

Civilian Non-TDY Travel Voucher Guide



Traveler's checklist for Civilian travel settlement voucher – Updated May 20, 2017

Applicable to all civilian employees/dependents completing PCS travel claims

Items to be included at a minimum:

- ✓ Completed, signed DD 1351-2, Travel Voucher (dated May 2011; earlier versions NOT Accepted) – preferably completed electronically to allow for digital signature.
- ✓ Copy of appropriate PCS / RAT / ED travel orders (both pages).
- ✓ Copy of amendments (if applicable) (both pages).
- ✓ Clear, legible receipts for ALL expenses \$75 or higher, PLUS specific identified items.
Note: If the currency charged/paid is not US dollars, you must annotate the currency type in Block 18 with the expense.
- ✓ Flight itinerary – must include ALL traveler(s) names listed on voucher.
Note: Itinerary must include complete travel route, full costs, and method of payment (Credit card used), regardless of who paid for it.
- ✓ Direct Deposit form ONLY if changing existing account or new employee.
- ✓ Do not include Renewal Agreement.

How to complete the DD 1351-2, Travel Voucher

Items 1 – 6.

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. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor. \$ _____									
2. NAME (Last, First, Middle Initial) (Print or type) Disney, Mickey D		3. GRADE TP-10	4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable)						
6. ADDRESS. a. NUMBER AND STREET PSC 89, Box 123		b. CITY FPO	c. STATE AP	d. ZIP CODE 96322	<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td><input checked="" type="checkbox"/></td> <td>Member/Employee</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Other</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DLA</td> </tr> </table>	<input checked="" type="checkbox"/>	Member/Employee	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	DLA
<input checked="" type="checkbox"/>	Member/Employee										
<input checked="" type="checkbox"/>	Other										
<input type="checkbox"/>	DLA										
e. E-MAIL ADDRESS mickey.disney@pac.dodea.edu					10. FOR D.O. USE ONLY						

1. Electronic Fund Transfer (EFT) - ALWAYS
2. Full name
3. Grade – GS-12, TP-10, TE-17, etc.
4. Full SSN or Last Four

5. Type of Payment – **PCS, RAT, MEA, Real Estate, HHG, TQSE, RITA, SEPARATION, AND ED** mark PCS. Mark ‘Member/Employee’ for your travel, mark ‘Dependent(s)’ if applicable.
6. **a-d.** Full address -Current personal U.S. mailing address either OCONUS or APO or FPO; for PCS, use new address if available.
 - e. Email address –Make sure the email is legible, personal or work (this email will be where all the voucher statuses will be sent)

Items 7 – 14

e. E-MAIL ADDRESS mickey.disney@pac.dodea.edu			10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 315-252-1234	8. TRAVEL ORDER/AUTHORIZATION NUMBER PC12345	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00		a. D.O. VOUCHER NUMBER
11. ORGANIZATION AND STATION DoDEA Pacific, Japan, Sasebo ES			b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	
<input checked="" type="checkbox"/> ACCOMPANIED			<input type="checkbox"/> UNACCOMPANIED	
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		
Disney, Minnie	Spouse	2/14/92		
Disney, Jason	Son	7/4/98		
Disney, Emily	Daughter	8/30/00		
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			d. COMPUTATIONS	
<input type="checkbox"/> YES			<input type="checkbox"/> NO (Explain in Remarks)	

7. Full primary phone number. This is the number most likely to reach you at.
8. Order number = (Block 25 on DD1614) Example: PCxxxxx
9. If this is a supplemental travel voucher, include payment(s) from previous voucher submission(s) enter the dollar amount or enter \$0.00.
 - a. Do NOT include any PAY advance amounts.
10. Leave blank -This is for the disbursing officer only.
11. Enter your duty location (City, Country and Zip code) as stated in Blocks 7/8 on your Travel Authorization orders (DD1614). If this blocks incorrect please put in an amendment from the official ordering office/TOPS.
12. If Accompanied, List full name for dependent(s), relationship, date of marriage for spouse/date of birth for Children.
 - b. Note: Mark ‘Accompanied’ for dependent(s) on the employee’s voucher only if they traveled at the same time and to the same destination(s).If the dependent(s) did not travel at the same times, list them on another voucher and mark
13. Unaccompanied’. Do NOT list them on the employee’s voucher.
14. Leave blank for RAT / ED travel; complete for PCS (if applicable)

Item 15

15. ITINERARY		c.	d.	e.	f.
a. DATE		MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES
6/30	DEP	Home, Sasebo NB	CA		
6/30	ARR	Fukuoka Airport	AT		
6/30	DEP	Tokyo/Narita Airport	CP		
6/30	ARR	Shreveport Airport, LA	AT		23
6/30	DEP	HOR, Bossier City, LA	PA		23
8/23	ARR	Shreveport Airport, LA	LV		
8/23	DEP	Tokyo/Narita Airport	AT		
8/23	ARR	Fukuoka Airport	CP		
8/24	ARR		AT		
8/24	DEP		CP		
8/24	ARR		AT		

15.

a.

- i.** Put the Year in the top box; if travel extends into two different years put both years.
- ii.** Put Month/Day in the lower boxes next to DEP/ARR -Must use accurate travel days.

b. List route of travel

- i.** Depart home at duty location or traveled from departing location (City,
- ii.** Country)
- iii.** List first airport (or commercial terminal) after departing home
- iv.** List airport departing country (if not the same as above)
- v.** List final airport in CONUS
- vi.** List Leave location (you do not take leave at the airport)
- vii.** List first airport departing leave location
- viii.** List first airport in duty country
- ix.** List final airport in duty country (if not the same as above)
- x.** List home (could be on continuation page – see Cont. 15 below)

c. List Modes of Travel – 2-digit code-Must use both Digits!

i. Examples –

- 1. **TP** - government purchased airfare
- 2. **CP** - self-procured commercial airfare-Reimbursed City Pairs Rate
- 3. **PA** - private auto – mileage Reimbursement
- 4. **CA** - commercial auto – taxi Reimbursement
- 5. **CR** - commercial Rail

6. **CV** - commercial vessel

d. Reason for Stop – 2-digit code

i. Examples –

1. **AT** - awaiting transportation-before midnight
2. **AD** - authorized delay - after midnight - not to be used for leave
3. **LV** - leave
4. **MC** - mission complete ***MUST HAVE!!** MC or voucher will be returned*

e. Lodging costs – include lodging taxes for OCONUS only; for CONUS, taxes are separate expense; typically NOT authorized for RAT / ED travel.

f. List mileage to/from home and airport, to/from leave location and airport ONLY if personal auto (PA) is used for mode of travel.

If the itinerary varies from the HOR-GSA City Pairs Program will be used!

Items 16 – 19.

16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS		(5) DLA	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	(6) Reimbursable Expenses				
6/30	Taxi Home to Airport USD		125.00		MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(7) Total		
8/24	Taxi Airport to Home USD		123.00				(8) Less Advance		
	Self-procured tickets USD		5,432.20		<input checked="" type="checkbox"/> MORE THAN 24 HOURS		(9) Amount Owed		
6/25	Postage for RAT		273.00				(10) Amount Due		
8/23	Postage for RAT		372.00		19. GOVERNMENT/DEDUCTIBLE MEALS				
	a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS					

16. If you used a personal vehicle (PA) going to/from airport(s), mark that you were the owner/operator of the vehicle, or if you were a passenger, only one can be checked. Mileage must be identified in Column 15.f. Mileage is reimbursable only for owner/operator status only.

17. Mark ‘More than 24 hours’ for RAT; could be different for PCS or ED travel

18. List any expenses you are claiming for reimbursement in chronological order.

- a. Month/Day/Year of expense.
- b. Reason for your expense
- c. Dollar amount shown on receipt

You must identify the currency paid e.g., Won, Yen, Euro, etc. If not identified, US Dollars will be assumed. If you provide a credit card statement showing the exact

converted amount, this will be reimbursed; otherwise, DFAS will convert using a standard website, based on the estimated business posting date of actual charge.

NOTE: For Postage expenses for RAT, receipts need to be clear/legible, and **MUST SHOW** weight(s) for each individual package. If using flat rate boxes, identify the weight on the receipt or include a US Customs Form to show weights. Customs Forms cannot be used as receipts for postal shipping. Refer to orders for weight limits for unaccompanied baggage shipment. For travelers using companies like Black Cat shipping, weight(s) for each piece of baggage being shipped must be identified on the receipt(s). If you are charged for checked baggage, provide the receipt and make sure the weight of the baggage is identified on the receipt.

If Authorized-Each traveler is limited to 100lbs of baggage and 100lbs of postage EACH way!

19. Leave Blank –Does not apply for PCS

Items 20 – 28.

20.a. CLAIMANT SIGNATURE <small>Signature</small>			b. DATE 9/15/16	
c. REVIEWER'S PRINTED NAME Supervisor/Principal's printed name		d. REVIEWER SIGNATURE <small>Signature</small>	e. TELEPHONE NUMBER 315-252-1234	f. DATE 9/16/16
21.a. APPROVING OFFICIAL'S PRINTED NAME LEAVE BLANK - SIGNED AT HQ		b. SIGNATURE <small>Signature</small>	c. TELEPHONE NUMBER 571-372-1234	d. DATE 10/1/16
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, MAY 2011		PREVIOUS EDITION IS OBSOLETE.		Exception to SF 1012 approved by GSA/IRMS 12-01. Adobe Designer 8.0

20.

- a. Employee's signature – prefer digital signature
- b. Date employee signed (does not auto-fill, so enter before digitally signing) - this date **must** be after the Mission Complete (MC) date. If not, your claim will be rejected and returned for correction.
- c. Supervisor/Principal's printed name as the reviewer
- d. Supervisor/Principal's signature-as the reviewer – prefer digital signature
- e. Supervisor/Principal's telephone number (enter before digitally signing)

- f. Date signed by Supervisor/Principal (does not auto-fill, so enter before digitally signing); must be SAME DATE OR after that of the employee signature above.
This can never be before the claimant date.

21. LEAVE BLANK – to be completed by HQ-DoDEA

22. – 28. Leave blank

Item 29. (Page 2)

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.

The airfare claimed in the amount of \$5,432.00 was personally procured and paid for with a personal credit card.

NOTE: You must also provide a copy of the personal credit card statement showing the charges.

- 23.** If you personally procured your own airfare, you **MUST** include a statement indicating such. This statement can be entered here or on a separate attached sheet (must be signed if on separate sheet). You must include a copy of the credit card statement showing the charges. Enter any comments you want to let anyone know about special circumstances concerning your voucher.

DD 1351-2C. Continuation Sheet (Date Aug 1997)

TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet)						PAGE 2 OF 2 PAGES
4. NAME (Last, First, Middle Initial) (Print or type) Disney, Mickey						
15. ITINERARY						3. FOR D.O. USE ONLY
a. DATE 2016		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
8/24	DEP	Fukuoka Airport	CA			
8/24	ARR	Home, Sasebo NB		MC		
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					

Use this sheet to continue an itinerary if necessary or continue expenses.

List page # of page #

4. Full name from Travel Order

15. Continuation of itinerary from DD 1351-2, Block 15.

Do NOT use a continuation sheet for dependent travel if they traveled on different dates than the employee. You must complete a new DD 1351-2 Travel voucher, specifically for the dependent(s) with differing travel. There is no signature required on the continuation sheet.

Common errors when completing a DD 1351-2, Travel Voucher:

- ✗ Do not include tips for baggage handling – e.g., bellhops, skycaps, etc.
- ✗ Do not include long term parking.
- ✗ Do not include laundry charges – not reimbursable, effective 1 Oct, 2014.
- ✗ Rental cars are normally NOT authorized, except for specific locations as identified in the orders or if it is more advantageous to the government.
- ✗ Do not include meals – this is pre-determined.
- ✗ Do not include items covered by Miscellaneous Expense Allowance (MEA), unless itemizing
- ✗ Do not request MEA on a DD 1351-2, Travel voucher, if you are PCSing for First Duty Station Travel. This is submitted through DAPS on an SF 1190.
- ✗ Do not include seat upgrade charges for self-procured tickets – this is not reimbursable unless authorized in the orders. *This is not typical; requires supporting documentation.*

- ✘ Make sure amounts for expenses claimed match the receipts provided.

Miscellaneous Expense Allowance (MEA) Vouchers

This voucher is to reimburse miscellaneous expenses associated with a PCS (only) that are not directly travel related. A new employee PCSing for a 'First Duty Station Travel' will apply for MEA using an SF 1190 form through DAPS. PCS orders will indicate if MEA is authorized.

Items 1 – 11:

Complete as indicated above for all other vouchers.

Items 12 – 17:

Leave blank for MEA voucher only.

Item 18:

Enter the applicable MEA amount being claimed - \$650 (without dependent) or \$1,300 (with dependent).

Item 18 OR 29:

Enter the applicable statement for EITHER without dependent OR with dependent.

Without dep – 'I certify I have vacated my residence at my old PDS and have established a residence at my new PDS.'

With dep – 'I certify we have vacated our residence at our old PDS and have established a residence at our new PDS.'

NOTE: If you do not enter this statement in one of these blocks, you **MUST** attach a separate signed/dated statement indicating the correct allowance, either without dep or with dep, If you are claiming more than the standard amount, \$650 without dep or \$1,300 with dep, you must provide a copy of ALL receipts and an LES for the associated pay period during the PCS move.

Item 19:

Leave blank for MEA vouchers.

Items 20 - 28:

20.

- a. Employee's signature – prefer digital signature
- b. Date employee signed (does not auto-fill, so enter before digitally signing)
- c. Supervisor/Principal's printed name
- d. Supervisor/Principal's signature – prefer digital signature
- e. Supervisor/Principal's telephone number (enter before digitally signing)
- f. Date signed by Supervisor/Principal (does not auto-fill, so enter before digitally signing); must be SAME DATE OR LATER of employee signature.

21. LEAVE BLANK – to be completed at HQ

22 – 28. Leave blank

Supporting Documentation:

- ✓ Baggage/Postage - Itemized receipts or Signed Statements
- ✓ Airfare Receipts
- ✓ Itemized paid in full receipts for any expense \$75 or higher
- ✓ For any rental car costs, regardless of the amount, please include a receipt and the cost comparison or cost construct sheet showing that a rental car was cheaper than other modes of transportation.

If Authorized-Each traveler is limited to 100lbs of baggage and 100lbs of postage EACH way.
You will incur an additional cost if your items are over the limit

FYI

- Please include all orders, all pages, and all amendments and any necessary forms. The necessary forms are listed in "Types of Entitlements" found on the Civilian Employees: Civilian Relocation Section of DFAS website at www.dfas.mil.
- You must submit your entire claim by email or mail to DoDEA address listed in block 27 of your DD Form 1614.
- After we receive your claim you will get a receipt notification email to confirm your claim is in good hands. That's why it's important to give a current valid email address in block 6e of your voucher.

- The email address on your voucher will be used for notifications and not the HQ email box!
- Be sure to use the *Online Payment Status Tool* to find out which step of the process your voucher is in.
- You can select to receive automatic email notifications for every step of the way. Lastly, please refer to the "Civilian Relocation 1351-2 Checklist" and "Civilian Relocation Guide" from the DFAS website.