

INSTRUCTIONS FOR DD FORM 1351-2

(A Summary of DD Form 1351-3)

Leave all shaded boxes blank.

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.					
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE		4. SSN		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)	
6. ADDRESS: a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE	
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
11. ORGANIZATION AND STATION TRICARE Regional Office - West				10. FOR D.O. USE ONLY		a. D.O. VOUCHER NO. b. SUBVOUCHER NO.	
12. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED UNACCOMPANIED				13. DEPENDENT'S 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		d. COMPUTATION	
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)				15. ITINERARY		e. LODGING COST f. POC MILES	
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		g. MEANS/MODE OF TRAVEL		h. REASON FOR STOP	
20		DEP PATIENT'S CITY, STATE		MC		(1) Per Diem	
ARR		DESTINATION CITY, STATE		(2) Actual Expense		(3) Mileage	
DEP		PATIENT'S CITY, STATE		(4) Dependent Travel		(5) DLA	
ARR		(6) Reimbursable Expense		(7) Total		(8) Less Advance	
DEP		(9) Amount Owed		(10) Amount Due		17. DURATION OF TRAVEL	
ARR		(1) Own/Operate		(2) Passenger		12 HOURS OR LESS	
DEP		18. REIMBURSABLE EXPENSES		19. GOVERNMENT/DEDUCTIBLE MEALS		MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
ARR		a. DATE		b. NATURE OF EXPENSE		c. AMOUNT	
DEP		1-3 Feb		Lodging		MORE THAN 24 HOURS	
ARR		Lodging Taxes		Meals		a. DATE	
DEP		Fuel		Airfare		b. NO. OF MEALS	
ARR		Local Transport (e.g. Taxi)		Other (e.g. Parking)		a.	
DEP		20. a. CLAIMANT SIGNATURE		b. DATE		c. REVIEWER'S PRINTED NAME	
ARR		Sign and Date		c. REVIEWER'S SIGNATURE		d. REVIEWER'S SIGNATURE	
DEP		21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		e. TELEPHONE NUMBER	
ARR		22. ACCOUNTING CLASSIFICATION		c. TELEPHONE NUMBER		f. DATE	
DEP		23. COLLECTION DATA		d. DATE		24. COMPUTED BY	
ARR		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
DEP		28. AMOUNT PAID		29. REMARKS		30. REMARKS	
ARR		31. REMARKS		32. REMARKS		33. REMARKS	
DEP		34. REMARKS		35. REMARKS		36. REMARKS	
ARR		37. REMARKS		38. REMARKS		39. REMARKS	
DEP		40. REMARKS		41. REMARKS		42. REMARKS	
ARR		43. REMARKS		44. REMARKS		45. REMARKS	
DEP		46. REMARKS		47. REMARKS		48. REMARKS	
ARR		49. REMARKS		50. REMARKS		51. REMARKS	
DEP		52. REMARKS		53. REMARKS		54. REMARKS	
ARR		55. REMARKS		56. REMARKS		57. REMARKS	
DEP		58. REMARKS		59. REMARKS		60. REMARKS	
ARR		61. REMARKS		62. REMARKS		63. REMARKS	
DEP		64. REMARKS		65. REMARKS		66. REMARKS	
ARR		67. REMARKS		68. REMARKS		69. REMARKS	
DEP		70. REMARKS		71. REMARKS		72. REMARKS	
ARR		73. REMARKS		74. REMARKS		75. REMARKS	
DEP		76. REMARKS		77. REMARKS		78. REMARKS	
ARR		79. REMARKS		80. REMARKS		81. REMARKS	
DEP		82. REMARKS		83. REMARKS		84. REMARKS	
ARR		85. REMARKS		86. REMARKS		87. REMARKS	
DEP		88. REMARKS		89. REMARKS		90. REMARKS	
ARR		91. REMARKS		92. REMARKS		93. REMARKS	
DEP		94. REMARKS		95. REMARKS		96. REMARKS	
ARR		97. REMARKS		98. REMARKS		99. REMARKS	
DEP		100. REMARKS		101. REMARKS		102. REMARKS	

Enter one of the following codes into each of the white boxes corresponding to filled-in "DEP" (departure) rows:
PA – Drove an automobile to the appointment
CP – Purchased your own airfare and flew to the appointment
TP – The government purchased your airfare in advance and you flew to the appointment

Use instructions for 15d. on the back of DD Form 1351-2 to enter the appropriate code into each white box corresponding to filled-in "ARR" rows. Use code **MC** (Mission Complete) for arrival back home.

Indicate the duration of your trip.

Date of trip departure

Dates of arrival at and departure from Destination City

Date arrive back home

Indicate "Own/Operate" or "Passenger" **only** if a personal vehicle was the mode of travel

Enter totals amounts for type of expense under "AMOUNT" in column 18c. Combine dates, as shown in the first

Sign and Date

Reset

CHECKLIST: TRICARE Prime Travel Voucher

- Block 1:** (Payment Method): Select method of payment. For Split Disbursement – If Government Travel Charge Card was used, check the split payment box and indicate the dollar amount to be sent to the charge card company.
- Blocks 2 – 7 & 11:** Complete with valid information and provide a current mailing address.
- Block 8:** Leave Blank
- Block 9:** “NONE”
- Block 15:** The itinerary must be completed using dates, modes of travel, and reason for stops. Please refer to the reverse page of the DD Form 1351-2. Travel times are not required. If you used your Privately Owned Conveyance (POC) for any portion of the travel, make sure Private Auto (PA) is claimed in block 15c.
- Block 16:** If POC travel was used, then check this box appropriately.
- Block 17:** Indicate which was correct for your trip. This block has eliminated the need for documenting arrival / departure times in block 15.
- Block 18:** Receipts are required for ALL reasonable actual expense being claimed. Lodging and rental car receipts must be in the claimant’s name, and must show that balance was paid in full or indicate a zero balance. Pre-calculation rental car receipts are not acceptable. Please do not mark or use highlighter on receipts. If possible, arrange receipts in chronological order and keep them intact.
- Block 19:** Not applicable in TRICARE Prime Travel.
- Block 20a-f:** Your signature and date are required.

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