Procedures for Filling Out and Submitting Your Travel Claim (DD Form 1351-2)

1. **General Information**: Reimbursement for all expenses (including airfare, lodging or car rental -- when authorized) is limited to the government rate or whatever you paid, whichever is less. When Carlson Wagonlit is not used to book travel, reimbursement of fees for changes or cancellation of travel will not be authorized. Sample vouchers are provided on page 3 and 4 as further guidance to use when completing your voucher. Per Diem is paid automatically with approved orders and does not need to be listed as a reimbursable expense on the voucher.

2. **Required Attachments to your travel claim**:

☐ Copy of your Travel Orders
☐ Lodging receipt showing paid "0" balance
☐ Airline ticket receipt
☐ All receipts for any other individual expenses $75 or more. Receipts should show method of payment (ie; cash, check, or type of credit card with the last 4-5 digits listed) and showing a "0" balance or other indication on the receipt stating "Paid". (Note: if you total up several taxi fares on one line under reimbursable expenses, and that total exceeds $75, then you must provide copies of receipts for each trip).

NOTE: On the rare occasion when a rental car is authorized, you must provide a receipt from the rental car agency indicating your method of payment (ie; cash, check, or type of credit card with the last 4-5 digits listed) and showing a "0" balance or other indication on the receipt stating "Paid". If your receipt does not meet this criteria you will not reimbursed. This is a DFAS requirement and you will not be reimbursed without it. You can submit a statement in lieu of receipt completed like the sample on page 5 if your receipt does not meet the criteria.

3. **Filling out your travel claim – key blocks (see sample vouchers on page 3 and 4 for additional guidance):**

- Block 1 – Electronic Funds Transfer (Mandated for all Government travel reimbursement via DTS. This is the only option, payment by check is no longer authorized)
- Block 3 – **CONS.**
- Block 5 – Check **TDY.**
- Block 6 – Fill in 6a – e. Your **home** address **must** be used.
- Block 8 – Leave blank.
- Block 11 – Put "**OSD/OUSD (AT&L)/DSB, Pentagon, Washington DC**", in this block.
- Block 12 – Check unaccompanied.
- Block 15 – **Column A: indicate the year** in the top of the block, then the **date to correspond to each itinerary entry** in Column B. **Column B (Place – Input the city and state)**: Please be sure that your travel From, To and point of return (city/state) read the same as your Travel Order. **Column C (Mean/Mode of Travel) Codes** are: **PA** (private automobile), **CP** (commercial plane—if you paid for the ticket), **TP** (government plane – **when the government / Carlson Wagonlit pays for the airfare / issues the ticket**), **CA** (commercial auto – rental car, taxis), **CR** (commercial rail), **TR** (government rail – **when the government / Carlson Wagonlit pays for the train / issues the ticket**) and **AR** (Authorized Return). **Column D (Reasons for Stop) Codes** are: **AT** (awaiting transportation), **TD** (temporary duty – your status while at the DSB meeting),

- **MC** (mission complete – arrival at your return destination, typically your home), LV (leave or other business). Additional information on codes that can be used in **Column C** and **D** are listed on page 2 of the DD 1351-2. **Column E** (Lodging Cost **Only**). If you use this block do not claim lodging cost again in Block 18. Taxes must be listed separately in Block 18. **Column F (POC Miles):** Record miles you traveled in your personal vehicle (be sure to check the appropriate box in Block 16 if you used your own vehicle). **If you need additional space, use the DD Form 1351-2C to continue your entries.**
- Block 16 – Check applicable block.
- Block 17 – **Duration of TDY**. Check appropriate block.
- Block 18 – **Reimbursable Expenses – Column A (use for reimbursable expenses such as hotel lodging, hotel taxes, air fare, train fare, parking, tolls, taxis, etc):** Date. **Column B (Nature of Expense):** general guidelines – (a) Enter your total lodging cost (minus taxes and meals/services at the hotel, these are not reimbursable) and total lodging taxes as 2 separate entries, (b) list cost of air or train travel only if you paid for it, (c) if you spread your taxi fares across several lines and each is under $75, you do not need to submit a receipt, (d) include Conference Fee here (if applicable – must include authorization letter as attachment), (e) rental car (note: use of rental cars is not usually authorized). If you need additional space, use the DD Form 1351-2C to continue your entries. **NOTE: Do not claim meals you purchased during your trip. All meals are covered by your daily per diem which is automatically paid by DFAS with approved orders.**
- Block 19 – This block is to indicate meals which were provided to you that you did not pay for. Leave blank unless the Exception below applies. (**Exception:** Meals paid on your behalf such as hosted meeting lunches, DSB quarterly meeting lunches, etc). Any meals listed here will result in a deduction from your meal per diem for that day. List the date and number of meals you had during that time.
- Block 20 – **Please be sure to sign and date your travel claim in 20a and b.**

4. **Submitting your travel claim:**

- Please be sure to keep a copy of your Travel Claim (and all attachments).
- **Please do not mail** your travel claim. **Fax in your claim to Janice Jackson at (703) 697-1860** or scan, encrypt and e-mail to osd.pentagon.ousd-atl.mbx.dsb-office1@mail.mil.

5. **Contacting DSB:** For additional assistance, please email us at osd.pentagon.ousd-atl.mbx.dsb-office1@mail.mil or call (703) 695-4157.

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

[X] Electronic Fund Transfer (EFT)

[ ] 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)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
DOE, JANE	CONS		[X] TDY [ ] Member/Employee [ ] PCS [ ] Other [ ] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE
1 ANYPLACE ST.	SOMEWHERE	CA	22222

e. E-MAIL ADDRESS: JDoe@123.com

10. FOR D.O. USE ONLY

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	a. D.O. VOUCHER NUMBER
(703) 111-1111			b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION

OSD/OUSD (AT&L)/DSB

12. DEPENDENT(S) (X and complete as applicable)

[ ] ACCOMPANIED [X] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)

[ ] YES [ ] 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					

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	0.00
(8) Less Advance	
(9) Amount Owed	0.00
(10) Amount Due	

16. POC TRAVEL (X one) [X] OWN/OPERATE [ ] PASSENGER

17. DURATION OF TRAVEL

[ ] 12 HOURS OR LESS
[ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
[X] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
3-8 Feb	Hotel Lodging	400.00	
3-8 Feb	Hotel Taxes	40.00	
3-8 Feb	Mileage (Res-Airport-Res)	30.60	
3 Feb	Taxi to Hotel (Washington, DC)	30.00	
4-8 Feb	Taxi to Meetings	40.00	
8 Feb	Taxi to Airport (Washington, DC)	30.00	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	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

Sample voucher w/Leave annotated

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DOE, JANE	CONS		[X] TDY [ ] Member/Employee [ ] PCS [ ] Other [ ] Dependent(s) [ ] DLA

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1 ANYPLACE ST.	SOMEWHERE	CA	22222

e. E-MAIL ADDRESS JDoe@123.com

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	10. FOR D.O. USE ONLY
(703) 111-1111	DSTDXX-XXXX		a. D.O. VOUCHER NUMBER

11. ORGANIZATION AND STATION: OSD/OUSD (AT&L)/DSB

b. SUBVOUCHER NUMBER

12. DEPENDENT(S) (X and complete as applicable)

[ ] ACCOMPANIED [X] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

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14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) [ ] YES [ ] 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
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3 Feb	ARR			LV		30
4 Feb	DEP	Los Angeles International Airport, CA	CP			
4 Feb	ARR			AT		
4 Feb	DEP	Washington National Airport, Washington, DC	CA			
4 Feb	ARR			TD		
8 Feb	DEP	Washington, DC	CA			
8 Feb	ARR			AT		
8 Feb	DEP	Washington National Airport, Washington, DC	CP			
8 Feb	ARR	Los Angeles International Airport, CA		AT		
8 Feb	DEP		PA			
8 Feb	ARR	Somewhere, CA		MC		30
	DEP					
	ARR					

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
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5-8 Feb	Taxi to Meetings	40.00	
8 Feb	Taxi to Airport (Washington, DC)	30.00	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
5 Feb	1	6 Feb	

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

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DD FORM 1351-2, MAY 2011 PREVIOUS EDITION IS OBSOLETE. Exception to SF 1012 approved by GSA/RMS 12-91
Adobe Professional 8.0

Sample Statement in Lieu of Receipt

MEMORANDUM FOR DFAS

SUBJECT: **STATEMENT IN LIEU OF ACTUAL RECEIPTS**

I, _____ DO HEREBY CERTIFY BY THIS STATEMENT THAT RECEIPTS FOR THE FOLLOWING TRAVEL EXPENSE WERE EITHER IMPRACTICAL TO OBTAIN, INADVERTANTLY MISPLACED, LOST, OR DESTROYED AND HEREYBY CLAIM THE FOLLOWING AMOUNT OF $ _____ WHICH CONSIST OF THE FOLLOWING:

_____

_____

_____ TRANSPORTATION

_____ AIRFARE NAME OF AIRLINE_____

____✓____ RENTAL VEHICLE NAME OF COMPANY_____

TYPE OF VEHICLE RENTED_____

_____ MISCELLANEOUS (PLEASE LIST) _____

_____

I ALSO CERTIFY THAT NO HIDDEN CHARGES OR CLAIMS ARE ADDED INTO THESE COSTS.

SIGNED:_____

DATE:_____