

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 add 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.					
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
2. NAME (Last, First, Middle Initial) (Print Name) Doe, John M.			3. GRADE GS-7	4. SSN 000-00-0000		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TTY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS - a. NUMBER AND STREET 123 NEW STREET		b. CITY COLUMBUS		c. STATE OH	d. ZIP CODE 43216		
7. E-MAIL ADDRESS PUBLIC.SAMPLE@USARMY.MIL						10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555		8. TRAVEL ORDER/AUTHORIZATION Block 25 of DD form 1614		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION Agency Name & Location						b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDER (Include Zip Code) 123 OLD STREET DAVENPORT, IA 52801			c. PAID BY	
a. NAME (Last, First, Middle Initial) Doe, Suzie Q.		b. RELATIONSHIP Wife	c. DATE OF BIRTH OR MARRIAGE 050701		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain in Remarks)		
Doe, Sally		Daughter	081031				
15. ITINERARY				d. COMPUTATIONS			
a. DATE 2009	b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)			c. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. LODGING COST	g. POC MILLS
<input type="checkbox"/> DEP <input type="checkbox"/> AIR <input type="checkbox"/> DEP <input type="checkbox"/> AIR							
						e. SUMMARY OF PAYMENT	
						(1) Per Diem	
						(2) Actual Expense Allowance	
						(3) Mileage	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total 0.00	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
16. POC TRAVEL (X one) <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS		18. GOVERNMENT DEDUCTIBLE MEALS			
18. REIMBURSABLE EXPENSES		a. DATE 09/02/09		b. NATURE OF EXPENSE SALE OF RESIDENCE AT OLD DUTY STATION DD FORM 1705 ATTACHED		c. AMOUNT 61,916.20	
						d. ALLOWED	
						a. DATE	
						b. NO OF MEALS	
						a. DATE	
						b. NO OF MEALS	
20. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED *****							
						b. DATE MMDDYYYY	
e. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *		f. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER		g. TELEPHONE NUMBER 000-000-0000		h. DATE MMDDYYYY	
21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS		i. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS		c. TELEPHONE NUMBER 614-693-0000		d. DATE MMDDYYYY	
22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY							
23. COLLECTION DATA AGENCY USE ONLY							
24. COMPUTED BY AGENCY USE		25. AUDITED BY AGENCY USE		26. TRAVEL ORDER/ AUTHORIZATION CONTROLLED BY AGENCY USE		27. RECEIVED (Traveler Signature and Date or Check No.) AGENCY USE	
						28. AMOUNT PAID	