TRAVEL VOUCHER OR SUBVOUCHER form.						Use	typew	vrite	r, ink,	or ball	point po	en. PRES	SS HA	RD.	DO NOT i	ise p	enc	il. If more space		
1. PAYMENT SPLIT DISBURSEMENT: The Paying Office will pay ting travel charges for transportation, lodging, and rental							directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement represen- car if you are a civilian employee, unless you elect a different amount. Military personnel are required to													
	Electron Transfer	c Fund 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.																		
Payment by Check Pay the following amount of this reimbursem 2. NAME (Last, First, Middle Initial) (Print or type) 3. GRA						, ,			Charge			F PAYMENT		appl	icable)					
													TDY	, [Mer	mber/Employee			
6. ADDRESS. a. NUMBER AND STREET				b. CITY				C.		c. \$	STATE	d. ZIP CODE			PCS	3		Oth	er	
															endent(s)		DLA	A		
e. E-MAIL ADDRESS							10 1	DDEVIO	nie c	COVED	NMENT	DAVMEN	TC/			D.O. USE ON				
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION NUMBER						9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES					a. D.O. VOUCHER NUMBER									
11. OI	RGANIZA	TION AND S	STATION	•									b. SUBVOUCHER NUMBER							
12. DE	PENDEN	IT(S) (X and	complete as ap	plicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)						c. PAID BY						
ACCOMPANIED				UNA	UNACCOMPANIED]											
a. NAME (Last, First, Middle Initial)				b. RELATIONSHIP C. DATE OF OR MAR			BIRTH RIAGE	<u> </u>												
							14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?					d. COMPUTATIONS								
							(X one) YES			NO (Explain in Remarks)			u. COMPOTATIONS							
15. ITINERARY				<u> </u>			c. MEANS/ REA			d. ASON	e. f.									
a. DA	_	1	ACE (Home, Of City	fice, Base, Ac and Country,		and State;		MO	DE OF AVEL	ST	OR TOP	CO	ST	POC MILES						
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	ARR	ARR							(1) Per Diem											
DEP		-													(2) Actual Expense Allowance			e		
ARR			TO DUDATION OF TRAVEL				(3) Mileage													
16. POC TRAVEL (X one) OWN/OPERATE PASSENGED 18. REIMBURSABLE EXPENSES					=R	17. DURATION OF TRAVEL				(4) Dependent Travel (5) DLA										
	DATE	b. NATURE OF EXPENSE				c. AMO	d. ALLOWED			1	12 HOURS OR LESS			(6) Reimbursable Expenses						
u. D/(12			2.101101120									MORE THAN 12 HOURS			(7) Total					
										1	MORE T BUT 24	THAN 12 HOURS	HOURS OR LESS	(8) Less Advance						
										MORE THAN 24 HOURS			HOLIDS	(9) Amount Owed						
												WIOIL	111/211/24	HOOKO	(10) A	Amou	int Due			
											<u> </u>			DUCTIBLE						
												a. DATE	E	b. NO. O	IF MEA	LS	a. DA	II E		b. NO. OF MEALS
		IT SIGNATU													ı					b. DATE
c. REVIEWER'S PRINTED NAME d. REVIEWER SI							GNATURE					e. TELEPHONE NUMBER					f. DATE			
21.a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATURE												c. TELEPHONE NUMBER					d. DATE			
22. A0	COUNTI	NG CLASSI	FICATION			<u>'</u>														
23. C	DLLECTIO	ON DATA																		
24. C0	MPUTE	D BY	25. AUDITED	ВҮ	26. TRA	VEL ORDER	/ POSTED	ву	27. RE	CEIV	/ED (Pa	yee Sign	ature and	d Date or C	heck N	o.)		28	. AM	OUNT PAID
					1													1		

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General: DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.

Applicable SORN: T7333 (http://privacy.defense.gov/notices/dfas/T7333.shtml).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

- 1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
- 2. Two copies of dependent travel authorization if issued.
- 3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
- 4. Copy of GTR, MTA or ticket used.
- 5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
- 6. Other attachments will be as directed.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay Authorized Return Awaiting Transportation Hospital Aberitance	- HA	Leave En Route - LV Mission Complete - MC Temporary Duty - TD Voluntary Return - VR
Hospital Discharge	- HD	

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.