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.										
ting travel charges for transportation, lodging, a							e will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement represen- id rental car if you are a civillan employee, unless you elect a different amount. Military personnel are required to										
Transfer (E	Electronic Fund Transfer (EFT) Designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:																
2. NAME (Last, Fit	,	•		amount	or this rein	3. GRA			. 88N	verni	ment Travel	Charge (OF PAYMEN	T (X as an	olicable)	
													TD		<u> </u>	ember/Employee	
ADDRESS. a. NUMBER AND STREET b. CITY								c. STATE			d. ZIP CODE		PC	3	O	ther	
													Dep	endent(s)	DI	LA.	
e. E-MAIL ADDRESS 7. DAYTIME TELEPHONE NUMBER & S. TRAVEL ORDER/AUTHORIZATION								ON 8. PREVIOUS GOVERNMENT PAYMENTS/						10. FOR D.O. USE ONLY			
AREA CODE	IIION	ADVANCES						a. D.O. VOUCHER NUMBER									
11. ORGANIZATIO										b. SUBVOUCHER NUMBER							
12 DEPENDENT		13. DEPENDENTS' ADDRESS ON RECEIPT OF							c. PAID BY								
12. DEPENDENT(8) (X and complete as applicable) ACCOMPANIED UNACCOMPA					NIED	ORDER® (Include Zlp Code)											
a. NAME (Last, First, Middle Initial) b. RELATION					C. DATE OF	F BIRTH	1										
		OR MAN	CMARRINGE														
							14. HAVE (X one	E HOUSEHOLD GOODS BEEN SHIPP e)			SHIPPED?	d. COMPUTATIONS					
							YE	YES			NO (Explain in Remarks)						
a. DATE	The D	TS gene	rated 1	351-2	autom	atical	ly		d. ASON FOR	L	e. ODGING	f. POC					
		ut all red					-		TOP		COST	MILES					
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DEP		tion of I		•		_	ıa	+					-				
ARR		gnature						Н									
DEP	means	s it is YC	OUR veh	icle ar	nd YOU	J drov	e.	+									
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ARR												(1) Per D (2) Actua					
DEP ARR								+	_				(3) Milea		owance		
18. POC TRAVEL	I PA	ASSENGE	R	17		J DURATION OF TRA		VEL	(4) Dependent Travel		-						
18. REIMBURSABLE EXPENSES OWN/OPERATE 18. REIMBURSABLE EXPENSES]	12 HOURS OR LESS		(5) DLA				
a. DATE b. NATURE OF EXPENSE					c. AMO	UNT	d. ALLO	WED		121			(6) Reimbursable Expenses				
										MORE THAN 12 HOURS		(7) Total					
									BUT 24 HOURS OR LESS		(8) Less Advance						
						мо	MORE THAN 24 HOURS		(9) Amount Owed								
													(10) Amount Due				
-	Ensure this is signed by the traveler.													h No organia			
					1				1		DATE	b. NO. O	r MEALS	a. D	AIE	b. NO. OF MEALS	
+					†	-			+								
							+ +										
20 a CI AIMANT SIGNATURE															b. DATE		
c. REVIEWER'S PRINTED NAME								SIGNATURE					e. TELEPHONE NUMBER			f. DATE	
21.a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNA'							TURE						c. TELEPHONE NUMBER			d. DATE	
22. ACCOUNTING CLASSIFICATION																	
22. ACCOUNTING	CLASSIFIC	CATION															
23. COLLECTION	DATA																
24. COMPUTED B	3Y 2	6. AUDITED	BY		VEL ORDER DRIZATION		BY 27. F	RECEI	VED (Pa	yee :	Signature and	Date or C	heck No.)		28. AI	MOUNT PAID	
DD FORM 1	351-2	MAY 20	111			PR	EVIOUS	FDIT	IONIS	OBS	SOLETE		Exce	ption to SF 10	012 appro	ved byGSA/IRMS 12-91.	

Ensure all the information in the 1351-2 is filled out completely and matches what is entered in DTS. Approving Officials cannot and will not approve anything that does not reflect the 1351-2. IT MUST be signed by the traveler.