

Fort Lee Army MilPay Office

PRIOR SERVICE / ACCESSION

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SCAN QR CODE TO BOOK MEETING





THRIFT SAVINGS PLAN ELECTION FORM

LEGACY RETIREMENT SYSTEM _____
BLENDED RETIREMENT SYSTEM _____

TSP-U-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP). Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to the office of your service that is responsible for enrolling members in the TSP.** That office should return a copy to you after completing Section V. **Note:** To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. Name (Last) _____ (First) _____ (Middle) _____

2. Mailing Address (may be APO or FPO) _____ City _____ State _____ Zip Code _____

3. Social Security Number _____ 4. () _____
Daytime Phone (Area Code and Number)

5. Date of Birth (mm/dd/yyyy) _____ 6. Office Identification (Service and Organization) _____

II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

Your choice will cancel all previous elections.

To start or change the amount of your contributions, enter in Items 7-10 the percentage of your pay each pay period that you want as traditional (pre-tax) contributions. Enter in Items 11-14 the percentage of your pay each pay period that you want as Roth (after-tax) contributions. You **must** elect to contribute at least 1% of basic pay (or its equivalent) to be eligible to contribute from your other types of pay (see instructions). **Remember:** A blank line next to a type of contribution equals 0% contributed. *To stop your contributions, you must complete Section III. For those turning 50 or older who want to make catch-up contributions:* If you meet the IRS elective deferral limit, your contributions will automatically start counting toward the IRS catch-up limit. Separate catch-up elections are no longer required. (See instructions.)

Traditional (Pre-Tax) Contributions All Services

Basic Pay 7. X .0%

Incentive Pay 8. X .0%

Special Pay 9. X .0%

Bonus Pay 10. X .0%

Roth (After-Tax) Contributions All Services

11. X .0%

12. X .0%

13. X .0%

14. X .0%

III. STOP YOUR CONTRIBUTIONS

When you stop your contributions from basic pay, contributions from incentive, special, and bonus pay will also stop.

To stop all contributions to the TSP, check Item 15 or 19 (or both, as applicable). If you want to stop only your contributions from incentive pay, special pay, or bonus pay, check the appropriate box(es). Your contributions will stop no later than the first full pay period after your service receives this form. See the instructions for this section for information about stopping automatic contributions.

Stop My Traditional Contributions

15. From basic pay

16. From incentive pay

17. From special pay

18. From bonus pay

Stop My Roth Contributions

19. From basic pay

20. From incentive pay

21. From special pay

22. From bonus pay

IV. SIGNATURE

23. Participant's Signature _____ 24. Date Signed (mm/dd/yyyy) _____

V. FOR SERVICE USE ONLY

25. Payroll Office Number _____ 26. Receipt Date (mm/dd/yyyy) _____ 27. Effective Date (mm/dd/yyyy) _____

28. Signature of Service Official _____

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

FASTSTART

DIRECT DEPOSIT

Fully Complete
Blocks 1, 2, 3, & 5

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)

(Last, First, Initials)

EMAIL ADDRESS

TELEPHONE NUMBER (WORK)

(HOME)

2. TYPE OF ACCOUNT

- Checking
 Savings

TYPE OF PAYMENT

- Net Pay
 Travel
 Other Federal
employment related
payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)

A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT
NUMBER

Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT
(Check One)

- Savings (whole dollar amounts only)
 Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)

- SAVINGS
 CHECKING

ACTION
(Check One)

- START
 CANCEL
 CHANGE

AMOUNT
(Check One)

- INCREASE TO:
 DECREASE TO:
New Total \$ _____

ALLOTTEE NAME
(person/company who
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION

EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE:

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

FT LEE

COMPANY: _____

BN: _____

NAME: _____

SSN: _____

SIGNATURE: _____

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Tax Reform Act of 1976, Public Law 94-455.
PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.
ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.
MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

* **NAME** (Last, first, middle initial)

SOCIAL SECURITY NUMBER (SSN)

LEGAL RESIDENCE/DOMICILE (City or county and State)

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

* **SIGNATURE**

CURRENT MAILING ADDRESS (Include ZIP Code)

DATE

MILITARY PAYROLL SYSTEM SUBSTANTIATING DOCUMENT WORKSHEET

For use of this form, see AR 637-1. The proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 37 USC, DOD 7000.14R, Department of Defense Financial Management Regulation, AR 637-1, Army Military Compensation and Entitlement Policy.

PRINCIPAL PURPOSE: To justify any change or correction to a Soldier's pay record by a Finance Office, Defense Military Pay Office, or by the Defense Finance and Accounting Service. For additional information see the System of Records Notice A600-8-104 AHRC Army Personnel System (APS), <https://www.federalregister.gov/documents/2019/07/18/2019-15242/privacy-act-of-1974-system-of-records>.

ROUTINE USES: Information collected is used to adjust military pay records. Information may be shared with other federal agencies such as IRS, Social Security Administration, VA, GAO, member of Congress; State and local government, US and State courts, and various law enforcement agencies.

DISCLOSURE: Voluntary; Nondisclosure may result in nonpayment of pay and allowances. Disclosure of your DOD ID is voluntary. However, this form will not be processed without your DOD ID because the Army identifies you for pay purposes by your DOD ID.

SECTION I: IDENTIFY SOLDIER AND ADJUSTMENT ACTION TAKEN

1. Name (Last, First, MI)	2. Grade	3. DOD ID Number
4. Item of Pay Adjusted Base PAY/BAH/BAS		
5. Period of Adjustment from _____ to _____		
6. Document Control Number(s), Source Reference(s), or Substantiating Document(s) to Support Adjustment Orders		

SECTION II: NARRATIVE EXPLANATION/REASON FOR ADJUSTMENT

Due to the SM's accession onto the Defense Military Pay system and at the SM's request \$ _____ Initial advance payment has been processed and released for payment to the SM's direct deposit on file.

To be collected in full and will be reflected on the SM's End-of-Month (EOM) _____ LES.

SECTION III: SHOW COMPLETE COMPUTATION FOR EACH ADJUSTMENT

NOT APPLICABLE

SECTION IV: CERTIFICATION

CERTIFICATION: I certify this adjustment is true and correct. The attachments hereto are in support of the pay change.	7. DSSN 4839	8. Unit of Payroll Office
	9. Signature	10. Date



DEPARTMENT OF THE ARMY
UNITED STATES FINANCIAL MANAGEMENT COMMAND
8899 E 56TH STREET
INDIANAPOLIS, IN 46249

AMFM-MPO

MEMORANDUM FOR RECORD

SUBJECT: ATTESTATION TO PRIOR SERVICE DISCHARGE

1. I am prior service and was separated under the Department of the Army COVID-19 Vaccination Mandate.
2. Initial 1 of the following:

Yes: _____

- If you mark yes, attach the ABCMR Approval letter (if available)

NO: _____

3. Soldier Information:

Printed Name: _____

Signature: _____

Date: _____

TRAVEL VOUCHER DIRECT

Upload your travel voucher and supporting documents online!

Travel Voucher Direct is available for all non-DTS travel claims computed and paid by DFAS.

Submit your travel voucher and supporting documents on this secure website or scan the QR code.

<https://www.dfas.mil/militarymembers/travelpay/travelvoucherdirect/>



TRAVEL VOUCHER DIRECT -- ONLINE CUSTOMER SERVICE

FAQs

Submit A Ticket

Help

Exit

- ✓ Step 1. Category selected is: **Travel Voucher Direct**
Step 2: Select a Subcategory by clicking the >> button next to the subcategory name.

Under the 'Subcategories' heading, click the type of travel you are filing your voucher for. This ensures your voucher gets to the proper DFAS office for processing.

Categories	Subcategories
> Travel Voucher Direct	> Civilian Permanent Change of Station-PCS > Evacuations > Military Permanent Change of Station-PCS > Non-Appropriated Funds (NAF) > Temporary Duty (TDY) Claims (NON-DTS) > Wounded in Action(Medical Treatment)/KIA

On the next page, enter name, email address, create a passcode, Type of User, Rank or Grade, Social Security Number and choose type of claim the upload your documents. After completed the fields, upload your document(s). **SUBMIT ONLY ONE CLAIM AT A TIME-NOT MULTIPLES.**

You are limited to 20 files with the following criteria:

- The following formats are accepted: .xlsx, .docx, .pptx, .pdf, .gif, .bmp, .jpg, .jpeg, and text files.
- Total files per ticket cannot exceed 35 MB (35,000KB) in size.
- Only attach the required files and please be patient while the files are transmitted.

Your voucher cannot be processed without supporting documents. Be sure that your files have successfully uploaded before you click 'Submit'

You will receive a **confirmation email** after your voucher is received.

TRAVEL VOUCHER DIRECT

NOTE: Not for use with travel processed in the Defense Travel System (DTS).



Upload your travel voucher and supporting documents online. Travel Voucher Direct is available for all travel claims computed and paid by DFAS.

You can upload your claim in three files of up to 5MB per file. The following formats are accepted: .xls, .xlsx, .doc, .docx, .ppt, .pptx, .msg, .pdf, .gif, .bmp, .jpg, .jpeg, .rtf, .tif, .tiff, .fdl, .xfdl and text files.

To find another method for submitting your claim use this [Where to Submit](#) guide to make sure you send it to the appropriate DFAS office. You can send via fax, email or mail. However, using the Travel Voucher Direct is recommended as the most secure method and fastest method for sending in your voucher.

After we receive your claim, you can [check the status](#) online or by phone.

Page updated March 2, 2015

TRAVEL VOUCHER DIRECT -- ONLINE CUSTOMER SERVICE

[FAQs](#) [Submit A Ticket](#)

[Help](#) [Exit](#)

Providing responsive, professional finance and accounting services for the people who defend America means delivering timely useful information. Our site allows customers the ability to request support or provide feedback. Every individual is unique, but they often face similar issues. Browse our frequently asked questions database before submitting a question for best results.

INSTRUCTIONS:

Submit your travel voucher and supporting documents on this secure website.

Select the 'Submit A Ticket' button above.

On the next page, under the 'Subcategories' heading select the **type of travel** you are filing your voucher for. This ensures your voucher gets to the proper DFAS office for processing. On the next page, enter name and email address then upload your documents and submit your voucher. You are limited to 10 files not to exceed 35MB total. And, make sure your file(s) is in one of the accepted file formats listed.

Your voucher cannot be processed without supporting documents. Be sure that your files have successfully uploaded before you click 'Submit'.

You will receive a confirmation email after your voucher is received.

Civilian Employees: Click [here](#) for detailed guidance on your voucher submission.

Search (FAQs) from Travel Voucher Direct: [Go](#) [Clear](#)

Category:

Subcategory:

No FAQs

ADDITIONAL INFORMATION:

TRAVEL-PAY DFAS-ROME

CUSTOMER SERVICE NUMBER:

888-332-7366

TDY TRAVEL PACKET CONSISTS OF:

1. TRAVEL VOUCHER DD 1351-2
2. ORDERS AND DD 1610



Completing your TDY Travel Voucher

DD Form 1351-2



GETTING STARTED

A DD Form 1351-2 is a common form that you're asked to submit after your TDY travel. This form, alongside your travel orders, tells DFAS how much to reimburse you for allowances, per diem, and expenses incurred while on travel. However, your reimbursable expenses are not set in stone, this guide highlights “Key Points”, and outlines actions to “Get Started” that will help you complete your travel voucher successfully on your first attempt.



What is a DD Form 1351-2

The DD Form 1351-2 (November 2025) is the primary form used to record travel itineraries and claim expenses for government travel. The following is a step-by-step guide with examples to ensure that you are filling the form out correctly. The numbers listed below correspond to the numbers shown in the blocks on the DD 1351-2.



Key Points Before You Get Started

- Ensure you are using the November 2025 version.
- When possible, all fields must be filled out completely (unless otherwise noted) and must be legible.
- Before you begin, please login into your [MyPay](#) account to set verify / set-up your EFT account information. Having up to date EFT account information, will help to ensure timely direct deposit of funds into your account.
- All TDY locations need to appear on the orders accompanying the TDY voucher, if they do not, the location will not be counted towards your final pay. You will need to request an amendment from the command that issued the orders to include the locations you traveled while TDY.
- Orders and any amendments will need to be submitted along with the travel voucher.
- You are able to exceed the total number of authorized days by less than or equal to 100% or 7 days (whichever is less) without an amendment. If your TDY exceeds the number of days authorized by more than 100% or 7 Days, you will need to contact the command that created the orders to obtain an amendment (with additional days authorized).
- Make sure you include appropriate signatures and dates prior to submission. You (aka Claimant.) must sign the voucher AFTER Mission Complete (MC) Date and BEFORE the reviewer.

Box 15a: DATE: List the year the travel was conducted, even when the travel crosses into the next calendar year.

- DEP: List the date you departed your residence/mobilization area.
- ARR: List the date arrived at the next mode of travel or location.

Your travel date must be within seven days of the proceed date identified on your orders. Anything beyond seven days will require an amendment.

Box 15b: PLACE: Each box in this section should only have one location per box. Enter every stop to/from your TDY location and home, while en route, using the “DEP” and “ARR” rows.

- DEP: List the location in which you departed.
- ARR: List the location in which you arrived.

Repeat until all overnight stops are listed and final destination reached.

All TDY locations need to appear on the orders accompanying your voucher, if they do not, the location will not be counted towards your final pay. You will need to request an amendment from the command that issued the orders to include all locations you traveled while TDY.

Authorized Delay (AD) stops over 14 days require an amendment authorizing the location.

Box 15c: MEANS/MODES OF TRAVEL*: List the two-digit form of transportation you used en route to the PLACE listed in 15b.

First Digit:

- T - GTR/TKT or CBA
- G - Government Transportation
- C - Commercial Transportation
- P - Privately Owned Conveyance

Second Digit:

- A - Automobile
- M - Motorcycle
- B - Bus
- P - Plane
- R - Rail
- V - Vessel

Most Common Combinations:

- PA – Private Auto
- CA – Commercial Auto (ex: Taxi)
- TP – Government Provided Airfare (no cost)
- CP – Commercial Airfare (traveler purchased)

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.			
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
2025	DEP	Fort Jackson		GP			
12/07	ARR	Ramestein AFB Germany			AD	\$108.00	
12/08	DEP	Ramestein AFB Germany					
12/09	ARR	Al Udeid Qatar			TD		
12/20	DEP	Al Udeid Qatar		GP			
12/20	ARR	Ramestein AFB Germany			AD		
12/21	DEP	Ramestein Germany		GP			
12/22	ARR	Fort Jackson			MC		
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
e. SUMMARY OF PAYMENT							
(1) Per Diem							
(2) Actual Expense Allowance							
(3) Mileage							
(4) Dependent Travel							
(5) DLA							
(6) Reimbursable Expenses							
(7) Total							
(8) Less Advance							
(9) Amount Owed							
(10) Amount Due							
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER							
17. DURATION OF TRAVEL							
<input type="checkbox"/> 12 HOURS OR LESS							
<input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS							
<input checked="" type="checkbox"/> MORE THAN 24 HOURS							
18. REIMBURSABLE EXPENSES							
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED				
20251207	Lodging	\$108.00					
20251222	Gas	\$77.00					
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS				
20. CLAIMANT SIGNATURE							
Thomas J. Smith							b. DATE
							20251209
c. REVIEWER'S PRINTED NAME				d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER	
Rita Jones						803-123-6767	
21. APPROVING OFFICIAL'S PRINTED NAME				b. SIGNATURE		c. TELEPHONE NUMBER	
Cecil White						803-456-6767	
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							

*See Supporting Documentation for additional information.

SUPPORTING DOCUMENTATION*

Additional information regarding supporting documentation to submit alongside your completed DD Form 1351-2 is provided below:



Rental Cars and Transportation

- **Car Rental:** Include one legible copy or the original receipt for the costs related to a rental car if cost is \$75.00 or over. The use of a rental car must be authorized in the travel orders or approved after the fact by the Approving Official (AO). Reimbursement for insurance paid by the traveler will not be authorized (except overseas). Upgrade charges are not reimbursable unless the AO certifies that the upgrade was necessary to the mission and signs box 21 of the DD Form 1351-2.
- **Transportation Tickets:** Whenever the traveler purchases his or her own commercial transportation tickets, a copy of the receipt must be submitted with the travel voucher. Reimbursement will not exceed that cost that would have been incurred if transportation had been purchased by the Government or other limitations as prescribed by the governing travel regulations. Please note that when commercial transportation tickets are purchased from a travel agency other than those under contract with the U.S. Government, reimbursement of the cost of tickets could be denied.
- **Airline Ticket Reimbursement** - Travel orders must state the method of purchase, whether the transportation ticket was purchased using an individually billed account (IBA) or centrally billed account (CBA) or was otherwise personally purchased by the traveler.
 - Under a CBA, the traveler is not responsible for personally purchasing their airline tickets. A traveler will make their flight reservations through a Travel Management Company (TMC), the TMC charges the airfare costs to a CBA and then submits the claim for direct reimbursement to Commercial Pay.
 - An IBA is when a traveler makes their airfare reservations through a TMC and their government charge-card was charged for the amount of the ticket. The traveler now has an out-of-pocket expense that they can claim on their travel voucher.
 - Personally procured airfare is when the traveler purchases their own airfare.

NOTE: If the purchase method changes after the travel order is published, then the AO may approve the changed method after the fact on the travel voucher. In order to avoid potential reimbursement issues, always ensure that your travel orders state "IBA Authorized or Personally procured airfare authorized" or you have AO approval, when paying for airfare related to a TDY with your government charge-card.

- **Separate Legs of Travel** - If the trip involves more than one leg of travel, then each leg is computed separately and should be listed separately on your DD Form 1351-2. Official points include:
 - Actual Residence
 - Home of Record
 - Primary Residence
 - TDY Location
 - Safe Haven Location
 - Passenger Point of Embarkation
 - Passenger Point of Debarkation
 - Place Entering Active Duty (PLEAD)

Lodging

Whether lodging is en route or at the TDY location, travelers must include a paid, itemized receipt from hotel, motel, or other commercial lodging facility or Government quarters. If TDY is performed at a military installation where Government quarters are not available, you must provide statement or confirmation of non-availability or other appropriate justification and use other lodging available under the Integrated Lodging Program (ILP). If the appropriate documentation is not provided the lodging reimbursement will be limited to the amount of the Government quarters. You must use ILP lodging in the following priority order: Government quarters, Privatized lodging or DoD Preferred commercial lodging. For more information on the ILP visit the Defense Travel Management Office website at www.defensetravel.dod.mil/Docs/AP-ILPP-01.pdf.

Miscellaneous Expenses

- **Conference Fees:** Include one legible copy or the original receipt for costs related to registration/conference fees. Registration/conference fees must be authorized in the travel orders to be reimbursed. List all meals included in the cost of registration fees, by meal(s), i.e., (B-Breakfast, L-Lunch, D-Dinner) and the date(s) in block 19 of the DD Form 1351-2.
- **Grouping Expenses:** Include one legible copy or the original receipt for any additional authorized expense that is \$75 or more. If small items of expense, such as gas, tolls, or parking charges are lumped together and exceed \$75, show the individual breakdown of expenses on the voucher.
For Example: A claim for \$77 in gas charges would be entered on the DD Form 1351-2 as follows:
Block 18a = Dec 7
Block 18b = Gas
Block 18c = \$77
- **Tips:** TDY travelers must state what types of tips they are claiming for reimbursement. Please note: Not all tips are reimbursable. The following tips may be reimbursable for Military and Civilian TDY travelers:
 - Taxis and courtesy shuttle (must be included as part of taxi/shuttle fare. Up to 20% of fare authorized)
 - Baggage check-in fee at curbside and baggage handling tips for a traveler with a disability. NOTE: These are only for travelers with medical or special needs.

Tips to waiters/waitresses, room service, and to bellhops for personal baggage handling are not separately reimbursable. These types of tips are included in the daily incidental portion of the meal rate.