

**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> Electronic Fund Transfer (EFT)              Split Disbursement: Amount to Government Travel Charge Card Payment by Check                                      \$ _____					<b>2. NAME</b> (Last, First, Middle Initial) (Print or type)					<b>3. GRADE</b>		<b>4. SSN</b>		<b>5. TYPE OF PAYMENT</b> (X as applicable) TDY                                      Member/Employee PCS                                      Other Dependent(s)                      DLA																																																																																																													
<b>6. ADDRESS.</b> a. NUMBER AND STREET              b. CITY                                      c. STATE              d. ZIP CODE										<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> <b>8. TRAVEL ORDER NUMBER</b>					<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>			<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER																																																																																																									
<b>11. ORGANIZATION AND STATION</b>					<b>12. DEPENDENT(S)</b> (X and complete as applicable) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">ACCOMPANIED</td> <td style="width:50%;">UNACCOMPANIED</td> </tr> <tr> <td>a. NAME (Last, First, Middle Initial)</td> <td>b. RELATIONSHIP      c. DATE OF BIRTH OR MARRIAGE</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					ACCOMPANIED	UNACCOMPANIED	a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP      c. DATE OF BIRTH OR MARRIAGE										b. SUBVOUCHER NUMBER																																																																																																				
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## 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 <i>(Own expense)</i>	- C	Bus	- B
Privately Owned		Plane	- P
Conveyance <i>(POC)</i>	- P	Rail	- R
		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: