



How To: Complete your EADR Deployment Travel Voucher

Defense Finance and Accounting Service



What entitlement are you receiving?



- Beginning 2 February, 2022, all Units deployed in the USEUCOM theater had their status changed from “DAMPS-TDY Field Duty Status” to “DAMPS TDY-Routine / Operational” – effective 2 February 2022. Soldiers should have a European Assure, Deter, and Reinforce (EADR) TCS order authorizing this change if previously issued European Deterrence Initiative (EDI) TCS order otherwise you will have just the EADR order.
- This change authorized SM’s to claim the \$3.50 per day entitlement from the dates of 02 FEB 2022, until the date of their redeployment to your duty station.
- Those Soldiers who went TDY while deployed for Atlantic Resolve are NOT authorized to claim the \$3.50 per day on any day they were officially TDY. **This is important and all TDY dates must be annotated on the document.
- SM’s will file for their \$3.50 per day entitlement using the DFAS Travel Voucher Direct system; specifically on the DD 1351-2 Travel Voucher.
- The Voucher will **NOT** be filed with local Finance Offices. SM’s will process and file their DD Form 1351-2 online with this Job Aid and their own military orders.
- The purpose of this Job Aid is to provide a simple claims process for all Soldiers.





You will be required to fill out a DD Form 1351-2 Travel Voucher. While this is normally used to file for TDY or PCS travel entitlements, in this situation you will be requesting the \$3.50 / day Theater Entitlements associated with the change of mission from Slide 1.

The next three slides show you what and how to fill this out, and you must follow it very closely. Failure to fill it out correctly may result in your documents being returned and you not receiving your compensation due.



Creating your DD Form 1351-2



For this form: Follow closely on how to fill out each box, as shown below:

- 1) "X" in EFT. SPLIT DISBURSEMENT: Leave blank and put \$0 in the money box to the far right.
- 2-4) Your information. 5) "X" in Member and Other. 6a-e, and 7) Your info, including YOUR email.
- 8) Order number (top left) from your EADR TCS Orders 9) \$0 10) Do not fill out 11) Your unit.
- 12) "X" in Unaccompanied 13) Nothing 14) "X" in No

TRAVEL VOUCHER OR SUBVOUCHER		Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.									
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00									
2. NAME (Last, First, Middle Initial) (Print or type) YOUR NAME		3. GRADE SGT	4. SSN 123-45-6789	5. TYPE OF PAYMENT (X as applicable) <table border="1"> <tr> <td><input type="checkbox"/> TDY</td> <td><input checked="" type="checkbox"/> Member/Employee</td> </tr> <tr> <td><input type="checkbox"/> PCS</td> <td><input checked="" type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Dependent(s)</td> <td><input type="checkbox"/> DLA</td> </tr> </table>		<input type="checkbox"/> TDY	<input checked="" type="checkbox"/> Member/Employee	<input type="checkbox"/> PCS	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA
<input type="checkbox"/> TDY	<input checked="" type="checkbox"/> Member/Employee										
<input type="checkbox"/> PCS	<input checked="" type="checkbox"/> Other										
<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA										
6. ADDRESS a. NUMBER AND STREET 123 PARK ST		b. CITY MANHATTAN		c. STATE KS	d. ZIP CODE 66502						
e. E-MAIL ADDRESS EMAILADDRESS@EMAIL.COM		10. FOR D.O. USE ONLY									
7. DAYTIME TELEPHONE NUMBER & AREA CODE Put Phone Number Here	8. TRAVEL ORDER/AUTHORIZATION NUMBER RY-105-0468	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00		a. D.O. VOUCHER NUMBER							
11. ORGANIZATION AND STATION YOUR UNIT, BDE, DIVISION				b. SUBVOUCHER NUMBER							
12. DEPENDENT(S) (X and complete as applicable) <table border="1"> <tr> <td><input type="checkbox"/> ACCOMPANIED</td> <td><input checked="" type="checkbox"/> UNACCOMPANIED</td> </tr> <tr> <td>a. NAME (Last, First, Middle Initial)</td> <td>b. RELATIONSHIP</td> </tr> <tr> <td colspan="2">c. DATE OF BIRTH OR MARRIAGE</td> </tr> </table> NO DEP WILL BE LISTED		<input type="checkbox"/> ACCOMPANIED	<input checked="" type="checkbox"/> UNACCOMPANIED	a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY	
<input type="checkbox"/> ACCOMPANIED	<input checked="" 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) <table border="1"> <tr> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO (Explain in Remarks)</td> </tr> </table>		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO (Explain in Remarks)	d. COMPUTATIONS					
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO (Explain in Remarks)										

From TCS Order



Creating your DD Form 1351-2



When Completing your itinerary the below are required for a pay ready submission!

- Everyone's start date will be the day they left the Permanent Duty Station (PDS) (must be within 7 days of proceed date stated on your order or amendment is required)
- All movements between locations must show the mode of travel utilized
- All Departure and Arrival dates must be entered (gaps in departure to arrival will be questioned)
- All locations must have a reason for stop code entered
- Any locations claimed with reason for stop code TD must be authorized on the TCS order or amendment or another travel order (DTS) to be reimbursable. Locations paid in DTS will be excluded from TCS reimbursement but should be included.
- MC = Mission Complete AT = Awaiting Transportation TD = Temporary Duty (TCS)

			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				d. COMPUTATIONS \$3.50 per day from 2FEB22 to 13JUN22 131 days x 3.50 = \$458.50
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks)				
15. ITINERARY							
a. DATE 2021	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
24JUN	DEP	FORT RILEY, KANSAS	GP				
24JUN	ARR	POZNAN, POLAND		TD			
13JUN	DEP		GP				
13JUN	ARR	FORT RILEY, KANSAS		MC			
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
e. SUMMARY OF PAYMENT							
(1) Per Diem						458.50	
(2) Actual Expense Allowance							
(3) Mileage							



Creating your DD Form 1351-2



For this form: Follow closely on how to fill out each box, as shown below:

- 16) Do not X either blocks.
- 17) "X" the More than 24 hours.
- 18) Do not list any expenses
- 19) Leave this blank
- 20) Sign this, and date it.

After all this, review your form to ensure all blocks are filled correctly. Save the File as such:

"Your Last Name, Your First Name - SS# Last Four, DD Form 1351-2 for Entitlements"

You will upload this as an attachment when filing your voucher.

16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						<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		(5) DLA	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	(6) Reimbursable Expenses					
DO NOT LIST ANY								(7) Total	
								(8) Less Advance	
								(9) Amount Owed	
								(10) Amount Due	
19. GOVERNMENT/DEDUCTIBLE MEALS									
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS			
20.a. CLAIMANT SIGNATURE								b. DATE	
c. REVIEWER'S PRINTED NAME				d. REVIEWER SIGNATURE			e. TELEPHONE NUMBER		f. DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME				b. SIGNATURE			c. TELEPHONE NUMBER		d. DATE
22. ACCOUNTING CLASSIFICATION									
23. COLLECTION DATA									
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)			28. AMOUNT PAID