



| 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 need 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: \$ 100.00 | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) | | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT (X all applicable) | | | |
| Doe, John M. | | E5 | 123-45-6789 | <input type="checkbox"/> TDY | <input checked="" type="checkbox"/> Member/Employee | <input type="checkbox"/> Other | |
| 6. ADDRESS a. NUMBER AND STREET | | b. CITY | c. STATE | d. ZIP CODE | <input checked="" type="checkbox"/> PCS | | |
| 123 Main Street | | Rouse | NY | 13441 | <input checked="" type="checkbox"/> Dependents <input checked="" type="checkbox"/> DLA | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | | 8. TRAVEL ORDER AUTHORIZATION NUMBER | | 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES | | 10. FOR D.O. USE ONLY | |
| 555-555-5555 | | | | 0.00 | | a. D.O. VOUCHER NUMBER | |
| 11. ORGANIZATION AND STATION | | | | b. SUBVOUCHER NUMBER | | | |
| DFAS Rouse, NY 13441 | | | | | | | |
| 12. DEPENDENTS (X and complete as applicable) | | | | 13. DEPENDENT ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | c. PAY TO: | |
| <input checked="" type="checkbox"/> ACCOMPANIED | | <input type="checkbox"/> UNACCOMPANIED | | 123 American Way, Columbus, OH 43213 | | - UTILIZED 2 POVS | |
| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH | | - DLA WITH DEPNS | | | |
| Doe, Jane T. | Wife | 20130927 | | - TLE | | | |
| 14. ITINERARY | | | | 15. HOUSEHOLD GOODS BEING SHIPPED (If one) | | | |
| a. DATE | b. PLACE (Home, Office, Base Activity, City and County, etc.) | MEANS/ MODE OF TRAVEL | | REASON FOR STOP | | e. COMMENTS | |
| 6/10 | Columbus, OH | PA | | LV | | | |
| 6/10 | Rochester, NY | PA | | MC | | | |
| 6/11 | Rome, NY | PA | | | | | |
| 6/11 | Rome, NY | PA | | | | | |
| 16. POC TRAVEL (X) COMMENSURATE () REIMBURSE () | | | | 17. DURATION OF TRAVEL | | | |
| | | | | 12 HOURS OR LESS | | | |
| | | | | MORE THAN 12 HOURS BUT 24 HOURS OR LESS | | | |
| | | | | <input checked="" type="checkbox"/> MORE THAN 24 HOURS | | | |
| 18. REIMBURSABLE EXPENSES | | | | 19. GOVERNMENT DEDUCTIBLE MEALS | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | a. DATE | b. NO. OF MEALS | c. DATE | d. NO. OF MEALS |
| 6/10 | Highway Tolls | 5.15 | | | | | |
| 6/11 | Lodging Tax | 7.70 | | | | | |
| 6/11 | Highway Tolls | 5.95 | | | | | |
| 6/11 | Lodging | 75.00 | | | | | |
| 20. CLAIMANT SIGNATURE | | | | f. DATE | | | |
| [Signature] | | | | 20170611 | | | |
| 21. APPROVING OFFICIAL'S PRINTED NAME | | g. RECEIVER SIGNATURE | | h. TELEPHONE NUMBER | | i. DATE | |
| [Signature] | | [Signature] | | [Number] | | [Date] | |
| 22. ACCOUNTING CLASSIFICATION | | | | 23. COLLECTION DATA | | | |
| | | | | | | | |
| 24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER AUTHORIZATION POSTED BY | 27. RECEIVED (Please Signature and Date of Check No.) | 28. AMOUNT PAID | | | |
| | | | | | | | |

Select "EFT".

Address at new PDS.

Depns who traveled and listed in orders.

Itinerary must begin with old PDS and end with new PDS. If depns traveled on different dates or from different locations, include separate itinerary.

Expenses you want reimbursed.

Amount you want paid to your GTCC.

What is the travel claim for?

Depns address prior to the PCS move

What travel entitlements or information you want Disbursing to know.

Sign and date. Do not date until you complete travel.