



**DEPARTMENT OF THE AIR FORCE
86TH AIRLIFT WING (USAF)**

MEMORANDUM FOR RETIRING & SEPARATING MEMBERS

FROM: 86 CPTS/FMF

SUBJECT: Retirement and Separations Pay and Entitlements Information

1. FINANCE RETIREMENT/SEPARATION CONTACT INFORMATION:

- A. Email: 86cpts.specialactions@us.af.mil
- B. Comptroller Service Portal: USAF.DPS.MIL/TEAMS/saffmCSP/portal

*You are exempt from using this once your DOS/DOR has expired

*This can be reached through your personal email

***THIS IS THE ONLY WAY TO CONTACT US ONCE SEPARATED!**

Per the Superintendent of the Finance Office, emails sent to personal emails do **NOT** have to be answered. Customers are **REQUIRED** to use the org box or they may not receive a response!

2. FINAL PAY: This is the last paycheck you will receive for your active duty service, and it will include all of your unpaid pay and allowances and accrued, unused leave, minus any outstanding debts, taxes, etc. Your final pay will be computed manually and paid via EFT. Since it is processed manually, your LES should reflect \$0.00 for your last paycheck (if you receive your last paycheck you may be overpaid and have an out-of-service debt). **YOU WILL NOT RECEIVE YOUR FINAL PAY ON YOUR DATE OF SEPARATION.** Final pay will be processed after your DOS; please expect 5-7 Business days after your DOS for it to be deposited into your bank account. However, payment may be even later if there are pending corrections that need to be made to your record (posted leave, BAH, etc.).

3. TLA: You MUST coordinate with the HOUSING OFFICE to receive this entitlement. If you are departing OCONUS prior to your date of separation you are normally authorized UP TO 10 days TLA if you live off base, and between 3-5 days if you live on base (again, actual entitlement will be determined by the Housing Office so always verify with them first). You will count back the number of days from your port call and this will be the first day you are eligible for TLA. The Housing Office will bring your TLA paperwork to Finance for processing on your record for reimbursement. Pay out of pocket for TLA, do not use your GTC.

Housing Office number: 489-6672

Email: KMCHousing@us.af.mil

4. CALCULATE MAX TLA RATES: See DoDFMR, para. 680602

Your maximum lodging rate is calculated by taking the below percentages on the max rate. Per diem rates will vary based on the use of cooking and food storage facilities available (determined by the Housing Office, so Finance is unable to provide an estimate until we receive your paperwork from Housing).

DoDFMR, Table 68-11. Daily M&IE and Lodging Percentages:

Number of Eligible Persons Occupying Temporary Lodging	Percentage Applicable
1 Service member or one dependent (total one person)	100
2 Service member and one dependent, or two dependents (total 2 persons)	100
3 Each additional dependent age 12 and older	35
4 Each additional dependent under age 12	25

As a reminder, REQUIRED ITEMS for TLA reimbursement are:

- a) TLA Memorandum (signed by technician at the Housing Office)
- b) Orders
- c) Itemized lodging receipts (can be pre-paid to submit TLA request)
- d) Statement of Non-Availability (if lodged off-base)

TO NOTE:

You are NOT authorized TLA after your DOS. (DoDFMR, para. 680509) and will not be reimbursed until you turn in your documents to housing FIRST.

5. ALLOTMENTS:

- a) **Retiring members:** All of your allotments, with the exception of charity, TSP, SGLI, and Dental allotments, will transfer to your retired pay. TSP does not deduct from your pay for your last month of active duty. Changes to your allotments must be made NLT 30 days prior to your retirement date to affect your active duty pay. After you retire, you may start, stop, or make changes to your allotments by contacting DFAS or using MyPay. Insurance allotments cannot be started after retirement.
- b) **Separating members:** All of your allotments will stop AT THE END OF THE MONTH PRIOR TO THE MONTH OF SEPARATION.

6. PERMISSIVE TDY (PTDY) LEAVE: Per the AFI36-3003, Table 3.6, Rule 2, PTDY is only authorized in regards to separation/retirement for: (1) Voluntary separation incentive separatee; (2) Special separation benefit separatee; (3) Involuntary separatee (including for cause separatees eligible under AFI36-3009); (4) Retiree.

- a) **Retiring members:** You are entitled up to 30 days of PTDY when you retire, and this may or may not be in conjunction with your terminal leave. If it is in conjunction with your terminal leave, your PTDY will occur FIRST and the Finance Office will authorize the leave (assign a leave number). If you do not take your PTDY in conjunction with your terminal leave it will be authorized by your unit.
- b) **Separation Members:** for those who are separating under the Voluntary Separation Incentive- you must provide this table rule/ explanation on what you are separating for in leave-web. We will not authorize the permissive without this.

*** This is 30 Days of Non-Chargeable leave***

PTDY AND TERMINAL LEAVE MUST BE TWO DIFFERENT LEAVE REQUESTS

- b) **Separating members:** Members who are separating are RARELY entitled to PTDY. If you are separating at your normal DOS you are NOT entitled to PTDY. If you are unsure if you are entitled to it please ask, but most likely PTDY will not be authorized.

7. TERMINAL LEAVE: Terminal leave is called such because it ends on your DOS (or last day of active duty), and you are not required to “Return” from the leave. Retirees, your last chargeable day is the last day of the month, NOT the first. If your leave does not end on your DOS it is not terminal leave and will denied IAW AFI36-3003 para. 2.5.3. You are not authorized to go on leave until you are issued a leave authorization number.

- a) **You MUST submit your SATO provided itinerary to Finance** before your terminal leave will be authorized. IAW AFMAM65-116, Vol 1, para. 52.8.1.1, your terminal leave will start NLT the day AFTER your port call (but it can start at any time before your port call).
- b) Terminal leave days will be calculated based on the number of days of leave you will have accrued by your DOS. You accrue 2.5 days per month, or about .5 days about every 6 days. Reference the chart below (AFI36-3003, Figure 3.2) to determine how many days you will get in your last month of active duty service.

LAST MONTH OF ACTIVE DUTY SERVICE – Determine number of days that will accrue					
If your DOS occurs between the:	1 - 6	7 - 12	13 - 18	19 - 24	25 - 31
Then you will accrue this many days that month:	0.5	1.0	1.5	2.0	2.5

Example

Amn Snuffy has 30 days of leave. They are separating on 20 Sept. If they take 30 days of terminal leave they will accrue an additional 2 days of leave. This can be factored in when requesting terminal leave. If they request 32 days of terminal they will separate with 0 days of excess leave. If they request 30 days of terminal, they will separate with 2 days of leave sell back.

- c) You may NOT take a half day of leave. If your leave balance by your DOS is 30.5 days and you take 31 days of leave, you will be considered to be in an excess leave status (because you did not accrue that .5 day) and will be indebted to the government for that time (reference AFI36-3003, para. 4.1.5.6).
- d) If you are going back stateside, you MUST use the location you will be traveling to in LeaveWeb to receive stateside BAH while on terminal leave. Reference para. 9 of this packet for more information.

- e) Leave requests **MUST** be processed via LeaveWeb; there are **NO** exceptions. When preparing your leave request in LeaveWeb, do **NOT** change your supervisor to your commander. **Your supervisor must concur the request**, and then it will automatically route to your commander for approval, and then to Finance for authorization. If your commander concurs the request s/he will not be able to approve it and you will have to submit a new request. **Finance cannot edit leave request**, they must be canceled and re-routed through your commander for corrections Ex: Terminal ending on the incorrect day
- f) Skillbridge is a commander/unit run and AFPC program, finance **DOES NOT** authorize this leave.

8. LEAVE SETTLEMENT: Any leave balance remaining after your terminal leave will be automatically sold back and calculated into your final pay (federal taxes will deduct at a rate of 22%, plus state taxes, if applicable). Leave is payable at the daily rate of your basic pay (take your monthly basic pay entitlement and divide it by 30 to get your daily rate).

You are only authorized to sell a **TOTAL** of 60 days of leave through the entire course of your military career. If you have already sold back 60 days of leave then any leave balance remaining at your DOS will be **LOST**.

*If you wish to transfer leave to another branch/guard reserve, contact MPF regarding the form AF Form 1089. This form must be signed before DOS/DOR.

9. IMPACT OF PORT CALL ON PAY/ENTITLEMENTS: AFMAN65-116, Vol 1, para. 52.8.2: All overseas station allowances are manually stopped prior to departure from the overseas area. COLA will be stopped effective the day before your port call, and OHA will be stopped effective the date on your DD Form 2367 (determined by the Housing Office). You are authorized the BAH rate for the leave address (zip code) provided on your terminal leave form (AF Form 988) effective your port call date if you are not receiving a with-dependent housing allowance for dependents residing separately. If you are being paid a with-dependent rate BAH for dependents residing separately, that BAH rate continues until your DOS. Those staying local will continue to receive entitlements until DOS/DOR (as long as lease stays going). Another OCONUS location, will only receive COLA for that location unless you can provide a lease through the embassy or another housing office.

10. OUTSTANDING DEBTS: Every effort must be made to collect all debts on your record prior to your DOS. This may include accelerating the collection rate of any current debts, and taking it from your final pay and/or final travel voucher. If you anticipate having a debt that may not be satisfied by your DOS, you are advised to make arrangements to satisfy the debt now. Once a debt becomes an Out-of-Service debt, no Finance Office can help you arrange a repayment schedule; it will have to be done with DFAS.

11. RETIRED PAY INQUIRIES: Retired pay inquiries must be directed to DFAS. The Finance Office does not compute your retired pay, and is unable to view/make any changes to your retired pay. A retired pay estimate can be obtained via the AFPC Retired Pay Calculator located at <http://www.dfas.mil/retiredmilitary/plan/estimate.html>. You should also create a MyPay pin and password so that you can access your retiree LESs, W-2s, and 1099-Rs. You should be able to see the shell of your retired MyPay account before your DOS. If not, ensure you filed your Survivor Benefit Plan (SBP) paperwork with the AFRC counselor. If it was properly filled out and filed with their office, contact us so that we may assist you to resolve the issue.

The Air Force Retiree Services site is located at: <http://www.retirees.af.mil/>
Retired and Annuity Pay Contact Center: 1-800-321-1080, (216) 522-5955, or (216) 522-5096

Defense Finance and Accounting Service
U.S. Military Retired Pay
8899 B 56th Street
Indianapolis, IN 46249-1200

OPTIONAL ENTITLEMENT for PCS/ VPC Travel

12. RETIREMENTS AND SEPARATIONS TRAVEL ALLOWANCE INFORMATION:

Retiring Members: Travel is authorized from your permanent duty station to your home of selection. You have one year from your DOR to complete a move to your home of selection.

Separating members: Travel is authorized from your permanent duty station to your home of record (HOR). You may elect to travel somewhere else, but you will only receive reimbursement for what it would have cost the government to send you to your HOR. You have six months from your DOS to complete your move.

If you need an extension to the above time constraints to complete your move and receive reimbursement, contact the Traffic Management Office (TMO) for guidance.

Please submit via PDF to our org box.

If you are not relocating you DO NOT need to fill out a travel voucher

If you are relocating:

- a) You are **NOT** authorized travel days in addition to your PTDY/terminal leave.
- b) Travel time for POV is determined by the official distance between the ordered points. One day of travel is allowed for each 350 miles of the official distance with an extra day allowed if there is a remainder of 51 or more miles. The use of two POVs is authorized for military personnel whose authorized dependent operates the second vehicle; this must be annotated on the travel voucher.
- c) If a commercial carrier is used (i.e. airplane, rail, or bus), the actual fare paid must be claimed in block #18 of the travel voucher and the paid, zero-balance receipt provided. Please make sure to have correct documents to be reimbursed (amended orders, etc).
- d) You are authorized per diem of \$129/day when driving. If you have dependents, you will receive an additional 75% of the per diem rate for each depending aged 12 and older, and 50% for each dependent under age 12.
- e) Authorized expenses will be reimbursed, not to exceed the government rate for the same mode of transportation. Lodging is only reimbursable at the port of embarkation (airport overseas, i.e. Frankfurt) **OR** the port of debarkation (airport stateside, i.e. Baltimore), but **NOT** both.

- f) Unlike a regular PCS, members who are retiring/separating are NOT authorized travel days, Dislocation Allowance (DLA), Temporary Lodging Expense (TLE), or fees incurred due to having pets. If you rent a car you are only authorized mileage reimbursement (same as with a POV).
- g) It is HIGHLY RECOMMENDED that you type your travel voucher. Handwritten forms are sometimes illegible, and it will delay you receiving your reimbursement. You can Google the form (DD Form 1351-2) and fill it out online, if you choose. Your travel voucher will NOT be paid until after your DOS.

13. SHIPPING/PICKING UP A POV:

If you pick up your vehicle **CONCURRENTLY** (en-route), you will be reimbursed PCS mileage (~\$0.20/mile). This will need to be reflected on your travel voucher (DD Form 1351-2) from your last permanent duty station.

If you pick up your vehicle **NON-CONCURRENTLY** (after you have completed your travel to your HOR/HOS), **YOU WILL DO A SECOND TRAVEL VOUCHER**. Round-trip mileage for one vehicle between your home and the VPC is the **ONLY** item that is eligible for reimbursement. Lodging, per diem, airfare, taxi, etc. are NOT reimbursable.

Required documents to submit with your travel voucher:

- a) DD Form 1172-2, DEERS form (only if ALL dependents are not listed on orders)
- b) DD Form 1351-2, Travel Voucher (use May 2011 version; previous editions are obsolete)
- c) DD Form 1351-2C, Continuation Sheet (only if itinerary will not fit in block 15)
- d) Orders and ALL amendments (front and back sides)
- e) SATO provided airfare receipt (NOT itinerary)
- f) Port lodging receipt, if applicable
- g) Receipts for expenses over \$75

14. INSTRUCTIONS TO PULL DD FORM 1172-2 (DEERS form):

1. Go to: <https://www.dmdc.osd.mil/service/rapids/unauthenticated?execution=e4s1>
2. Click on “Print Family List”
3. Select all family members
4. Review privacy act statement, then select “I agree”
5. Review the Summary page, then select “Proceed”
6. Select “Display Form” and then print DD Form 1172-2
7. LEGIBLE vehicle shipment form, both front and back sides

Separation/Retirement Travel Voucher Guidance

Please direct any questions or concerns regarding your final travel voucher to: 86cptsspecialactions@us.af.mil

Required Documents

- 1351-2, Travel Voucher (must be MAY 2011 form, previous editions not accepted).
- 1351-2C, Travel Voucher Continuation Sheet (if your itinerary will not fit in block 15).
- Orders (front and backside).
- Provided SATO/CTO Airfare Itinerary.
- Lodging receipt (Required all lodging) (will only receive one lodging night).
- Receipts for expenses \$75 dollars and over.
- Lost Receipt Form (if provided receipts are not sufficient or available)
- **All Shuttles from Ramstein AB, DE to Frankfurt, DE Must be filed on lost receipt form.**
- **WET SIGN and date after travel on all documents.**
- Please take your time when filling out your voucher, this will eliminate unnecessary back and forth with corrections to your voucher.
- If you do not provide all these documents when you submit the vouchers, please expect longer delays in the processing of the voucher as we must manually upload these.

Voucher Forms

- <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1351-2.pdf>
- <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1351-2c.pdf>

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.					
2. NAME (Last, First, Middle Initial Print or Type) DOE, JOHN A		3. GRADE E-7		4. SSN 123-45-7890		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> Member Employee <input checked="" type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS. a. NUMBER AND STREET 123 MAIN STREET		b. CITY NEWADDRESS		c. STATE TX		d. ZIP CODE 12345	
e. E-MAIL ADDRESS JOHN.DOE@GMAIL.COM							
7. DAYTIME TELEPHONE NUMBER & AREA CODE (111) 555-6789		8. TRAVEL ORDER/AUTHORIZATION NUMBER AC 999		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00			
10. FOR D.O. USE ONLY							
a. DO VOUCHER NUMBER							
b. SUBVOUCHER NUMBER							
11. ORGANIZATION AND STATION 86 CPTS/RAMSTEIN AB, GERMANY							
12. DEPENDENT(S) (X and complete as applicable)							
<input checked="" type="checkbox"/> ACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 DELAWARE AVE RAMSTEIN AB, GERMANY 09012 German Address					
<input type="checkbox"/> UNACCOMPANIED							
a. NAME (Last, First, Middle Initial) DOE, MARY		b. RELATIONSHIP SPOUSE		c. DATE OF BIRTH OR MARRIAGE 01/01/96		c. PAID BY	
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)							
15. ITINERARY							
a. DATE 2015		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc) RAMSTEIN AB, GERMANY					
1 JAN DEP		c. MEANS/ MODE OF TRAVEL TP					
1 JAN ARR		d. REASON FOR STOP AD					
2 JAN DEP		CP					
2 JAN ARR		AT					
2 JAN DEP		PA					
2 JAN ARR		MC					
2 JAN DEP		75					
2 JAN ARR							
2 JAN DEP							
2 JAN ARR							
2 JAN DEP							
2 JAN ARR							
This should be either your HOR or HOS. Put full physical address. Should be the same as block 6.							
e. SUMMARY OF PAYMENT							
16. POC TRAVEL (X one) <input checked="" type="checkbox"/>		OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL	
18. REIMBURSABLE EXPENSES							
a. DATE 01 JAN		b. NATURE OF EXPENSE LODGING		c. AMOUNT 110.00		d. ALLOWED	
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20. CLAIMANT SIGNATURE WET OR CAC SIGNATURE/ DATE AFTER TRAVEL b. DATE							
c. REVIEWER'S PRINTED NAME			d. SIGNATURE			e. TELEPHONE NUMBER	
21. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE			c. TELEPHONE NUMBER	
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							

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 EFT Payment
• To the right, annotate \$0.00 to be paid to the GTC
- 2 • List your name. (last, first, middle initial)
- 3 • List your grade (ex. E-5, O-5)
- 4 • List your complete SSN
- 5 • Check Member, Dependent(s) (if applicable) and Other
- 6 • List your physical address in sections a, b, c, and d
• List your email address in section e
- 7 • List your phone number (DSN or commercial)
- 8 • List your order number (found in block 30 of separation orders, and top left corner of retirement orders)
- 9 • List \$0.00
- 10 • Leave sections a, b, c, and d blank.
- 11 • List your current organization and station (ex. 86 AMXS / Ramstein Air Base)
- 12 • Check unaccompanied/accompanied (whichever applies)
 - If dependent's traveled concurrently, following same travel itinerary as the member, choose accompanied
 - If no dependent's traveled on orders, or if dependent's traveled non-concurrently, using a different itinerary than member, choose unaccompanied
 - Column a - List the name of your dependent
 - Column b - List the relationship of your dependent
 - Column c - List the birth date of your dependent
 - If dependent traveled non-concurrently, and member is filing voucher for dependent, dependent's information must still be completed in block 12, even if unaccompanied block is checked.
- 13 • List your dependent's address (must be physical address when orders were received, no PSC boxes)
- 14 • Check "YES" for household goods shipment
- 15 • Notes
 - Date the itinerary, including year
 - Voucher must start at duty station as listed on orders, i.e. Ramstein, Vogelweh, Kapaun etc.
 - Mode of travel from Ramstein AB to BWI, if rotator was used will be TP
 - Mode of travel, from airport to airport, will be CP, if tickets were provided by CTO
 - Reason for stop at first CONUS airport will be AD, all others will be AT
 - Include all airports
 - Voucher must end at physical address, do not end at last airport, must show drive from airport to HOS/HOR address
 - 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)
TP = Rotator
CP = Commercial plane (From any airport outside of Ramstein)

Reasons for Stop

AT = Airports (within country)
AD = Airports used to change countries (to/from)
LV = Stops en-route to final ending point
MC = Final stop on itinerary

16

- If a private automobile was used for any portion of this travel, check 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)
- Column b - List the name(s) of the expense(s) you are claiming
- Column c - List the cost of the expense(s) in the currency paid

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

**Please email a copy of completed voucher, and
all required documents to**

86cpt.specialactions@us.af.mil

POV Pick-up Travel Voucher Guidance

Please direct any questions or concerns regarding your final travel voucher to: 86cpts.specialactions@us.af.mil

Required Documents

- 1351-2, Travel Voucher (must be MAY 2011 form, previous editions not accepted)
- Orders (front and backside)
- **POV Shipment Document** (front AND backside)
 - The specific form that is required is the scratch and dent form that was completed during drop-off and pick-up of POV. The backside of this form is required for payment of POV pick-up. If a backside is not available, please contact IAL to obtain the backside of this form. Please see below for example.

VPC SCRATCH AND DENT FORM REQUIRED FOR REIMBURSMENT

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: \$ 0.00																																																																																																																													
2. NAME (Last, First, Middle Initial) (Print or type) DOE, JOHN A		3. GRADE E-7	4. SSN 123-45-7890		6. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> Other <input type="checkbox"/> DLA																																																																																																																										
6. ADDRESS, a. NUMBER AND STREET 123 MAIN STREET		b. CITY DREAM CITY	c. STATE TX	d. ZIP CODE 12345																																																																																																																											
e. E-MAIL ADDRESS JOHN.DOE@GMAIL.COM																																																																																																																															
7. DAYTIME TELEPHONE NUMBER & AREA CODE (111) 555-6789		8. TRAVEL ORDER/AUTHORIZATION NUMBER AC999		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00																																																																																																																											
11. ORGANIZATION AND STATION 86 CPTS/RAMSTEIN AB, GERMANY																																																																																																																															
12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE DOE, MARY SPOUSE 01/01/96																																																																																																																															
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 DELAWARE AVE RAMSTEIN AB, GERMANY 09012																																																																																																																															
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)																																																																																																																															
15. ITINERARY <table border="1"> <tr> <td>a. DATE 2015</td> <td colspan="3">b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) 123 MAIN STREET DREAM CITY, TX 12345</td> <td>c. MEANS/ MODE OF TRAVEL PA</td> <td>d. REASON FOR STOP DV</td> <td>e. LODGING COST 75</td> <td>f. POC MILES</td> </tr> <tr> <td>1 JAN</td> <td>DEP</td> <td colspan="3">DALLAS VPC, TX</td> <td>PA</td> <td>MC</td> <td>75</td> </tr> <tr> <td>1 JAN</td> <td>ARR</td> <td colspan="3">123 MAIN STREET DREAM CITY, TX 12345</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1 JAN</td> <td>DEP</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td colspan="3">MC-should be either</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td colspan="3">HOR or HOS.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td colspan="3"></td> <td></td> <td></td> <td></td> </tr> </table>								a. DATE 2015	b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) 123 MAIN STREET DREAM CITY, TX 12345			c. MEANS/ MODE OF TRAVEL PA	d. REASON FOR STOP DV	e. LODGING COST 75	f. POC MILES	1 JAN	DEP	DALLAS VPC, TX			PA	MC	75	1 JAN	ARR	123 MAIN STREET DREAM CITY, TX 12345						1 JAN	DEP								ARR	MC-should be either							DEP	HOR or HOS.							ARR								DEP								ARR								DEP								ARR								DEP								ARR								DEP								ARR						
a. DATE 2015	b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) 123 MAIN STREET DREAM CITY, TX 12345			c. MEANS/ MODE OF TRAVEL PA	d. REASON FOR STOP DV	e. LODGING COST 75	f. POC MILES																																																																																																																								
1 JAN	DEP	DALLAS VPC, TX			PA	MC	75																																																																																																																								
1 JAN	ARR	123 MAIN STREET DREAM CITY, TX 12345																																																																																																																													
1 JAN	DEP																																																																																																																														
	ARR	MC-should be either																																																																																																																													
	DEP	HOR or HOS.																																																																																																																													
	ARR																																																																																																																														
	DEP																																																																																																																														
	ARR																																																																																																																														
	DEP																																																																																																																														
	ARR																																																																																																																														
	DEP																																																																																																																														
	ARR																																																																																																																														
	DEP																																																																																																																														
	ARR																																																																																																																														
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER																																																																																																																															
17. DURATION OF TRAVEL <table border="1"> <tr> <td>a. DATE</td> <td>b. NATURE OF EXPENSE</td> <td>c. AMOUNT</td> <td>d. ALLOWED</td> <td>e. 12 HOURS OR LESS</td> <td>f. MORE THAN 12 HOURS BUT 24 HOURS OR LESS</td> <td>g. MORE THAN 24 HOURS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	e. 12 HOURS OR LESS	f. MORE THAN 12 HOURS BUT 24 HOURS OR LESS	g. MORE THAN 24 HOURS																																																																																																																	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	e. 12 HOURS OR LESS	f. MORE THAN 12 HOURS BUT 24 HOURS OR LESS	g. MORE THAN 24 HOURS																																																																																																																									
18. REIMBURSABLE EXPENSES <table border="1"> <tr> <td>a. DATE</td> <td>b. NATURE OF EXPENSE</td> <td>c. AMOUNT</td> <td>d. ALLOWED</td> <td>e. 12 HOURS OR LESS</td> <td>f. MORE THAN 12 HOURS BUT 24 HOURS OR LESS</td> <td>g. MORE THAN 24 HOURS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	e. 12 HOURS OR LESS	f. MORE THAN 12 HOURS BUT 24 HOURS OR LESS	g. MORE THAN 24 HOURS																																																																																																																	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	e. 12 HOURS OR LESS	f. MORE THAN 12 HOURS BUT 24 HOURS OR LESS	g. MORE THAN 24 HOURS																																																																																																																									
19. GOVERNMENT/DEDUCTIBLE MEALS <table border="1"> <tr> <td>a. DATE</td> <td>b. NO. OF MEALS</td> <td>a. DATE</td> <td>b. NO. OF MEALS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS																																																																																																																				
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS																																																																																																																												
20.a. CLAIMANT SIGNATURE WET or CAC Signature/ Date after travel																																																																																																																															
c. REVIEWER'S PRINTED NAME		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																																																																																																																									

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 EFT Payment
 - To the right, annotate \$0.00 to be paid to the GTC
- 2
 - List your name. (last, first, middle initial)
- 3
 - List your grade (ex. E-5, O-5)
- 4
 - List your complete SSN
- 5
 - Check Member, Dependent(s) (if applicable) and Other
- 6
 - List your physical address in sections a, b, c, and d
 - List your email address in section e
- 7
 - List your phone number (DSN or commercial)
- 8
 - List your order number (found in block 30 of separation orders, and top left corner of retirement orders)
- 9
 - List \$0.00
- 10
 - Leave sections a, b, c, and d blank.
- 11
 - List your current organization and station (ex. 86 AMXS / Ramstein Air Base)
- 12
 - Check unaccompanied/accompanied (whichever applies)
 - Column a - List the name of your dependent
 - Column b - List the relationship of your dependent
 - Column c - List the birth date of your dependent
- 13
 - List your dependent's address (must be physical address when orders were received, no PSC boxes)
- 14
 - Check "YES" for household goods shipment
- 15
 - Notes
 - Date the itinerary, including year
 - Voucher must start at home of selection/home of record address (whichever applies)
 - This address must be the same address where your final travel voucher ended
 - Mode of travel from HOS/HOR to VPC, will be PA
 - Reason for stop at VPC will be DV
 - Mode of travel, from VPC to HOS/HOR, will be PA
 - Voucher must end at physical address

Modes of Travel

PA = Private automobile
CA = Commercial automobile (Taxi)
TP = Rotator
CP = Commercial Plane (From any airport outside of Ramstein)

Reasons for Stop

AT = Airports (within country)
AD = Airports used to change countries (to/from)
LV = Stops en-route to final ending point
MC = Final stop on itinerary
DV = VPC Vehicle Drop-off

16

- Check owner, operator, or passenger

17

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

18

- **ONLY ROUND-TRIP MILEAGE IS REIMBURSABLE FOR POV PICK-UP**

- (please reference JTR Chap 5 Part A6B 5354 Part B)
- Do not list any expenses in this block

- **EXCEPTION:**

- If claiming a rental car due to late POV delivery, please claim in this block

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

Please email a copy of completed voucher, and all required documents to 86cpt.specialactions@us.af.mil

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)	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.											
Payment by Check	<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$											
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)						
6. ADDRESS. a. NUMBER AND STREET			b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA						
e. E-MAIL ADDRESS						10. FOR D.O. USE ONLY						
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY						
11. ORGANIZATION AND STATION <i>/Ramstein AB, Germany</i>						13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)						
12. DEPENDENT(S) (X and complete as applicable)						14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)						
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	c. MEANS/ MODE OF TRAVEL			d. REASON FOR STOP	e. LODGING COST	f. POC MILES	d. COMPUTATIONS		
DEP												
ARR												
DEP												
ARR												
DEP												
ARR												
DEP												
ARR												
DEP												
ARR												
DEP												
ARR												
DEP												
ARR												
15. ITINERARY		16. POC TRAVEL (X one)						e. SUMMARY OF PAYMENT				
a. DATE	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	(1) Per Diem	
DEP											(2) Actual Expense Allowance	
ARR											(3) Mileage	
DEP												
ARR												
DEP												
ARR												
DEP												
ARR												
DEP												
ARR												
DEP												
ARR												
DEP												
ARR												
17. DURATION OF TRAVEL		18. REIMBURSABLE EXPENSES				19. GOVERNMENT/DEDUCTIBLE MEALS						
12 HOURS OR LESS		a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS	(4) Dependent Travel						
MORE THAN 12 HOURS BUT 24 HOURS OR LESS						(5) DLA						
MORE THAN 24 HOURS						(6) Reimbursable Expenses						
						(7) Total	0.00					
						(8) Less Advance						
						(9) Amount Owed						
						(10) Amount Due	0.00					
20.a. CLAIMANT SIGNATURE		21.a. APPROVING OFFICIAL'S PRINTED NAME				22. ACCOUNTING CLASSIFICATION				b. DATE		
c. REVIEWER'S PRINTED NAME		d. SIGNATURE				e. TELEPHONE NUMBER				f. DATE		
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

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.

IPCOT ORDER

ITEM 15 - ITINERARY - SYMBOLS

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

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

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. For CONUS travel, daily lodging rates and taxes, when applicable, are separately claimed expenses. When claiming airfare, CTO fees are claimed separately from the airfare. When using this form in place of a receipt, you are responsible for fully reading, understanding and completing this certification for your claimed expenses.**

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?	If room was shared with military/gov't employees, were they on funded travel orders?	Check-in Date:	Check-out Date:	Daily Room Rate:	Daily Tax:	Total Cost:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$
2. AIRFARE (Carrier Name)		(City)		(State/Country)		
Was room shared with any military/gov't employees?	If room was shared with military/gov't employees, were they on funded travel orders?	Check-in Date:	Check-out Date:	Daily Room Rate:	Daily Tax:	Total Cost:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$

Was the ticket purchased through the CTO? Yes No Was any indirect routing used (i.e. leave/leisure/circuitous travel) Yes No

This airfare was purchased with: My individually billed GTC / CSA My unit's centrally billed GTC (CBA) 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:
			\$	\$	\$	\$	\$

Was the ticket purchased through the CTO? Yes No Was any indirect routing used (i.e. leave/leisure/circuitous travel) Yes No

This airfare was purchased with: My individually billed GTC / CSA My unit's centrally billed GTC (CBA) 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 *		Was any lodging included *		Total Cost:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

*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.

SECTION II – EXPLANATION

Provide full explanation why receipt is not available and actions taken to obtain replacement receipt. For airfare indicate if Virtuallythere.com was used to obtain receipt.

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
--	--------------	----------------