

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act form. Use typewritten form. Use typewritten form. Use typewritten form.	FULL SSN	ment, and instructions on back before completing PRESS HARD. DO NOT use pencil. If more space
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 elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card charges to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used on official travel for the Government.				Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 500.00
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 MARINE WAY		b. CITY OCEANSIDE	c. STATE CA	d. ZIP CODE 92057		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-867-5309		8. TRAVEL ORDER/AUTHORIZATION NUMBER 1TZA0B	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES Ø		11. ORGANIZATION AND STATION 1ST MLG HQ RGT SVC COMP	
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECE ORDERS (Include Zip Code)		14. HAVE HOUSEHOLD GOODS SHIPPED? (X one) YES NO (in Remarks)		
15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		MEAL MOD TRV	REASON FOR STOP	LOGGING COST	1. POC MILE	
07/10 DEP CAMP PENDLETON, CA		PA				
07/10 ARR 29 PALMS, CA		PA	TD	500.00	141	
07/20 DEP CAMP PENDLETON, CA			ML		141	
ARR						
ARR						
ARR						
ARR						
ARR						
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		e. SUMMARY OF PAYMENT (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				
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED		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				
07/20 HOTEL TAX 90.00						
19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS						
20.a. CLAIMANT SIGNATURE <i>Chester P. Hardcharger</i>		c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		b. DATE 20140721
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		e. TELEPHONE NUMBER		f. DATE
22. ACCOUNTING CLASSIFICATION		c. TELEPHONE NUMBER		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

Check owner/operator or passenger

Input all modes of travel.
Input all reasons for stops.
Input mileage from DTOD.