

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.			
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Split Disbursement: Amount to Government Travel Charge Card <input type="checkbox"/> Payment by Check \$ _____							
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS a. NUMBER AND STREET			b. CITY	c. STATE	d. ZIP CODE		<input 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
e. E-MAIL ADDRESS				10. FOR D.O. USE ONLY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION						b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY	
ACCOMPANIED		UNACCOMPANIED					
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE					
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				d. COMPUTATIONS			
<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)							
15. ITINERARY				c. MEANS/ MODE OF TRAVEL		d. REASON FOR STOP	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			e. LODGING COST		f. POC MILES	
DEP							
ARR							
DEP							
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16. POC TRAVEL (X one)				17. DURATION OF TDY TRAVEL		e. SUMMARY OF PAYMENT	
OWN/OPERATE		PASSENGER		12 HOURS OR LESS		(1) Per Diem	
18. REIMBURSABLE EXPENSES				MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(2) Actual Expense Allowance	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	MORE THAN 24 HOURS		(3) Mileage	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
				19. GOVERNMENT/DEDUCTIBLE MEALS			
				a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE		b. DATE	c. SUPERVISOR SIGNATURE		d. DATE		
21.a. APPROVING OFFICER SIGNATURE				b. DATE			
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
						28. AMOUNT PAID	