

## **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 (only if you paid for it)
- 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 be 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 – Indicate payment preference (split disbursement is only for those consultants who have a government credit card).
- Block 3 – **CONS.**
- Block 5 – Check **TDY.**
- Block 6 – Fill in 6a – e. Your **home** address **must** be used.
- Block 8 – Your Travel Order Number is located on your Invitational Travel Orders in the top right section. The number should be in boldface type, and will begin with "**DSTD**". It changes each time you travel.
- 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):** 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).

- Block 16 – Check applicable block.
  - Block 17 – **Duration of TDY**. Check appropriate block.
  - Block 18 – **Reimbursable Expenses – Column A: 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 [DSBOffice@osd.mil](mailto:DSBOffice@osd.mil).
5. **Contacting DSB:** For additional assistance, please email us at [DSBOffice@osd.mil](mailto:DSBOffice@osd.mil) or call (703) 695-4157.

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<b>6. ADDRESS (Include APO and ZIP Code)</b> 1 ANYPLACE ST.		<b>7. CITY</b> SOMEWHERE	<b>8. STATE</b> CA	<b>9. ZIP CODE</b> 22222																																																																				
<b>10. EMAIL ADDRESS</b> JDee@123.com		<b>11. ORGANIZATION AND STATION</b> OSD/OSD (AT&L)/DSB				<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. EXPLANATIONS																																																																		
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> (408) 111-1111		<b>8. TRAVEL ORDER AUTHORIZATION NUMBER</b> DSTDX-XXXX		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>		<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial)    b. RELATIONSHIP    c. DATE OF BIRTH OR WORK DATE																																																																		
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DD FORM 1351-2, MAY 2011

PREVIOUS EDITION IS OBSOLETE.

Revised on 05/10/12 approved by GS/WRP/1251, Acube Professional B.O.

**SAMPLE VOUCHER W/LEAVE**

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.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay a check to the Government Travel Charge Card (GTCC) cardholder the portion of your reimbursement representing base charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to complete a payment that equals the total of their outstanding government travel card balances to the GTCC cardholder. <b>NOTE:</b> 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: \$					
<b>3. NAME (Last, First, Middle Initial (optional))</b> DOE, JANE		<b>3. GRADE</b> CONS	<b>4. SSN</b>	<b>5. TYPE OF PAYMENT (check appropriate)</b> <input checked="" type="checkbox"/> TOY <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA			
<b>6. ADDRESS (Number and Street)</b> 1 ANYPLACE ST.		<b>7. CITY</b> SOMEWHERE	<b>8. STATE</b> CA	<b>9. ZIP CODE</b> 22222		<b>10. FOR DDC USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS	
<b>11. ORGANIZATION AND STREET</b> OSD/OSD (AT&L)/DSB		<b>12. DEPENDENT(S) (check appropriate)</b> <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED		<b>13. DEPENDENT'S ADDRESS OR RECEIPT OF OVERSEAS/Abroad Zip Code</b>		<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Specify in Remarks)	
<b>15. TRAVEL ORDER INFORMATION</b> ORDER NUMBER: DS1234-XXXX		<b>16. TRAVEL DATE</b> 2011		<b>17. DURATION OF TRAVEL</b> 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS		<b>18. SUMMARY OF PAYMENT</b> (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	
<b>19. REIMBURSABLE EXPENSES</b>		<b>20. GOVERNMENT DEDUCTIONS - MEALS</b>		<b>21. CLAIMANT'S SIGNATURE</b>		<b>22. DATE</b>	
<b>19.1 DATE</b> 4-8 Feb	<b>19.2 NATURE OF EXPENSE</b> Hotel Lodging	<b>19.3 AMOUNT</b> 100.00	<b>19.4 ALLOWED</b>	<b>20.1 DATE</b> 5 Feb		<b>20.2 NO. OF MEALS</b> 1	
<b>19.1 DATE</b> 4-8 Feb	<b>19.2 NATURE OF EXPENSE</b> Hotel Taxes	<b>19.3 AMOUNT</b> 40.00	<b>19.4 ALLOWED</b>	<b>20.1 DATE</b> 6 Feb		<b>20.2 NO. OF MEALS</b> 1	
<b>19.1 DATE</b> 3-8 Feb	<b>19.2 NATURE OF EXPENSE</b> Mileage (Res-Airport-Res)	<b>19.3 AMOUNT</b> 30.00	<b>19.4 ALLOWED</b>				
<b>19.1 DATE</b> 4 Feb	<b>19.2 NATURE OF EXPENSE</b> Taxi to Hotel (Washington, DC)	<b>19.3 AMOUNT</b> 30.00	<b>19.4 ALLOWED</b>				
<b>19.1 DATE</b> 5-8 Feb	<b>19.2 NATURE OF EXPENSE</b> Taxi to Meetings	<b>19.3 AMOUNT</b> 40.00	<b>19.4 ALLOWED</b>				
<b>19.1 DATE</b> 8 Feb	<b>19.2 NATURE OF EXPENSE</b> Taxi to Airport (Washington, DC)	<b>19.3 AMOUNT</b> 30.00	<b>19.4 ALLOWED</b>				
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<b>22. ACCOUNTING CLASSIFICATION</b>				<b>23. COLLECTION DATA</b>			
<b>31. COMPLETED BY</b>	<b>32. AUDITED BY</b>	<b>33. TRAVEL ORDER AUTHORIZATION POSTED BY</b>	<b>34. RECEIVED (Project Signature and Date or Check/AC)</b>		<b>35. AMOUNT PAID</b>		

DD FORM 1361-2, MAY 2011

PREVIOUS EDITION IS OBSOLETE.

Except on 10 SP 1017 approved by GSA/RS 12-01  
 A-1000 Professional 1.0

**SAMPLE STATEMENT IN LIEU OF RECEIPT FOR RENTAL CAR**

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 HEREBY 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: \_\_\_\_\_