

| 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 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 balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. | | | | | |
| | | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____ | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) DOE, JANE | | | 3. GRADE CONS | 4. SSN | 5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY Member/Employee <input type="checkbox"/> PCS Other <input type="checkbox"/> Dependent(s) DLA | | |
| 6. ADDRESS. a. NUMBER AND STREET 1 ANYPLACE ST. | | b. CITY SOMEWHERE | c. STATE CA | d. ZIP CODE 22222 | | | |
| e. E-MAIL ADDRESS JDoe@123.com | | | | | | 10. FOR D.O. USE ONLY | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE (703) 111-1111 | | 8. TRAVEL ORDER/AUTHORIZATION NUMBER DSTDXX-XXXX | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES | | a. D.O. VOUCHER NUMBER | |
| 11. ORGANIZATION AND STATION OSD/OUUSD (AT&L)/DSB | | | | | | b. SUBVOUCHER NUMBER | |
| 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED | | | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | c. PAID BY | |
| a. NAME (Last, First, Middle Initial) | | b. RELATIONSHIP | | c. DATE OF BIRTH OR MARRIAGE | | | |
| | | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | d. COMPUTATIONS | |
| 15. ITINERARY | | | | | | | |
| a. DATE 2011 | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | | | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | |
| | | | | | | f. POC MILES | |
| 3 Feb | DEP | Somewhere, CA | | PA | | | |
| 3 Feb | ARR | | | | AT | 30 | |
| 3 Feb | DEP | Los Angeles International Airport, CA | | TP | | | |
| 3 Feb | ARR | | | | AT | | |
| 3 Feb | DEP | Washington National Airport, Washington, DC | | CA | | | |
| 8 Feb | ARR | | | | TD | | |
| 8 Feb | DEP | Washington, DC | | CA | | | |
| 8 Feb | ARR | | | | AT | | |
| 8 Feb | DEP | Washington National Airport, Washington, DC | | TP | | | |
| 8 Feb | ARR | | | | AT | | |
| 8 Feb | DEP | Los Angeles International Airport, CA | | PA | | | |
| 8 Feb | ARR | Somewhere, CA | | | MC | 30 | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| 16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | | | | | e. SUMMARY OF PAYMENT | |
| 18. REIMBURSABLE EXPENSES | | | | 17. DURATION OF TRAVEL | | (1) Per Diem | |
| a. DATE | b. NATURE OF EXPENSE | | c. AMOUNT | d. ALLOWED | | (2) Actual Expense Allowance | |
| 3-8 Feb | Hotel Lodging | | 400.00 | | | (3) Mileage | |
| 3-8 Feb | Hotel Taxes | | 40.00 | | | (4) Dependent Travel | |
| 3,8 Feb | Mileage (Res-Airport-Res) | | 30.60 | | | (5) DLA | |
| 3 Feb | Taxi to Hotel (Washington, DC) | | 30.00 | | | (6) Reimbursable Expenses | |
| 4-8 Feb | Taxi to Meetings | | 40.00 | | | (7) Total 0.00 | |
| 8 Feb | Taxi to Airport (Washington, DC) | | 30.00 | | | (8) Less Advance | |
| | | | | <input checked="" type="checkbox"/> MORE THAN 24 HOURS | | (9) Amount Owed 0.00 | |
| 19. GOVERNMENT/DEDUCTIBLE MEALS | | | | | | (10) Amount Due | |
| | | a. DATE | b. NO. OF MEALS | | | | |
| | | | | | | | |
| 20.a. CLAIMANT SIGNATURE | | | | | | b. DATE | |
| c. REVIEWER'S PRINTED NAME | | | d. SIGNATURE | | e. TELEPHONE NUMBER | f. DATE | |
| 21.a. APPROVING OFFICIAL'S PRINTED NAME | | | b. SIGNATURE | | c. TELEPHONE NUMBER | d. DATE | |
| 22. ACCOUNTING CLASSIFICATION | | | | | | | |
| 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 | |