbox"/> Block 14 Select "no".<input type="checkbox"/> Block 15a List all travel dates in chronological order.<input type="checkbox"/> Block 15b List all stop locations, one per box. | <ul style="list-style-type: none"><input type="checkbox"/> Block 15c Use correct means/mode of travel code (see second page of DD 1351-2).<input type="checkbox"/> Block 15d Use correct code for reason for stop (see second page of DD 1351-2).<input type="checkbox"/> Block 15f If authorized, enter the number of miles traveled by POC.<input type="checkbox"/> Block 16 If POC miles claimed in 15f, select "own/operate".<input type="checkbox"/> Block 17 Select the duration of your travel.<input type="checkbox"/> Block 18a-d List dates and reimbursable expenses. All lodging and any single expense over \$75 must have a receipt.<input type="checkbox"/> Block 19 List all government meals and the date provided.<input type="checkbox"/> Block 20a Traveler's signature goes in the "claimant signature" box.<input type="checkbox"/> Block 20b Date must be on or after the "mission complete" date in the itinerary.<input type="checkbox"/> Block 20c-f Reviewer's name, signature, phone number and date is required; must be on or after traveler's signature/date.<input type="checkbox"/> Block 21a-d Get approving official's name, signature, phone number and date (if required); must be on or after the reviewer's signature/date.<input type="checkbox"/> Block 29a Did you take leave in conjunction with the travel? If so, include in block 15 or block 10d portion and indicate the dates on second page of 1351-2 in block 29a. Also, list here items claimed but not authorized in original orders need approving official's signature in block 21a-d. |
|---|--|

Before submitting your claim, make sure your claim package includes the following:

- ☐ Completed DD Form 1351-2 signed/dated by you in blocks 20a/20b and by your reviewer in blocks 20d/20f
- ☐ Complete copies of all TDY orders and amendments
- ☐ Supplemental forms and documentation as described above
- ☐ Receipts for reimbursable expenses of \$75 or more and all lodging and/or rental care expenses (if authorized)
- ☐ If your direct deposit (electronic funds transfer, EFT) account has changed since your last travel claim, include a voided check or SF1199A.

Send via email: dfas.rome.jft.mbx.army-travel@mail.mil
or fax: 317-275-0329

Note: Vouchers submitted via email must be in PDF format. We cannot accept encrypted emails, encapsulated emails or password protected files. Make sure your email address (block 6e) is legible. Within 24-48 hours receipt notifications are sent as your claim is logged into our system. Please submit each claim once. Multiple submissions of the same voucher could slow processing of your claim.

If you do not receive the "notification of receipt" after 48 hours, please contact our Customer Care Center.

- 1-888-332-7366
- dfas.rome.jft.mbx.ccc.travelpay@mail.mil (send questions only, not travel claims to this address)
- <http://go.usa.gov/9Sx>

