

## Student Dependent Travel Voucher Guidance

Manual Submission guide for Student Dependent Travel

### **\*\*\*NOTE:**

- Per AFI 65-104: The first travel to the member's new PDS must be accomplished on the member's PCS order. If you have not completed the PCS portion, a PCS voucher needs to be filed first before we can proceed filing the Student Dependent Travel. All other subsequent travel can be performed using SDT orders.

- Travel must reflect based on the orders i.e. One-Way or Round-Trip, if not, an amendment is needed. If it is a round-trip, all travel must be completed before you can file a voucher.

- Submit all required documents to the 86CPTS.CS@US.AF.MIL org box

### **Required Documents**

- Checklist for Student Dependent Travel (only fill out the top portion for customers)
- [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/Amendment (front and backside)
- SATO/CTO Official 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)
- [Direct Deposit Form](#) [civilians only]

## Student Dependent Travel Voucher Checklist

CUSTOMER USE				
	CUSTOMER NAME:	YES	NO	N/A
1	Has the student dependent already PCSd here? If not, STOP and complete PCS voucher. (The first travel to the member's new PDS must be accomplished on the member's PCS order)			
2	Are your orders showing round-trip travel? If it is, all travel must be completed before you can file a voucher. (Travel must reflect based on the orders i.e. One-Way or Round-Trip, if not, an amendment is needed)			
3	Are all documents legible?			
4	Are copies of Orders/Amendment attached, front Side?			
5	Are copies of Orders/Amendment attached, back Side?			
6	Is the dependent noted in block 12 and marked as unaccompanied?			
7	Do you have the correct address on block 13? (must be dependent's address on receipt of orders)			
8	Do you have the year of travel on block 15a? (please input dates of travel underneath with DDMM format)			
9	Are you claiming terminal mileage? If so, appropriate mileage needs to be on columns block 15f.			
10	Have you marked the appropriate box on block 16?			
11	Is IBA/CBA annotated on the official airfare receipt or is IBA/CBA statement attached (itinerary ONLY will not suffice) ***Include GTC statement for actual cost reimbursement. (The Processing Center will use a different exchange rate if not provided)			
12	Are the orders/amendments certified?			
14	Is the itinerary correct to include verification of dates traveled?			
15	Is the banking information in RTS under USAFE? If not, provide EFT Form 1199A or FMS 2231 WITH SSN! (CIV only)			
16	Are expenses claimed in block 18 of the 1351-2?			
17	Is the 1351-2 signed AND dated?			
Traveler's signature: _____				
Date: _____				

**\* ONLY ONE COPY OF THE TRAVEL VOUCHER, ORDERS AND RECEIPTS ARE REQUIRED WITH THIS CHECKLIST**  
**\* TO BE CONSIDERED A VALID RECEIPT IT MUST SHOW THE COMPANY NAME, DATE SERVICES WERE PROVIDED, UNIT PRICE OF ITEM/SERVICE, AMOUNT "PAID" AND "AMOUNT DUE" OF \$0.00 OR EVIDENCE OF PAYMENT**  
**\* IT IS YOUR RESPONSIBILITY TO RETAIN A COPY OF THE TRAVEL VOUCHER, ORDERS, AND RECEIPTS. THE FINANCE OFFICE WILL DESTROY SUBMITTED COPIES AFTER 90 DAYS.**

FINANCE USE ONLY				
		YES	NO	N/A
1	Is there a copy of the voucher already in FMWF. If so, "STOP" do not submit a duplicate voucher. Work with the voucher already in FMWF if any corrections are needed.			
2	Have the student dependents already PCSd here? (SDT) If not STOP and complete PCS voucher.			
3	Are all documents legible?			
4	Are copies of Order/Amendment attached, front Side?			
5	Are copies of Order/Amendment attached, back Side?			
6	Is A TR Cost provided. (if applicable)			
7	Is IBA/CBA annotated on the official airfare receipt or is IBA/CBA statement attached			
8	Is the Official Airfare Receipt provided and matches the dollar amount charged on the GTC statement?			
9	Are the Orders/Amendment certified?			
10	Is the EEIC 5 digits on LOAs -- 40924/46200 and labeled as Travel/Storage respectively?			
11	Is the dependent noted in block 12?			
12	Is the itinerary correct to include verification of dates traveled?			
13	Is the banking information in RTS under USAFE? If not, provide EFT Form 1199A or FMS 2231 WITH SSN! (CIV only)			
14	Are expenses claimed in block 18 of the 1351-2?			
15	Is the 1351-2 signed AND dated?			
16	Are the total number of pages of the doc-set annotated on the barcode page?			
Checklist completed by (Printed Name): _____				
Date: _____				
Checklist audited by (Printed Name): _____				
Date: _____				

*Privacy Act-1974 as amended applies to this memo. This memo may contain information which must be protected IAW AFI 33-332 and DoD Regulation 5400.11 and is for Official Use Only (FOUO)*

**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>		<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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>						
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		<input checked="" type="checkbox"/> Pay the amount of this reimbursement directly to the Government Travel Charge Card contractor: <b>\$ 1531.11</b>						
<input type="checkbox"/> Payment by Check		<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> DOE, JOHN A		<b>3. GRADE</b> E-7	<b>4. SSN</b> 123-45-7890		<b>5. TYPE OF PAYMENT (X as applicable)</b>	
<b>6. ADDRESS, a. NUMBER AND STREET</b> PSC 2 BOX 12345		<b>b. CITY</b> APO		<b>c. STATE</b> AE	<b>d. ZIP CODE</b> 09012		<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
<b>e. E-MAIL ADDRESS</b> JOHN.DOE.22@US.AF.MIL								
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 480-1234		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> TB0001		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b> 0.00		<b>10. FOR D.O. USE ONLY</b>		
<b>11. ORGANIZATION AND STATION</b> 86 CPTS/RAMSTEIN AB, GERMANY				<b>a. D.O. VOUCHER NUMBER</b>				
<b>12. DEPENDENT(S) (X and complete as applicable)</b>				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b>				
<input type="checkbox"/> ACCOMPANIED		<input checked="" type="checkbox"/> UNACCOMPANIED		500 S. STATE ST ANN ARBOR, MI 48109				
<b>a. NAME (Last, First, Middle Initial)</b> DOE, JAMES B		<b>b. RELATIONSHIP</b> SON		<b>c. DATE OF BIRTH OR MARRIAGE</b> 1JAN98		<b>c. PAID BY</b>		
<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b>				<b>d. COMPUTATIONS</b>				
<input type="checkbox"/> YES				<input checked="" type="checkbox"/> NO (Explain in Remarks)				<b>CIV only...Please put your RET option as well as your State of Residence.</b>
<b>15. ITINERARY</b>								
<b>a. DATE</b> 2014		<b>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</b>			<b>c. MEANS/MODE OF TRAVEL</b>	<b>d. REASON FOR STOP</b>	<b>e. LODGING COST</b>	<b>f. POC MILES</b>
1JAN	DEP	ANN ARBOR, MI (CITY + STATE)			PA			
1JAN	ARR	DETROIT INTL AIRPORT, MI (CITY + STATE)				AD		25
1JAN	DEP	(CITY + STATE)			CP			
2JAN	ARR	FRANKFURT INTL AIRPORT, GERMANY (CITY + COUNTRY)				AD		
2JAN	DEP	(CITY + COUNTRY)			PA			
2JAN	ARR	RAMSTEIN AB, GERMANY (BASE OR CITY + COUNTRY AS LISTED ON ORDERS)				LV		75
15JAN	DEP	(CITY + COUNTRY)			PA			
15JAN	ARR	FRANKFURT INTL AIRPORT, GERMANY (CITY + COUNTRY)				AD		75
15JAN	DEP	(CITY + COUNTRY)			CP			
15JAN	ARR	DETROIT INTL AIRPORT, MI (CITY + STATE)				AD		
15JAN	DEP	(CITY + STATE)			PA			
15JAN	ARR	ANN ARBOR, MI (CITY + STATE)				MC		25
	DEP							
	ARR							
<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TRAVEL</b>				<b>(4) Dependent Travel</b>
<b>18. REIMBURSABLE EXPENSES</b>				12 HOURS OR LESS				<b>(5) DLA</b>
<b>a. DATE</b>	<b>b. NATURE OF EXPENSE</b>		<b>c. AMOUNT</b>	<b>d. ALLOWED</b>		MORE THAN 12 HOURS BUT 24 HOURS OR LESS		<b>(6) Reimbursable Expenses</b>
25DEC13	AIRFARE		1,476.70					<b>(7) Total</b> 0.00
25DEC13	CTO/SATE FEE		43.10					<b>(8) Less Advance</b>
25DEC13	FOREIGN CURR CONV FEE		11.31			<input checked="" type="checkbox"/> MORE THAN 24 HOURS		<b>(9) Amount Owed</b> 0.00
								<b>(10) Amount Due</b>
<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>								
<b>a. DATE</b>		<b>b. NO. OF MEALS</b>		<b>a. DATE</b>		<b>b. NO. OF MEALS</b>		
<b>20. a. CLAIMANT SIGNATURE</b>								
<b>c. REVIEWER'S PRINTED NAME</b> NOT REQUIRED! LEAVE BLANK				<b>d. SIGNATURE</b>		<b>e. TELEPHONE NUMBER</b>		<b>f. DATE</b>
<b>21. a. APPROVING OFFICIAL'S PRINTED NAME</b>				<b>b. SIGNATURE</b>		<b>c. TELEPHONE NUMBER</b>		<b>d. DATE</b>
<b>22. ACCOUNTING CLASSIFICATION</b>								
<b>23. COLLECTION DATA</b>								
<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER/AUTHORIZATION POSTED BY</b>		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>		<b>28. AMOUNT PAID</b>

## **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
- 3
  - List your name. (last, first, middle initial)
- 4
  - List your grade (ex. E-5, O-5, GS-15)
- 5
  - List your complete SSN
- 6
  - Check Other and Dependent
- 7
  - 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
- 8
  - List your phone number (DSN or commercial)
- 9
  - List your order number (found in block 20 of your orders)
- 10
  - 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.
- 11
  - Leave sections a, b, and c blank.
  - Section d - List your state of legal residence, and retirement code [civilians only]
- 12
  - List your current organization and station (ex. 86 AMXS / Ramstein Air Base)
- 13
  - Check 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
- 14
  - List your dependent's address, as found in block 6 of your orders
- 15
  - Check "NO" for household goods shipment
- 16
  - Notes
    - Date the itinerary, including year
    - All reasons for stop at an airport will be AD
    - 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 country)  
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