

# Instructions And Examples To Complete a Separations Travel Claim

## For

## Marines Traveling From An Overseas Command To Camp Pendleton To Complete The Separations Process (W-95) and then traveling to their final destination.

### Documentation Need

- ✓ [DD form 1351-2 \(travel voucher\)](#)
- ✓ Original Separation Orders (*Issued by your last command and Camp Pendleton*)
- ✓ Port Call Statement
- ✓ NAVMC 11060 (*separation/travel pay certificate*)
- ✓ Reporting endorsement to Camp Pendleton
- ✓ Lodging receipts (*if you incurred a lodging expense*)
- ✓ Airfare receipts

### Where to submit your claim

The fastest way to get your travel claim settled is to e-mail your travel claim to the Regional Disbursing Office-West. Disbursing will email you a confirmation to let you know they have received your voucher. (*The attachments must be under 2MB.*)

Email your travel claim to: [1MEF\\_DISBURSING\\_TRAVEL@USMC.MIL](mailto:1MEF_DISBURSING_TRAVEL@USMC.MIL)

Or

Mail your travel claim to:

**Disbursing Officer**  
**Attn: Disbursing Travel**  
**Box 555607**  
**Camp Pendleton, CA 92055**

### If you need to contact Disbursing, Travel Section

After submitting you travel voucher to disbursing, please allow 15 days before contacting disbursing and requesting a status on your voucher.

Email : [1MEF\\_DISBURSING\\_TRAVEL@USMC.MIL](mailto:1MEF_DISBURSING_TRAVEL@USMC.MIL)

Phone number: (760) 763-7100, Ext. 1

### Reminder

If you did a Do-It-Yourself (DITY) Move, you are reminded to send a DITY Move claim to MCLC Albany, GA based on the instructions you were provided by the DMO office.

Instructions, forms and contact information can be obtained from their website:

<http://www.logcom.marines.mil/Capabilities/DITYMoves.aspx>

**EXAMPLE TRAVEL VOUCHER FOR A MARINE DEPARTING AN OVERSEAS UNIT AND TRAVELING TO CAMP PENDLETON TO COMPLETE THE SEPARATION PROCESS AND TRAVELED TO THE FINAL DESTINATION UPON EAS/ECC.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty form. Use typewriter, ink, or ball point pen. If a correction is needed, continue in remarks.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card contractor. If you are a civilian employee, use designate a payment that equals the total of their outstanding government travel card balance. <b>NOTE: A split disbursement is only necessary when a GTCC is used. While a split disbursement is used, the payee must pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:</b>					
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> Doe, John P.			<b>3. GRADE</b> E-5	<b>4. SSN</b> 123456789	<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA		
<b>6. ADDRESS. a. NUMBER AND STREET</b> 123 Devil Dog Rd		<b>b. CITY</b> Pullerville	<b>c. STATE</b> TX	<b>d. ZIP CODE</b> 90500			
<b>e. E-MAIL ADDRESS</b> TheMotivatedMarine@Marine.Com				<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS			
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> (909)999-9999		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> 0.00			
<b>11. ORGANIZATION AND STATION</b> CLR-17, Camp Pendleton CA, 92055				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b>			
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
<b>15. ITINERARY</b> a. DATE 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				<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER			
01/03	DEP	Okinawa Japan	CA				
01/03	ARR			AT			
01/03	DEP	Kadena AFB	TP				
01/03	ARR			AT			
01/03	DEP	SEATAC WA	TP				
01/03	ARR			AT			
01/03	DEP	San Diego International Airport	PA				
01/03	ARR			TD			
01/18	DEP	Camp Pendleton CA	PA				
01/22	ARR	El Paso TX	MC				
	DEP						
	ARR						
	DEP						
	ARR						
<b>18. REIMBURSABLE EXPENSES</b> a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED				<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS			
01/03	TAXI	20.00	20.00	<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b> a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS			
<b>20.a. CLAIMANT SIGNATURE</b> <i>John Doe</i> b. DATE 20140112				<b>21.</b> c. TELEPHONE NUMBER d. DATE			
<b>c. REVIEWER'S PRINTED NAME</b> <i>John Doe</i> d. REVIEWER SIGNATURE				<b>e. TELEPHONE NUMBER</b> f. DATE			
<b>22.</b> Make sure to sign the voucher. Electronic signature is not authorized.				<b>c. TELEPHONE NUMBER</b> d. DATE			
<b>23. COLLECTION DATA</b>							
<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER/AUTHORIZATION POSTED BY</b>		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>	
<b>28. AMOUNT PAID</b>							

This should be your address at your final destination. Include your full SSN; phone # and email in case disbursing needs to contact you.

Mark the Own/Operate block if you drove your own auto.

If you paid for airfare, you must submit airfare receipts. Submit receipts for expenses of \$75 or more.

Make sure to sign the voucher. Electronic signature is not authorized.

## EXAMPLE TRAVEL VOUCHER FOR DEPENDENT TRAVEL FROM OVERSEAS BACK TO THE U.S.

This second voucher is only required if you have dependents and they traveled straight to their final destination but you stayed in Camp Pendleton to complete the separations process.

**Note: If you and you dependents traveled to Camp Pendleton and traveled together to your final destination, then only one travel voucher is required.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement form. Use typewriter, ink, or ball point pen. PR is needed, continue in remarks.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) for travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect to designate a payment that equals the total of their outstanding government travel card balance to the GTCC. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel.</b> <input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card					
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> Doe, John P.		<b>3. GRADE</b> E-5	<b>4. SSN</b> 000-00-0000		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Other Member/Employee <input type="checkbox"/> DLA		
<b>6. ADDRESS, a. NUMBER AND STREET</b> 123 Devil Dog Rd		<b>b. CITY</b> Pullerville	<b>c. STATE</b> TX	<b>d. ZIP CODE</b> 90500			
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> (999)999-9999		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> 0.00		<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
<b>11. ORGANIZATION AND STATION</b> CLR-17, Camp Pendleton CA, 92055				<b>13. DEPENDENT(S) ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b> 1234 Wafer Ct. San Diego CA 92055			
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial)    b. RELATIONSHIP    c. DATE OF BIRTH OR MARRIAGE Lewis B. Puller    Son    18980626 Dan Daily    Son    18731111				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
<b>15. ITINERARY</b> a. DATE    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				DEPENDENT TRAVEL CLAIM			
01/03	DEP	Okinawa Japan		CA			
01/03	ARR	Kadena AFB		AT			
01/03	DEP	SEATAC WA		TP			
01/03	ARR	El Paso TX		AT			
01/03	DEP			MC			
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OVERSEAS <input type="checkbox"/> DOMESTIC <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS			
<b>18. REIMBURSABLE EXPENSES</b> a. DATE    b. NATURE OF EXPENSE    c. AMOUNT    d. ALLOWED				<b>e. SUMMARY OF PAYMENT</b> (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due			
01/03		TAXI	20.00				
01/03		PLANE TICKETS	987.65				
<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b> a. DATE    b. NO. OF MEALS    a. DATE    b. NO. OF MEALS							
<b>20.a. CLAIMANT SIGNATURE</b> John Doe				<b>b. DATE</b> 20140112			
<b>c. REVIEWER'S PRINTED NAME</b> [Signature]		<b>d. REVIEWER SIGNATURE</b>		<b>e. TELEPHONE NUMBER</b>		<b>f. DATE</b>	
<b>21. MAKE SURE TO SIGN THE VOUCHER. ELECTRONIC SIGNATURE IS NOT AUTHORIZED.</b>				<b>c. TELEPHONE NUMBER</b> <b>d. DATE</b>			
<b>23. COLLECTION DATA</b>							
<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER/AUTHORIZATION POSTED BY</b>		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>	
<b>28. AMOUNT PAID</b>							

This should be your address at your final destination. Include your full SSN; phone # and email in case disbursing needs to contact you.

This statement is required to let disbursing know that this travel voucher is for dependent travel

It is not required to state every stop along the way except the first stop when arriving back in the U.S. and the final destination.

You must submit airfare receipts and receipts for expenses of \$75 or more.

## INSTRUCTIONS TO ASSIST YOU IN COMPLETING YOU TRAVEL VOUCHER

Block 9 – Enter the amount of the separation travel advance. If you didn't get one, enter \$0.

Block 10d - Can be used to annotate the amount of vehicles were used or more space to add dependents.

Block 12 - List all you dependents that traveled. If they traveled separately from you, please include a separate travel itinerary to show their travel.

Block 13 - Enter the home address where your dependents lived prior while you were stationed overseas.

Block 14 - Select yes if you household goods were packed and relocated to your new destination. If you select no, then make a comment on the block 15.d stating why your household goods have not been shipped.

Block 15b: Starting place must be your old duty station and the final destination must be the same address as block 6.

Block 15c:

**Means/Mode of Travel** codes (most commonly used), refer to the 2<sup>nd</sup> page of the DD form 1351-2 for other codes:

Commercial Auto (cab)	: CA
Plane tickets issued at no cost to you	: TP
You bought your own plane ticket	: CP
Private Auto	: PA

Block 15d:

**Reason For Stop codes** (most commonly used), refer to the 2<sup>nd</sup> page of the DD form 1351-2 for other codes:

Awaiting Transportation	: AT
Temporary Duty	: TD
Mission Complete	: MC

Block 16: Mark *owner/operator* if you drove your own vehicle, mark *passenger* if you rode with someone other than your dependents or took commercial transportation to you final destination.

Block 18: Enter reimbursable expenses that you paid for (airfare, airport shuttle bus, airport taxi, train). Do not claim meals for lodging expenses as you are paid a standard per diem rate per day for each day of authorized travel.

DOCUMENTS THAT ARE REQUIRED TO BE SUBMITTED WITH YOUR TRAVEL VOUCHER

PCS Orders (W-95)

Reporting Endorsement to Camp Pendleton

USMC WEB ORDERS. Includes fields for PERSONAL ORDER INFORMATION, ORDER TRANSACTION INFORMATION, and CUSTOMER IDENTIFICATION CODE.

UNITED STATES MARINE CORPS REPORTING ENDORSEMENT (RPT) form. Includes fields for FROM, TO, and SUBJECT, and a detailed list of reporting instructions.

UNITED STATES MARINE CORPS REPORTING ENDORSEMENT (RPT) form. Includes fields for FROM, TO, and SUBJECT, and a detailed list of reporting instructions.

NAVMC 11060

Leave/PTAD While Awaiting Separation Orders

NAVMC 11060 form. Includes sections for SEPARATION ORDER, NAVMC 11060, and instructions for reporting and documentation.

UNITED STATES MARINE CORPS REPORTING ENDORSEMENT (RPT) form. Includes fields for FROM, TO, and SUBJECT, and a detailed list of reporting instructions.

UNITED STATES MARINE CORPS REPORTING ENDORSEMENT (RPT) form. Includes fields for FROM, TO, and SUBJECT, and a detailed list of reporting instructions.

Airfare Itinerary/Receipts

Request for Port Call Statement

Airfare Itinerary/Receipts form. Includes fields for FROM, TO, and SUBJECT, and a detailed list of reporting instructions.

UNITED STATES MARINE CORPS REPORTING ENDORSEMENT (RPT) form. Includes fields for FROM, TO, and SUBJECT, and a detailed list of reporting instructions.

UNITED STATES MARINE CORPS REPORTING ENDORSEMENT (RPT) form. Includes fields for FROM, TO, and SUBJECT, and a detailed list of reporting instructions.