

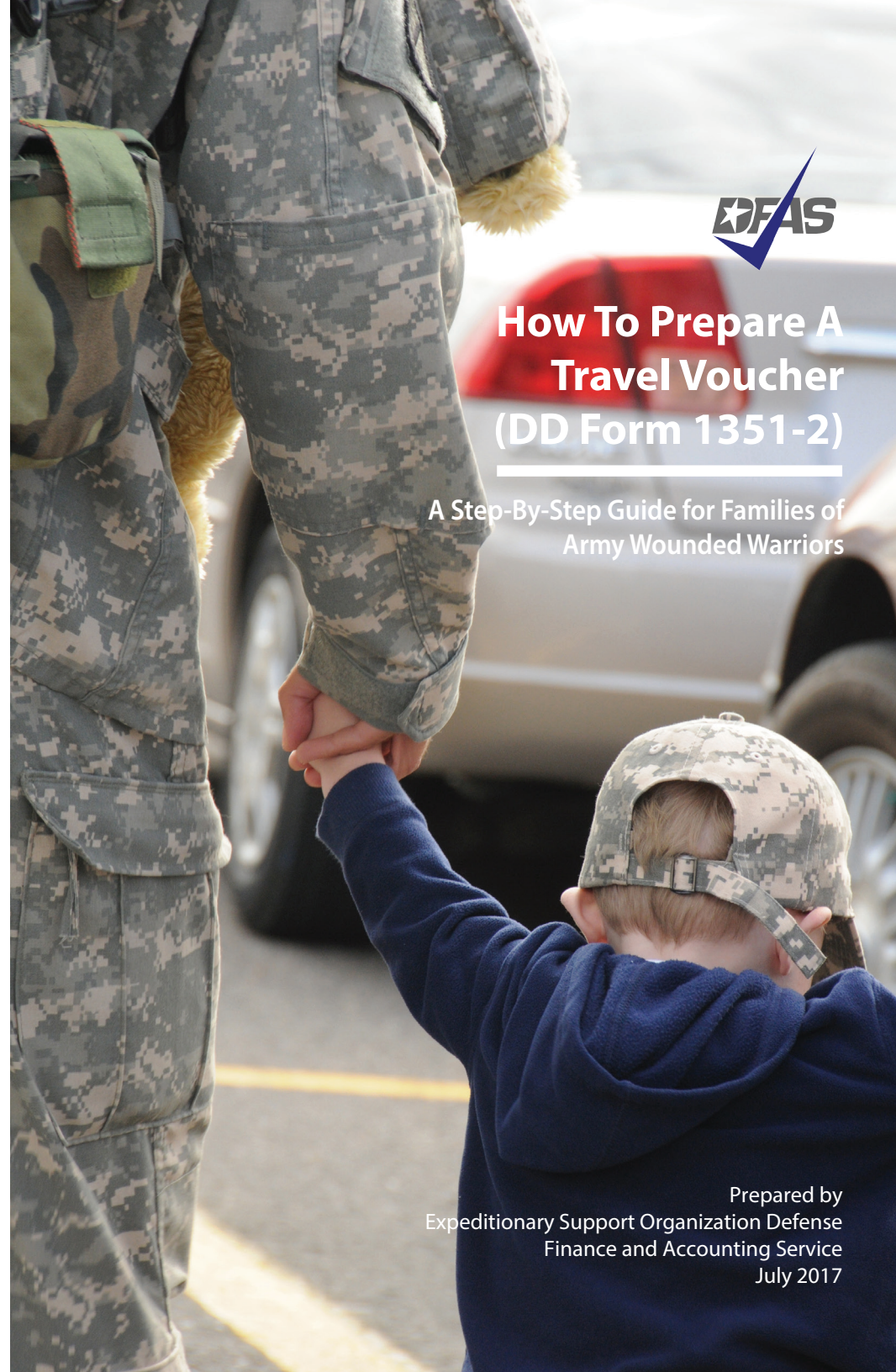


View this and other Wounded Warrior pay and entitlement information at
<https://go.usa.gov/xNmww>



How To Prepare A Travel Voucher (DD Form 1351-2)

A Step-By-Step Guide for Families of
Army Wounded Warriors



Prepared by
Expeditionary Support Organization Defense
Finance and Accounting Service
July 2017

Serving those who serve all

Thank you for your family's service to the nation, and thank you in advance for referring to this guide as you prepare your travel vouchers. We have finance personnel supporting most medical treatment facilities who stand ready to assist you in completing this form to ensure timely and proper payment.

This "How to" guide is intended for family members traveling on official orders. It provides step-by-step procedures in preparing a travel voucher so it is "pay ready" upon submission. The goal with this guide and other travel information pamphlets is to assist family members in receiving faster payment. Submitting "pay ready" vouchers to the Defense Finance and Accounting Service will assist in providing timely and accurate payment to the traveler.

The DFAS Expeditionary Support Organization

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Local Information:

Personnel Office:

Finance Office:

Wounded Warrior Pay Management Team:

Notes:

View this and other Wounded Warrior pay and entitlement information at <https://go.usa.gov/xNmww>

Army Wounded Warrior Travel Pay Contact Information

Have a question? Need to check on your travel voucher submission or status of payment? We're standing by to assist you.

Call a Travel Customer Service Representative at 1-317-212-3562 (DSN 699-3562) between 7 a.m. and 3 p.m. EST

Or email us at dfas.indianapolis-in.jfa.mbx.casualty-customer-service@mail.mil

You can also contact your local Wounded Warrior Pay Management Team (WWPMT) for help in completing your travel voucher, reviewing your travel voucher package, and submitting it to DFAS for processing.

Ready to submit your travel voucher?

By email: dfas.indianapolis-in.jfa.mbx.in-travel-casualty@mail.mil

By FAX: (317) 275-0194; DSN: 510-366-0138

By mail: DFAS-IN/Casualty Travel (JFA)
8899 E. 56th St.
Indianapolis, IN 46249

A complete voucher packet includes...

- DD Form 1351-2
- All orders and any amendments/extensions (if issued)
- Receipts for all lodging regardless of amount
- All receipts for expenses incurred for \$75.00 and over
- DIRECT DEPOSIT: Family member should provide direct deposit information for their financial institution by submitting a SF 1199 Direct Deposit Form or a voided check with their claim

Need a form?

The DD Form 1351-2 has been updated. All travel voucher packets must use the latest form available online at:

<http://www.dtic.mil/whs/directives/forms/eforms/dd1351-2.pdf>

The form may be downloaded and completed on your computer, or printed and filled in by hand.

Remember, your 1351-2 must include your signature! Print out the completed form and sign it. You can fax the signed form, receipts, and other documentation to the number on page 3 or scan your package and send to dfas.indianapolis-in.jfa.mbx.in-travel-casualty@mail.mil

Protect yourself! Email can be an insecure way to send your personal information. If possible, encrypt your message to help keep yourself safe from identity thieves. If you are unsure, fax or mail your documents to us.

TOP 10 REASONS FOR PAYMENT DELAYS

1. Missing Traveler/Reviewer/Approving Official signatures/dates
2. Missing orders
3. Missing receipts/invalid receipts
4. Missing or incorrect bank information
5. Block for mileage not checked (Block 16)/owner operator not claimed
6. Incomplete itinerary
7. Traveler does not submit or reviewer does not forward voucher within five (5) business days of completion of travel
8. Orders do not have required lines of accounting
9. Incorrect SSN on travel vouchers and/or orders
10. Expenses claimed but not authorized in orders or authorized by Approving Officer

Q. HOW DO I PREPARE A SUPPLEMENTAL CLAIM?

A. The supplemental claim must include:

- a. A DD1351-2 marked "SUPPLEMENTAL." Provide a full explanation of the item(s) of expense in question on the revised DD1351-2 or on a separate sheet of paper
- b. A copy of the Advice of Payment for the voucher in question
- c. A copy of the initial DD 1351-2 and continuation sheets (if any)
- d. One copy of the orders and amendments
- e. A copy of all supporting documentation applicable to the supplemental claim

If not available, provide a written statement attesting to the accuracy of items claimed for which no receipt is available. Statements should reflect the same information that would have been on the receipt had it been available

Example of a first accrual travel voucher

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) 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.							
2. NAME (Last, First, Middle Initial) (Print or type) Soldier, Johnny		3. GRADE E-5	4. SSN 000-00-0000	5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Other Member/Employee <input checked="" type="checkbox"/> DLA Dependent(s)		10. FOR D.O. USE ONLY			
6. ADDRESS: a. NUMBER AND STREET 130 Remembrance Dr.		b. CITY Freedom	c. STATE IN	d. ZIP CODE 00000	9. PREVIOUS GOVERNMENT PAYMENT ADVANCES 768.00		10. VOUCHER NUMBER		
e. E-MAIL ADDRESS johnmysoldier@email.com		7. DAYTIME TELEPHONE NUMBER & AREA CODE (000) 000-0000		8. TRAVEL ORDER AUTHORIZATION NUMBER 10-213		b. SUBVOUCHER NUMBER			
ORGANIZATION AND STATION WRAMC				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)					
12. DEPENDENT(S) (X and complete as applicable) <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) YES <input type="checkbox"/> NO (Explain in Remarks)				c. PAID BY	
15. ITINERARY				MEANS/ MODE OF TRAVEL				e. LODGING COST	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		REASON FOR STOP		MILES		d. COMPLETIONS		
3/14	Freedom, IN		TP						
3/14	ARR Walter Reed AMC, DC		TD		600.00				
	ARR First Accrual 3/14/2015 Thru 3/31/2015								
	ARR								
	ARR								
	ARR								
	ARR								
	ARR								
	ARR								
	ARR								
	ARR								
	ARR								
	ARR								
	ARR								
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL				e. SUMMARY OF PAYMENT	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS				(1) Per Diem	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS				(2) Actual Expense Allowance	
3/17/14	Lodging Taxes	\$0.00		MORE THAN 24 HOURS				(3) Mileage	
								(4) Dependent Travel	
								(5) DLA	
								(6) Reimbursable Expenses	
								(7) Total 0.00	
								(8) Less Advance	
								(9) Amount Owed 0.00	
								(10) Amount Due	
				19. GOVERNMENT/DEDUCTIBLE MEALS					
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS			
20. a. CLAIMANT SIGNATURE				TRAVELER'S SIGNATURE				b. DATE 6/14/2015	
c. REVIEWER'S PRINTED NAME		REVIEWER'S NAME		d. SIGNATURE		REVIEWER'S SIGNATURE		e. TELEPHONE NUMBER 000-000-0000	
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE		f. DATE 6/14/2015	
22. ACCOUNTING CLASSIFICATION				23. COLLECTION DATA				24. AMOUNT PAID	
24. COMPUTED BY				25. AUDITED BY				26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	
27. RECEIVED (Payee Signature and Date or Check No.)				28. AMOUNT PAID					

Instructions for completing a DD Form 1351-2

Block 1: Electronic Funds Transfer (EFT) * is highly recommended though checks may be issued.

* Use a voided check or SF1199 Direct Deposit Form

1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.	
<input checked="" type="checkbox"/>	Electronic Fund Transfer (EFT)	<input type="checkbox"/>	Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____
<input type="checkbox"/>	Payment by Check		

** **Note:** Split disbursement option is only for Government Issued Travel Cardholders

Block 2: Last Name, First Name, Middle Initial of family member

Block 3: If non-DoD employee or non-military, indicate "CIV"

Block 4: Full Social Security Number (9 digits of family member

Block 5: Indicate "TDY" for short term visitation and "Other"

Blocks 6a-6d: Valid mailing address for receipt of advice of payment or check

Block 6e: Valid e-mail address

Block 7: Daytime telephone number in the event DFAS-IN should need to make contact

Block 8: Order number, which is typically listed on the upper left hand corner of the orders provided to the family member

Block 9: List any and all previous payments paid from any financial office pertaining to the travel period being claimed

Block 10: Do Not Use - Leave Blank

Block 11: Hospital or medical treatment facility in which Soldier is being treated

2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee
e. E-MAIL ADDRESS				<input type="checkbox"/> PCS	<input type="checkbox"/> Other	
7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY		
11. ORGANIZATION AND STATION				a. D.O. VOUCHER NUMBER		
				b. SUBVOUCHER NUMBER		

Blocks 12-14: Leave blank

Block 15: Itinerary

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP
a. DATE 2015	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			
3/14	DEP	Freedom, IN	TP	
3/14	ARR	Walter Reed AMC, DC		TD
7/05	DEP		TP	
7/05	ARR	Freedom, IN		MC
	DEP			

you do not claim the amount of the advance in your first travel voucher, there is a possibility you will be in debt to the U.S. Government. When filing your travel voucher you must submit a copy of all orders with your voucher.

Q. WHAT IS A MONTHLY TRAVEL ACCRUAL?

A. A monthly accrual is a voucher that is submitted every month to pay the travel entitlements accrued from the previous month. Your local WWPMT can assist you in completing and submitting these vouchers every month. If preferred, you can wait until your travel is complete before you submit a voucher. Your voucher would then reimburse you for the entire period.

Q. WHAT ARE NON-MEDICAL ATTENDANT ORDERS?

A. When your Wounded Warrior becomes an outpatient, you may be issued Non-Medical Attendant (NMA) orders. While the Service Member is an outpatient, typically one person is authorized travel entitlements. NMAs work similar to ITAs with the same travel entitlements authorized. You are still authorized per diem and lodging costs at the current location not to exceed the approved lodging rate for that specific location. Please continue to file a monthly travel voucher through DTS.

Army Wounded Warrior - Travel Pay Supplemental Claims

Q. WHAT DO I DO WHEN I FEEL I'VE BEEN PAID IN ERROR?

A. When it is suspected that an error and/or omission has been made in the payment of a travel voucher, please call the Travel Customer Service Representative at 1-317-212-3562 or DSN 699-3562 or email us at DFAS.indianapolis-in.jfa.mbx.casualty-customer-service@mail.mil

Q. WHAT DO I DO WHEN AN ERROR OR OMISSION HAS OCCURRED?

A. When an error or omission has occurred, submit a supplemental claim to the Casualty Travel Team by fax to (317) 275-0194 (DSN 510-366-0138) by e-mail at dfas.indianapolis-in.jfa.mbx.in-travel-casualty@mail.mil or by mail at:

DFAS-IN/Casualty (JFA) Travel
8899 E. 56th St.
Indianapolis, IN 46249

Army Wounded Warrior - Travel Pay

Frequently Asked Questions

Q. WHAT ARE INVITATIONAL TRAVEL AUTHORIZATIONS?

A. Invitational Travel Authorizations (ITAs) are government orders that can authorize up to three family members of a Wounded Warrior to travel to the medical treatment facility where the Service Member is receiving care.

Q. WHAT DO ITAs AUTHORIZE?

A. ITAs can authorize up to three family members to travel to the location of the Service Member. When on ITAs, your travel to and from the hospital, lodging costs, meals, and incidental expenses are reimbursed by the government. You will be paid a daily rate (per diem) for your meals and incidental expenses. The per diem rates received may differ depending on the location on the orders-not the location of the hotel. Lodging costs cannot exceed the approved lodging rate for the area you are temporarily staying. Per diem and maximum lodging rates vary for each location. Please contact your local Wounded Warrior Pay Management Team for current rates.

Q. HOW CAN AN ADVANCE BE OBTAINED?

A. You are authorized a one-time advance while staying at the medical treatment facility. Authorization for the advance must be reflected on your orders. The advance amount you are eligible to receive will depend upon the length of your stay at the facility. The amount received for each day will be 80% of the set per diem and 100% of the lodging rate to be paid. You are able to receive your advance via electronic funds transfer (EFT), check, or in some instances you can be paid cash. Your local WWPMT can help you fill out your advance request and can submit it for payment on your behalf. A travel voucher must be filed with your local WWPMT in order to settle the advance received.

Q. HOW DO I GET REIMBURSED FOR MY TRAVEL ENTITLEMENTS WHILE AT THE MEDICAL TREATMENT FACILITY?

A. In order to be reimbursed for the amount you have spent on travel, lodging, meals, and incidentals you must complete a travel voucher, DD 1351-2. If you have been issued an advance at the start of your trip you must claim the total amount of the advance on your first voucher submitted. The advance must be paid back to the U.S. Government. If

- a: Date: List the year the travel was conducted. Next to
- "DEP" list the date you departed your residence.
 - "ARR" list the date arrived at the next mode of travel or location
- b: Place:
- DEP: List the city and state that was departed
 - ARR: List the city and state in which you arrived
- Once this is complete, indicate the date of departure of current location. Repeat step "b" until all overnight stops are listed and final destination has been reached
- c. Means/Modes of Travel: List the type of transportation used for each leg of travel. Use the two-letter code found in the Means/ Modes of Travel box (Page 8)
- d. Reason for Stop: List the reason for stops using the appropriate two letter code listed here:
- AD-** Authorized Delay is used for overnight stays or if delayed at airport
- AT-** Awaiting Transportation is used when waiting for other modes of travel. This is usually conducted in same day travel
- TD-** Temporary Duty is used to indicate time spent at medical treatment facility
- MC-** Mission Complete is used to conclude travel
- LV-** Leave is used to indicate time away from the medical treatment facility; either on site, at home of residence or chosen location
- e: Lodging Cost is used to list any lodging expense incurred while TDY at the medical treatment facility
- f: POC (Privately Owned Conveyance) Miles is used to list any Privately Owned Vehicle mileage incurred. Check the box in block 16 for own/operate if you owned or physically operated (e.g., drove) the vehicle used to travel to or from the TDY/ PCS location

The "Means/Modes of Travel" block should include the appropriate two-letter code:

Choices for first letter:

- T: Government provided ticket
- G: Government Transportation
- C: Commercial Transportation
- P: Privately Owned Conveyance

Choices for second letter:

- A: Automobile
- M: Motorcycle
- B: Bus
- P: Plane
- R: Rail

Most common combinations:

- PA - Private Auto
- TP - Government provided airfare (no cost)
- CA - Commercial Auto (taxi)
- CP - Commercial airfare (traveler purchased)

Block 16: Must indicate whether Privately Own Conveyance is Own/ Operator or Passenger

16. POC TRAVEL (X one)	<input type="checkbox"/> OWN/OPERATE	<input checked="" type="checkbox"/> PASSENGER
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Block 17: Indicate the duration of Temporary Duty (TDY) travel

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

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred
- b: List the type of expense (i.e., lodging taxes)
- c. List the amount of the expense

18. REIMBURSABLE EXPENSES			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

Block 19: Government/Deductible Meals (circle one)

- a: Date the meals were provided
- b: Number of meals provided by the government with no cost to the traveler

19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

Note: This block will typically be left blank unless certain meals are provided to you by the government at reduced or not cost to you

Block 20 (a & b): Physical signature of traveler and date the voucher was Signed. **Both must be complete**

Block 20 (c, d, e & f): Finance Office signature once voucher is reviewed for accuracy and date the voucher was reviewed. **Both must be complete**

20.a. CLAIMANT SIGNATURE		b. DATE	
c. REVIEWER'S PRINTED NAME	d. SIGNATURE	e. TELEPHONE NUMBER	f. DATE

Block 21 (if applicable): Handwritten name and signature of approving officer If authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized. Must include date signed in Block 21a

21.a. APPROVING OFFICIAL'S PRINTED NAME	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE
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Block 22: Leave Blank - Finance Office use only

Blocks 23-28: Leave Blank - Finance Office use only

Block 29: 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

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 TFO OR CTO.