

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		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.
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)	Payment by Check	
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____

2. NAME (Last, First, Middle Initial) (Print or type) PATIENT'S NAME		3. GRADE N/A	4. SSN 000-00-0000	5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS. a. NUMBER AND STREET PATIENT'S ADDRESS		b. CITY	c. STATE	d. ZIP CODE	<input checked="" 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

7. DAYTIME TELEPHONE NUMBER & AREA CODE PATIENT PHONE			8. TRAVEL ORDER/AUTHORIZATION NUMBER LEAVE BLANK			9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			10. FOR D.O. USE ONLY		
11. ORGANIZATION AND STATION TRICARE REGIONAL OFFICE-NORTH									a. D.O. VOUCHER NUMBER		
									b. SUBVOUCHER NUMBER		

12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			c. PAID BY		
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> 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	e. LODGING COST	f. POC MILES	SPECIALTY CARE
a. DATE 2008	b. PLACE (Home, Office, Base, Active, City and State; City and Country, etc.)					
3 Mar	DEP Jacksonville, NC	PA				Active Family Member
3 Mar	ARR Durham, NC		HA			
5 Mar	DEP Durham, NC	PA				
5 Mar	ARR Jacksonville, NC		MC			Retiree
	DEP Jacksonville, NC					Retiree Family Member
	ARR EXAMPLE- Patient					Other
	DEP PATIENT CLAIM FORM WHEN TRAVELING WITH NMA					
	ARR MUST ATTACH 1351-3					
	DEP					
	ARR					

16. POC TRAVEL (X one)		OWN/OPERATE	<input checked="" type="checkbox"/> PASSENGER	17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES							
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED				
3-5 MAR	Meals from 1351-3	86.05		<input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS		(5) DLA (6) Reimbursable Expenses (7) Total 0.00 (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 PATIENT'S SIGNATURE WITH DATE			b. DATE		
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER	
f. DATE					
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER	
d. DATE					

22. ACCOUNTING CLASSIFICATION
POC TRO NORTH 703-588-1865 or 1869

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
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EXAMPLE

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification **filing system for filing and retrieving individual claims.**

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your pre-designated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your pre-designated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note) - T	Automobile - A
Government Transportation - G	Motorcycle - M
Commercial Transportation (Own expense) - C	Bus - B
Privately Owned	Plane - P
Conveyance (POC) - P	Rail - R
	Vessel - V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay - AD	Leave En Route - LV
Authorized Return - AR	Mission Complete - MC
Waiting Transportation - AT	Temporary Duty - TD
Hospital Admittance - HA	Voluntary Return - VR
Hospital Discharge - HD	

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.