

Travel Voucher or Subvoucher Turning in Your Travel Claim

You've completed your reimbursable travel and it's time to file your travel claim. Go to the Forms Page on the National website and you will find **DD Form 1351-2**. You can fill the form out on line, or by hand, but either way it will need to be mailed to the Director of Auxiliary Office along with any necessary receipts.

You will, of course, check the **Electronic Fund Transfer** block in section 1 for method of payment. The Coast Guard Financial Center (FINCEN) no longer pays by check, so make sure you have filled out and submitted your Direct Deposit information.

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.					
<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$							
2. NAME (Last, First, Middle Initial) (Print or type) MEMBER, WANNA B.		3. GRADE AUX	4. SSN 123-45-6789		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 123 ANYWHERE ST		b. CITY JUNEAU		c. STATE AK	d. ZIP CODE 99999		
e. E-MAIL ADDRESS wannab@whatever.net		7. DAYTIME TELEPHONE NUMBER & AREA CODE 907-123-4567		8. TRAVEL ORDER/AUTHORIZATION NUMBER 1110350JAU999000		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00	
11. ORGANIZATION AND STATION D17 170-01-01		12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY	

Fill in the information in blocks 2 through 7 as requested. Section 8 will be the **16 digit TRAVEL ORDER NUMBER (TONO)** found on the bottom portion of your orders. In some cases there will be two numbers listed there, one starting with 11 (which covers all the basic travel expenses) and one starting with 14 (covering the airfare charged to the orders).

You will notice that the accounting information to the right of the TONO number is the same for both. **The number inserted here will be the one starting with 11** (i.e. 1110350JAU...). The three numbers following the JAU are unique to your travel claim. Also make sure you include the three zeros at the end of the number making it the full 16 digit travel order number. Finish this portion of the voucher by filling in sections 9 and 11.

Now that you have completed the top portion of your claim, it's time to move to the **ITNERARY**. You'll enter the year under "DATE" in block "a" and then the first day of your travel and place your travel originates.

Tab to the **MEANS/MODE OF TRAVEL** and using the instructions on the back of the form, pick the two letters that apply to your means of travel. In this case, since the Member is traveling by air and charging the fare to the orders, TP is used.

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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.					
<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$							
2. NAME (Last, First, Middle Initial) (Print or type) MEMBER, WANNA B.		3. GRADE AUX	4. SSN 123-45-6789		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 123 ANYWHERE ST		b. CITY JUNEAU		c. STATE AK	d. ZIP CODE 99999		
e. E-MAIL ADDRESS wannab@whatever.net		7. DAYTIME TELEPHONE NUMBER & AREA CODE 907-123-4567		8. TRAVEL ORDER/AUTHORIZATION NUMBER 1110350JAU999000		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00	
11. ORGANIZATION AND STATION D17 170-01-01		12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY	
16. ITINERARY		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		15c. MEANS/MODE OF TRAVEL (Use two letters)			
a. DATE 2010		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) JUNEAU, AK		c. MEANS/MODE OF TRAVEL TP	d. REASON FOR STOP TD	e. LODGING COST 396.00	f. POC MILES 18
02/11 DEP		ANCHORAGE, AK		TP	TD	396.00	18
02/11 ARR		JUNEAU, AK		TP	MC	396.00	18
02/15 DEP		JUNEAU, AK		TP	MC	396.00	18
02/15 ARR		JUNEAU, AK		TP	MC	396.00	18

Using the instructions on the back of the form, pick the codes that apply to your travel.

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

The next step is to enter your destination in the **ITINERARY** and by tabbing, the **REASON FOR STOP**. Again, using the instructions on the back, pick the proper codes. In this case it would be TD (Temporary Duty).

Another tab stroke will take you to the **LODGING COST**. Enter the total amount of the daily basic room cost. In this case it is \$99.00 x 4 days or \$396.00. **DO NOT include the room taxes in this total.** They will be entered in section 18.

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) MEMBER, WANNA B.		3. GRADE AUX	4. SSN 123-45-6789	5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA			
6. ADDRESS: a. NUMBER AND STREET 123 ANYWHERE ST		b. CITY JUNEAU	c. STATE AK	d. ZIP CODE 99999			
7. DAYTIME TELEPHONE NUMBER'S AREA CODE 907-123-4567		8. TRAVEL ORDER/AUTHORIZATION NUMBER 1110350JAU999000		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00			
11. ORGANIZATION AND STATION D 7 170-01-01		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY			
12. DEPENDENT(S) (X and complete as applicable) a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? YES NO (Explain in Remarks)		d. COMPUTATIONS			
15. ITINERARY a. DATE 2010 b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		c. MEANS OF TRANSPORTATION TRAVEL		d. REASON FOR STOP		e. LODGING COST	
02/11	DEP	JUNEAU, AK	TP	TD	396.00	18	
02/11	ARR	ANCHORAGE, AK					
02/15	DEP		TP	MC		18	
02/15	ARR	JUNEAU, AK					
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> 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		19. GOVERNMENT/DEDUCTIBLE MEALS		e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED				
02/15	Lodging taxes	48.00					
02/15	Airport Parking	36.00					
02/11	Registration Fee	125.00					
				a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS			
				02/13/10 1 Lunch			
				02/13/10 1 Dinner			
				02/14/10 1 Dinner			
20. a. CLAIMANT SIGNATURE Wanna B. Member		b. DATE 2/16/10					
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE					
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER d. DATE			
22. ACCOUNTING CLASSIFICATION 1110350JAU999000 2 J 001 117 30 0 AU 71830 2155							
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							

Mileage to the airport (or if you travel to your destination by car) will be entered in the **POC MILES** block.

Continue filling in the rest of your itinerary in the same manner using MC (Mission Complete) as your final "Reason for Stop".

If you have entered mileage in the POC MILES, make sure you also check the **POC TRAVEL OWN/OPERATE** in block 16.

Once you have completed your itinerary, move to block 17 and indicate the **DURATION OF TRAVEL**. This includes the entire duration of the TAD period

Section 18 is where you list all your miscellaneous **REIMBURSABLE EXPENSES**. This includes the total lodging taxes shown on your hotel receipt. When your orders indicate you are authorized a rental car, excess baggage, registration fees, etc., here is where you will list those expenses. If you have a question as to whether an expense is reimbursable, please ask. Remember that you will need to include a receipt for any items that exceed \$75.00.

ARR								(1) Per Diem	
DEP								(2) Actual Expense Allowance	
ARR								(3) Mileage	
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL					
18. REIMBURSABLE EXPENSES		19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED						
02/15	Lodging taxes	48.00							
02/15	Airport Parking	36.00							
02/11	Registration Fee	125.00							
				a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS					
				02/13/10 1 Lunch					
				02/13/10 1 Dinner					
				02/14/10 1 Dinner					
20. a. CLAIMANT SIGNATURE Wanna B. Member		b. DATE 2/16/10							
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE							
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER d. DATE					
22. ACCOUNTING CLASSIFICATION 1110350JAU999000 2 J 001 117 30 0 AU 71830 2155									
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	

Sometimes, one or more of your meals will be provided, either at no charge to you or by being paid as part of a registration fee. You will need to indicate those meals in section 19, **GOVERNMENT/DEDUCTIBLE MEALS**. In this particular example of a travel reimbursement for the District Conference, three of the meals are covered by the registration fee. The form will only let you put a number in the **NO. OF MEALS** block so after printing the form and before sending to the Director's Office, please indicate which meals were provided.

Section 22 is for the **ACCOUNTING CLASSIFICATION**.

Enter the full travel order number and the accounting information from the bottom of your orders.

ARR					(1) Per Diem	
DEP					(2) Actual Expense Allowance	
ARR					(3) Mileage	
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL		(4) Dependent Travel
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS		(5) DLA
a. DATE	b. NATURE OF EXPENSE	AMOUNT	d. ALLOWED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(6) Reimbursable Expenses
02/15	Lodging taxes	48.00		MORE THAN 24 HOURS		(7) Total 0.00
02/15	Airport Parking	36.00		<input checked="" type="checkbox"/>		(8) Less Advance
02/11	Registration Fee	125.00				(9) Amount Owed
						(10) Amount Due
				19. GOVERNMENT/DEDUCTIBLE MEALS		
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS
02/13/10		1 Lunch		02/13/10		1 Dinner
02/13/10		1 Dinner		02/14/10		1 Dinner
20.a. CLAIMANT SIGNATURE <i>Wanna B. Member</i>				b. DATE 2/16/10		
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		DATE
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE
22. ACCOUNTING CLASSIFICATION 1110350JAU999000 2 J 001 117 30 0 AU 71830 2155						
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	

Once your travel voucher is completed, print the form and sign it with **BLUE INK** in block 20a, dating it in block 20b.

After your travel voucher is completed, signed and dated with **blue ink** make sure you include the following in your travel claim package:

- Completed original DD Form 1351-2 signed in blue ink
- Copy of your orders (*If you have the ORIGINAL orders, they must be returned with your voucher*)
- All necessary receipts for reimbursable expenses including your hotel any expenses over \$75.00
- Your e-receipt from SATO Travel (*even if the airfare was charged to the travel orders*)
- Any necessary information to clarify expenses or differences in travel dates from the orders

Your travel claim package should be sent within 5 working days of the completion of your travel to:

**Director of Auxiliary
17th Coast Guard District
P.O. Box 25517
Juneau, AK 99802-5517**

***If you have any questions concerning your travel claim, please call
Lori Cook, 907-463-2246 or Noreen Folkerts, 907-463-2249 at the Director's Office.***

