



| 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  |  | 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 balances to the GTCC contractor. |             |  |   |  |  |
| <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)                        |  | Payment by Check  |             | <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00   |   |  |  |
| 2. NAME (Last, First, Middle Initial) (Print or type)                                     |  | 3. GRADE  | 4. SSN      | 5. TYPE OF PAYMENT (X as applicable)   |   |  |  |
| Doe, John M.  |  | E5  | 123-45-6789 | <input checked="" type="checkbox"/> Member/Employee  |   |  |  |
| 6. ADDRESS, # NUMBER AND STREET   |  | 7. CITY   | 8. STATE    | 9. ZIP CODE  | <input checked="" type="checkbox"/> PCS<br><input checked="" type="checkbox"/> Dependent(s)<br><input type="checkbox"/> Other<br><input type="checkbox"/> DLA |  |  |
| 123 Main Street   |  | Rome  | NY          | 13441  |   |  |  |
| 10. E-MAIL ADDRESS  |  | 11. ORGANIZATION AND STATION  |             | 12. ADVANCES (if any)  |   | 13. FOR D.O. USE ONLY                                |  |
| john.doe@gmail.com  |  | 1st MLG Camp  |             | 0.00   |   | D.O. VOUCHER NUMBER                                  |  |
| 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   |   |  |  |
| 12. DEPENDENT(S) (X and complete as applicable)   |  | 13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)   |             | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)   |   | 15. COMPUTATIONS                                     |  |
| <input checked="" type="checkbox"/> ACCOMPANIED<br><input type="checkbox"/> UNACCOMPANIED |  | 123 American Way, Camp Pendleton, CA 92055  |             | <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO (Explain in Remarks)  |   | - UTILIZED 2 POVS                                    |  |
| 16. NAME (Last, First, Middle Initial)  |  | 17. RELATIONSHIP  |             | 18. DATE OF BIRTH (DD MM YYYY)   |   |  |  |
| Doe, Jane L.  |  | Wife  |             | 20130927   |   |  |  |
| 19. ITINERARY   |  |   |             | 20. MEANS/ MODE OF TRAVEL  |   |  |  |
| a. DATE   |  | b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)   |             | c. REASON FOR STOP   |   | d. LOADING COST                                      |  |
| 6/7 DEP   |  | Camp Pendleton  |             | PA   |   |  |  |
| 6/10 ARR  |  | Rochester, NY   |             | LV   |   |  |  |
| 6/11 DEP  |  | Rome, NY  |             | MC   |   |  |  |
| 21. POC TRAVEL (X one)  |  |   |             | 22. DURATION OF TRAVEL   |   |  |  |
| <input checked="" type="checkbox"/> OWN/OPERATE   |  |   |             | 12 HOURS OR LESS   |   |  |  |
| PASSENGER   |  |   |             | MORE THAN 12 HOURS BUT 24 HOURS OR LESS  |   |  |  |
|   |  |   |             | X MORE THAN 24 HOURS   |   |  |  |
| 23. REIMBURSABLE EXPENSES   |  |   |             | 24. GOVERNMENT REDUCIBLE MEALS   |   |  |  |
| a. DATE   |  | b. NATURE OF EXPENSE  |             | c. AMOUNT  |   | d. ALLOWED   |  |
| 6/10  |  | Highway Tolls   |             | 5.15   |   | <input type="checkbox"/>                             |  |
| 6/11  |  | Lodging Tax   |             | 7.70   |   | <input type="checkbox"/>                             |  |
| 6/11  |  | Highway Tolls   |             | 5.95   |   | <input type="checkbox"/>                             |  |
| 25. CLAIMANT SIGNATURE  |  |   |             | 26. DATE   |   |  |  |
|   |  |   |             | 20170611   |   |  |  |
| 27. REVIEWER'S PRINTED NAME   |  | 28. REVIEWER SIGNATURE  |             | 29. TELEPHONE NUMBER   |   | 30. DATE   |  |
|   |  |   |             |  |   |  |  |
| 31. APPROVING OFFICIAL'S PRINTED NAME   |  | 32. SIGNATURE   |             | 33. TELEPHONE NUMBER   |   | 34. DATE   |  |
|   |  |   |             |  |   |  |  |
| 35. ACCOUNTING CLASSIFICATION   |  |   |             | 36. COLLECTION DATA  |   |  |  |
|   |  |   |             |  |   |  |  |
| 37. COMPUTED BY   |  | 38. AUDITED BY  |             | 39. TRAVEL ORDER AUTHORIZATION POSTED BY   |   | 40. RECEIVED (Payee Signature and Date or Check No.) |  |
|   |  |   |             |  |   |  |  |
| 41. AMOUNT PAID   |  |   |             |  |   |  |  |
|   |  |   |             |  |   |  |  |

Select "EFT".

New address after separation

Depns who traveled and listed in orders.

Expenses you want reimbursed.

Itinerary must begin with old PDS and end with new address after separation. Must be same address listed in block 6. If depns traveled on different dates or from different locations, include separate itinerary.

Valid POC info

Advances (if any)

Depns address prior to the separation

Means/Mode of Travel.  
Commercial Auto (cab) : CA  
Transportation Provided (at no cost) : TP  
Commercial Air (self purchased) : CP  
Private Auto : PA  
  
Reason For Stop.  
Awaiting Transportation : AT  
Leave: LV  
Mission Complete : MC

Amount should be \$0.00. GTCC not authorized upon sep/retirement.

What is the travel claim for?

What travel entitlements or information you want Disbursing to know.

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