

# Filing a Manual Travel Claim for PCS

## Introduction

This guide provides the procedures for filing a manual travel claim for PCS on paper form or filling out the PDF online.

## Procedures

See below.

Step	Action																																																																																																								
1	<p>Here is the blank travel claim DD Form 1351-2. This guide will break down each area to explain each block. This scenario covers a member traveling from Florida to Illinois with dependents via 2 cars. Household Goods were shipped and an Advance was received prior to traveling.</p> <div data-bbox="336 719 1358 1899" style="border: 2px solid red; padding: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">TRAVEL VOUCHER OR SUBVOUCHER</th> <th colspan="4" style="text-align: center;">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.</th> </tr> </thead> <tbody> <tr> <td colspan="2">1. 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# Filing a Manual Travel Claim for PCS, Continued

Procedures,  
continued

Step	Action																				
2	<p><b>Block 1:</b> Select the <b>Electronic Fund Transfer (EFT)</b> box. If that is not set up, then a check will be sent. Split Disbursement travelers have the option to change the amount that is sent to the card but are still liable for all that is charged to the Government card. Check the box and enter in the amount to be transferred on the money line.</p> <table border="1" data-bbox="339 674 1369 801"> <tr> <td colspan="2" data-bbox="339 674 751 712"><b>TRAVEL VOUCHER OR SUBVOUCHER</b></td> <td colspan="2" data-bbox="751 674 1369 712">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.</td> </tr> <tr> <td data-bbox="339 712 499 741">1. PAYMENT</td> <td colspan="3" data-bbox="499 712 1369 741"> <small>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.</small> </td> </tr> <tr> <td data-bbox="339 741 499 770"> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)                 </td> <td colspan="3" data-bbox="499 741 1369 770"> <small>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</small> </td> </tr> <tr> <td data-bbox="339 770 499 801"> <input type="checkbox"/> Payment by Check                 </td> <td data-bbox="499 770 1193 801"> <input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:                 </td> <td data-bbox="1193 770 1369 801">\$</td> <td data-bbox="1193 770 1369 801"></td> </tr> </table>	<b>TRAVEL VOUCHER OR SUBVOUCHER</b>		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	<small>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.</small>			<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)	<small>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</small>			<input type="checkbox"/> Payment by Check	<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:	\$					
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3	<p><b>Block 2:</b> Enter in your name.  <b>Block 3:</b> Enter in your grade or rank.  <b>Block 4:</b> Enter in your Social Security Number or EMPLID  <b>Block 6:</b> Enter in your street address, city state, zip code at the <b>NEW PDS</b> and email address.</p> <table border="1" data-bbox="339 1021 1369 1173"> <tr> <td colspan="2" data-bbox="339 1021 919 1072">2. NAME (Last, First, Middle Initial) (Print or type) Paxton, Bill</td> <td data-bbox="919 1021 1082 1072">3. GRADE E6</td> <td colspan="2" data-bbox="1082 1021 1369 1072">4. SSN 999-99-9999</td> </tr> <tr> <td colspan="2" data-bbox="339 1072 759 1137">6. ADDRESS. a. NUMBER AND STREET 10 Harbor Dr</td> <td colspan="2" data-bbox="759 1072 1082 1137">b. CITY Wilmette</td> <td data-bbox="1082 1072 1193 1137">c. STATE IL</td> </tr> <tr> <td colspan="2" data-bbox="339 1137 759 1173"></td> <td colspan="2" data-bbox="759 1137 1193 1173">d. ZIP CODE 60091</td> <td data-bbox="1193 1137 1369 1173"></td> </tr> <tr> <td colspan="5" data-bbox="339 1173 1369 1211">e. E-MAIL ADDRESS William.Weird Science.Paxton@usecg.mil</td> </tr> </table>	2. NAME (Last, First, Middle Initial) (Print or type) Paxton, Bill		3. GRADE E6	4. SSN 999-99-9999		6. ADDRESS. a. NUMBER AND STREET 10 Harbor Dr		b. CITY Wilmette		c. STATE IL			d. ZIP CODE 60091			e. E-MAIL ADDRESS William.Weird Science.Paxton@usecg.mil				
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4	<p><b>Block 5:</b></p> <ul style="list-style-type: none"> <li>• TDY is checked for a Temporary Duty Assignment claim.</li> <li>• PCS is checked for a Permanent Change of Station claim.</li> <li>• Dependent(s) is checked if children and/or Spouse are traveling with you.</li> <li>• Member/Employee must be checked so you can be paid for your travel expenses.</li> <li>• Other is checked if claiming anything other than what is listed like TLE.</li> <li>• DLA is checked if you are entitled to Dislocation Allowance.</li> </ul> <table border="1" data-bbox="339 1518 1369 1816"> <tr> <td colspan="4" data-bbox="339 1518 1369 1574"><b>5. TYPE OF PAYMENT (X as applicable)</b></td> </tr> <tr> <td data-bbox="339 1574 459 1659"><input type="checkbox"/></td> <td data-bbox="459 1574 772 1659">TDY</td> <td data-bbox="772 1574 895 1659"><input checked="" type="checkbox"/></td> <td data-bbox="895 1574 1369 1659">Member/Employee</td> </tr> <tr> <td data-bbox="339 1659 459 1733"><input checked="" type="checkbox"/></td> <td data-bbox="459 1659 772 1733">PCS</td> <td data-bbox="772 1659 895 1733"><input type="checkbox"/></td> <td data-bbox="895 1659 1369 1733">Other</td> </tr> <tr> <td data-bbox="339 1733 459 1816"><input checked="" type="checkbox"/></td> <td data-bbox="459 1733 772 1816">Dependent(s)</td> <td data-bbox="772 1733 895 1816"><input checked="" type="checkbox"/></td> <td data-bbox="895 1733 1369 1816">DLA</td> </tr> </table>	<b>5. TYPE OF PAYMENT (X as applicable)</b>				<input type="checkbox"/>	TDY	<input checked="" type="checkbox"/>	Member/Employee	<input checked="" type="checkbox"/>	PCS	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	Dependent(s)	<input checked="" type="checkbox"/>	DLA				
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# Filing a Manual Travel Claim for PCS, Continued

Procedures,  
continued

Step	Action																									
5	<p><b>Block 7:</b> Enter your telephone number including the area code.</p> <p><b>Block 8:</b> Enter in the Travel Order Number (TONO) found on the PCS orders (begins with a 12).</p> <p><b>Block 9:</b> Enter in the amount of any advances received for this trip (Only travel advances, NOT BAH, pay, etc.).</p> <p><b>Skip Block 10.</b> This section is reserved for Disbursing Offices only.</p> <p><b>Block 11:</b> Enter in your <b>NEW</b> Permanent Duty Station (PDS) name.</p> <table border="1" data-bbox="339 745 1372 875"> <tr> <td data-bbox="339 745 663 786">7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</td> <td data-bbox="663 745 991 786">8. TRAVEL ORDER/AUTHORIZATION NUMBER</td> <td data-bbox="991 745 1372 786">9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</td> </tr> <tr> <td data-bbox="339 786 663 813">555-555-1234</td> <td data-bbox="663 786 991 813">1217515PPPP88000</td> <td data-bbox="991 786 1372 813">3,500.00</td> </tr> <tr> <td colspan="2" data-bbox="339 813 991 875">11. ORGANIZATION AND STATION</td> <td data-bbox="991 813 1372 875"></td> </tr> <tr> <td colspan="2" data-bbox="339 875 991 913">USCG Station Wilmette Harbor</td> <td data-bbox="991 875 1372 913"></td> </tr> </table>	7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	555-555-1234	1217515PPPP88000	3,500.00	11. ORGANIZATION AND STATION			USCG Station Wilmette Harbor															
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6	<p><b>Block 12:</b> Check the box for <b>Accompanied IF</b> your dependents traveled with you. Check Unaccompanied traveling as a single member or if dependents traveled separately (or not at all) and a separate claim will need to be submitted.</p> <ul style="list-style-type: none"> <li>• Fill in the name of the dependent, including middle initial.</li> <li>• Fill in the relationship to you.</li> <li>• Fill in the date of birth or the date of marriage (Spouse).</li> </ul> <p><b>NOTE:</b> If member is single enter N/A.</p> <p><b>Block 13:</b> Enter in the address of the dependents at the <b>previous</b> address when PCS orders were received (<b>OLD</b> Permanent Duty Station location). <b>Block 13 cannot be the same address as block 6.</b> This shows that the dependent(s) relocated and can be reimbursed dependent(s) travel entitlements and DLA with dependents.</p> <p><b>Block 14:</b> Check the applicable block.</p> <p><b>NOTE:</b> If the answer is no, an explanation <b>MUST</b> be entered in Remarks (block 29) to receive payment.</p> <table border="1" data-bbox="339 1473 1372 1697"> <tr> <td colspan="3" data-bbox="339 1473 986 1503">12. DEPENDENT(S) (X and complete as applicable)</td> <td data-bbox="986 1473 1372 1503">13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</td> </tr> <tr> <td data-bbox="339 1503 663 1536"><input checked="" type="checkbox"/> ACCOMPANIED</td> <td colspan="2" data-bbox="663 1503 986 1536"><input type="checkbox"/> UNACCOMPANIED</td> <td data-bbox="986 1503 1372 1630" rowspan="4">13 Apollo Street Cape Canaveral , FL 32920</td> </tr> <tr> <td data-bbox="339 1536 663 1570">a. NAME (Last, First, Middle Initial)</td> <td data-bbox="663 1536 823 1570">b. RELATIONSHIP</td> <td data-bbox="823 1536 986 1570">c. DATE OF BIRTH OR MARRIAGE</td> </tr> <tr> <td data-bbox="339 1570 663 1603">Newbury, Louise A</td> <td data-bbox="663 1570 823 1603">Spouse</td> <td data-bbox="823 1570 986 1603">7/7/1987</td> </tr> <tr> <td data-bbox="339 1603 663 1637">Paxton, James B</td> <td data-bbox="663 1603 823 1637">Son</td> <td data-bbox="823 1603 986 1637">7/7/1994</td> </tr> <tr> <td data-bbox="339 1637 663 1671">Paxton, Lydia C</td> <td data-bbox="663 1637 823 1671">Daughter</td> <td data-bbox="823 1637 986 1671">7/7/1997</td> <td data-bbox="986 1630 1372 1697">14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</td> </tr> <tr> <td colspan="3" data-bbox="339 1671 986 1697"></td> <td data-bbox="986 1671 1372 1697"><input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO (Explain in Remarks)</td> </tr> </table>	12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	<input checked="" type="checkbox"/> ACCOMPANIED	<input type="checkbox"/> UNACCOMPANIED		13 Apollo Street Cape Canaveral , FL 32920	a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	Newbury, Louise A	Spouse	7/7/1987	Paxton, James B	Son	7/7/1994	Paxton, Lydia C	Daughter	7/7/1997	14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)
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Paxton, Lydia C	Daughter	7/7/1997	14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)																							
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)																							

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# Filing a Manual Travel Claim for PCS, Continued

Procedures,  
continued

Step	Action																																																																																																						
7	<p><b>Block 15:</b></p> <ul style="list-style-type: none"> <li>• <b>Date</b> - Indicate current year (month/day should be listed below)</li> <li>• <b>Place</b> - Enter City/State and zip code from which member departed (previous duty station) and to which member reported (new duty station)</li> <li>• <b>Means/Modes of Travel</b> - See 2-digit codes on reverse page (pg2 of 1351-2)</li> <li>• <b>Reason for stop</b> - See 2-digit codes on reverse (pg2 of 1351-2)</li> <li>• <b>Lodging Cost</b> - Not applicable for PCS travel (pg2 of 1351-2)</li> <li>• <b>Privately Owned Conveyance (POC) miles</b> - Indicate total mileage.</li> </ul> <p><b>NOTE:</b> Member need only list the date of departure from old PDS (Effective Date of Orders), and the date of arrival at new PDS (Official Date of Report), as indicated on the signed PCS orders. It is not necessary to list each stop and departure.</p> <table border="1" data-bbox="338 943 1374 1458"> <thead> <tr> <th colspan="2">15. ITINERARY</th> <th>c.</th> <th>d.</th> <th>e.</th> <th>f.</th> </tr> <tr> <th>a. DATE</th> <th></th> <th>MEANS/ MODE OF TRAVEL</th> <th>REASON FOR STOP</th> <th>LODGING COST</th> <th>POC MILES</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2/12</td> <td>DEP</td> <td colspan="2">13 Apollo Street, Cape Canaveral, FL 32920</td> <td></td> <td></td> </tr> <tr> <td>2/19</td> <td>ARR</td> <td></td> <td>MC</td> <td></td> <td>1228</td> </tr> <tr> <td></td> <td>DEP</td> <td colspan="2">10 Harbor Drive, Wilmette, IL 60091</td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	15. ITINERARY		c.	d.	e.	f.	a. DATE		MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES	2017						2/12	DEP	13 Apollo Street, Cape Canaveral, FL 32920				2/19	ARR		MC		1228		DEP	10 Harbor Drive, Wilmette, IL 60091					ARR						DEP						ARR						DEP						ARR						DEP						ARR						DEP						ARR						DEP						ARR				
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# Filing a Manual Travel Claim for PCS, Continued

Procedures,  
continued

Step	Action																																																												
<b>8</b>	<p><b>Block 16:</b> If private auto is listed in the itinerary, member must indicate whether they are an owner/operator or a passenger.</p> <p><b>Block 17:</b> Select the appropriate block. Typically, More Than 24 hours is checked.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">16. POC TRAVEL (X one)</td> <td style="width: 25%;"><input checked="" type="checkbox"/> OWN/OPERATE</td> <td style="width: 25%;"><input type="checkbox"/> PASSENGER</td> <td style="width: 25%;">17. DURATION OF TRAVEL</td> </tr> <tr> <td colspan="3">18. REIMBURSABLE EXPENSES</td> <td><input type="checkbox"/> 12 HOURS OR LESS</td> </tr> <tr> <td style="font-size: small;">a. DATE</td> <td style="font-size: small;">b. NATURE OF EXPENSE</td> <td style="font-size: small;">c. AMOUNT</td> <td style="font-size: small;">d. ALLOWED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input checked="" type="checkbox"/> MORE THAN 24 HOURS</td> </tr> </table>	16. POC TRAVEL (X one)	<input checked="" type="checkbox"/> OWN/OPERATE	<input type="checkbox"/> PASSENGER	17. DURATION OF TRAVEL	18. REIMBURSABLE EXPENSES			<input type="checkbox"/> 12 HOURS OR LESS	a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED				<input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS				<input checked="" type="checkbox"/> MORE THAN 24 HOURS																																								
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<b>9</b>	<p><b>Block 18:</b> Enter Temporary Lodging Expense (TLE), tolls, etc. here.</p> <p><b>Block 19:</b> Not applicable to PCS travel.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; font-weight: normal;">18. REIMBURSABLE EXPENSES</th> </tr> <tr> <th style="font-size: small;">a. DATE</th> <th style="font-size: small;">b. NATURE OF EXPENSE</th> <th style="font-size: small;">c. AMOUNT</th> <th style="font-size: small;">d. ALLOWED</th> </tr> <tr> <td style="text-align: center;">2/20</td> <td>TLE one night</td> <td style="text-align: right;">200.00</td> <td> </td> </tr> <tr> <td style="text-align: center;">2/18</td> <td>Tolls</td> <td style="text-align: right;">25.00</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; font-weight: normal;">19. GOVERNMENT/DEDUCTIBLE MEALS</th> </tr> <tr> <th style="font-size: small;">a. DATE</th> <th style="font-size: small;">b. NO. OF MEALS</th> <th style="font-size: small;">a. DATE</th> <th style="font-size: small;">b. NO. OF MEALS</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	18. REIMBURSABLE EXPENSES				a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	2/20	TLE one night	200.00		2/18	Tolls	25.00																										19. GOVERNMENT/DEDUCTIBLE MEALS				a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS												
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# Filing a Manual Travel Claim for PCS, Continued

Procedures,  
continued

Step	Action																																						
<p><b>10</b></p>	<p><b>Block 20:</b> Original hand written signatures of the traveler. Reviewer is optional. Enter in telephone numbers for contact information and enter in the dates that the document was signed.</p> <p><b>Block 21:</b> Approving Official <b>MUST</b> print, sign, and date.</p> <p><b>NOTE:</b> On final PCS the following statement is allowed to be entered in block 21a or block 21b: "Final PCS, AO not available."</p> <p><b>Block 22:</b> Enter in the Line of Accounting data.</p> <p><b>Skip Blocks 23 - 28.</b> This is for accounting purposes only.</p> <table border="1" data-bbox="339 779 1372 909"> <tr> <td colspan="2">20.a. CLAIMANT SIGNATURE</td> <td colspan="2">b. DATE</td> </tr> <tr> <td colspan="2">[Redacted]</td> <td colspan="2">2/21/17</td> </tr> <tr> <td>c. REVIEWER'S PRINTED NAME</td> <td>d. REVIEWER SIGNATURE</td> <td>e. TELEPHONE NUMBER</td> <td>f. DATE</td> </tr> <tr> <td>Helen Hunt</td> <td>[Redacted]</td> <td>777-777-1234</td> <td>2/21/17</td> </tr> <tr> <td>21.a. APPROVING OFFICIAL'S PRINTED NAME</td> <td>b. SIGNATURE</td> <td>c. TELEPHONE NUMBER</td> <td>d. DATE</td> </tr> <tr> <td>Kurt Russell</td> <td>[Redacted]</td> <td>888-888-1234</td> <td>2/21/17</td> </tr> </table> <table border="1" data-bbox="339 947 1372 965"> <tr> <td>22. ACCOUNTING CLASSIFICATION</td> </tr> <tr> <td> </td> </tr> </table> <table border="1" data-bbox="339 1003 1372 1021"> <tr> <td>23. COLLECTION DATA</td> </tr> <tr> <td> </td> </tr> </table> <table border="1" data-bbox="339 1048 1372 1095"> <tr> <td>24. COMPUTED BY</td> <td>25. AUDITED BY</td> <td>26. TRAVEL ORDER/ AUTHORIZATION POSTED BY</td> <td>27. RECEIVED (Payee Signature and Date or Check No.)</td> <td>28. AMOUNT PAID</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	20.a. CLAIMANT SIGNATURE		b. DATE		[Redacted]		2/21/17		c. REVIEWER'S PRINTED NAME	d. REVIEWER SIGNATURE	e. TELEPHONE NUMBER	f. DATE	Helen Hunt	[Redacted]	777-777-1234	2/21/17	21.a. APPROVING OFFICIAL'S PRINTED NAME	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE	Kurt Russell	[Redacted]	888-888-1234	2/21/17	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					
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<p><b>11</b></p>	<p>The reverse side of the claim provides the Privacy Statement and the Penalty Statement at the top.</p> <table border="1" data-bbox="339 1205 1372 1668"> <tr> <td style="text-align: center;"> <p><b>PRIVACY ACT STATEMENT</b></p> <p>AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.</p> <p><b>PRINCIPAL PURPOSE(S):</b> To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments. Applicable SORN: T7333 (<a href="http://privacy.defense.gov/notices/dfas/T7333.shtml">http://privacy.defense.gov/notices/dfas/T7333.shtml</a>).</p> <p><b>ROUTINE USE(S):</b> Certain "<a href="#">Blanket Routine Uses</a>" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <a href="http://dpclo.defense.gov/privacy/SORNS/component/dfas/preamble.html">http://dpclo.defense.gov/privacy/SORNS/component/dfas/preamble.html</a>.</p> <p><b>DISCLOSURE:</b> Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.</p> </td> </tr> <tr> <td style="text-align: center;"> <p><b>PENALTY STATEMENT</b></p> <p>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).</p> </td> </tr> </table>	<p><b>PRIVACY ACT STATEMENT</b></p> <p>AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.</p> <p><b>PRINCIPAL PURPOSE(S):</b> To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments. Applicable SORN: T7333 (<a href="http://privacy.defense.gov/notices/dfas/T7333.shtml">http://privacy.defense.gov/notices/dfas/T7333.shtml</a>).</p> <p><b>ROUTINE USE(S):</b> Certain "<a href="#">Blanket Routine Uses</a>" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <a href="http://dpclo.defense.gov/privacy/SORNS/component/dfas/preamble.html">http://dpclo.defense.gov/privacy/SORNS/component/dfas/preamble.html</a>.</p> <p><b>DISCLOSURE:</b> Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.</p>	<p><b>PENALTY STATEMENT</b></p> <p>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).</p>																																				
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# Filing a Manual Travel Claim for PCS, Continued

Procedures,  
continued

Step	Action																																														
12	<p>The bottom of page 2 has instructions for use in blocks 1, 15 and 19.  <b>Block 29:</b> Use this for any information that needs to be explained or is important for Travel to know about this claim (household goods not shipped).</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>INSTRUCTIONS</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>ITEM 1 - PAYMENT</b></p> <p>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.</p> <p><b>REQUIRED ATTACHMENTS</b></p> <ol style="list-style-type: none"> <li>1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.</li> <li>2. Two copies of dependent travel authorization if issued.</li> <li>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.</li> <li>4. Copy of GTR, MTA or ticket used.</li> <li>5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.</li> <li>6. Other attachments will be as directed.</li> </ol> </td> <td style="width: 50%; vertical-align: top;"> <p><b>ITEM 15 - ITINERARY - SYMBOLS</b></p> <p><b>15c. MEANS/MODE OF TRAVEL</b> (<i>Use two letters</i>)</p> <table border="0" style="width: 100%;"> <tr> <td>GTR/TKT or CBA (<i>See Note</i>)</td> <td>- T</td> <td>Automobile</td> <td>- A</td> </tr> <tr> <td>Government Transportation</td> <td>- G</td> <td>Motorcycle</td> <td>- M</td> </tr> <tr> <td>Commercial Transportation</td> <td>- C</td> <td>Bus</td> <td>- B</td> </tr> <tr> <td>(<i>Own expense</i>)</td> <td>- C</td> <td>Plane</td> <td>- P</td> </tr> <tr> <td>Privately Owned</td> <td>- P</td> <td>Rail</td> <td>- R</td> </tr> <tr> <td>Conveyance (<i>POC</i>)</td> <td>- P</td> <td>Vessel</td> <td>- V</td> </tr> </table> <p>Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.</p> <p><b>15d. 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Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.</p> </td> </tr> </table> </div> <p><b>29. REMARKS</b></p> <p>a. INDICATE DATES ON WHICH LEAVE WAS TAKEN: <span style="background-color: #e0e0ff; display: inline-block; width: 300px; height: 15px;"></span></p> <p>b. ALL UNUSED TICKETS (<i>including identification of unused "e-tickets"</i>) MUST BE TURNED IN TO THE T/O OR CTO.</p> <div style="background-color: #e0e0ff; height: 100px; width: 100%;"></div> <p><b>DD FORM 1351-2 (BACK), MAY 2011</b></p>	<p><b>ITEM 1 - PAYMENT</b></p> <p>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.</p> <p><b>REQUIRED ATTACHMENTS</b></p> <ol style="list-style-type: none"> <li>1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.</li> <li>2. Two copies of dependent travel authorization if issued.</li> <li>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.</li> <li>4. Copy of GTR, MTA or ticket used.</li> <li>5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.</li> <li>6. Other attachments will be as directed.</li> </ol>	<p><b>ITEM 15 - ITINERARY - SYMBOLS</b></p> <p><b>15c. 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