

HOMEPORT CHANGE TRAVEL CLAIM FORM

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement and instructions on back before completing form. Use typewriter, ink or ball point pen. . . DO NOT use pencil. If more space is needed, continue in Remarks.							
1. TYPE OF TRAVEL <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> TAD/TDY <input type="checkbox"/> Dependent <input type="checkbox"/> OTHER <input type="checkbox"/> DLA		2. EFT INFORMATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> Frequent Traveler EFT on FILE		RTN: _____ Name/Address of Financial Institution: _____		ACCT NO: _____ ACCT TYPE: SAV <input type="checkbox"/> CK <input type="checkbox"/>					
3. NAME (Last, First, Middle Initial) (Print or type)			4. GRADE	5. SSN		6. TRAVEL ORDER NUMBER					
7. ORGANIZATION AND STATION/CIVILIAN PAYROLL OFFICE			8. E-MAIL ADDRESS OR FAX NUMBER			9. WORK PHONE (w/ Area Code)					
10.a. ADDRESS (Number, Street, City, State, Zip Code)			b. CITY	c. STATE	d. ZIP CODE	e. HOME PHONE (w/ Area Code)					
11. ITINERARY:							12. PREVIOUS TVL ADVANCES (Excluding ATM) 13. SPLIT PAY OPTION! AMERICAN EXPRESS \$ _____ 14. DURATION OF TDY/TAD TVL <input type="checkbox"/> 12 HRS OR LESS <input type="checkbox"/> OVER 12 /LESS 24 HRS <input type="checkbox"/> OVER 24 HRS 15. LEAVE USED(MIL/CIVILIAN) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DAYS (MIL)</td> <td style="width: 50%;">HOURS (CIV)</td> </tr> <tr> <td>FROM</td> <td>TO</td> </tr> </table>	DAYS (MIL)	HOURS (CIV)	FROM	TO
DAYS (MIL)	HOURS (CIV)										
FROM	TO										
a. DATE (YEAR)	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and County, etc)	d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS (1) Govt. (B-L-D) (2) Ded. (B-L-D)			g. DAILY COST OF LODGING	h. POC MILES		
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16. POV TRAVEL (X one)			<input type="checkbox"/> OWN/OPERATE			<input type="checkbox"/> PASSENGER					
17. REIMBURSABLE EXPENSES											
a. DATE	b. NATURE OF EXPENSES				c. AMOUNT	d. ALLOWED					
18. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Including ZIP CODE)			19. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			20. DEPENDENT(S) TRAVEL INFORMATION					
			a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DOB OR DOM	a. DT TVL BEGAN:					
						b. DT TVL ENDED:					
						c. DID DEPENDENT(S)' TRAVEL WITH MEMBER?					
21. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)						<input type="checkbox"/> YES <input type="checkbox"/> NO					
22. DISLOCATION ALLOWANCE											
1. This is the _____ (number) claim for dislocation allowance based on a permanent change of station during FY- _____ I have not and will not request Government procured shipment of a housetrailer or reimbursement for shipment at personal expense if I am claiming a dislocation allowance for this PCS. NOTE: ENDORSEMENT ON ORIGINAL ORDERS THAT GOVT QUARTERS IS NOT ASSIGNED IS REQUIRED TO BE ENTITLED TO SINGLE DLA.											
23.a. CLAIMANT SIGNATURE			b. DATE		24.a. APPROVING OFFICER SIGNATURE (For Official Phone Calls)		b. DATE				

DD 1351-2 (PSASD)

TRAVEL CLAIM HAS TO BE LIQUIDATED WITHIN 10 WORKING DAYS FROM COMPLETION OF TRAVEL

HOMEPORT CHANGE TRAVEL CLAIM FORM

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397

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.

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.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

REQUIRED ATTACHMENTS

1. Original and/or legible copies of all travel orders and amendments, as applicable.
2. Original and 1 copy 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 commercial ticket or receipt.
5. Original Hotel/Motel receipts and any item of expense claimed in excess of \$75.00.
6. Other attachments as directed.

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, Vol. 1 App A and JTR, Vol 2, App. D for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

Acronyms:

TVL = Travel	TAD = Temporary Additional Duty
DT = Date	DOB = Date of Birth
TDY = Temporary Duty	DOM = Date of Marriage

ITEM 11. ITINERARY - SYMBOLS

11d. Means/Mode of travel (use two letters)

GTR/TKT	- 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

11e. Reason for Stop

Awaiting Transportation	- AT	Voluntary	-VR
Leave En Route	- LV	Return	
Mission Complete	- MC	Hospital	-HA
Authorized Delay	- AD	Admittance	
Temporary Duty	- TD	Hospital	-HD
		Discharge	

11f. Number of Meals

Breakfast – B Lunch – L Dinner – D

12. Previous TVL Advances – Refers to advances paid by PSD's and Navy Disbursing Officers including shipboard.

13. Split Pay Option (SPO) – Specified amount to be paid directly to American Express (AMEXCARD).

25. REMARKS