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

[X] 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.

[X] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ 77.70

2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
Doe, John M.	GS-7	000-00-0000	[ ] TDY [ ] Member/Employee

6. ADDRESS: a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE	
123 OLD STREET	DAVENPORT	IA	52801	[X] PCS [ ] Other [X] Dependent(s) [ ] DLA

e. E-MAIL ADDRESS: PUBLIC.SAMPLE@US.ARMY.MIL

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
555-555-5555	Block 25 of DD form 1614	0.00	

11. ORGANIZATION AND STATION	b. SUBVOUCHER NUMBER
Agency Name & Location	

12. DEPENDENT(S) (X and complete as applicable)

[X] ACCOMPANIED [ ] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE
Doe, Suzie Q.	Wife	050701
Doe, Sally	Daughter	081031

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
123 OLD STREET
DAVENPORT, IA 52801

c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
[ ] YES [X] NO (Explain in Remarks)

d. COMPUTATIONS

15. ITINERARY

a. DATE 2009		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
1 JUN	DEP	DFAS ROCK ISLAND	PA			
1 JUN	ARR	RICHMOND, IN		AD	70.00	385
2 JUN	DEP	RICHMOND, IN	PA			
2 JUN	ARR	COLUMBUS, OH		MC		105
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

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) [X] OWN/OPERATE [ ] PASSENGER

17. DURATION OF TRAVEL
[ ] 12 HOURS OR LESS
[ ] MORE THAN 12 HOURS BUT 24 HOURS OR Lless
[X] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
1 JUN	HIGHWAY TOLLS	2.50	7.00
1 JUN	LODGING TAX	7.70	

19. GOVERNMENT/DEDUCTIBLE MEALS

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

20.a. CLAIMANT SIGNATURE
********** FORM MUST BE SIGNED AND DATED **********
b. DATE MMDDYYY

c. REVIEWER'S PRINTED NAME	d. REVIEWER SIGNATURE	e. TELEPHONE NUMBER	f. DATE
* MUST PRINT NAME OF REVIEWER *	MUST HAVE SIGNATURE OF REVIEWER	614-693-0000	MMDDYYY

21.a. APPROVING OFFICIAL'S PRINTED NAME	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE
REQUIRED ONLY ON CERTAIN CLAIMS	REQUIRED ONLY ON CERTAIN CLAIMS	614-693-0000	MMDDYYY

22. ACCOUNTING CLASSIFICATION
AGENCY USE ONLY

23. COLLECTION DATA
AGENCY USE ONLY

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID
AGENCY USE	AGENCY USE	AGENCY USE	AGENCY USE	