

How to Complete the DD1351-2 (Travel Voucher)

Revised December 2019

Block	Instructions
1	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.
2-4	Enter your name, grade (if applicable) and Social Security Number (SSN). Omit SSAN if emailing.
5	Select the OTHER box.
6	Enter your physical address and email address.
7	Enter a complete duty or work (DAYTIME) phone number to include area code.
8-10	LEAVE BLANK
11	Put "TRICARE Prime Travel Benefit Program".
12	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.
13-14	LEAVE BLANK
15	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 City, State and ZIP Code . 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.
16	Select owner/operator or passenger when travel is performed in a privately owned conveyance.
17	Select the appropriate box for duration of travel. This is required for ADSM/DoD civilian employee NMA claims.
18	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.
19	LEAVE BLANK
20a,b	Traveler date and signature are required.

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 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. 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) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> TDY</td> <td><input type="checkbox"/> Member/Employee</td> </tr> <tr> <td><input type="checkbox"/> PCS</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Dependent(s)</td> <td><input type="checkbox"/> DLA</td> </tr> </table>			<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee	<input type="checkbox"/> PCS	<input type="checkbox"/> Other	<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA					
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<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA																
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE													
e. E-MAIL ADDRESS		10. FOR D.O. USE ONLY				a. D.O. VOUCHER NUMBER											
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			b. SUBVOUCHER NUMBER											
11. ORGANIZATION AND STATION TRICARE Prime Travel Benefit Program		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)				c. PAID BY											
12. DEPENDENT(S) (X and complete as applicable) <table style="width: 100%; border: none;"> <tr> <td colspan="2"><input type="checkbox"/> ACCOMPANIED</td> <td colspan="2"><input type="checkbox"/> UNACCOMPANIED</td> </tr> <tr> <td>a. NAME (Last, First, Middle initial)</td> <td>b. RELATIONSHIP</td> <td colspan="2">c. DATE OF BIRTH OR MARRIAGE</td> </tr> <tr> <td>Name of other travelers</td> <td>"Patient" or "NMA"</td> <td colspan="2"></td> </tr> </table>		<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED		a. NAME (Last, First, Middle initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		Name of other travelers	"Patient" or "NMA"			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO <input type="checkbox"/> (Explain in Remarks)			d. COMPUTED BY
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED															
a. NAME (Last, First, Middle initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE															
Name of other travelers	"Patient" or "NMA"																
ITINERARY		c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES												
a. DATE 2017		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)															
DEP RESIDENCE CITY, STATE AND ZIP																	
ARR [Red Box]																	
DEP DESTINATION CITY, STATE AND ZIP																	
ARR [Red Box]			MC														
DEP RESIDENCE CITY, STATE AND ZIP																	
ARR [Red Box]																	
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16. POC TRAVEL (X one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> OWN/OPERATE</td> <td><input type="checkbox"/> PASSENGER</td> </tr> </table>		<input type="checkbox"/> OWN/OPERATE	<input type="checkbox"/> PASSENGER	17. DURATION OF TRAVEL													
<input type="checkbox"/> OWN/OPERATE	<input type="checkbox"/> PASSENGER																
18. REIMBURSABLE EXPENSES		12 HOURS OR LESS	MORE THAN 12 HOURS BUT 24 HOURS OR LESS	MORE THAN 24 HOURS													
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															
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																	
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