

| 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: \$ _____ | | | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) DOE, JOHN Q | | | 3. GRADE ENS/OI | 4. SSN 111-11-1111 | | 5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA | | | |
| 6. ADDRESS. a. NUMBER AND STREET 105 NAVY WAY | | b. CITY LITTLETOWN | | c. STATE MD | d. ZIP CODE 20888 | | | | |
| e. E-MAIL ADDRESS JOHN.DOE@EMAIL.EDU | | | | | | 10. FOR D.O. USE ONLY | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE 212-555-7777 | | 8. TRAVEL ORDER/AUTHORIZATION NUMBER N8806N24RT0001 | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00 | | a. D.O. VOUCHER NUMBER | | | |
| 11. ORGANIZATION AND STATION HPSP BETHESDA, MD | | | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) N/A | | b. SUBVOUCHER NUMBER | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) N/A b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE | | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | c. PAID BY | | | |
| 15. ITINERARY | | | | c. MEANS/ MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES | | d. COMPUTATIONS | | | |
| a. DATE 2024 | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | | | | | | | | |
| 4/1 | DEP | LITTLETOWN, MD | | TP | | | | | |
| 4/1 | ARR | List Name of Military training site | | | TD | | 25 | | |
| 4/27 | DEP | | | | TP | | | | |
| 4/27 | ARR | LITTLETOWN, MD | | | MC | | 25 | | |
| | DEP | | | | | | | | |
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| 16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | | | 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS | | | | e. SUMMARY OF PAYMENT | |
| 18. REIMBURSABLE EXPENSES | | | | (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due | | | | | |
| a. DATE | b. NATURE OF EXPENSE | | c. AMOUNT | d. ALLOWED | | | | | |
| 4/27/24 | LODGING | | 1,000.00 | | | | | | |
| 4/27/24 | LODGING TAXES | | 125.00 | | | | | | |
| 4/27/24 | RENTAL CAR | | 1,100.00 | | | | | | |
| 4/18/24 | GAS | | 25.00 | | | | | | |
| 4/27/24 | TAXI | | 45.00 | | | | | | |
| 4/27/24 | TOLL | | 8.00 | | | | | | |
| 19. GOVERNMENT/DEDUCTIBLE MEALS | | | | a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS | | |
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| 20.a. CLAIMANT SIGNATURE <i>John Doe</i> | | | | b. DATE 4/30/2024 | | | | | |
| 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 | | | |