

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act form. Use type is needed, con	FULL SSN	ent, and instructions on back before completing PRESS HARD. DO NOT use pencil. If more space
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input checked="" 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 charges to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.				\$1599.71
2. NAME (Last, First, Middle Initial) (Print or type) HARDCHARGER, CHESTY P.		3. GRADE E-6	4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS. a. NUMBER AND STREET 1775 TUN TAVERN		b. CITY OCEANSIDE	c. STATE CA	d. ZIP CODE 92057		
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-867-5309			8. TRAVEL ORDER/AUTHORIZATION NUMBER IMC9TP	
11. ORGANIZATION AND STATION 1ST MAR DIV CAMP PENDLETON		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED		13. D.O. USE ONLY			Input all modes of travel and reasons for stops.	
15. ITINERARY		14. HAS FOODS BEEN SHIPPED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks)			d. COMPUTATIONS	
a. DATE 06/18	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) RESIDENCE OCEANSIDE, CA	c. MODE OF TRAVEL PA	e. LODGING COST AT	f. POC MILES 30		
DEP 06/18	ARR SAN DIEGO AIRPORT	CP	TD	432.00		
DEP 06/18	ARR QUANTICO, VA	CP	AT	30		
DEP 06/22	ARR SAN DIEGO AIRPORT	PA	ML	30		
DEP 06/22	ARR RESIDENCE OCEANSIDE, CA			e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Duration Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due		
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL <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			(10) Amount Due	
18. REIMBURSABLE EXPENSES		19. GOVERNMENT/DEDUCTIBLE MEALS			a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS	
a. DATE 06/22	b. NATURE OF EXPENSE HOTEL TAX	c. AMOUNT 77.44	a. DATE b. NO. OF MEALS		a. DATE b. NO. OF MEALS	
06/22	AIR LINE TICKETS	858.70	a. DATE		b. NO. OF MEALS	
06/22	AIRPORT PARKING	60.00	a. DATE		b. NO. OF MEALS	
06/22	RENTAL VEHICLE	231.57	a. DATE		b. NO. OF MEALS	
06/22	RENTAL VEHICLE FUEL	41.50	a. DATE		b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE 		d. REVIEWER SIGNATURE 		b. DATE 20140623		
c. REVIEWER'S PRINTED NAME		e. TELEPHONE NUMBER		f. DATE		
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		
21.b. APPROVING OFFICIAL'S SIGNATURE		d. DATE				
22. ACCOUNTING CLASSIFICATION						
23. COLLECTION DATA						
24. COMPUTED BY	26. AUDITED BY	28. TRAVEL ORDER AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID	