

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



A Step- By- Step Guide For
Army Wounded Warriors



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



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

Serving those who serve all

Thank you for your 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 Army Wounded Warriors. 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 the traveler 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

Local Information:

Local Personnel Office:

Local Finance Office:

Local Wounded Warrior Pay Management Team:

Notes:

To view the latest Wounded Warrior pay and entitlement information online, go to <https://go.usa.gov/xNmww>

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

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 issued for the mission to include mobilization orders (if applicable), Temporary Change of Station (TCS) orders, attachments, endorsements, any and all amendments, and Permanent Change of Station (PCS) orders, Demobilization/ REFRAD/DD214 orders when filing final voucher (Reserve/National Guard only)
- Additional TDY orders (e.g., DD 1610s)
- All previous accruals/advances received from overseas finance offices (non-submission of previous payment data will result in delays of payment) especially DTS payments
- Receipts for all lodging regardless of amount
- All receipts for expenses incurred for \$75.00 and over
- DA 31 leave form Note: leave must be annotated on the 1351-2)
- IF APPLICABLE: Statement of Non-Availability for commercial lodging and meals (i.e., if you had to stay in a commercial hotel due to unavailability of quarters)
- DIRECT DEPOSIT: Service members should provide direct deposit information for their financial institution by submitting a SF 1199 Direct Deposit Form or a voided check with their claim and ensure their **myPay** account for Travel Pay is updated with current banking information.

Need a form?

The DD Form 1351-2 has been updated. All travel completed during or after May 2011 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. If you are using a CAC computer, you can now digitally sign your form.

Remember, your 1351-2 must include your signature! If you cannot digitally sign the form, 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! If you submit your voucher via email, we suggest you encrypt the message to make sure your important personal identification information is secure. If you are unsure, fax or mail your travel documents to us.

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.

Travel Reimbursable Expenses

Room Taxes: If travel occurred in the Continental United States (CONUS), room taxes should be claimed in Block 18 (separately from lodging expense). If outside the Continental United States (OCONUS), do not separate expense

Personal Auto Miles: As of 1 January 2017, the rate for Personally Owned Conveyance (POC) mileage is \$0.535 per mile. The most current mileage rate is available at www.gsa.gov and select POV Mileage Reimbursement in the "Most Requested Links" section

Note: As of 1 October 2014, reimbursement of ATM Fees and laundry are not authorized

Blocks 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 T/O OR C/O.

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 a 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 via:

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

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

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

Q. How do I prepare a supplemental claim?

- A. The supplemental claim must include:
- a. A DD Form 1351-2 marked "SUPPLEMENTAL" Provide a full explanation of the item(s) of expense in question on the revised DD Form 1351-2 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 Form 1351-2 and continuation sheets (if any)
 - d. One copy of the orders and amendments

Common scenarios while receiving care at a medical treatment facility (MTF)...

Scenario 1. While at the MTF, you remain on Temporary Change of Station (TCS) Orders.

When you file your first travel voucher at the MTF, your travel itinerary will show your movement from home to mobilization site, to theater, and then to the MTF for care. A full page example of this scenario is on page 6. This is often referred to as your "first accrual." If you remain at the MTF for an extended time, you can file subsequent monthly vouchers to receive your travel entitlements accrued from the previous month.

If you choose, you can wait to file your first travel voucher until after your care at the MTF has concluded and you return to your home station. An example of this type of itinerary is on page 9 of this guide.

Scenario 2. While at the MTF, you receive Permanent Change of Station (PCS) Orders

When you file your travel voucher at the MTF, your travel itinerary will show your movement from your previous permanent duty station, into theater, and then to the MTF where you are PCS'd. An example of this type of itinerary is on page 9 of this guide.

When you PCS, you may also have dependents moving to your new permanent duty location. In many cases, dependent movement is not the same as the Soldier's. An example of an itinerary for PCS dependent movement can be found on page 9 of this guide. Completion of the PCS dependent travel portion of the voucher can be filed separately or with the Soldier's PCS travel voucher. If dependent's travel itinerary is different from the Soldier, then include a second DD Form 1351-2 in the packet to show the dependent travel itinerary. Soldier specific information should remain at the top of the second 1351-2 (Blocks 1-11.)

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) <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 balances 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.			
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"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS, a. NUMBER AND STREET 130 Freedom St		b. CITY Anywhere	c. STATE IN	d. ZIP CODE 00000	
e. E-MAIL ADDRESS E-Mail: WRAMC		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS			
7. DAYTIME TELEPHONE NUMBER & AREA CODE (000) 000-0000 (000) 000-0000		8. TRAVEL ORDER/AUTHORIZATION NUMBER 10-213		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00	
11. ORIGINATOR E-Mail: WRAMC		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			
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY a. DATE 2014		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) Ft. Drum, NY Kuwait Landstuhl, GE Walter Reed AMC, DC		c. MEANS/ MODE OF TRAVEL GP TD HA GP TD	d. REASON FOR STOP Hospital Admittance (Inpatient) Temporary Duty (Outpatient)
e. LODGING COST 0.00		16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER			
17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS		18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED (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. CLAIMANT SIGNATURE TRAVELER'S SIGNATURE REVIEWER'S SIGNATURE REVIEWER'S SIGNATURE APPROVING OFFICIAL'S SIGNATURE			
21. APPROVING OFFICIAL'S PRINTED NAME REVIEWER'S INFORMATION		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			

Block 18: Reimbursable Expenses:
 a: List the date the expense was incurred
 b: List the type of expense, i.e. taxi fares
 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
5/25/2015	2		
5/26-27/2015	6		

**** Note:** If you have a Statement of Non-Availability (SNA) for meals and consume a meal either at cost or no cost, you will have to annotate the number of meals in block 19b. If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided, indicate "Ded" or "Gov" next to the number of meals

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

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

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

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)

The "Reason for Stop" block should include the appropriate two-letter code:

- 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
- HA - Hospital Admittance is used to indicate inpatient care at a medical treatment facility or hospital
- HD - Hospital Discharge is used to indicate discharge from inpatient care
- TD - Temporary Duty is used to indicate time spent at a medical treatment facility while in an outpatient status
- LV - Leave is used to indicate time away from military duty; either on site, at home of residence or chosen location. LV is also used for convalescent leave
- MC - Mission Complete is used to conclude travel. "MC" for Permanent Change of Station (PCS) indicates the date subsequent to shipment of household goods, and clearance of quarters from the previous permanent duty station

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

16. POC TRAVEL (X one)	OWN/OPERATE	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

Instructions for completing a DD Form 1351-2

Block 1: Electronic Funds Transfer (EFT) is mandatory for all service members

- * Use a voided check or SF1199 Direct Deposit Form or *MyPay*
- * Split disbursement: Amount indicated to be paid to your Government Issued Travel Card if Soldier used the U.S. Government-provided VISA card
- * Any amount can be sent to your Government Issued Travel Card
- * Indicate "ALL" or specific dollar amount

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

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		

Block 2: Last Name, First Name, Middle Initial of Soldier

Block 3: Grade of the Soldier

Block 4: Social Security Number of Soldier (Regulation requires all 9 digits)

Block 5: Indicate "TDY" for short term visitation. Mark "PCS" if assigned to medical treatment facility and indicate "Dependents" and "DLA" (Dislocation Allowance) if there is permanent family movement. DLA is also entitled if the Soldier is single (E-6 and above) and elects to live off base

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

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 listed on the orders provided to the Soldier

Block 9: List any and all previous payments paid from any finance 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		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 blocks 12-14 blank if remaining on Temporary Change of Station (TCS) orders while at the medical treatment facility. If you receive PCS orders and are moving dependents from previous duty station or home of residence to medical facility, then follow steps on the next page to complete this portion. See page 9 for an itinerary for family member movement.

12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF	
ACCOMPANIED	<input checked="" type="checkbox"/> UNACCOMPANIED		1815 Example Dr., Liberty, NY	
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		
Soldier, Julie M.	Daughter	4/25/00		
Soldier, Bridgett A.	Daughter	9/23/03		
Soldier, Britney D.	Daughter	9/23/03	14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)	
Soldier, Donna L.	Spouse	5/17/98	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	

****Note:** Mark "unaccompanied" if family is traveling separate from the Soldier (i.e., Soldier is already at the PCS location)

Block 12: Dependents

- a: List last name, first name, and middle initial of all dependents
- b: List the relationship to the Soldier being treated
- c: List the date of birth for all dependent children and your date of marriage

Block 13: List the address where dependents were residing at time PCS orders were received

Block 14: Indicate whether household goods have been shipped by the government

Block 15: Itinerary

- a:** Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 12/1). Next to "ARR" list the date arrived at the next location (this could be the same day)
- b:** Place: List the location for each travel step for departure, duty, change of transportation modes, leave, etc. This block should include city/state (e.g., Ft. Drum, NY) or overseas location (e.g., Kuwait). Ensure all overnight stops are listed, including your final destination. **Note:** Only one location can be listed per block
- c:** Means/Modes of Travel: List the type of transportation used for each
- d:** Reason for Stop: List the reason for stops using the appropriate
- 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.

Typically this is mileage to home station or mobilization site. Check the box for own/oper-ate in block 1b if you owned or physically operated (e.g., drove) the vehicle used to travel to or from the TDY/PCS location. Ensure Block 16 is complete when claiming automobile mileage

Deployment itinerary for Temporary Change of Station(TCS)

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.)				
2014					
12/1	DEP Ft. Drum, NY	GP			
12/2	ARR Kuwait		TD		
4/28	DEP	GP			
4/28	ARR Landstuhl RMC, GE		HA		
5/15	DEP	GP			
5/15	ARR Walter Reed AMC, DC		TD		
6/12	DEP	CP			
6/12	ARR Ft. Drum, NY		MC		
	DEP				

Deployment itinerary for PCS to a medical treatment facility

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.)				
2014					
12/1	DEP Ft. Drum, NY	GP			
12/2	ARR Kuwait		TD		
1/20	DEP	GP			
1/20	ARR Landstuhl RMC, GE		HA		
2/19	DEP	GP			
2/19	ARR Walter Reed AMC, DC		TD		
2/20	DEP	CP			
3/1	ARR Walter Reed AMC, DC		MC		
3/1	DEP				

Family itinerary for PCS to a medical treatment facility

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.)				
2014					
2/28	DEP 1815 Example Drive, Liberty, NY	PA			
3/1	ARR Walter Reed AMC, DC		MC		851
	DEP				

****Note:** Even if you are already at the medical treatment facility when PCS orders are issued, you are allowed sufficient time to initiate PCS from the previous duty station, but no later than the report date issued on the orders

The "Means/Modes of Travel" abbreviations are on the next page