



**GUIDE TO  
COMPLETING THE  
TRAVEL CLAIM  
VOUCHER**

**DD FORM 1351-2**

Updated OCT 2022



# 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)							
<input type="checkbox"/>	Payment by Check	Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____						
2	<p>➤ Block 1: This is how the payment will be made to the individual.</p> <p>➤ <b>Check Electronic Fund Transfer (EFT).</b></p>			5. TYPE OF PAYMENT (X as applicable)				
1				-6789	<input checked="" type="checkbox"/>	TDY	<input type="checkbox"/>	Member/Employee
6				IP CODE	<input type="checkbox"/>	PCS	<input type="checkbox"/>	Other
8				20889	<input type="checkbox"/>	Dependent(s)	<input type="checkbox"/>	DLA
e				10. FOR D.O. USE ONLY				
7	PAYMENTS/			a. D.O. VOUCHER NUMBER				
11. ORGANIZATION AND STATION					b. SUBVOUCHER NUMBER			
HPSB BETHESDA								
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
<p>➤ Block 2: Enter Last Name, First Name, Middle Initial</p> <p>➤ Block 3: Enter Pay Grade</p> <p>➤ Block 4: Enter FULL Social Security Number</p>		<b>10. FOR D.O. USE ONLY</b>			
		a. D.O. VOUCHER NUMBER			
		b. SUBVOUCHER NUMBER			
		c. PAID BY			
				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	
				<b>d. COMPUTATIONS</b>	



# 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.			
<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 (Last, First, Middle Initial) (Print or type)</b> DOE, JOHN		<b>3. GRADE</b> 0-1	<b>4. SSN</b> 123-45-6789	<b>5. TYPE OF PAYMENT (X as applicable)</b> <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> 8901 WISCONSIN AVE		<b>b. CITY</b> BETHESDA		<b>c. STATE</b> MD	<b>d. ZIP CODE</b> 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> (301) 123-4567	<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> US12345	<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>		<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

<p>1. PAYMENT METHOD</p> <p><input checked="" type="checkbox"/> ETD  <input type="checkbox"/> PTD</p>			<p>2. NAME</p> <p>DOE</p>			<p>6. ADDRESS</p> <p>8901</p>			<p>e. E-MAIL</p>			<p>7. DAYTIME AREA</p>			<p>11. ORGANIZATION AND STATION</p> <p>HPSP BETHESDA</p>			<p>12. DEPENDENT(S) (X and complete as applicable)</p> <p>ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <input checked="" type="checkbox"/></p> <p>a. NAME (Last, First, Middle Initial)    b. RELATIONSHIP    c. DATE OF BIRTH OR MARRIAGE</p>			<p>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</p>			<p>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO (Explain in Remarks)</p>			<p>5. TYPE OF PAYMENT (X as applicable)</p> <p><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</p>			<p>10. FOR D.O. USE ONLY</p> <p>a. D.O. VOUCHER NUMBER</p> <p>b. SUBVOUCHER NUMBER</p> <p>c. PAID BY</p> <p>d. COMPUTATIONS</p>		
<p>➤ Block 10: Leave Blank</p> <p>➤ Block 11: EVERYONE – Enter “HPSP BETHESDA”</p> <p>➤ Block 12: Always mark “UNACCOMPANIED”</p> <p>➤ Blocks 13-14: Leave Blank</p>												<p>ment, and instructions on back before ball point pen. PRESS HARD. DO NOT use in remarks.</p> <p>Contractor the portion of your reimbursement select a different amount. Military personnel are required contractor.</p> <p>Card contractor: \$ _____</p>																				



# COMPLETING THE TRAVEL VOUCHER

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	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					
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		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)						
a. DATE 2010								
12/2	DEP	BETHESDA - HOME		<p>➤ Block 15 Column B</p> <p><u>Traveling By Commercial Air:</u></p> <p><b><u>Departing Home</u></b></p> <ul style="list-style-type: none"> <li>• List the city and state that was departed</li> <li>• List the departure airport</li> <li>• List the arrival airport</li> <li>• List the arrival city and state or the command</li> </ul>				
12/2	ARR	REAGAN NATIONAL AIRPORT						
12/2	DEP	REAGAN NATIONAL AIRPORT						
12/2	ARR	JAX AIRPORT						
12/2	DEP	JAX AIRPORT						
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE						
12/10	DEP	NAVAL HOSPITAL JACKSONVILLE						
12/10	ARR	JAX AIRPORT						
12/10	DEP	JAX AIRPORT						
12/10	ARR	REAGAN NATIONAL AIRPORT						
12/10	DEP	REAGAN NATIONAL AIRPORT						
12/10	ARR		BETHESDA - HOME					
	DEP		BETHESDA - HOME				(2) Actual Expense Allowance	
	ARR						(3) Mileage	



# COMPLETING THE TRAVEL VOUCHER

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	REAGAN NATIONAL AIRPORT		AT		
12/2	DEP		GP			
12/2	ARR	JAX AIRPORT		AT		
12/2	DEP					
12/3	←	<del>NAVAL HOSPITAL JACKSONVILLE</del>				
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.	d.	e.	f.
a. DATE 2010	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE TRAVEL	REASON	LODGING	PER DIEM
12/2	DEP BETHESDA - HOME	PA			
12/2	ARR REAGAN NATIONAL AIRPORT				
12/2	DEP REAGAN NATIONAL AIRPORT	GP			
12/2	ARR JAX AIRPORT				
12/2	DEP JAX AIRPORT	CA			
12/2	ARR NAVAL HOSPITAL JACKSONVILLE				
12/10	DEP NAVAL HOSPITAL JACKSONVILLE	CA			
12/10	ARR JAX AIRPORT				
12/10	DEP JAX AIRPORT	GP			
12/10	ARR REAGAN NATIONAL AIRPORT				
12/10	DEP REAGAN NATIONAL AIRPORT	PA			
12/10	ARR BETHESDA - HOME				
	DEP BETHESDA - HOME				(2) Actual Expense Allowance
	ARR BETHESDA - HOME				(3) Mileage

➤ 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		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	f.
a. DATE 2010				
12/2	DEP	BETHESDA - HOME	PA	
12/2	ARR	REAGAN NATIONAL AIRPORT		
12/2	DEP			
12/2	ARR	JAX AIRPORT		
12/2	DEP			
12/2	ARR	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			(3) Mileage

➤ 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)

(3) Mileage



# COMPLETING THE TRAVEL VOUCHER

## Flying to Annual Training Site

15. ITINERARY		c.	d.	L			
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						(2) Actual Expense Allowance
	ARR						(3) Mileage

➤ 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)



# COMPLETING THE TRAVEL VOUCHER

## Flying to Annual Training Site

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		25		
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		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. 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		350		
12/2	ARR	NAVAL HOSPITAL JACKSONVILLE		TD			
12/10	DEP		PA		350		
12/10	ARR	BETHESDA - HOME		MC			
	DEP						
	ARR						
	DEP						
	ARR						
	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	
16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OWN/OPERATE	PASSENGER		17. DURATION OF TRAVEL		

➤ 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		<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>			(5) P.A.	
a. DATE					enses	0.00
20.a. CLAIMANT SIGNATURE					b. DATE	
c. REVIEWER'S PRINT NAME					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	

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED  
UNTIL SUPPLY IS EXHAUSTED.

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# 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.



# COMPLETING THE TRAVEL VOUCHER

16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OWN/OPERATE		<input type="checkbox"/> 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	(8) Reimbursable Expenses						
12/2-10	LODGING	2,000.00		(7) Total				0.00		
12/2-10	RENTAL CAR	950.00		MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(8) Less Advance				
				MORE THAN 24 HOURS		(9) Amount Owed				
						19. GOVERNMENT/DEDUCTIBLE MEALS				
				a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS			
20.a. CLAIMANT SIGNATURE								b. DATE		
c. REVIEWER'S PRINTED NAME				d. REVIEWER SIGNATURE				e. TELEPHONE NUMBER		f. DATE
21	➤ Block 20: Sign and Date – A real pen on paper signature and date is required. No electronic signatures will be processed.						c. TELEPHONE NUMBER		d. DATE	
22										
23										
24	➤ ALL DONE!						28. AMOUNT PAID			

DD FORM 1351-2, MAR 2008

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