

**Instructions To Complete a Separations Travel Claim
For
Marines that were last stationed in a military installation in the continental U.S.**

Documentation Need

- ✓ DD form 1351-2 (*travel voucher*)
- ✓ Leave While Awaiting Separation or Retirement orders
- ✓ NAVMC 11060 (*separation/travel pay certificate*)

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

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

Email : 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 OF A COMPLETED DD 1351-2 (TRAVEL VOUCHER)

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Form. Use typewriter, ink, or ball point pen. If 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 Card representing travel charges for transportation, lodging, and rental car if you are a civilian employee to designate a payment that equals the total of their outstanding government travel card balance. NOTE: A split disbursement is only necessary when a GTCC is used while on travel.					
2. NAME (Last, First, Middle Initial) (Prior or type) SIMPSON, HOMER		3. GRADE E4	4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable) TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other DLA <input type="checkbox"/>		
6. ADDRESS - a. NUMBER AND STREET 742 EVERGREEN TERRACE		b. CITY SPRINGFIELD		c. STATE OR	d. ZIP CODE 32165		
e. E-MAIL ADDRESS DEVILDOG@GMAIL.COM							
7. DAYTIME TELEPHONE NUMBER & AREA CODE (789) 256-4152		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 1200.00		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
11. ORGANIZATION AND STATION MCB CAMP PENDLETON CA 92055			12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) LAST ADDRESS WHERE DEPND RELOCATED FROM	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		
SIMPSON, MARGE		SPOUSE	20011231				
SIMPSON, LISA		DAUGHTER	20010921				
SIMPSON, BART		SON	20040516				
SIMPSON, MAGGIE		DAUGHTER	20010208		15. ITINERARY		
16. ITINERARY		17. DURATION OF TRAVEL		18. REIMBURSABLE EXPENSES			
a. DATE 2015		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS			
6/5/15 DEP CAMP PENDLETON		PA		19. GOVERNMENT/Deductible MEALS			
6/10/15 ARR SPRINGFIELD, OR 36165		MC		a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS			
DEP				20. a. CLAIMANT SIGNATURE <i>Homer Simpson</i>			
ARR				b. DATE 20150701			
ARR				c. REVIEWER'S PRINTED NAME			
ARR				d. SIGNATURE			
ARR				e. TELEPHONE NUMBER			
ARR				f. DATE			
ARR				21. c. TELEPHONE NUMBER			
ARR				22. d. DATE			
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	

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

This statement is required if two or more POVs were driven. Indicate the number of POVs used.

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

Submit receipts for expenses of \$75 or more. Disbursing does not need receipts for lodging or meals.

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

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 2nd 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 2nd 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 ALONG WITH YOUR TRAVEL VOUCHER

Leave/PTAD While Awaiting Separation Orders



UNITED STATES MARINE CORPS
 SOURCE: NAVY DEPARTMENT (FORM 171-1)
 THE MARINE AIRCRAFT WING
 4401 TRUMAN AVENUE
 JOINT BASE
 MEADES-FIELD-GARDNER, NEW JERSEY 08440

IN REPLY REFER TO:
 1900
 12AC
 19 Jun 15

From: Commanding Officer
 To: Sergeant [REDACTED] (EDIFI: [REDACTED]) 6153 USMC
 Subj: LEAVE WHILE AWAITING SEPARATION
 Ref: (a) MCO P1050.33
 (b) JFTR, par. US125
 (c) 10U.S.C., Sect. 652 (NOTAL)

- Per the provisions of reference (a), effective 0800, 19 June 2015, you will proceed on 37.0 days of leave while awaiting release from active duty on 25 July 2015. You may proceed to your home of record or to any other place you may elect. You were ordered to active duty from Springfield, MA. Your home of record is Imagination City, CT.
- You have elected mileage, via 1 POV, to 123 Fake St, Imagination City, CT 12345. You have given your permanent mailing address as 123 Fake St, Imagination City, CT 12345. Per the provisions of reference (b), travel pay upon separation is authorized.
- Your unused leave, computed to include 19 June 2015, is 48.0 days. Upon completion of authorized leave, your leave balance will be 14.5 days due upon release according to your leave screen.
- Your dependents authorized to travel under these orders are:

Dependent Name	Relationship	DOB/Gain
N/A		

- On 25 July, you will notify this command of your actual location. Such notification will be by the most expeditious means, either by phone or email to (609) 562-8877 or Petagay.walker_jm@usmc.mil, in order to report the most current data via Unit Diary.
- Per reference (c), you are required while a member of the Fleet Marine Corps Reserve to keep the Commanding General, Marine Corps Mobilization Command, 2000 Opelousas Avenue, New Orleans, LA 70146, (toll free 1-800-255-8082), informed of any change of address, marital status, number of dependents, civilian employment, or physical standards. Disbursing Officer, 1 MCF, Camp Pendleton, P.O. Box 558002 Camp Pendleton, CA 92055.

Subj: LEAVE WHILE AWAITING SEPARATION

7. Expenditures under these orders are chargeable to:
 TVL: 1751105.2750 217 41690 067443 2D 000000 000000000000
 SEN: M7000218CTB2BK7
 HSG: 1751105.2750 220 41690 067443 2D 000000 M9C5000000000 M9C5
 SEN: M7000118CB0M9C5

P. G. GUIERREZ
 By direction

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NAVMC 11060 (Separation/Travel Pay Certificate)

SEPARATION/TRAVEL PAY CERTIFICATE
 NAVMC 11060 (REV 10-11) (Previous editions are null and void)
 SEE SUB-COM-020508 011: READ ON JCL

PART I - COMMANDING OFFICER

UNIT: _____

NAME (Last, First, Middle Initial): _____ TAX: _____ GRA: _____

ADTH FOR SEPARATION AND PROGRAM OBSERVANCE CODE: _____ EFFECTIVE DATE OF SEPARATION FROM ACTIVE DUTY: _____

REASON: RETIRED DISCHARGE RESIGNMENT SEPARATION TRANSFER TO ENCL TRANSFER TO TOL/PUL

TYPE OF SEPARATION: HONORARY GENERAL OTHER (SEE DISBURSER) NEW COMMAND UNDESIRABLE

AREA OF RECORD: _____ PLACE FROM ORDER TO ACTIVE DUTY: _____

PAY INFORMATION

RECORD SEPARATION LEAVE: YES NO (SEE DISBURSER FOR DETAILS) YES NO

PAY SEPARATION PAY: FULL HALF (ACTIVE SERVICE) GRADE: _____ STATUS: _____

PAY SEPARATION PAY: GRADE OF SEPARATION: YES NO ACTIVE SERVICE: _____ MONTHS: _____

PAY SEPARATION PAY: GRADE OF SEPARATION: _____ MONTHS: _____

LEAVE AWAITING SEPARATION (NUMBER OF DAYS) FROM: _____ TO: _____

RECEIPT OF NAVY REFUGEE SOCIETY LEAF: YES NO

OTHER: _____

ACCOUNTING/APPROPRIATION DATA - ACCOUNTING CLASSIFICATION FOR SEPARATION

APPROPRIATION SYMBOL AND DESIGNATION	QUANT	UNLAW	USE	APPROPRIATION	TYPE	PROPERTY	CODE
UNLAW	CODE NO	BLANK	ACCOUNTING	PROPERTY	PROPERTY	PROPERTY	CODE

THIS CERTIFICATE IS NOT TO BE USED TO DETERMINE SEPARATION PAY (SEE DISBURSER)

SIGNATURE OF COMMANDING OFFICER: _____ DATE: _____

PART II - SAILOR

APPROPRIATE TYPE OPTION (IF APPLICABLE)

I DO DO NOT elect payment _____ days full and _____ days USR in connection with involuntary appellate leave.

If in connection with voluntary appellate leave, I understand that I will remain in a pay status until my maximum leave balance of _____ days is used, and will enter an excess leave status thereafter.

I understand that my leave balance is _____ days excess leave and that I will be charged pay and allowances for each day of excess leave.

TRAVEL CERTIFICATE

I DO NOT WANT to be paid an advanced separation leave allowance.

I WANT to be paid a Government transportation allowance to travel to my dependent's place of residence.

I WANT to be paid advance travel allowance for myself and my dependent(s) to _____

Permanent Mailing Address after separation: _____
 Home Mailing Address after separation: _____
 Social Security after separation: _____

The amount advanced is a partial advance and the remaining amount due will not be paid on my next pay period. If my pay is sufficient for travel, I will be paid for the remaining amount due.

I understand that I will be paid an advanced separation leave allowance of _____ days if my leave balance is _____ days or more at the time of my separation. If my leave balance is less than _____ days, I will be paid for the remaining amount due.

I understand that my separation pay will be paid to me by direct deposit. I understand that my separation pay will be paid to me by direct deposit. I understand that my separation pay will be paid to me by direct deposit.

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SIGNATURE OF SAILOR: _____ DATE: _____