



# **GUIDE TO COMPLETING THE TRAVEL VOUCHER**

**DD FORM 1351-2**

**Updated MAY 2018**



# COMPLETING THE TRAVEL VOUCHER

- Submission of Travel Claim
  - Travel claims must be submitted within **5** days after completion of travel
- Supporting Documents Required:
  - Attach a copy of travel orders
    - **ORDERS MUST BE STAMPED AT THE TIME YOU CHECK INTO YOUR ANNUAL TRAINING ASSIGNMENT AND WHEN YOU CHECK OUT OF YOUR ANNUAL TRAINING ASSIGNMENT. THIS IS CALLED “ENDORSEMENT.”**
    - **NO ENDORSEMENT = NO REIMBURSEMENT.**



# COMPLETING THE TRAVEL VOUCHER (CONT.)

- Supporting Documents Required (cont.):
  - Attach a copy of itinerary for the entire period of travel
  - Attach a copy of receipts for any expense **totaling** over \$75
  - Attach a copy of all gas receipts directly related to travel to and from your lodging and medical facility **if rental car was authorized.**
  - Attach a copy of all taxi receipts, shuttle receipts, parking receipts, and **toll** receipts as appropriate.
  - **Dry cleaning and ATM fees are no longer authorized for reimbursement while TDY.**



# COMPLETING THE 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		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)			Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
	Payment by Check								
<p>➤ Block 1: This is how the payment will be made to the individual.</p> <p>➤ <b>Check Electronic Fund Transfer (EFT).</b></p>				45-6789		5. TYPE OF PAYMENT (X as applicable)			
				ZIP CODE		<input checked="" type="checkbox"/>	TDY	<input type="checkbox"/>	Member/Employee
				20889		<input type="checkbox"/>	PCS	<input type="checkbox"/>	Other
						<input type="checkbox"/>	Dependent(s)	<input type="checkbox"/>	DLA
						10. FOR D.O. USE ONLY			
11. ORGANIZATION AND STATION				T PAYMENTS/		a. D.O. VOUCHER NUMBER			
HPSP BETHESDA						b. SUBVOUCHER NUMBER			
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY			
<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)		d. COMPUTATIONS			
				<input type="checkbox"/> YES	<input type="checkbox"/> NO (Explain in Remarks)				



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<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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.			
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____			
<b>2. NAME</b> (Last, First, Middle Initial) (Print or type) DOE, JOHN		<b>3. GRADE</b> 0-1	<b>4. SSN</b> 123-45-6789	<b>5. TYPE OF PAYMENT</b> (X as applicable)	
				<input checked="" type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee
				<input type="checkbox"/> PCS	<input type="checkbox"/> Other
				<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA
<ul style="list-style-type: none"> <li>➤ Block 2: Enter Last Name, First Name, Middle Initial</li> <li>➤ Block 3: Enter Pay Grade</li> <li>➤ Block 4: Enter FULL Social Security Number</li> </ul>				<b>10. FOR D.O. USE ONLY</b>	
				a. D.O. VOUCHER NUMBER	
				b. SUBVOUCHER NUMBER	
				c. PAID BY	
				d. COMPUTATIONS	
				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one)	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO (Explain in Remarks)



# COMPLETING THE TRAVEL VOUCHER

<b>TRAVEL VOUCHER OR SUBVOUCHER</b>		Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. <b>PRESS HARD. DO NOT</b> use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b>		<b>SPLIT DISBURSEMENT:</b> 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:     \$ _____			
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b>		<b>3. GRADE</b>	<b>4. SSN</b>		<b>5. TYPE OF PAYMENT (X as applicable)</b>
DOE, JOHN		0-1	123-45-6789		<input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA
<b>6. ADDRESS. a. NUMBER AND STREET</b>		<b>b. CITY</b>		<b>c. STATE</b>	<b>d. ZIP CODE</b>
8901 WISCONSIN AVE		BETHESDA		MD	20889
<b>e. E-MAIL ADDRESS</b> JOHN.DOE@GMAIL.COM					<b>10. FOR D.O. USE ONLY</b>
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>	
(301) 123-4567		US12345			
<b>a. D.O. VOUCHER NUMBER</b>					

- Block 5: EVERYONE enter "TDY" regardless of the type of orders
- Block 6: Enter your address and a valid email address
- Block 7: Enter a daytime phone number
- Block 8: Enter the travel order # found in the upper right hand corner of the orders (RT#####)
- Block 9: Leave blank if you did not take Advance Travel Pay. If you took Advance Travel Pay , put the amount of advance travel pay received.



# COMPLETING THE TRAVEL VOUCHER

- Block 10: Leave Blank
- Block 11: EVERYONE – Enter “HPSP BETHESDA”
- Block 12: Always mark “UNACCOMPANIED”
- Blocks 13-14: Leave Blank

1. PAYMENT METHOD <input checked="" type="checkbox"/> E <input type="checkbox"/> T <input type="checkbox"/> P			2. NAME DOE			6. ADDRESS 8901			e. E-MAIL ADDRESS JOHN.DOE@MED.NAVY.MIL			7. DAYTIME TELEPHONE NUMBER & AREA CODE (301) 123-4567			8. TRAVEL ORDER/AUTHORIZATION NUMBER US12345			9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER		
11. ORGANIZATION AND STATION HPSP BETHESDA						12. DEPENDENT(S) (X and complete as applicable)						13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)						b. SUBVOUCHER NUMBER					
<input type="checkbox"/> ACCOMPANIED			<input checked="" type="checkbox"/> UNACCOMPANIED			a. NAME (Last, First, Middle Initial)			b. RELATIONSHIP			c. DATE OF BIRTH OR MARRIAGE			c. PAID BY								
															d. COMPUTATIONS								
												14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)											

ement, and Instructions on back before ball point pen. PRESS HARD. DO NOT use e in remarks.

c) contractor the portion of your reimbursement select a different amount. Military personnel are required contractor.

Card contractor: \$ \_\_\_\_\_

5. TYPE OF PAYMENT (X as applicable)			
<input checked="" type="checkbox"/>	TDY	<input type="checkbox"/>	Member/Employee
<input type="checkbox"/>	PCS	<input type="checkbox"/>	Other
<input type="checkbox"/>	Dependent(s)	<input type="checkbox"/>	DLA



# COMPLETING THE TRAVEL VOUCHER

15. ITINERARY			c.	d.	e.	f.	
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES	
12/2	DEP	BETHESDA - HOME	PA				
12/2	ARR	REAGAN NATIONAL AIRPORT		AT			
12/2	DEP		GP				
12/2	ARR	JAX AIRPORT		AT			
12/2	DEP		CA				
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE		TD			
12/10	DEP		CA				
12/10	ARR	JAX AIRPORT					
12/10	DEP						
12/10	ARR	REAGAN NATIONAL AIRPORT					
12/10	DEP						
12/10	ARR	BETHESDA - HOME					
	DEP						
	ARR						

➤ Block 15 Column A

- Under Date, enter the year (i.e., 2010)

➤ You must enter a month and day for each Departure and Arrival (i.e. MM/DD , Example: 12/2)





# COMPLETING THE TRAVEL VOUCHER

## Flying to Annual Training Site

15. ITINERARY		M M T
a. DATE 2010	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	
12/2	DEP BETHESDA - HOME	
12/2	ARR REAGAN NATIONAL AIRPORT	
12/2	DEP JAX AIRPORT	
12/2	ARR NAVAL HOSPITAL JACKSONVILLE	
12/10	DEP JAX AIRPORT	
12/10	ARR REAGAN NATIONAL AIRPORT	
12/10	DEP BETHESDA - HOME	
	ARR	

➤ Block 15 Column B

Traveling By Commercial Air:  
**Departing Home**

- List the city and state that was departed
- List the departure airport
- List the arrival airport
- List the arrival city and state or the command



# COMPLETING THE TRAVEL VOUCHER

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
12/2	DEP	BETHESDA - HOME	PA			
12/2	ARR	REAGAN NATIONAL AIRPORT		AT		
12/2	DEP		GP			
12/2	ARR	JAX AIRPORT		AT		
12/2	DEP		CA			
12/3	←	NAVAL HOSPITAL JACKSONVILLE				
12/10	DEP					
12/10	ARR	JAX AIRPORT				
12/10	DEP					
12/10	ARR	REAGAN NATIONAL AIRPORT				
12/10	DEP					
12/10	ARR	BETHESDA - HOME				
	DEP					
	ARR					

➤ Block 15: Check the reporting endorsement on your orders. Enter the date you reported to the training command. The date on your orders must match the date you input here.

➤ **\*\*\*\*IMPORTANT:** Reporting and Detaching endorsement dates must match your input in Block 15.



# COMPLETING THE TRAVEL VOUCHER

## Flying to Annual Training Site

15. ITINERARY			c. MEANS/ MODE OF TRAVEL
a. DATE 2010	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		
12/2	DEP	BETHESDA - HOME	PA
12/2	ARR	REAGAN NATIONAL AIRPORT	
12/2	DEP		GP
12/2	ARR	JAX AIRPORT	
12/2	DEP		CA
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE	
12/10	DEP		CA
12/10	ARR	JAX AIRPORT	
12/10	DEP		GP
12/10	ARR	REAGAN NATIONAL AIRPORT	
12/10	DEP		PA
12/10	ARR	BETHESDA - HOME	
	DEP		
	ARR		

➤ Block 15 Column B

Traveling By Commercial Air:  
Returning Home

• List the city and state that was departed

• List the departure airport

• List the arrival airport

• List the arrival city and state or HOME



# COMPLETING THE TRAVEL VOUCHER

## Flying to Annual Training Site

15. ITINERARY			C.
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE OF TRAVEL
12/2	DEP	BETHESDA - HOME	PA
12/2	ARR	REAGAN NATIONAL AIRPORT	
12/2	DEP		GP
12/2	ARR	JAX AIRPORT	
12/2	DEP		CA
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE	
12/10	DEP		CA
12/10	ARR	JAX AIRPORT	
12/10	DEP		GP
12/10	ARR	REAGAN NATIONAL AIRPORT	
12/10	DEP		PA
12/10	ARR	BETHESDA - HOME	
	DEP		
	ARR		

➤ Block 15 Column C : How you traveled between listed locations:

Entries will be in the white blocks

- PA = Private Auto (POV) or Rental
- CA = Commercial Auto
- CP = Commercial Plane
- CR = Commercial Rail (i.e. Train)
- CB = Commercial Bus
- GA = Government Auto
- GP = Government Plane
- TR = Government Train
- GB = Government Bus



# COMPLETING THE TRAVEL VOUCHER

## Flying to Annual Training Site

15. ITINERARY			c.	d.
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE OF TRAVEL	REASON FOR STOP
12/2	DEP	BETHESDA - HOME	PA	
12/2	ARR	REAGAN NATIONAL AIRPORT		AT
12/2	DEP		GP	
12/2	ARR	JAX AIRPORT		AT
12/2	DEP		CA	
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE		TD
12/10	DEP		CA	
12/10	ARR	JAX AIRPORT		AT
12/10	DEP		GP	
12/10	ARR	REAGAN NATIONAL AIRPORT		AT
12/10	DEP		PA	
12/10	ARR	BETHESDA - HOME		MC
	DEP			
	ARR			

➤ Block 15 Column C

Entries will be in the white blocks

- To complete each means of travel ask the following questions:
  - What means of travel was used to arrive at Reagan National Airport? Answer: Privately Owned Vehicle (PA)
  - What means of travel was used to arrive at JAX Airport? Answer: Government Plane (GP)
  - What means of travel was used to arrive at Naval Hospital Jacksonville? Answer: Commercial Automobile /Rental Car (CA)



# COMPLETING THE TRAVEL VOUCHER

## Flying to Annual Training Site

15. ITINERARY		c.	d.
a. DATE 2010	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE OF TRAVEL	REASON FOR STOP
12/2	DEP BETHESDA - HOME	PA	
12/2	ARR REAGAN NATIONAL AIRPORT		AT
12/2	DEP REAGAN NATIONAL AIRPORT	GP	
12/2	ARR JAX AIRPORT		AT
12/2	DEP JAX AIRPORT	CA	
12/2	ARR NAVAL HOSPITAL JACKSONVILLE		TD
12/10	DEP NAVAL HOSPITAL JACKSONVILLE	CA	
12/10	ARR JAX AIRPORT		AT
12/10	DEP JAX AIRPORT	GP	
12/10	ARR REAGAN NATIONAL AIRPORT		AT
12/10	DEP REAGAN NATIONAL AIRPORT	PA	
12/10	ARR BETHESDA - HOME		MC
	DEP BETHESDA - HOME		
	ARR		

➤ Completing Block 15 Column D:  
Why you stopped at this location:

Entries will be in the white blocks

- AT = Awaiting Transportation at airport
- AD = Authorized Delay, i.e. waiting for connecting flight
- TD = Temporary Duty (TDY), i.e. where you performed your orders
- MC = Mission Complete (Arrived Home)

(2) Actual Expense Allowance

(3) Mileage



# COMPLETING THE TRAVEL VOUCHER

## Flying to Annual Training Site

15. ITINERARY		c.	d.	e.	f.		
a. DATE 2010		MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES		
b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)							
12/2	DEP	BETHESDA - HOME	PA				
12/2	ARR	REAGAN NATIONAL AIRPORT			25		
12/2	DEP		GP				
12/2	ARR	JAX AIRPORT					
12/2	DEP		CA				
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE					
12/10	DEP		CA				
12/10	ARR	JAX AIRPORT					
12/10	DEP		GP				
12/10	ARR	REAGAN NATIONAL AIRPORT					
12/10	DEP		PA				
12/10	ARR	BETHESDA - HOME			25	(1) Per Diem	
	DEP						(2) Actual Expense Allowance
	ARR					(3) Mileage	

➤ Completing Block 15 Column F:  
Note the mileage between airport  
and home.

Entries will be in the white blocks



# COMPLETING THE TRAVEL VOUCHER

## Traveling by Privately Owned Vehicle (POV)

15. ITINERARY		c.	d.	e.	f.
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES
12/2	DEP BETHESDA - HOME	PA			
12/2	ARR NAVAL HOSPITAL JACKSONVILLE		TD		350
12/10	DEP NAVAL HOSPITAL JACKSONVILLE	PA			
12/10	ARR BETHESDA - HOME		MC		350
	DEP BETHESDA - HOME				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
16. POC TRAVEL (X one)		<input checked="" type="checkbox"/>	OWN/OPERATE	<input type="checkbox"/>	PASSEN

➤ Block 15 Columns A, B, C, D, & F

Traveling By Privately Owned Vehicle (POV):

- This is how Block 15 will appear if traveling by POV.





# COMPLETING THE TRAVEL VOUCHER

16. POC TRAVEL (X one) <input checked="" type="checkbox"/>		OWN/OPERATE	PASSENGER	17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS		(5) DLA	
a. DATE		<p>➤ Block 16: POC (Privately Owned Conveyance) Travel</p> <ul style="list-style-type: none"> <li>• Mark Owner/Operator if responsible for operation/maintenance expense &amp; used your own automobile (Privately Owned Conveyance (POC)) at any point during trip, e.g. to/from airport, etc.</li> <li>• If you were a passenger, mark "Passenger".</li> </ul>					0.00
20.a. CLAIMANT SIGNATURE		b. NO. OF MEALS					
c. REVIEWER'S PRINTED NAME		b. DATE					
21.a. APPROVING OFFICER		f. DATE					
22. ACCOUNTING CLASSIFICATION		d. DATE					
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		

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved by GSA/IRMS 12-91. Adobe Designer 7.0

Reset



# COMPLETING THE TRAVEL VOUCHER

16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS		(5) DLA	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	(6) Reimbursable Expenses					
12/2-10	LODGING	2,000.00		MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(7) Total		0.00	
12/2-10	RENTAL CAR	950.00				(8) Less Advance			
				MORE THAN 24 HOURS		(9) Amount Owed			
						(10) Amount Due			
						19. GOVERNMENT/DEDUCTIBLE MEALS			
				a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS		

➤ Block 18: List expenses you want to be reimbursed for.

- You must have a receipt for any expense over \$75.00.
- Include all gas receipts directly related to travel to and from your lodging and medical facility.
- Attach a copy of all taxi receipts, shuttle receipts, parking receipts and transit receipts as appropriate.

20. a  
c. R  
21. a  
22. A  
23. 0  
24. 0  
DD



# COMPLETING THE TRAVEL VOUCHER

16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS	(5) DLA		
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS			(8) Reimbursable Expenses		
12/2-10	LODGING	2,000.00		MORE THAN 24 HOURS			(7) Total 0.00		
12/2-10	RENTAL CAR	950.00					(8) Less Advance		
						19. GOVERNMENT/DEDUCTIBLE MEALS			
						a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE								b. DATE	
						e. TELEPHONE NUMBER		f. DATE	
						c. TELEPHONE NUMBER		d. DATE	
27. APPROVED (Payee Signature and Date or Check No.)								28. AMOUNT PAID	

➤ Block 20: Sign and Date – A real pen on paper signature and date is required. No electronic signatures will be processed.

➤ ALL DONE!