INSTRUCTIONS FOR DD FORM 1351-2

Leave all shaded boxes *blank.*

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: X Electronic Fund Transfer (EFT); 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.

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: CIV

4. SSN

5. TYPE OF PAYMENT (X as applicable): X TDY; PCS; Dependent(s); Member/Employee; Other; DLA

ADDRESS: a. NUMBER AND STREET; b. CITY; c. STATE; d. ZIP CODE

E-MAIL ADDRESS

DAYTIME TELEPHONE NUMBER & AREA CODE

2. TRAVEL ORDER/AUTHORIZATION NUMBER

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES

11. ORGANIZATION AND STATION: TRICARE Regional Office - West

12. DEPENDENT(S) (X and complete as applicable): ACCOMPANIED; UNACCOMPANIED

a. NAME (Last, First, Middle Initial); b. RELATIONSHIP; c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one): YES; NO (Explain in Remarks)

15. ITINERARY

a. DATE 2009		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
	DEP	RESIDENCE CITY, STATE				
	ARR					
	DEP	DESTINATION CITY, STATE				
	ARR			MC		
	DEP	RESIDENCE CITY, STATE				
	ARR					
	DEP					
	ARR					
	DEP					

16. POC TRAVEL (X one): OWN/OPERATE; PASSENGER

17. DURATION OF TRAVEL: 12 HOURS OR LESS; MORE THAN 12 HOURS BUT 24 HOURS OR LESS; MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
	Lodging		
	Lodging Taxes		
	Meals		
	Fuel		
	Airfare		
	Local Transportation		
	Other		

19. GOVERNMENT DEDUCTIBLE MEALS: a. DATE; b. NO. OF MEALS

(1) Per Diem; (2) Actual Expense; (3) Mileage; (4) Dependent Travel; (5) DLA; (6) Reimbursable Expenses; (7) Total; (8) Less Advance; (9) Amount Owed; (10) Amount Due

20. a. CLAIMANT SIGNATURE; b. DATE

c. REVIEWER'S PRINTED NAME; d. REVIEWER 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

DD FORM 1351-2, MAR 2008 — PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. — Exception to SF 1012 approved by GSA/IRMS 12-91. Adobe Designer 7.0

Reset

Leave blank if not available.

Date of trip departure

Dates of arrival at and departure from Destination City

Date arrive back home

Indicate "Own/Operate" or "Passenger" **only** if a personal vehicle or rental car was driven.

For Patient or Civilian NMA: Enter totals from DD Form 1351-3 under "AMOUNT" in column 18c.

Sign and Date

Enter one of the following codes into each of the white boxes corresponding to filled-in "DEP" (departure) rows:

PA – Drove an automobile to the appointment.

CP – Purchased your own commercial carrier ticket, and flew to the appointment.

Use instructions for 15d. on the back of DD Form 1351-2 to enter the appropriate code into each white box corresponding to filled-in "ARR" rows. Use code **TD** for period of treatment, and **MC** for arrival back home.

Indicate the duration of your trip.

Revised 8/31/11