

# How to Complete the DD1351-2 (Travel Voucher)

Revised May 2022

Block	Instructions
<b>1</b>	Put an "X" in the Electronic Fund Transfer (EFT) box. Split disbursement is optional or those using a Government Travel Card (GTC). If split disbursement is chosen, write in the amount you want to be sent to your GTC account.
<b>2-4</b>	Enter your name, grade (if applicable) and Social Security Number (SSN). Omit SSN if emailing.
<b>5</b>	Select the OTHER box.
<b>6</b>	Enter your physical address and email address.
<b>7</b>	Enter a complete duty, work or home (DAYTIME) phone number to include area code.
<b>8-10</b>	LEAVE BLANK
<b>11</b>	Put "TRICARE CRDT Benefit Program".
<b>12</b>	These blocks are used if the traveler was accompanied by a NMA or patient during the trip. If this form is for the NMA, the patient's name is entered here. If this form is for the patient, the NMA name is entered here.
<b>13-14</b>	LEAVE BLANK
<b>15</b>	Itinerary must be complete and exact. The date of departure from and arrival at the appointment destination or other place where official appointment travel begins and ends must be shown. These locations should be listed as <b>City, State and ZIP Code</b> . When driving over 400 miles all overnight/interim stops must be listed. Deviations from official appointment travel must be shown (e.g. personal time). Use the appropriate symbols from page 2 of the DD1351-2 for blocks 15c and 15d. The number of miles traveled by privately owned conveyance (POC) to and from the appointment points, or to and from home to airport and return may be shown in 15f. Do not list names or Home of Record (HOR)/home in the itinerary. Always write the name of the city, state and include the ZIP code.
<b>16</b>	Select owner/operator or passenger when travel is performed in a privately owned conveyance.
<b>17</b>	Select the appropriate box for duration of travel. This is required for ADSM/DoD civilian employee NMA claims.
<b>18</b>	Reimbursable Expenses: Show all itemized expenses in this area to include: transportation (e.g. commercial airfare, train tickets, mileage), mileage within the vicinity of the appointment point (in/around mileage for trips with more than one appointment), rental car, fuel for rental car, parking, tolls, taxis, lodging, lodging taxes and fees, baggage fees, meals, etc. You do not need to break down these expenses by date as that will be validated by the expense receipts.
<b>19</b>	LEAVE BLANK
<b>20a,b</b>	<b>Traveler date and signature are required.</b>

**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**

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)

TDY  Member/Employee

PCS  Other

Dependent(s)  DLA

**6. ADDRESS.** a. NUMBER AND STREET b. CITY c. STATE d. ZIP CODE

**7. DAYTIME TELEPHONE NUMBER & AREA CODE**

**8. TRAVEL ORDER/AUTHORIZATION NUMBER**

**9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES**

**10. FOR D.O. USE ONLY**

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

**11. ORGANIZATION AND STATION**

**TRICARE CRDT Benefit Program**

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

ACCOMPANIED  UNACCOMPANIED

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

Name of other travelers "Patient" or "NMA"

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

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

YES  NO (Explain in Remarks)

**15. MEANS/MODE OF TRAVEL**

a. MEANS/MODE OF TRAVEL b. REASON FOR STOP c. LODGING COST d. POC MILES

**ITINERARY**

a. DATE	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
2021					
DEP	RESIDENCE CITY, STATE AND ZIP				
ARR					
DEP	DESTINATION CITY, STATE AND ZIP				
ARR			MC		
DEP	RESIDENCE CITY, STATE AND ZIP				
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					

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

**17. DURATION OF TRAVEL**

12 HOURS OR LESS

MORE THAN 12 HOURS BUT 24 HOURS OR LESS

MORE THAN 24 HOURS

**18. REIMBURSABLE EXPENSES**

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
	Examples Include:		
	Lodging Taxes and Fees		
	Meals		
	Airfare		
	Local Transportation (Uber, Taxi)		
	Fuel (for Rental Car only)		
	Parking		
	Tolls		
	Mileage		

**20.a. CLAIMANT SIGNATURE**

**SIGN AND DATE THIS SECTION**

a. REVIEWER'S PRINTED NAME b. REVIEWER SIGNATURE c. TELEPHONE NUMBER d. 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**

PA - Use this code if a personal automobile was used as the mode of travel.

CP - Use this code if a commercial plane was used as the mode of travel.

15d Reason for Stop TD - Use this code for "treatment date" to cover period of treatment.

MC - Use this code to indicate "mission complete" when you have arrived back home.

Indicate the duration of your entire trip from the time you left home until the time you returned home.

Enter totals from DD1351-3 under "Amount" column

Date arrived back home

Date of trip departure

Arrival Date  
Depart Date

# CRDT Example

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 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____							
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> Smith, John			<b>3. GRADE</b> CIV	<b>4. SSN</b>		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)			
<b>6. ADDRESS. a. NUMBER AND STREET</b> 123 Main Street		<b>b. CITY</b> Arlington	<b>c. STATE</b> TX	<b>d. ZIP CODE</b> 76005		<input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA			
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 210-555-2020				<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>			
<b>11. ORGANIZATION AND STATION</b> TRICARE CRDT Benefit Program				<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY		<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) Jane Smith b. RELATIONSHIP NMA c. DATE OF BIRTH OR MARRIAGE			
<b>15. ITINERARY</b> a. DATE 2021 b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				<b>c. MEANS/ MODE OF TRAVEL</b>	<b>d. REASON FOR STOP</b>	<b>e. LODGING COST</b>	<b>f. POC MILES</b>		
08/26	DEP	Arlington, TX 76005	PA						
08/26	ARR	Houston, TX 77030 (Appointment)		TD					
08/27	DEP		PA						
08/27	ARR	Arlington, TX 76005		MC					
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
<b>16. POC TRAVEL (X one)</b> <input type="checkbox"/> OWN/OPERATE <input checked="" type="checkbox"/> PASSENGER				<b>17. DURATION OF TRAVEL</b> <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				<b>18. GOVERNMENT/DEDUCTIBLE MEALS</b> a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS	
<b>18. REIMBURSABLE EXPENSES</b>				<b>19. SUMMARY OF PAYMENT</b> (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due					
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED					
All	Lodging		122.00						
	Lodging Taxes		19.52						
	Meals		67.50						
	Parking		10.00						
	Mileage (264) x \$0.16		42.24						
<b>20.a. CLAIMANT SIGNATURE</b> <i>John Smith</i>				<b>b. DATE</b> 01 Sep 21					
<b>c. REVIEWER'S PRINTED NAME</b>			<b>d. REVIEWER SIGNATURE</b>		<b>e. TELEPHONE NUMBER</b>		<b>f. DATE</b>		
<b>21.a. APPROVING OFFICIAL'S PRINTED NAME</b>			<b>b. SIGNATURE</b>		<b>c. TELEPHONE NUMBER</b>		<b>d. DATE</b>		
<b>22. ACCOUNTING CLASSIFICATION</b>									
<b>23. COLLECTION DATA</b>									
<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER/AUTHORIZATION POSTED BY</b>		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>			
<b>28. AMOUNT PAID</b>									

