

Consecutive Overseas Tour (COT) & In-Place COT (IPCOT) - Military

Voucher processing

Submission guide to being reimbursed for your COT/IPCOT voucher:

1. Create and submit an inquiry and upload all required documents to the Comptroller Services Portal:
<https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/Home.asp>
2. Fill out the Customer Details.
3. For the inquiry subject, please input COT or IPCOT.
4. The category must be "Travel Pay" and the subcategory must be "Military- Consecutive Overseas Tour (COT)" or "Military- In-Place Consecutive Overseas Tour (IPCOT)"
5. Upload all the required documents that are specified in "Required Documents" section below.
6. Please wait 5-7 days for processing in DTS. **Do not** create an authorization or voucher in DTS.

Required Documents

- Checklist (complete the appropriate checklist; only fill out the top portion)
- 1351-2, Travel Voucher (must be MAY 2011 form; previous editions not accepted)
- 1351-2C, Travel Voucher Continuation Sheet (only if your itinerary will not fit in block 15)
- COT/IPCOT orders (front and backside)
- PCS Orders (front and backside)
- IPCOT Extension
- SATO/CTO Airfare Itinerary Receipt
- Receipts for expenses over \$75 dollars
- IBA Statement
- GTC Statement (optional -- preferred to pay out actual cost of expenses that were paid in foreign currency)
- Lost Receipt Form (if provided receipts are not sufficient or available)

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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		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. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.						
<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0								
2. NAME (Last, First, Middle Initial) (Print or type) Doe, John		3. GRADE E-7	4. SSN 123-45-6789	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Other <input type="checkbox"/> Member/Employee <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA				
6. ADDRESS. a. NUMBER AND STREET PSC 2 BOX 12345		b. CITY APO	c. STATE AE	d. ZIP CODE 09012				
e. E-MAIL ADDRESS JASON.LEFAVE@US.AF.MIL		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY						
7. DAYTIME TELEPHONE NUMBER & AREA CODE 480-1234		8. TRAVEL ORDER/AUTHORIZATION NUMBER TA-0123		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00				
11. ORGANIZATION AND STATION 86 CPTS/Ramstein, Germany								
12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 33A Zum Baya, Kindsbach germany 66862					
a. NAME (Last, First, Middle Initial) Doe, Jane		b. RELATIONSHIP spouse	c. DATE OF BIRTH OR MARRIAGE 19940615		d. COMPUTATIONS Civ only: please put your RET option as well as your State of Residence.			
Doe, Buck		son	19990615					
Doe, Lily		daughter	20010615					
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)								
15. ITINERARY								
a. DATE 2014		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
03/08 DEP		33A ZUM BAYA, KINDSBACH, GERMANY		PA				
03/08 ARR		FRANKFURT INTL AIRPORT, GERMANY (CITY + COUNTRY/STATE)		CP	AD		75	
03/08 DEP		BALTIMORE INTL AIRPORT, MA (CITY + COUNTRY/STATE)		CP	AD			
03/08 ARR		ATLANTA INTL AIRPORT, GA (CITY + COUNTRY/STATE)		CP	AT			
03/08 DEP		123 PEACHTREE RD, MACON, GA (MUST BE LOCATION ON ORDERS)		PA	LV		25	
03/28 ARR		ATLANTA INTL AIRPORT, GA (CITY + COUNTRY/STATE)		CP	AT		25	
03/28 DEP		BALTIMORE INTL AIRPORT, MA (CITY + COUNTRY/STATE)		CP	AD			
03/28 ARR		FRANKFURT INTL AIRPORT, GERMANY		CP	AD			
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER								
17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS								
18. REIMBURSABLE EXPENSES								
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED					
03/05	AIRFARE	4,000.00						
03/05	CTO FEE	172.40						
03/05	FOREIGN CURR CONV FEE	44.60						
19. GOVERNMENT/DEDUCTIBLE MEALS								
a. DATE		b. NO OF MEALS		c. DATE		d. NO OF MEALS		
20. a. CLAIMANT SIGNATURE								
b. DATE								
c. REVIEWER'S PRINTED NAME NOT REQUIRED; LEAVE BLANK			d. SIGNATURE		e. TELEPHONE NUMBER		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

TRAVEL VOUCHER OR SUBVOUCHER

(Continuation Sheet)

4. NAME (Last, First, Middle Initial) (Print or type)

Doe, John

15. ITINERARY

3. FOR D.O. USE ONLY

a. DATE		b. PLACE <i>(Home, Office, Base, Activity, City and State, City and Country, etc.)</i>	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
03/29	DEP	FRANKFURT INTL AIRPORT, GERMANY	PA			
03/29	ARR			MC		75
	DEP	33A ZUM BAYA, KINDSBACH, GER				
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18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

29. REMARKS

1351-2 – Travel Voucher

Please review each item to verify the accuracy of your voucher. Each numbered item coincides with the numbered blocks of the 1351-2.

- 1
 - Select either EFT or check payment
 - To the right, identify the amount to be paid to your GTC (can be \$0.00)
- 2
 - List your name. (last, first, middle initial)
- 3
 - List your grade (ex. E-5, O-5, GS-15)
- 4
 - List your complete SSN
- 5
 - Check Other
- 6
 - List your PSC address in sections a, b, c, and d (ex. PSC 1 Box 2345 APO AE 12345) *note* this is where your check will be mailed if you selected that method of payment
 - Section e - List your email address so we may contact you and send a payment notification
- 7
 - List your phone number (DSN or commercial)
- 8
 - List your order number (found in block 20 of your orders)
- 9
 - List how much money you have already been paid to complete this travel. If you have not been advanced any money, place 0.00 in this block.
- 10
 - Leave sections a, b, and c blank.
 - Section d - List your state of legal residence, and retirement code [civilians only]
- 11
 - List your current organization and station (ex. 86 AMXS / Ramstein Air Base)
- 12
 - Check which applies; accompanied/unaccompanied
 - Column a - List the name of your dependent
 - Column b - List the relationship of your dependent
 - Column c - List the birth date/marriage of your dependent
- 13
 - List physical address of dependents upon receipt of orders
- 14
 - Check “NO” for household goods shipment
- 15
 - Notes
 - Date the itinerary, including year
 - All reasons for stop at an entry/exit airport will be AD, between CONUS locations is AT
 - Include all airports
 - Mode of travel, from airport to airport, will be CP, if you paid for the tickets yourself
 - If you cannot fit your itinerary in block 15, please use the attached 1351-2C

Modes of Travel

PA = Private automobile
CA = Commercial automobile (Taxi)
CP = Commercial Plane
TP = Plane tickets purchased by government

Reasons for Stop

AT = Airports (within CONUS)
AD = Airports used to change countries (to/from)
LV = Dependent’s stop in Germany
MC = Final stop on itinerary

16

- If a private automobile was used for any portion of this travel, check whether your dependent was owner, operator, or passenger

17

- Check the appropriate box, depending on the time span of your itinerary

18

- Column a - List the date(s) you paid for your expense(s) (GTC statements are helpful)
- Column b - List the name(s) of the expense(s) you are claiming
- Column c - List the cost of the expense(s) in US dollars (GTC statements are helpful)

19

- Leave this block blank

20

- Section a - Sign your voucher
- Section b - Date your signature
- Sections c, d, e, and f - leave blank

21 – 28

- Leave these blocks blank

CERTIFICATION OF MISSING OR LOST RECEIPT

****NOTE: Duplicate copies of receipts are usually readily available from hotels, airlines, and vehicle rental agencies. Due to requirements to list daily basic rates, taxes, and fees separately for claimed expenses, you must attempt to obtain copies of the original receipts from these vendors. When using this form in place of a receipt, you are responsible for fully reading, understanding and completing this certification. For each expense listed below, you MUST complete each block pertaining to that expense.**

In accordance with Joint Federal Travel Regulations, Vol. I, Part F, paragraph U2510 (Military), Joint Travel Regulations, Vol. II, Part E, paragraph C1310 (Civilian), AFI 65-114, Chapter 8, paragraph 8.6.4, and DoDFMR Volume 9, paragraph 080305, "Attach all supporting documentation including the original or legible copy of orders and receipts for all lodging expenses, as well as claimed reimbursable expenses of \$75 or more."

SECTION I - EXPENSE(S)

DO NOT include the following items with any amounts listed below:

- a. **Optional insurance (Loss Damage Waiver, Personal Accident Insurance, etc...) on vehicle rentals, unless the rental is OCONUS.**
- b. **Sundries, unofficial phone calls, movie rentals, room service, bellhop tips, unauthorized laundry services, restaurant fees at lodging facilities, or any other expense incurred for personal convenience.**
- c. **Airfare that was not personally procured or airfare that was charged to a Centrally Billed Government Travel Card.**
- d. **Expenses incurred while on leave or other non-per-diem status.**

1. LODGING (Hotel Name)		(City)			(State/Country)		
Was room shared with any military/gov't employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If room was shared with military/gov't employees, were they on funded travel orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check-in Date:	Check-out Date:	Daily Room Rate: \$	Daily Tax Rate: \$	Total Cost: \$	
LODGING (Hotel Name)		(City)			(State/Country)		
Was room shared with any military/gov't employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If room was shared with military/gov't employees, were they on funded travel orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check-in Date:	Check-out Date:	Daily Room Rate: \$	Daily Tax Rate: \$	Total Cost: \$	
2. AIRFARE (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Date Traveled:	Base Airfare Cost: \$	Airfare Taxes: \$	CTO Fee: \$	Total Cost: \$
This airfare was purchased with: <input type="checkbox"/> My individually billed GTC (IBA) <input type="checkbox"/> My unit's centrally billed GTC (CBA) <input type="checkbox"/> A personal credit card							
AIRFARE (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Date Traveled:	Base Airfare Cost: \$	Airfare Taxes: \$	CTO Fee: \$	Total Cost: \$
This airfare was purchased with: <input type="checkbox"/> My individually billed GTC (IBA) <input type="checkbox"/> My unit's centrally billed GTC (CBA) <input type="checkbox"/> A personal credit card							
3. RENTAL CAR (Company Name)	Date Vehicle Rented:	Date Vehicle Returned:	Basic Rental Rate: \$	Taxes: \$	Insurance: (OCONUS only) \$	Fuel Paid In Advance: \$	Total Cost: \$
4. TAXI/LIMOUSINE/VAN Company Name	Travel From: City & State/Country	Travel To: City & State/Country	Basic Fare: \$		Tip: \$	Total Cost: \$	
5. OTHER TRANSPORTATION (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Type (bus, train, etc):	Base Cost: \$	Taxes: \$	Tip: \$	Total Cost: \$
6. REGISTRATION / CONFERENCE FEE (Purpose)	Paid To:		Were any meals included * <input type="checkbox"/> Yes <input type="checkbox"/> No		Was any lodging included * <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Cost: \$
*Note: If meals were included in your registration fee, you must claim them as deductible meals in block 19 of the DD Form 1351-2, Travel Voucher. For travelers using DTS, indicate any deductible meals on the DTS Per Diem Entitlement screen as meals 'Provided'. Additionally, if lodging was included in your registration fee, ensure you do not claim reimbursement for the applicable night(s).							
7. OTHER EXPENSE (Be Specific) *Note: If claiming reimbursement for mailing/shipping baggage or property, you must include weight tickets.				Date of Expense:		Total Cost: \$	

SECTION II - EXPLANATION

1. Provide full explanation why receipt is not available.

SECTION III - CERTIFICATION

I certify I attempted to obtain copies of original receipts from the above named vendors and have been unable to do so. I further certify I incurred the above expense(s) for which the receipt is missing and/or lost for presentation with the travel claim. I understand failure to complete this form in its entirety may result in denial of claimed expenses. I also understand 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).

1. Traveler's Name (Last, First, M.I.)	2. Signature	3. Date Signed
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