

PERSONNEL SUPPORT DETACHMENT WASHINGTON DC

PERMANENT CHANGE OF STATION RECEIPTS CHECK-OFF SHEET

NAME	SSN	COMMAND	DATE

- VERIFY ORIGINAL ORDERS ARE ENDORSED BY GAINING COMMAND.**
Enlisted are required to have Service Record. Officers will have PG2, SGLI and Orders.
ACC 100, 103, 106, and 342 only.
- Review member's orders and FSR to ensure required Obligated Service are met (Enlisted Only).
LOPG screen 3 - enter enlisted SSN review EAOS or S-EAOS.
- Verify in LOPG that EAOS, S-EAOS, and Extensions match JJAA TH and TU line (Enlisted Only).
- Print out the following MMPA screens. Place in record for supervisors to use for audit.
JJAA lines: BR, SH, SB, LH, E, and DN (For Enlisted).
JJAA lines: BR, SH, SB, LH, E (For Officer).
- Dual status officer:** Keep ESR along with officer folder (Temporary appointment - designator ending in 2)
- Have member review/verify PG2/SGLI. Have member sign and date both documents if no changes.
Create new PG2 in NSIPS and complete new SGLI if necessary (Officer and Enlisted).
- Issue meal pass or update Common Access Card (CAC) with Meal Entitlement Code (MEC) if member is not entitled SEPRATS (Ensure proper log entry is made).
- Verify BAH/BAS entitlements prior to preparation/release of GAIN, refer to **MMPA screen JJAA lines 68 and 40.**
- Have member complete Travel Claim (DD 1351-2) if required (i.e. deployed units, OCONUS, out of area PCS, TDY).
Submit completed travel claims with all supporting documents to Travel Claims Section within 2 days.
- Check for **Enlistment Bonus** (Enlisted only), refer to **MMPA screen JJAA line 34 and R8.**

<input type="checkbox"/> Create GAIN documents	<ol style="list-style-type: none"> 1. NSIPS Enlisted or officer activity Gain 2. DN01 [DMO FID] - Start Meal Deduction (if applicable) 3. NSIPS - Allowance event, Transferring from OCONUS (if applicable). 4. NSIPS - Allowance event, terminating Govnt Qrts (if applicable). 5. NSIPS - Selective Enlistment Bonus.
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- Type PG5 (NAVPERS 1070/605) gain entry (Enlisted only).

PUTTING PACKAGE TOGETHER FOR MILPAY

DISBURSING OFFICE: DMO FIDS, NSIPS Gain, Orders, and Travel Claims.
For local Gain Submit: DMO FIDS, NSIPS Gain, and Orders.

Ensure the following is filed in the FSR (Enlisted) or Retain file (Officer):
PCS checklist, copies of all DMO FIDS, Copy of NSIPS gain, copy of orders, copy of travel claims
MMPA print screens.

Within 3 days of document transmission - Check Transient tracking for ACC 3XX (NSIPS for both Officer and Enlisted) / LOPG (Enlisted) / LOOG (Officer) / JJAA (Both officer and enlisted).

VERIFY NSIPS	VERIFY OPINS (OFF)	VERIFY LOPG (ENL)	VERIFY JJAA (PAY)
<input type="checkbox"/> Correct UIC	<input type="checkbox"/> Correct UIC	<input type="checkbox"/> Correct UIC	<input type="checkbox"/> SG Gain (Balanced)
<input type="checkbox"/> Correct ACC	<input type="checkbox"/> Correct ACC	<input type="checkbox"/> Correct ACC	<input type="checkbox"/> E Entitlements
<input type="checkbox"/> Correct Rpt Date	<input type="checkbox"/> Correct Rpt Date	<input type="checkbox"/> Correct Rpt Date	<input type="checkbox"/> SB Leave
<input type="checkbox"/> Correct DSC (100)	<input type="checkbox"/> Correct BSC	<input type="checkbox"/> Correct PRD	<input type="checkbox"/> Check ADSN
	<input type="checkbox"/> Correct PRD		

PCS TRAVEL CLAIM CHECK-OFF SHEET

NAME _____

SSN _____

THE FOLLOWING IS THE REQUIRED DOCUMENTATION TO BE FORWARDED TO TRAVEL FOR THE TIMELY PROCESSING OF A GAIN.

_____ PCS TRAVEL CLAIM CHECK-OFF SHEET

_____ PCS TRANSACTION WORKSHEET

_____ TRAVEL CLAIMS SIGNED BY MEMBER / DLA STATEMENT

_____ TRAVEL HISTORY FORM

_____ NSIPS GAIN

_____ ORIGINAL ORDERS/SH03/PG2(OLD/NEW) DATED BY SERVICE MEMBER UPON CHECK-IN

_____ ADDITIONAL ENDORSEMENTS BY TDY SITES (LODGING/MESSING)

_____ TLE CERTIFICATE WITH LODGING RECEIPTS

_____ ORIGINAL RECEIPTS (NO CREDIT CARD RECEIPTS)/AIRLINE TICKETS

_____ PG 13 BAH SELECTION

CLERK INITIALS _____

SUPERVISOR SIGNATURE _____ DATE _____

TRAVEL HISTORY FORM

Privacy Act Statement

Authority: USC 5701.37 USC 404-427, eo9397.31 USC 332.31 CFR 209 and/or 210.
Principal Purpose(s): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.
Routine use(s): To substantiate claims for reimbursement for official travel.
Disclosure: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the EFT/DDS programs.

YOUR NAME:

YOUR SSN:

YOUR ACTIVITY:

YOUR PAYGRADE: (I.E. E1, O1, GS1)

YOUR TELEPHONE NUMBER:

YOUR E-MAIL ADDRESS:

YOUR MAILING ADDRESS (Street, city, state, zip code):

FINANCIAL INSTITUTION NAME:

ACCOUNT TYPE (Checking or Savings):

ACCOUNT NUMBER:

FINANCIAL INSTITUTION RTN:

Signature: _____

Date: _____

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 type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> 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)				3. GRADE		4. SSN		5. TYPE OF PAYMENT (X as applicable)		
a. NUMBER AND STREET b. CITY c. STATE d. ZIP CODE				<input 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		<input type="checkbox"/> e. E-MAIL ADDRESS		
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES				10. FOR D.O. USE ONLY		
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)				a. D.O. VOUCHER NUMBER		
12. DEPENDENT(S) (X and complete as applicable)								c. PAID BY		
<input type="checkbox"/> ACCOMPANIED a. NAME (Last, First, Middle Initial)		<input type="checkbox"/> UNACCOMPANIED b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)				
d. COMPUTATIONS		e. SUMMARY OF PAYMENT								
15. 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	
DEP										
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16. POC TRAVEL (X one)		<input type="checkbox"/> OWN/OPERATE		<input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL				
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS				(4) Dependent Travel
						MORE THAN 12 HOURS BUT 24 HOURS OR LESS				(5) DLA
						MORE THAN 24 HOURS				(6) Reimbursable Expenses
										(7) Total
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED		(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								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										
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		

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 predesignated 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 predesignated 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		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	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
Awaiting 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.

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- Name or update your beneficiary
- Reduce the amount of your insurance coverage
- Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name	First name	Middle name	Rank, title or grade	Social Security Number
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Branch of Service (Do not abbreviate)	Current Duty Location
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Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000 of insurance**, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage and traumatic injury protection under the SGLI program.

- I want coverage in the amount of \$ _____ Your initials _____
- _____

(Write "I do not want insurance at this time.")

*Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of Veterans' Group Life Insurance you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Principals on page 4 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 4 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.
- If I am married or if I get married after completing this form, **my spouse is automatically covered under Family SGLI for which premiums will be deducted from my pay**, unless I decline Family SGLI coverage by completing SGLV 8286A. For Family SGLI premium deductions, my spouse **MUST** be registered in DEERS. **Failure to do so will result in debts owed for unpaid premiums.**

SIGN HERE IN INK _____ Date: _____
 (Your signature. Do not print.)

Do not write in space below. For official use only.

RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
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ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 10-81)

S/N 016-LF-010-8991

SHIP OR STATION

PERSONNEL SUPPORT DETACHMENT WASHINGTON DC

STATEMENT OF UNDERSTANDING FOR BAH ENTITLEMENT

_____ : **NOT APPLICABLE, OR NO BAH ENTITLEMENT AT THIS TIME**

Family Type Govt Quarters Assigned Barracks

_____ : **BAH SINGLE (E4 over 4 years, E5 and above. Mil-to-mil marriage or E5 and above simultaneously assigned to sea duty):**

I hereby reaffirm my request for single BAH in lieu of assignment to government quarters and understand that I must have a commercial residence in the vicinity of the homeport. If I am an E4 under 4 years or below, I understand that my eligibility requires my Commanding Officer's and CBH Directors final approval. The request chits further certify that I must maintain the address shown below during a deployment in order to maintain continuous entitlement to BAH single. I also understand that it is my responsibility to report any change to my living arrangements and if applicable the status of my military spouse to the Personnel Officer. I also certify that the address shown below is also the same address listed in the Command Recall Bill.

_____ : **BAH DEPENDENTS AT PDS LOCATION:**

I hereby understand that my eligibility for BAH with dependents is based upon the dependents listed on my NAVPERS 1070/602. I further understand that if there is a change in dependency status (marriage, divorce, death, or birth), I must notify the Personnel Officer and update my NAVPERS 1070/602. I also certify that the address shown below is the primary residence of my dependents.

_____ : **BAH BASED ON PREVIOUS PDS/CLOSE PROXIMITY MOVES**

I hereby understand that my eligibility for BAH at previous PDS location requires PERS-451H approval. I understand that unless my orders specifically authorize BAH based on previous PDS, I must provide supporting documents to validate the entitlement in accordance with NAVADMIN 026/09. I further understand that if there is a change in dependent's address or dependency status (marriage, divorce, death, or birth) I must immediately notify the personnel officer and update my NAVPERS 1070/602. I also certify that the address shown below is the primary residence of my dependents.

_____ : **BAH DEPENDENTS AT DEPENDENTS LOCATION**

I hereby understand that my eligibility for BAH at dependents location requires Commanding officer's approval. The request chit with the CO's endorsement must be on file in my service record. I understand that I must provide original supporting documents to validate entitlement for BAH at dependent's location. I further understand that if there is a change in dependent's address or dependency status (marriage, divorce, death, or birth) I must immediately notify the personnel officer and update my NAVPERS 1070/602. I also certify that the address shown below is the primary residence of my dependents.

_____ : **OUTCONUS LOCATIONS**

I certify that I have read and fully understood the early return of dependents (ERD) policy contained in JFTR Volume I paragraph U10207.

FIRST NAME/RELATIONSHIP: _____

FIRST NAME/RELATIONSHIP: _____

MEMBER/PRIMARY DEPENDENT ADDRESS

ADDRESS: _____

Any member who submits a claim for BAH which contains a false statement may be subject to a disciplinary action for violation of the UCMJ and/or administrative action, including processing for administrative separation. In addition, fraudulent acceptance of benefits may cause a civilian recipient to be subject to criminal prosecution. The law provides severe penalties of imprisonment and/or fine. For military personnel it can include dishonorable discharge, total forfeiture and/or confinement. You are required to ensure your NAVPERS 1070/602 is accurate and changes in dependents status (marriage, birth, divorce, separation, or death) or location, are immediately reported to the chain of command and your servicing Personnel Support Detachment (Ship or PSD Affloat).

Member's Signature

Witnessed: _____

RECEIPTS SECTION LPO

NAME (Last, First Middle)	SSN	BRANCH AND CLASS
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PSD WASHINGTON RECEIPTS MINI MASTER UPDATE

Information contained here-in is required and maintained locally by PSD Washington for contact information. Pls fill in all fields as accurately and up-to-date as possible.

NAME: _____

RATE/RANK: _____

SSN: _____

PDS COMMAND: _____

DT REPORTED: _____

WORK PHONE NUMBER: _____

MARITAL STATUS: _____

NUMBER OF DEPENDENTS: _____

MBR'S ADDRESS: _____

HOME PHONE NUMBER: _____

EMAIL ADDRESS: _____

DEPENDENT'S ADDRESS IF DIFFERENT FROM MBR: _____

DEPENDENTS PHONE NUMBER: _____

ADDITIONAL MISC INFO: _____

Confidentiality Notice: "The information on this form, including any attached documents, is "For Official Use Only."



DISLOCATION ALLOWANCE STATEMENT

Name:	SSN:	Order Number:
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This is the ____ (number) claim for Dislocation Allowance based on a PCS during FY _____. I have not and will not request government procured shipment of a house trailer or reimbursement for shipment at personal expense if I am claiming DLA for this PCS.

If claiming dependent DLA

Date dependent travel began	
Date dependent travel ended	

If claiming single DLA

E6 and above may elect to reside off base. E5 and below must attach a copy of the Barracks approval for Single BAH.

This is to certify that upon my transfer to _____/ homeported in _____, that I opted not to occupy government quarters (BEQ/BOQ) _____ Member's signatures	I maintain residence off-base and my current address is: _____ Street/Apt # _____ City/State/Zip
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Mode of Transportation	City/State/Country	
	From	To

Old Address	New Address
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Place to which dependents were last transported at government expense:

Authorized POVs	
License Plate#	State

Member's Signature	Date
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TEMPORARY LODGING EXPENSE ALLOWANCE CERTIFICATION

(please print legibly)

Name:	SSN:
Name/location of last permanent duty station (PDS)/homeport/designated place	
Date detached from last PDS:	Date reported to new PDS:

Dependent Information

Name	Relationship	Date of birth/marriage

TLE at Old PDS

Temporary lodging was obtained at: NAVY GATEWAY	
Daily cost of lodging: \$ _____ (receipts attached).	

TLE at New PDS

Temporary lodging was obtained at:	
Daily cost of lodging: \$ _____ (receipts attached).	

Dates Temporary Lodging Occupied

Prior to Detachment		to	
After Reporting (for dependents after arrival at new PDS)		to	

If commercial temporary lodging facilities were used, a non-availability of government quarters statement is attached.

I certify that in connection with _____ departure from, and/or _____ arrival at my permanent duty station, homeport, or designated place, I was required to obtain temporary lodging for X myself; myself and dependents listed above; or N/A dependents only as listed above. I also certify that these quarters were not my permanent quarters at either the old or the new permanent duty station."

Member's Signature	Date:
Interviewed by:	

CHECKLIST FOR TRAVEL CLAIMS

User: All military and civilian personnel on official travel.

Purpose. This checklist should be used by the Traveler (TVLR) and Authorizing Official's (AO) to ensure travel claims are proper, complete, and comply with the intent of the orders before submitting. Claims are to be completed within five business days upon completion of travel.

Definitions:

Traveler - Individual who performed the travel.

Authorizing Official (AO) - Individual designated in writing by the command using Appointment/Termination Record-Authorized Signature (DD Form 557)

TVLR AO

1.			The Travel Voucher (DD Form 1351-2 Mar 2008) must be prepared in ink, typewriter, or computer generated and include full SSN.
2.			Member's signature must be in Block 20a, and dated in Block 20b AO's must complete Blocks 21a-21d on the travel voucher. NO AO SIGNATURE REQUIRED ON PCS.
3.			All information in Blocks 1-9 and 11 of the travel voucher must be completed. Blk 12 and 13 for dependent PCS only. Provide a duty phone number and e-mail address. Ensure the administrative data i.e. name, SSN on the travel voucher agree with the orders. If not, make administrative corrections and initial.
4.			Indicate advances and/or accrued per diem payments listed in Block 9. Annotate "NONE" in Block 9 if there were no advances or partial payments. Do not indicate ATM cash withdrawals in Block 9.
5.			Annotate Block 1 of the DD1351-2 (Split Disbursement) to reflect amounts charged to the Government Travel Charge Card (GTCC). This is mandatory for GTCC holders for TDY only not in conjunction with PCS.
6.			Itinerary in Block 15a must use dates (not times), modes of travel, and reason for stops. Please refer to the reverse page of the DD1351-2 for correct codes.
7.			Check Block 16 (POC Travel) if mileage is claimed.
8.			Block 17 must be completed indicating duration of travel period.
9.			Indicate all of the authorized reimbursable expenses in Block 18. Mission related items (e.g. batteries/film) are not reimbursable travel expenses and should be submitted through Vendor Pay.
10.			Is rental car expense or airline ticket reimbursement claimed? If so, only rental car and airline tickets obtained through proper channels (government contracted office, e.g. SATO) will be reimbursed. Rental Car/Airline Ticket receipts are required regardless of dollar amount. Pre-calculation receipts are not acceptable. Receipts must have a zero balance. <u>Include a copy of the government contracted travel office (SATO) itinerary.</u> If you didn't use a government contracted office you will only be reimbursed the GOVT rate.
11.			Annotate control numbers for non-availability of government quarters in the remarks. If not, and approved after the fact, the Approving Official's signature authorizing commercial lodging or an amended order issued must be included. (TDY only and not in conjunction with PCS). Provide/attach copy of CNA.
12.			Lodging must be claimed and supported by paid receipts (regardless of amount). Receipts must show a zero balance. Attach copy of lodging receipt.
13.			All reimbursable expenses of \$75.00 or more claimed on the travel voucher must be supported by an original paid receipt/ or lost receipt. Attach copies of all receipts over 75.00.
14.			Is a conference or registration fee claimed? If so, state the number of meals provided at no cost in Block 19 of the DD 1351-2. If none, please state. Attach copy of conference fee receipt.
15.			Exchange rate when foreign currency is involved must be annotated on the reimbursable block. The traveler must include the itemized expense in both foreign currency and U.S. Dollars.
16.			Was leave taken in conjunction with the travel? If so, annotate it in the itinerary and in Block 29, Remarks section. Attach a copy of the NAVCOMP 3065 (leave form - MILITARY ONLY) if leave was taken in conjunction with travel.

17.			Attach complete copy of orders and all modifications.
18.			If claiming dependent Dislocation Allowance (DLA) annotate DLA in BLK 18 and fill out attached DLA Statement. Attach old and new page 2 (Record of Emergency (Military only)). TLE is to be claimed in BLK 18 of the travel voucher and fill out attached TLE statement. Attach lodging receipts for TLE.
19.			Ensure the required orders, receipts, statements, justifications, etc., are attached to the travel claim and that the claim is reasonable and consistent with the mission.
20.			Is the bank account information on file with your travel office correct? If so, any funds not being sent to the GTCC account will be electronically sent to the personal account. If not, complete form SF 1199A and attach a copy to travel claim.
21.		N/A	Forward the completed travel voucher and supporting documentation to the Supervisor/Reviewing official or Authorizing Official.

Remarks:

Date Submitted by Member		Member Signature	
Date Approved by AO		AO Signature	