TRAVEL VOUCHER OR SUBVOUCHER						Read Privacy Act Statement, Penalty Statement, and Instructions													
	lectroni	Split Disbursement: Amount to Governoric Fund Transfer (EFT) yment by Check Split Disbursement: Amount to Governoric Fund Travel Charge Card \$					vernment	man DDECC HADD DO N				form. Use typewriter, ink, or ball point OT use pencil. If more space is needed,							
2. NAI	VIE (Las	t, First, Mid	dle Initial) (Prin	t or type)			3. GRA	DE	4. SSI	V			5. TY	PE OF	PAYMEN	IT (X as	appli	cable)	_
												TDY			Men	nber/Employee			
6. ADI	DRESS.	a. NUMBER	AND STREET		b. CITY	′			c. STA	c. STATE d. ZIP CODE				PCS			Oth	er	
														Depe	endent(s)		DLA	ļ	
	1AIL AD												10.	FOR D	.O. USE (DNLY			
	TIME T		NUMBER &	8. TRAVEL	ORDER	NUMBER		9. PREVIO		/ERNM	ENT PAYMEN	ITS/	a. I	D.O. V	OUCHER	NUMBE	ER		
11. OR	GANIZA	ATION AND	STATION										b. \$	SUBV	1 NAHOUC	NUMBE	R		
12. DE	PENDEN	IT(S) (X and	l complete as a	pplicable)				13. DEPEN	IDENTS'	ADDR	ESS ON RECE	IPT OF	c. I	PAID E	BY				_
ACCOMPANIED UNACCOMPANIED				ANIED		ORDERS (Include Zip Code)													
a. N	AME (Lá	ast, First, M	iddle Initial)	b. RELATIONSHIP C. DATE OF BI			BIRTH RIAGE	_											
						14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?				d. COMPUTATIONS					_				
						YES NO			O (Explain in Remarks)										
a. DAT			E (Home, Offi City a	ce, Base, Act		y and State;		c. MEANS/ MODE OF TRAVEL	d. REASC FOR STOF		e. LODGING COST	f. POC MILES							
	DEP																		
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	ARR												(1)	Per Di	em				
	DEP												(2)	Actual	Expense	Allowar	nce		
	ARR												(3)	Mileag	je				
16. POC TRAVEL (X one) OWN/OPERATE PASSENGER					R	17	. DUR/	ATION OF TD	Y TRAVEL	(4)	Depen	dent Trav	el						
18. REIMBURSABLE EXPENSES				ı		12	12 HOURS OR LESS		(5)										
a. D	ATE		b. NATURE OF EXPENSE			c. AMOUNT			/ED					6) Reimbursable Expenses					
											ORE THAN 12 JT 24 HOURS		(7) Total (8) Less Advance						
															nt Owed				_
										М	ORE THAN 24	HOURS			nt Due				
									19	. GOV	ERNMENT/DE	DUCTIBLE	<u> </u>						
										a.	DATE	b. NO. C	OF MEA	LS	а. [DATE		b. NO. OF MEAL	s
20.a. CLAIMANT SIGNATURE b. DATE				c. SUPER	VISOR S	IGNAT	URE							d. DATE					
21.a. A	PPROV	ING OFFICE	R SIGNATURE															b. DATE	_
22. AC	COUNT	ING CLASS	IFICATION																
23. CO	LLECTIO	ON DATA																	
24. COMPUTED BY			25. AUDITED	AUDITED BY 26. TRAVEL ORDER POSTED BY			ł	27. RE	CEIVED	(Payee	Signature and	d Date or (Check I	Vo.)		28	B. AMO	OUNT PAID	_

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

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 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.

ITEM 15 - ITINERARY - SYMBOLS

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

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

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	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.

29. REMARKS

INDICATE DATES ON WHICH LEAVE WAS TAKEN: