

**CHECKLIST for DD1351-2: 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 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.

TRICARE Regional Office – South. Attn: Prime Travel, TRICARE Regional Office- South,  
7800 IH-10 West, Suite 400, San Antonio, TX 78230

Phone: (800) 576-0375 Fax: (210) 292-8517

**INSTRUCTIONS FOR DD FORM 1351-2**

(Please see back for additional instructions)

Leave all shaded boxes blank.

TRAVEL VOUCHER OR SUBVOUCHER		Read Privacy Act Statement, Penalty Statement, and instructions on back before completing form. Use appropriate ink, or ball point pen. <b>PREES HARD. DO NOT use pencil.</b> If more space is needed, continue in remarks.	
1. PAYMENT X Electronic Fund Transfer (EFT) Payment by Check		APPLICABLE DISBURSEMENT: The Privacy Officer may authorize for Approved Travel Charge Card (ATCC) and/or other Department of the Army (DA) approved (including hotel charges) to be used for lodging and meals for the purpose of the travel. The cardholder must be a DA employee. Military personnel are subject to disciplinary action for misuse of the card. For the following amount of this travel, the cardholder is authorized to use the Government Travel Charge Card code: \$	
2. NAME (Last, First, Middle Initial, First or Type)		1. ORIGIN CIV	1. SEN
3. ADDRESS: a. NUMBER AND STREET b. CITY c. STATE d. ZIP CODE		3. TYPE OF PAYMENT (if applicable) X TDY <input type="checkbox"/> Plus <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> Dependent/OLA	
4. MAIL ADDRESS: a. NUMBER AND STREET b. CITY c. STATE d. ZIP CODE		5. FIELD OF ASSIGNMENT	
6. ORGANIZATION (Use DD Form 1351-3)		7. POINT OF DEPARTURE (Payment to be advanced)	
TRICARE Regional Office - South		8. DEPARTURE ADDRESS OR RECEIPT OF PERSON (Include Zip Code)	
12. ACCOMPANIED: a. UNACCOMPANIED b. UNACCOMPANIED c. RELATIONSHIP		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? a. YES b. NO (Include Reference)	
13. ITINERARY: a. TRIP # 2009 b. PLACE (Name, Office, State, Activity, City and County, etc.)		15. PURPOSE OF TRIP: a. BUSINESS b. LEAVE c. OTHER	
RESIDENCE CITY, STATE		16. ARRIVAL AND DEPARTURE: a. DATE b. TIME c. STOP	
DESTINATION CITY, STATE		17. DURATION OF TRAVEL: a. 12 HOURS OR LESS b. MORE THAN 12 HOURS BUT 24 HOURS OR LESS c. MORE THAN 24 HOURS	
RESIDENCE CITY, STATE		18. REIMBURSABLE EXPENSES: a. LODGING b. LODGING TAXES c. MEALS d. FUEL e. AIRFARE f. LOCAL TRANSPORTATION g. OTHER	
19. TYPE OF TRIP: a. OWN/OPERATE b. PASSENGER		20. SIGNATURE AND DATE: a. REVIEWER b. APPROVING OFFICIAL	
21. TELEPHONE NUMBER: a. NUMBER b. DATE		22. ACCOUNTING CLASSIFICATION	
23. COLLECTION DATA		24. AUTHORIZATION POSTED BY	

Leave blank if not available.

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 or rental car was driven.

For Patient or Civilian NMA: Enter totals from DD Form 1351-3 under "AMOUNT" in column 18c.

Sign and Date

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 commercial carrier ticket, and 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 **ID** for period of treatment, and **MC** for arrival back home.

Indicate the duration of your trip.