

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 PCS Member/Employee TAD/TDY Dependent OTHER DLA		2. EFT INFORMATION NEW CHANGE Frequent Traveler EFT on FILE		RTN: Name/Address of Financial Institution:		ACCT NO: ACCT TYPE: SAV CK			
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)		
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			g. DAILY COST OF LODGING	h. POC MILES
	DEP				(1) Govt (B-L-D)	(2) Ded. (B-L-D)			
	AFR								
	DEP								
	AFR								
	DEP								
	AFR								
	DEP								
	AFR								
	DEP								
	AFR								
	DEP								
	AFR								
16. POV TRAVEL (X one)								OWN/OPERATE	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)			20. DEPENDENT(S) TRAVEL INFORMATION			
			ACCOMPANIED	UNACCOMPANIED		a. DT TVL BEGAN:			
			a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DOB OR DOM			b. DT TVL ENDED:	
21. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES NO (Explain in Remarks)						c. DID DEPENDENT(S) TRAVEL WITH MEMBER?			
						YES	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		