

GUIDE TO COMPLETING THE TRAVEL CLAIM VOUCHER

DD FORM 1351-2

Updated OCT 2022



- 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.



| | | | | | | | | | | | _ | |
|---------------------------------|------------------------------|---------------------|--|----------|-------------------|--|-------------|---------------------|---------|--------------------------|----------|---|
| TRAVEL VOL | | | 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 DIS | BURSEMENT: The | Paying Office will pay | directly | y to the Go | /ernme | nt Travel C | harge Card (GTC | C) co | ntractor the portion | of your | reimbursement y personnel are required |
| C Liconomic Land | representing to docionato | d renta | al car if you | are a c | ivilian emp | loyee, unless you noe to the GTCC o | elect | a different amount. | Militar | y personnel are required | | |
| Transfer (EFT) | · | | | - | • | | | | | | | |
| Payment by Check | Pay | the following amour | nt of this reimburser | ment c | directly to | the Go | vernmen | t Travel Charge | e Car | d contractor: | \$ | |
| 2 | | | 1 | | • | | | | 5. T | YPE OF PAYMEN | T (X as | applicable) |
| $\frac{I}{6}$ >Block 1: | This | is how th | e navme | nt v | will k | 10 | - | -6789 | × | TDY | | Member/Employee |
| F DIOCK 1. | | | • • | 110 | vv III k | , | Ī | P CODE | | PCS | | Other |
| 8 1 | made | e to the in | dividual. | | | | | 20889 | | Dependent(s) | \vdash | DLA |
| | | | | | | | - | | 40 | | | 027 |
| e | | | | | _ | _ | | | | FOR D.O. USE OF | | |
| ¹ | ck El | ectronic F | Fund Tran | sfe | er (El | FT). | • ' | AYMENTS/ | a. | D.O. VOUCHER N | IUMBE | R |
| | | | | | | | | | l | | | |
| 11. ORGANIZATION AND STA | | | | _ | | | | | h | SUBVOUCHER N | IIMRE | D |
| | | ETHESDA | | | | | | | J . | 30BYOOGHER N | OWIDE | IX. |
| 1 | 1P3P DI | ETHESDA | | | | | | | l | | | |
| 12. DEPENDENT(S) (X and con | nplete as ap | plicable) | | | | | | N RECEIPT OF | C. | PAID BY | | |
| ACCOMPANIED | | X UNACCOMPA | NIED | ١ | RDERS (In | iciuae 2 | up Gode) | | | | | |
| a. NAME (Last, First, Middle | e Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE | l | | | | | l | | | |
| a. White (East, 1 inst, mission | e milay | b. REEATIONOTIII | OR MARRIAGE | l | | | | | l | | | |
| | | | | | | | | | l | | | |
| | | | | | | | | | | | | |
| | | | | | AVE HOUS (one) | EHOLI | GOODS | BEEN SHIPPED? | d. (| COMPUTATIONS | | |
| | | | | | YES | | NO (Expl | ain in Remarks) | | | | |



| TRAVEL VOUCHER | , or ball p | ement, and Instructions on back before ball point pen. PRESS HARD. DO NOT use in remarks. | | | | | | |
|---|-------------------|---|---------------------------|---|----------------------|--------|-----------------|--|
| X Transfer (EFT) to designate | CC contrac | tractor the portion of different amount. stor. d contractor: | of your i Military | reimbursement personnel are required | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or | type) | 3. GRADE | 4. SSN | 5. T | YPE OF PAYMENT | Γ(X as | applicable) | |
| DOE, JOHN | | 0-1 | 123-45-6789 | × | TDY | | Member/Employee | |
| | | | | - | PCS | | Other | |
| Dlock 2: Enter L | act Nama First | Nama Mi | ddla Initial | | Dependent(s) | | DLA | |
| ➤ Block 2: Enter La | ast Mairie, First | Mairie, IVII | uule IIIItiai | 10. | FOR D.O. USE ON | ILY | | |
| | | | | а. | D.O. VOUCHER N | IUMBE | R | |
| Plack 2: Entar D | ay Grado | | | | | | | |
| ➤ Block 3: Enter Pa | ay Graue | | | b. | b. SUBVOUCHER NUMBER | | | |
| | | | | | | | | |
| ➤Block 4: Enter F | IIII Social Socu | rity Numb | | F c. | PAID BY | | | |
| DIOCK 4. LITTEL I | OLL Social Secu | iity ivaiiib | CI | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 14. HAVE H (X one) | OUSEHOLD GOODS BEEN SHIPP | ED? d. C | COMPUTATIONS | | | |
| | | YES | NO (Explain in Remark | :5) | | | | |



| | TRAVEL VO | UC | HER OR SU | BVOUCHER | co | mpleti | ing form. Us | tement, Penalty Sta e typewriter, ink, or is needed, continu | ball p | oint pen. PRE | | on back before ARD. DO NOT use |
|--------|---|-----------|---------------------------|----------------------------|----------------|------------------|-------------------|--|---------|-------------------|---------------------|---|
| | YMENT Electronic Fund | repre | senting travel charge | s for transportation, lo | dging, and ren | tál car if | you are a civilia | | elect a | different amount. | of your Military | reimbursement y personnel are required |
| | Transfer (EFT) | to de | | | , | | | balance to the GTCC | | | | |
| | Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: | | | | | | | | | | | |
| 2. NA | ME (Last, First, Middle Ir | nitial) (| Print or type) | | 3. GRADE | | 4. SSN | | 5. TY | PE OF PAYMENT | (X as | applicable) |
| DO | E, JOHN | | | | 0-1 | | 123 | -45-6789 | X | TDY | | Member/Employee |
| 6. AD | DRESS. a. NUMBER A | ND ST | REET | b. CITY | | | c. STATE | d. ZIP CODE | | PCS | | Other |
| 890 | WISCONSIN A | AVE | 3 | BETH | ESDA | | MD | 20889 | | Dependent(s) | | DLA |
| e. E-N | MAIL ADDRESS JO] | HN.I | OE@GMAIL. | COM | | | | | 10. 1 | FOR D.O. USE ON | LY | |
| | YTIME TELEPHONE NU EA CODE (301) 123-450 | | R & 8. TRAVEL NUMBER | ORDER/AUTHORIZA US12345 | | PREVIO ADVANC | | NT PAYMENTS/ | a. | D.O. VOUCHER N | UMBE | R |
| > | Block 5: E | VE₽ | RYONE er | nter "TDY" | regar | dles | ss of the | e type of o | rde | ers | | |
| | Block 6: E | nte | r your ad | dress and | a valid | d en | nail add | dress | | | | |
| > | Block 7: E | nte | r a daytir | ne phone | numb | er | | | | | | |
| | ➤ Block 8: Enter the travel order # found in the upper right hand corner of the orders (RT#####) | | | | | | | | | | | |
| J | racis (IIII | | "", | | | | | | | | | _ |
| | Block 9: Le | | | • | | | | • | | • | k | |



| ➤ Block 10: Leave Blan | ement, and Instructions on back before ball point pen. PRESS HARD. DO NOT use in remarks. | | | | | |
|---|--|--|---|--|--|--|
| 1. PAY X TI P → Block 11: EVERYONE | contractor the portion of your reimbursement elect a different amount. Military personnel are required ontractor. Card contractor: \$ | | | | | |
| 2. NAME DOE | | | 5. TYPE OF PAYMENT (X as applicable) X TDY Member/Employee | | | |
| ^{6. ADDF} 8901 → Block 12: Always ma | ark "UNAC | COMPANIED" | PCS Other Dependent(s) DLA | | | |
| e. E-MA | | | 10. FOR D.O. USE ONLY | | | |
| 7. DAYT → Blocks 13-14: Leave | Blank | | a. D.O. VOUCHER NUMBER | | | |
| 11. ORGANIZATION AND STATION 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 | | | |
| ACCOMPANIED X UNACCOMP | ANIED | , | | | | |
| a. NAME (Last, First, Middle Initial) b. RELATIONSHIF | c. DATE OF BIRTH | | | | | |
| | | | | | | |
| | | | | | | |
| | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) | d. COMPUTATIONS | | | |
| | | YES NO (Explain in Remarks) | | | | |



| 15. ITINE | RARY | | c. MEANS/ | a. REASON | e. | f. | | | | | |
|-----------------|------|---|---|--------------|-----------|--------|----------------------|--|--|--|--|
| a. DATE 2010 | | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | MODE OF FOR COST MILES | | | | | | | | |
| 12/2 | DEP | BETHESDA - HOME | PA | | | | | | | | |
| 12/2 | ARR | DEACANINATIONAL AIRDORT | | AT | | | | | | | |
| 12/2 | DEP | REAGAN NATIONAL AIRPORT | GP | | | | | | | | |
| 12/2 | ARR | JAX AIRPORT | | AT | | | | | | | |
| 12/2 | DEP | JAA AIRPORT | CA | | | | | | | | |
| 12/2 | ARR | NAVAL HOSPITAL JACKSONVILLE | | TD | | | | | | | |
| 12/10 | DEP | NAVAL HOSPITAL JACKSON VILLE | ➤Block 15 Column A | | | | | | | | |
| 12/10 | ARR | IAX AIDDODE | ≽ Bloc | K 15 C | .oiumn A | | | | | | |
| 12/10 | DEP | JAX AIRPORT | | | | | | | | | |
| 12/10 | ARR | REAGAN NATIONAL AIRPORT | • | •Unde | r Date, e | nter t | he year (i.e., 2010) | | | | |
| 12/10 | DEP | REAGAN NATIONAL AIRPORT | ➤ You must enter a month and day for each Departure and Arrival (i.e. MM/DD, Example: 12/2) | | | | | | | | |
| 12/10 | ARR | DETUE OR A LION OF | | | | | | | | | |
| | DEP | BETHESDA - HOME | | | | | | | | | |
| | ARR | | | | | | | | | | |
| | | | | | | | | | | | |



| 15. ITINEI a. DATE 2010 | RARY | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | | | < 15 Co | | | | | |
|-------------------------------|------------|--|--|----|---------|----------|--|--|--|--|
| 12/2 | DEP | BETHESDA - HOME | Traveling By Commercial Air: Departing Home | | | | | | | |
| 12/2 12/2 | ARR DEP | REAGAN NATIONAL AIRPORT | •List the city and state that was departed | | | | | | | |
| 12/2 12/2 | ARR DEP | JAX AIRPORT | | | • | depa | arture airport | | | |
| 12/2 12/10 | ARR DEP | NAVAL HOSPITAL JACKSONVILLE | List the arrival airport | | | | | | | |
| 12/10 12/10 | ARR DEP | JAX AIRPORT | | | | | al city and state or | | | |
| 12/10 12/10 | ARR DEP | REAGAN NATIONAL AIRPORT | IA | th | e comn | nanc | | | | |
| 12/10 | ARR DEP | BETHESDA - HOME | | МС | | | (1) Per Diem (2) Actual Expense Allowance | | | |
| | ARR | | | | | | (3) Mileage | | | |



| 15. ITINE | RARY | | MEANS/ | g. REASON | e. | f. | |
|-----------------|------|--|---------------------|--------------|---------|--------------|---------------|
| a. DATE 2010 | | PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | MODE OF TRAVEL | FOR STOP | LODGING | POC MILES | |
| 12/2 | DEP | BETHESDA - HOME | PA | | | | |
| 12/2 | ARR | BEACANINATIONAL AIRPORT | | AT | | | |
| 12/2 | DEP | REAGAN NATIONAL AIRPORT | GP | | | | |
| 12/2 | ARR | JAX AIRPORT | | AT | | | |
| 12/2 | DEP | JAA AIRPORT | | | | | |
| 12/3 | AR. | NAVAL HOSPITAL JACKSONVILLE | [≻ | Bloc | k 15: | Ch | eck the repo |
| 12/10 | DEP | NAVAL HOSPITAL JACKSONVILLE | \int_{0}^{∞} | der | s. Fnt | er t | he date you |
| 12/10 | ARR | IAV AIDDODT | | | | | • |
| 12/10 | DEP | JAX AIRPORT | | | | | e date on you |
| 12/10 | ARR | REAGAN NATIONAL AIRPORT | da | ate y | ou in | put | here. |
| 12/10 | DEP | REAGAN NATIONAL AIRPORT | | | | | |
| 12/10 | ARR | DETHEODA HOLE | | *** | *IMP | ORT | ANT: Reporti |
| | DEP | BETHESDA - HOME | | | | | lates must m |
| | ARR | | l ei | luul | seme | III C | iates must m |

➤ 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.



| 15. ITINE | RARY | | c. MEANS/ | REASON LODGING BOS | | | | | | |
|-----------------|------|--|-------------------------------|------------------------------------|--|--|--|--|--|--|
| a. DATE 2010 | | PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | MODE TRAVE | ➤ Block 15 Column B | | | | | | |
| 12/2 | DEP | BETHESDA - HOME | PA | | | | | | | |
| 12/2 | ARR | DEACAMMATIONAL AIDDODE | | Traveling By Commercial Air: | | | | | | |
| 12/2 | DEP | REAGAN NATIONAL AIRPORT | GP | Returning Home | | | | | | |
| 12/2 | ARR | JAX AIRPORT | | List the city and state that was | | | | | | |
| 12/2 | DEP | JAA AIRPUKI | CA | departed | | | | | | |
| 12/2 | ARR | NAVAL HOSPITAL JACKSONVILLE | | | | | | | | |
| 12/10 | DEP | NAVAL HOSPITAL JACKSONVILLE | CA List the departure airport | | | | | | | |
| 12/10 | ARR | IAV AIDDODT | | | | | | | | |
| 12/10 | DEP | JAX AIRPORT | GP | List the arrival airport | | | | | | |
| 12/10 | ARR | REAGAN NATIONAL AIRPORT | | | | | | | | |
| 12/10 | DEP | ALAGAN NATIONAL AINFORT | PA | List the arrival city and state or | | | | | | |
| | ARR | DETUECDA HOME | | HOME | | | | | | |
| | DEP | BETHESDA - HOME | | (2) Actual Expense Allowance | | | | | | |
| | ARR | | | (3) Mileage | | | | | | |



| 15. ITINE | RARY | | c. MEANS/ | |
|-----------------|------|--|-------------------|---|
| a. DATE 2010 | | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | MODE OF TRAVEL | F ➤ Block 15 Column C : How you traveled between listed locations: |
| 12/2 | DEP | BETHESDA - HOME | PAK | Entries will be in the white blocks —— |
| 12/2 | ARR | DEACAMMATIONAL AIDDODT | | Littles will be in the white blocks |
| 12/2 | DEP | REAGAN NATIONAL AIRPORT | GP | PA = Private Auto (POV) or |
| 12/2 | ARR | JAX AIRPORT | | Rental |
| 12/2 | DEP | JAA AIRPORT | CA | •CA = Commercial Auto |
| 12/2 | ARR | NAVAL HOSPITAL JACKSONVILLE | | •CP = Commercial Plane |
| 12/10 | DEP | NAVAL HUSPITAL JACKSONVILLE | CA | •CR = Commercial Rail (i.e. |
| 12/10 | ARR | IAN AIDDODE | | Train) |
| 12/10 | DEP | JAX AIRPORT | GP | •CB = Commercial Bus |
| 12/10 | ARR | DEACAN MATIONAL AIDDODT | | •GA = Government Auto |
| 12/10 | DEP | REAGAN NATIONAL AIRPORT | PA | •GP = Government Plane•TR = Government Train |
| 12/10 | ARR | DETUECDA HOME | | •GB = Government Bus |
| | DEP | BETHESDA - HOME | | 1-7, |
| | ARR | | | (3) Mileage |



| 15. ITINE | RARY | · · | c. MEANS/ | a. REASON | ➤Block 15 Column C |
|-----------------|------|---|-------------------|--------------|--|
| a. DATE 2010 | | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | MODE OF TRAVEL | FOR STOP | Entries will be in the white blocks |
| 12/2 | DEP | BETHESDA - HOME | PA | | •To complete each means of travel ask |
| 12/2 | ARR | DEACAMMATIONAL AIDDODT | | AT | the following questions: |
| 12/2 | DEP | REAGAN NATIONAL AIRPORT | GP | | •What means of travel was used to |
| 12/2 | ARR | JAX AIRPORT | | AΤ | arrive at Reagan National Airport? |
| 12/2 | DEP | JAA AIRPORT | CA | | Answer: Privately Owned Vehicle |
| 12/2 | ARR | NAVAL HOSPITAL JACKSONVILLE | | \ID | (PA) |
| 12/10 | DEP | NAVAL HOSPITAL JACKSONVILLE | CA | | •What means of travel was used to |
| 12/10 | ARR | IAV AIDDODT | | AT | arrive at JAX Airport? Answer: |
| 12/10 | | JAX AIRPORT | GP | | Government Plane (GP) |
| 12/10 | ARR | REAGAN NATIONAL AIRPORT | | AT | NAME of the second to |
| 12/10 | DEP | REAGAN NATIONAL AIRPORT | PA | | åWhat means of travel was used to arrive at Naval Hospital |
| 12/10 | ARR | DETUINA HOME | | MC | Jacksonville? Answer: Commercial |
| | DEP | BETHESDA - HOME | | | Automobile /Rental Car (CA) |
| | ARR | | | | (3) Mileage |



| 15. ITINE | RARY | , , , , , , , , , , , , , , , , , , , | c. MEANS/ | a. REASON | | Completing Block 15 Column D: |
|-----------------|------|--|-------------------|--------------|----|--|
| a. DATE 2010 | | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | MODE OF TRAVEL | FOR STOP | L(| Why you stopped at this location: |
| 12/2 | DEP | BETHESDA - HOME | PA | | | Entries will be in the white blocks |
| 12/2 | ARR | DEACAMMATIONAL AIRDORT | | AT | K | LITTIES WIII DE III THE WINTE DIOCKS |
| 12/2 | DEP | REAGAN NATIONAL AIRPORT | GP | | | •AT = Awaiting Transportation |
| 12/2 | ARR | JAX AIRPORT | | AT | | at airport |
| 12/2 | DEP | JAA AIRPORT | CA | | | •AD = Authorized Delay, i.e. |
| 12/2 | ARR | NAVAL HOSPITAL JACKSONVILLE | | TD | | waiting for connecting flight |
| 12/10 | DEP | NAVAL HOSPITAL JACKSON VILLE | CA | | `` | |
| 12/10 | ARR | IAW AIDDODE | | AT | | •TD = Temporary Duty |
| | DEP | JAX AIRPORT | GP | | | (TDY),i.e. where you performed your orders |
| 12/10 | ARR | DEACAMMATIONAL AIDDODT | | AT | | periorities your orders |
| 12/10 | DEP | REAGAN NATIONAL AIRPORT | PA | | | •MC = Mission Complete |
| 12/10 | ARR | DETUEAR LIONE | | MC | ~ | (Arrived Home) |
| | DEP | BETHESDA - HOME | | | | (2) Actual Expense Allowance |
| | ARR | | | | | (3) Mileage |



| 15. ITINE | RARY | | c. MEANS/ | a. REASON | e. | f. | |
|-----------------|------|---|-------------------|--------------|-----------------|--------------|--|
| a. DATE 2010 | | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | MODE OF TRAVEL | FOR STOP | LODGING COST | POC MILES | |
| 12/2 | DEP | BETHESDA - HOME | PA | | | | |
| 12/2 | ARR | DEACAMMATIONAL AIDDODT | | AT | | 25 | |
| 12/2 | DEP | REAGAN NATIONAL AIRPORT | GP | | | | |
| 12/2 | ARR | JAX AIRPORT | | AT | | | in a Diagle 15 Calcuss 5 |
| 12/2 | DEP | JAA AIRPORT | CA | | | • | ing Block 15 Column F: mileage between airport |
| 12/2 | ARR | NAVAL HOSPITAL JACKSONVILLE | | TD | and h | | • |
| 12/10 | DEP | NAVAL HOSPITAL JACKSON VILLE | CA | | Entri | es wil | I be in the white blocks |
| 12/10 | ARR | IAV AIDDODT | | AT | | | |
| 12/10 | | JAX AIRPORT | GP | | | | |
| 12/10 | ARR | REAGAN NATIONAL AIRPORT | | AT | | | |
| 12/10 | DEP | REAGAN NATIONAL AIRFORT | PA | | | | e. SUMMARY OF PAYMENT |
| 12/10 | ARR | DETILEON HOME | | MC | | 25 | (1) Per Diem |
| | DEP | BETHESDA - HOME | | | | | (2) Actual Expense Allowance |
| | ARR | | | | | | (3) Mileage |



COMPLETING THE TRAVEL VOUCHER Traveling by Privately Owned Vehicle (POV)

| 15. ITINE | RARY | | | | C. MEANS/ | ä. REASON | e. | f. | | | |
|-----------------|---|------------------------------|--|-------------------|----------------------------|-----------------|----------------|------|------------------------------|--|--|
| a. DATE 2010 | | b. PLACE (Hor | ne, Office, Base, Activity, City an City and Country, etc.) | MODE OF TRAVEL | FOR STOP | LODGING COST | POC MILES | | | | |
| 12/2 | DEP | BETHESDA - HOME | | | | | | 350 | | | |
| 12/2 | ARR | MALIAL HOODITAL LACKGOMBLE E | | | | TD | | | | | |
| 12/10 | DEP | NAVAL HOSPITAL JACKSONVILLE | | | PA | | | 350 | | | |
| 12/10 | ARR | BETHESDA | HOVE | | | MC | | | | | |
| | DEP | DETHESDA | - HOME | | | | | | | | |
| | ARR | | ➤Block 15 (| Columns | A, B, | C, D, | & F | | | | |
| | DEP | | | | , , | , , | | /DO\ | Λ. | | |
| | ARR | | iraveling by | Private | 5 will appear if traveling | | | | | | |
| | DEP | | •This is how | Block 1 | | | | | | | |
| | ARR | | by POV. | | | | | | | | |
| | DEP | | | | | | | | e. SUMMARY OF PAYMENT | | |
| | ARR | | | | | | | | (1) Per Diem | | |
| | DEP | | | | | | | | (2) Actual Expense Allowance | | |
| | ARR | | | | | | | | (3) Mileage | | |
| 16. POC 1 | 16. POC TRAVEL (X one) X OWN/OPERATE PASSENGE | | | | | | URATION OF TRA | AVEL | (4) Dependent Travel | | |



| | | _ _ | | _ | | | | | | | | |
|---|--|--|---|----------------------|--------|---------------------|--|--|--|--|--|--|
| 16. POC TRAVEL (X one) | X OWN/OPERATE | PASSENGER | 17. DURATION OF TRAVEL | (4) Dependent Travel | | | | | | | | |
| 18. REIMBURSABLE E | THEFE | | | /E) DLA | | | | | | | | |
| a. DATE | Traval | nses | | | | | | | | | | |
| , | ► Block 16: POC (Privately Owned Conveyance) Travel | | | | | | | | | | | |
| | | | | - | | 0.00 | | | | | | |
| | | | | - | | | | | | | | |
| | Mark Owner/Operator if responsible for | | | | | | | | | | | |
| | | • | • • • • • • • • • • • • • • • • • • • | _ | | | | | | | | |
| operation/maintenance expense & used your own | | | | | | | | | | | | |
| | automobile (Privately Owned Conveyance (POC)) at any point during trip, e.g. to/from airport, etc. | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | arry por | it during trip, e | e.g. to/mom amport, | elc. | | | | | | | | |
| 20.a. CLAIMANT SIGN | | | | - | | b. DATE | | | | | | |
| | | | | | | | | | | | | |
| c. REVIEWER'S PRINT | •If vou v | vere a passeng | er, mark "Passenge | r". | ER | f. DATE | | | | | | |
| | , | | , | | | | | | | | | |
| 21.a. APPROVING OFFICE | AL'S PRINTED NAME | b. SIGNATURE | | c. TELEPHONE NUMB | ER | d. DATE | | | | | | |
| | | | | | | | | | | | | |
| 22. ACCOUNTING CLASS | EICATION | | | | | | | | | | | |
| 22. ACCOUNTING CLASS | FICATION | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 23. COLLECTION DATA | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| AL AGMINITED BY | AC AUDITED BY | SE TRAVEL ORDER | Laz profiliro « | | | OUNT DAID | | | | | | |
| 24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER/ AUTHORIZATION POSTED BY | 27. RECEIVED (Payee Signature and Date or | Uneck NO.) | 28. AM | OUNT PAID | | | | | | |
| | | | | | | | | | | | | |
| DD EODM 4354 4 | | DDEVI | OHE EDITION MAY BE HEED | Européine de CE 40 | 12 | d by GSA/IPMS 12.01 | | | | | | |

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.

Reset
Adobe Designer 7.0



| 16. POC TRAVE | L (X one) | X | OWN/OPERATE | | PASSENGE | R | 17. D | URATION OF TRA | AVEL | (4) Deper | ndent Travel | | |
|---|--|----------|-------------|----------------|----------|------------|---------------------------|--------------------|------------------|---------------------------|--------------|----------|---------|
| 18. REIMBURSABLE EXPENSES | | | | | | | 12 HOURS OR I | EGG | (5) DLA | | | | |
| a. DATE | b. NATURE OF EXPENSE | | | c. AMOUNT d. A | | d. ALLOWED | | 12110013 011 2233 | | (6) Reimbursable Expenses | | | |
| 12/2-10 | LODGING | | | 2,000.00 | | | | MORE THAN 12 | HOURS | (7) Total | | | 0.00 |
| 12/2-10 | RENTAL CAR | | 950.00 | | | | BUT 24 HOURS OR LESS | | (8) Less Advance | | | | |
| | R | | | | | | MORE THAN 24 HOURS | | (9) Amount Owed | | | | |
| | | | | | | | | MORE THAN 24 HOURS | | (10) Amount Due | | | |
| | | | | | | | 19. GOVERNMENT/DEDUCTIBLE | | | MEALS | | | |
| | | | | | | | a. DATE b. NO. | | b. NO. 0 | F MEALS | a. DATE | b. NO. 0 | F MEALS |
| | · · | ackslash | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | |
| ►Block 18: List expenses you want to be reimbursed for. •You must have a receipt for any expense over \$75.00. | | | | | | | | | | | | | |
| 2 | lodging and medical facility. | | | | | | | | | | | | |
| ² D | •Attach a copy of all taxi receipts, shuttle receipts, parking receipts and transit receipts as appropriate. **RMS 12-91.** **Reset** **RMS 12-91.** **Reset** **RMS 12-91.** **Reset** **R | | | | | | | | | | | | |



| 16. POC TRAVE | EL (X one) X OWN/OPERATE | PASSENGE | | 47 D | LIDATION OF TO | AVEL | (4) Deno | ndent Travel | |
|---------------|---|----------------------|------------------------|---------------------------------|--------------------|----------------------|-----------------|-------------------|--|
| | , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 17.0 | 17. DURATION OF TRAVEL | | | (4) Dependent Travel | | | |
| 18. REIMBURS | | 12 HOURS OR LESS | | (5) DLA | | | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | | | | (6) Reimb | oursable Expenses | |
| 12/2-10 | LODGING | 2,000.00 | | | MORE THAN 12 HOURS | | (7) Total | | 0.00 |
| 12/2-10 | RENTAL CAR | 950.00 | | | | HOURS OR LESS | | Advance | |
| | | | | | MORE THAN 24 HOURS | | (9) Amount Owed | | |
| | | | | 1 | | | (10) Amount Due | | |
| | | | 19. 0 | 19. GOVERNMENT/DEDUCTIBLE MEALS | | | | | |
| | | | | 1 | a. DATE | b. NO. 0 | F MEALS | a. DATE | b. NO. OF MEALS |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 20.a. CLAIMAN | T SIGNATURE | | | | | 1 | | | b. DATE |
| | | | | | | | | | |
| c. REVIEWER'S | S PRINTED NAME | d. REVIEWER SIG | SNATURE | | | | e. TELEF | HONE NUMBER | f. DATE |
| L >pla | ock 20: Sign and Da | nto - A roal r | on on | | | | | | |
| 21 / DIC | ick 20. Sign and Da | ite – A rear p | Jen on | | | | c. TELEP | HONE NUMBER | d. DATE |
| pape | r signature and da | ite is require | d. No | | | | | | |
| 22 | _ | | | | | | | | |
| elect | ronic signatures w | ıll be proces | sed. | | | | | | |
| 23 | | | | | | | | | |
| 23 | | | | | | | | | |
| _ >AII | L DONE! | | | | | | | | |
| 24 | 1 1 | AUTHORIZATION FUSTED | | VED (P | ayee Signature ai | nd Date or C | heck No.) | 28.7 | AMOUNT PAID |
| | | | | | | | | | |
| DD FORM | 1351-2, MAR 2008 | | EVIOUS EDITI | | | | Exce | | oved byGSA/IRMS 12-91. Adobe Designer 7.0 |

UNTIL SUPPLY IS EXHAUSTED.