INTRA- ARMY ORDER FOR REIMBURSABLE SERVICES

For use of this form, see AR 37-108 and AR 37-110; the proponent agency is USAFAC.

1. RECEIVING OFFICE CONTROL NUMBER: VW12345678910000

☐ FUNDED ☐ AUTOMATIC

2. ORDER
a. NUMBER: WESCE 88-XX
b. DATE: 05 AUG 88

3. CHANGE ORDER
a. NUMBER: 5
b. DATE: 01 Sep 88

4. TO BE PERFORMED BY *(Command, Installation or Activity)*, ADDRESS *(Include ZIP Code)*, AND AUTOVON NUMBER

HQUSACE (CEXX-XX)
WASH DC 20314-1000

5. ORDERED BY *(Command, Installation or Activity)*, ADDRESS *(Include ZIP Code)*, AND AUTOVON NUMBER

AS APPLICABLE

6. DESCRIPTION OF SERVICES TO BE PERFORMED

FUNDS ARE PROVIDED FOR MS. LOLI POP FOR FY 88 TRAVEL RELATED TO SWEET CONFECTIONERS.

POC: MR. SUGAR _____
TELEPHONE #

SAMPLE

7a. NAME AND TITLE OF ORDERING OFFICER	b. SIGNATURE	c. DATE
JOHN DOE, CHIEF CANDY DIV		AS APPROPRIATE

ORIGINATING FINANCE AND ACCOUNTING OFFICE APPROVAL

8a. ACCOUNTING CLASSIFICATION	b. AMOUNT
96XXXXXXXX, etc.	$8,000.00

c. CHANGE
INCREASE AMOUNT _____ DECREASE AMOUNT _____ REVISED AMOUNT _____

9. Services to be performed pursuant to this order are properly chargeable to the appropriations or other accounts indicated above until _____ *(Day · Month · Year)* the expiration date of this order.

10a. TYPED NAME AND TITLE OF APPROVING OFFICER	b. SIGNATURE	c. DATE
AS APPROPRIATE		

ACCEPTING OFFICER

11. THE ABOVE TERMS AND CONDITIONS ARE SATISFACTORY AND ARE ACCEPTED

a. TYPED NAME AND TITLE OF ACCEPTING OFFICER	b. SIGNATURE	c. DATE ACCEPTED
AS APPROPRIATE		

DA FORM 1 JUN 77 2544 EDITION OF 1 DEC 75 WILL BE USED UNTIL EXHAUSTED

U.S.GPO: 1983-415-654

TRAVEL VOUCHER	BUREAU VOUCHER NUMBER	D O VOUCHER NO

I. PAYMENT FOR — **PAID BY**

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*		6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SOCIAL SECURITY NUMBER
DOE JOHN	GS-15	123-45-6789

4. ORGANIZATION AND STATION
HQDA(CEXX-X) WASH DC 20314-1000

5. TRAVEL ORDER
Furnished from items 21 and 22 DD FORM 1610

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS
14 DAYS TDY

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO THROUGH ATTACHED
2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE
2. SIGNATURE

SAMPLE

V. REMARKS

MAIL CHECK TO:
HQDA(CEXX-X) WASH DC 20314-1000

VI. ACCOUNTING CLASSIFICATION(S)

Furnished from item 19 DD FORM 1610

$
LEAVE BLANK

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID

DD FORM 1 JUL 65 1351

FORM APPROVED BY COMPTROLLER GENERAL, U.S. 2 JUNE 1965

APPENDIX J
FIGURE J-23

TRAVEL VOUCHER OR SUBVOUCHER (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
DOE, JOHN, Q	GM-13	111-11-1111

CHECK MAILING ADDRESS (Include ZIP Code): HOME ADDRESS

DUTY PHONE NO.: 272-XXXX

ORGANIZATION AND STATION: CEXX-XXX-X WASH DC 20314-1000

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date)(Include amending orders): AS APPROPRIATE

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state): NONE

1. ITINERARY (See Item 25 for Symbols)

DATE 19 88		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT/DED*	OPEN MESS	4. POC MILES
3-1	DEP	0650	Residence	PA					
	ARR	0720	FT. Belvoir		AT				18
	DEP	0740	Davison Term	GP					
	ARR	1000	Champaign,		TD				
3-2	DEP	1600	IL	GP		32.75			
	ARR	1720	FT. Belvoir		AT				
	DEP	1745	Davison Term	PA					
	ARR	1830	Residence		MC				18
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

SAMPLE

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * (See Item 24)

DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED
	Parking at Airport	16.00	

6. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680a)

7. TR'S/MTA'S/MT'S (If none, so state)

NUMBER	FROM	TO
NONE		

8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____

9. POC TRAVEL: ☒ OWNER/OPERATOR (See Item 22d) ☐ PASSENGER

FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

COMPUTATIONS

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp. Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt. Charged to Acctg. Class	

11. PAYMENT DESIRED ☒ CHECK ☐ CASH

12. ☒ PER DIEM REQUESTED

13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF $10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

14. SIGNATURE OF CLAIMANT | DATE

15. ACCOUNTING CLASSIFICATION

FILLED FROM BLOCK 19 ON DD 1610

SITE VISIT

16. COLLECTION DATA

17. COMPUTED BY	18. AUDITED BY	19. TVL RCRD POSTED BY	20. RECEIVED (Payee signature and date or check no.)	21. AMOUNT PAID

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED. Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.

APPENDIX J
FIGURE J-24

TRAVEL VOUCHER OR SUBVOUCHER — (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
Self explanatory--------	--------	----------

CHECK MAILING ADDRESS (Include ZIP Code)	DUTY PHONE NO.
Home Address	272-XXXX

ORGANIZATION AND STATION: CEXX-XX WASH DC 20314-1000

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date)(Include amending orders): As Appropriate

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state): None

10 FOR DO USE ONLY
DO VOUCHER NO
SUBVOUCHER NO
PAID BY

1. ITINERARY (See Item 25 for Symbols)

DATE 19 88	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT/DED*	OPEN MESS	4. POC MILES
4-6	DEP 0700	Res (Alex)	PA					
	ARR 1000	FT. Lee,		TD		0		132
4-6	DEP 1400	VA.	PA		0			
	ARR 1610	Res. (Alex)				0		132
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							

COMPUTATIONS

SAMPLE

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * (See Item 24)

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp. Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt. Charged to Acctg. Class	

6. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680a)

7. TR'S/MTA'S/MT'S (If none, so state)

NUMBER	FROM	TO
	NO GOVT TRANSP	

11. PAYMENT DESIRED: ☒ CHECK ☐ CASH

8. LEAVE STATEMENT: 0 days 0 hours taken between 0 and 0

12. ☒ PER DIEM REQUESTED

9. POC TRAVEL: ☒ OWNER/OPERATOR (See Item 22d) ☐ PASSENGER

13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF $10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

→ I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

14. SIGNATURE OF CLAIMANT | DATE

15. ACCOUNTING CLASSIFICATION

To be filled in from
Block 19 on DD 1610

16. COLLECTION DATA

17. COMPUTED BY	18. AUDITED BY	19. TVL RCRD POSTED BY	20. RECEIVED (Payee signature and date or check no.)	21. AMOUNT PAID
				→

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED. Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.

TRAVEL VOUCHER OR SUBVOUCHER — (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type): Self Explanatory---------- | GRADE/RANK | SSN

CHECK MAILING ADDRESS (Include Zip Code): Home Address | DUTY PHONE NO

ORGANIZATION AND STATION: Self Explanatory

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date/(Include amending orders): Block 22 of DD 1610

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state): $300.00

10 FOR DO USE ONLY

DO VOUCHER NO

SUBVOUCHER NO

PAID BY

1. ITINERARY (See Item 25 for Symbols)

DATE 19 88		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2 COST OF LODGING	3 NUMBER OF MEALS GOVT	DED*	OPEN MESS	4 POC MILES
4-3	DEP	0730	Residence	CA						
	ARR	0745	Limo Terminal		AT					
	DEP	0800	Limo Terminal	CA						
	ARR	0855	Dulles Airport		AT					
	DEP	0935	Dulles Airport	TP						
	ARR	1040	Chicago, IL		AT					
	DEP	1200	Chicago, IL	TP						
	ARR	1615	Anchorage, AK		TD					
	DEP	Completed TDY at								
	ARR		1615, 4-8			$20				
4-13	DEP	0700	Anchorage, AK	TP						
	ARR	1200	Seattle, WA		AT		15			
	DEP	1230	Seattle, WA	TP						
	ARR	2015	Dulles Airport		AT					

SAMPLE

COMPUTATIONS

5. REIMBURSABLE EXPENSES. CHARGE FOR DEDUCTIBLE MEALS * (See Item 24)

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
4-3	Taxi-Residence to Limo Term.	$6.00	
4-3	Limo-Terminal to Airport	$3.50	
4-3	Taxi-Airport to Quarters	$8.25	
4-13	Limo to Airport	$8.25	

6. Long distance telephone calls are certified as necessary in the interest of the Government — APPROVING OFFICER (31 USC 680a)

7. TR S/MTA S/MT'S (If none, so state)

NUMBER	FROM	TO
FL,XXX,XX	IAD	ORD, AND, SEA, IAD

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp. Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt. Charged to Acctg. Class	

11. PAYMENT DESIRED ☒ CHECK ☐ CASH

8. LEAVE STATEMENT 3 days ____ hours taken between 4-11-88 and 4-13-88

12. ☒ PER DIEM REQUESTED

9. POC TRAVEL: ☐ OWNER/OPERATOR (See Item 22d) ☐ PASSENGER

13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF $10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

→ I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

14. SIGNATURE OF CLAIMANT | DATE

15. ACCOUNTING CLASSIFICATION

Fill in From Block 19 of DD 1610

16. COLLECTION DATA

17. COMPUTED BY	18. AUDITED BY	19. TVL RCRD POSTED BY	20. RECEIVED (Payee signature and date or check no.)	21. AMOUNT PAID →

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME - FIRST NAME - MIDDLE INITIAL *(Print/Type)*
PUBLIC, JOHN Q.

1. ITINERARY					2.	3. NO. OF MEALS		4.	8. FOR DO USE ONLY
DATE 1988 APR	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	GOVT / DED*	OPEN MESS	POC MILES	
13	DEP 2035	Airport	CA						
	ARR 2145	Limo Term		AT					
	DEP 2150	Limo Term	CA						
	ARR 2255	Residence		MC					
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SAMPLE

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* *(See item 24, DD Form 1351-2)*

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
13 APR	Limo - Airport to Terminal	$3.50	
	Taxi - Terminal to Residence	6.50	
	Registration Fee (2 meals Incl)	20.00	

6. TR'S/MTA'S/MT'S *(If none so state)*

NUMBER	FROM	TO

7. REMARKS

DD Form 1351-2C, JUN 78 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED. *Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.*

TRAVEL VOUCHER OR SUBVOUCHER (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
DOE, JANE	GS-11	123-45-6789

CHECK MAILING ADDRESS (Include ZIP Code): HOME ADDRESS

DUTY PHONE NO.: 272-XXXX

ORGANIZATION AND STATION: HQDA (CEXX-XX) WASH DC 20314-1000

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date)(Include amending orders): 88-02-100

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state): $212.00

10 FOR DO USE ONLY

DO VOUCHER NO

SUBVOUCHER NO

PAID BY

1. ITINERARY (See Item 25 for Symbols)

DATE 19 85	LOCAL TIME (24 Hour Clock)		PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2 COST OF LODGING	3 NUMBER OF MEALS GOVT/DED*	OPEN MESS	4 POC MILES
5/2	DEP	1215	Office	PA					
	ARR	1230	Wash Nat'l		AT				3
	DEP	1312	Airport	TP					
	ARR	1515	Buffalo, NY		TDY	39.24			
5/4	DEP	1620	Buffalo, NY	TP					
	ARR	1652	Chicago, IL		TDY	41.08			
5/6	DEP	1740	Chicago, IL	TP					
	ARR	1955	Pittsburgh		AT				
	DEP	2045	Pennsylvania	CP					
	ARR	2115	Akron/Canton		LV				
5/8	DEP	0830	Ohio	CP					
	ARR	1021	Wash Nat'l						
	DEP	1100	Airport	CA					
	ARR	1130	Residence						

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * (See Item 24)

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
5/2	Taxi - AP to Hotel, BUF	$10.25	
5/4	Bus - Hotel to Office, BUF	.70	
5/4	Taxi - Office to AP, BUF	12.35	

6. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680a)

7. TR'S/MTA'S/MT'S (If none, so state)

NUMBER	FROM	TO

SAMPLE

COMPUTATIONS

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp. Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt Charged to Acctg Class	

11. PAYMENT DESIRED ☒ CHECK ☐ CASH

8. LEAVE STATEMENT 0 days 0 hours taken between 0 and 0

12. ☒ PER DIEM REQUESTED

9. POC TRAVEL ☐ OWNER/OPERATOR (See Item 22d) ☐ PASSENGER

13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF $10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

→ I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

14. SIGNATURE OF CLAIMANT | DATE

15. ACCOUNTING CLASSIFICATION

Fill in Fund Citation and Complete Billing Address

SITE VISIT

16. COLLECTION DATA

17. COMPUTED BY	18. AUDITED BY	19. TVL RCRD POSTED BY	20. RECEIVED (Payee signature and date or check no.)	21. AMOUNT PAID →

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME - FIRST NAME - MIDDLE INITIAL *(Print/Type)*

1. ITINERARY						2.	3. NO. OF MEALS		4.	8. *FOR DO USE ONLY*
DATE 19 8	LOCAL TIME *(24 Hour Clock)*		PLACE *(Home, Office, Base, Activity, City and State, City and Country, etc.)*	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	GOVT / DED*	OPEN MESS	POC MILES	
	DEP									
	ARR									
	DEP									
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SAMPLE

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* *(See Item 24, DD Form 1351-2)*

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
5-4	Limo-AP to Hotel, Chicago	$7.50	
5-6	Limo-Hotel to AP, Chicago	7.50	
5-8	Taxi-AP to Residence	20.00	
	Check Baggage	.75	

6. TR'S/MTA'S/MT'S *(If none so state)*

NUMBER	FROM	TO

7. REMARKS

DD Form 1351-2C, JUN 78 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED. *Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.*

TRAVEL VOUCHER OR SUBVOUCHER — *(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)*

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10. *FOR DO USE ONLY*
DO VOUCHER NO.
SUBVOUCHER NO.
PAID BY

LAST NAME - FIRST NAME - MIDDLE INITIAL *(Print/Type)*: SELF-EXPLANATORY
GRADE/RANK:
SSN:

CHECK MAILING ADDRESS *(Include ZIP Code)*: HOME ADDRESS
DUTY PHONE NO.: SELF EXPLANATORY

ORGANIZATION AND STATION: SELF EXPLANATORY

TRAVEL ORDERS *(Paragraph, S.O. No., Issuing Hq., Date)(Include amending orders)*: BLOCK 22 OF DD 1610

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS *(Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state)*
SE REMARKS
$250.00

1. ITINERARY *(See Item 25 for Symbols)*

DATE 1988		LOCAL TIME *(24 Hour Clock)*	PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT/DED*	OPEN MESS	4. POC MILES
4/24	DEP	1515	Residence	PA					
	ARR	1540	Limo Term		AT		0		10
	DEP	1550	Limo Term	CB					
	ARR	1640	Dulles		AT		0		
	DEP	1755	AP	TP					
4/25	ARR	1045	Munich,		AT		0		
	DEP	1115	GE	CA					
	ARR	1215	Augsburg,		TD	$37.50	0		
4/26	DEP	0945	GE	CR					
	ARR	1100	Wuerzburg,		TD		0		
	DEP	1715	GE	CR					
	ARR	1915	Frankfurt,		AD	$50.30	0		
4/27	DEP	0925	GE	TP					
	ARR	1020	Bremen, GA		AT		0		

SAMPLE

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * *(See Item 24)*

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
4/24	Limo to AP	15.00	
4/26	Train-Augsburg to Frankfurt	73.00	
4/27	Train-Bremerhaven, Cologne, Frankfurt	118.00	

6. Long distance telephone calls are certified as necessary in the interest of the Government.
APPROVING OFFICER *(31 USC 680a)*

7. TR'S/MTA'S/MT'S *(If none, so state)*

NUMBER	FROM	TO
70220129092	WASH DC	MUNICH, FRANKFURT
		RET TO WASH DC

8. LEAVE STATEMENT: – days 0 hours taken between 0 and 0

9. POC TRAVEL: ☒ OWNER/OPERATOR *(See Item 22d)* ☐ PASSENGER

COMPUTATIONS

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp. Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt. Charged to Acctg. Class	

11. PAYMENT DESIRED ☒ CHECK ☐ CASH
12. ☐ PER DIEM REQUESTED
13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF $10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH *(U.S. Code, Title 18, Section 287.)*

→ I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

14. SIGNATURE OF CLAIMANT
DATE

15. ACCOUNTING CLASSIFICATION
96XXXXXXXXX CE, RF

16. COLLECTION DATA

17. COMPUTED BY	18. AUDITED BY	19. TVL RCRD POSTED BY	20. RECEIVED *(Payee signature and date or check no.)*	21. AMOUNT PAID
				→

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME - FIRST NAME - MIDDLE INITIAL *(Print/Type)*
SELF EXPLANATORY

1. ITINERARY					2.	3. NO. OF MEALS		4.	8. *FOR DO USE ONLY*
DATE 1988	LOCAL TIME *(24 Hour Clock)*	PLACE *(Home, Office, Base, Activity, City and State, City and Country, etc.)*	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	GOVT / DED*	OPEN MESS	POC MILES	
4/27	DEP 1025	Bremer, GE	CA						
	ARR 1200	Wuerzburg		TD					
	DEP 1650	GE	CR						
	ARR 2200	Cologne,		TD					
4/28	DEP 1200	GE	CR						
	ARR 1430	Frankfurt,		TD					
4/30	DEP 1430	GE	TP						
	ARR 1930	National		AT					
	DEP 1950	AP	CR						
	ARR 2020	WASH DC		AT					
	DEP 2030	Metro Sta	PA						
	ARR 2200	Residence		MC					
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

SAMPLE

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* *(See Item 24, DD Form 1351-2)*

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
4/28	Taxi-Train Sta to Hotel, Frank.	9.25	
4/30	Taxi-Hotel to AP	27.00	
4/30	Metro-Airport to Metro Sta	1.10	

6. TR'S/MTA'S/MT'S *(If none so state)*

NUMBER	FROM	TO

7. REMARKS

DD Form 1351-2C, JUN 78 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED. *Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.*

TRAVEL VOUCHER OR SUBVOUCHER (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type): Self Explanatory
GRADE/RANK:
SSN:
CHECK MAILING ADDRESS (Include ZIP Code): Home Address
DUTY PHONE NO: Self Explanatory
ORGANIZATION AND STATION: HOUSACE (CEXX-XXX-X) WASH DC 20314-1000
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date)(Include amending orders): PCS 88-XXX, 1 Feb 88
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state): $3,780.00

10 FOR DO USE ONLY
DO VOUCHER NO
SUBVOUCHER NO
PAID BY

1. ITINERARY (See Item 25 for Symbols)

DATE 1988	LOCAL TIME (24 Hour Clock)		PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2 COST OF LODGING	3 NUMBER OF MEALS GOVT/DED*	OPEN MESS	4 POC MILES
5-1	DEP	0900	Omaha, NEB	PA					
5-10	ARR	2000							1160
	DEP		Alexandria, VA		MC				
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP		Single Occupancy Rates						
	ARR		were $15,22, 37.75, 14.80,						
	DEP		$16,50, 37.90						
	ARR								
	DEP								
	ARR								

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * (See Item 24)

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
	Tolls	12	
	Shipment of Household goods	15,011	
	Temporary Storage	3,890	
	Temporary Qtrs Subsitence	4,764	

6. Long distance telephone calls are certified as necessary in the interest of the Government — APPROVING OFFICER (31 USC 680a)

7. TR'S/MTA'S/MT'S (If none, so state)

NUMBER	FROM	TO

SAMPLE

COMPUTATIONS

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp. Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt. Charged to Acctg. Class	

11. PAYMENT DESIRED ☒ CHECK ☐ CASH

12 ☐ PER DIEM REQUESTED

13. BAS RATE

8. LEAVE STATEMENT _____ days _____ hours taken between _____ and _____

9. POC TRAVEL: ☐ OWNER/OPERATOR (See Item 22d) ☐ PASSENGER

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF $10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

→ I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

14. SIGNATURE OF CLAIMANT

DATE

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

17. COMPUTED BY | 18. AUDITED BY | 19. TVL RCRD POSTED BY | 20. RECEIVED (Payee signature and date or check no.) | 21. AMOUNT PAID →

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED. Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.

APPENDIX J
FIGURE J-32

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: Self Explanatory

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)* Include SSN: Self Explanatory

3. POSITION TITLE AND GRADE OR RATING: Self Explanatory

4. OFFICIAL STATION: Self Explanatory

5. ORGANIZATIONAL ELEMENT: Self Explanatory

6. PHONE NO.: Self Explanatory

7. TYPE OF ORDERS E.G. TDY, Amendment, Cancellation

8. SECURITY CLEARANCE: Self Explanatory

9. PURPOSE OF TDY: Self Explanatory

10a. APPROX. NO. OF DAYS OF TDY *(Including travel time)*: Use for Official Duty Time

b. PROCEED O/A *(Date)*: Official Time Only

11. ITINERARY ☐ VARIATION AUTHORIZED

Show departure from permanent duty station and/or residence (place from which employees commutes daily to work) to TDY points only and return to permanent duty station and/or residence.

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE
							☐ MORE ADVANTAGEOUS TO GOVERNMENT
							☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR TRAVEL TIME LIMITED AS INDICATED IN JTR

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

SAMPLE

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
☐ OTHER RATE OF PER DIEM *(Specify)*

14. Self Explanatory ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$	$	$	$

15. ADVANCE AUTHORIZED: $ Blank

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Include any special authorization pertaining to the order, E.G., if excess baggage is authorized, include statement "_____ pieces" or "_____ pounds" of excess baggage authorized. If delay en route for personal reasons is authorized, an appropriate statement will be included indicating the number of days annual leave authorized.

17. REQUESTING OFFICIAL *(Title and signature)*: TABLES 1-1 and 1-2 ----------

18. APPROVING OFFICIAL *(Title and signature)*: ----------

AUTHORIZATION Funds Available

19. ACCOUNTING CITATION Use Appropriate Funds and complete Billing Address

John Doe, F&A Officer

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION: FOR THE COMMANDER:

21. DATE ISSUED: Self Explanatory

22. TRAVEL ORDER NUMBER: Appendix C and D

DD FORM 1 JUN 67 1610

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Doe, Joe SSN: 111-11-1111

3. POSITION TITLE AND GRADE OR RATING: Information Systems Officer GS-13

4. OFFICIAL STATION: HQDA USACE WASH DC 20314-1000

5. ORGANIZATIONAL ELEMENT: CEXX-XX

6. PHONE NO.: 272-0679

7. TYPE OF ORDERS: TDY

8. SECURITY CLEARANCE: *See item 16

9. PURPOSE OF TDY: Inspect records and files
Site Visit

10a. APPROX. NO. OF DAYS OF TDY *(Including travel time)*: 2

b. PROCEED O/A *(Date)*: 3 May 88

11. ITINERARY ☐ VARIATION AUTHORIZED

FROM: Residence (Lanham, MD)
TO: Philadelphia, PA
RET: Residenece (Lanham, MD)

SAMPLE

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE .21

☒ MORE ADVANTAGEOUS TO GOVERNMENT

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$ 160.00	$ 75.18	$ 12.00	$ 247.68

15. ADVANCE AUTHORIZED: $ 0

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

*Access to classified data not required. Mr. John Q. Public and Mr. Data Lear will ride as passengers with Mr. John Doe.

17. REQUESTING OFFICIAL *(Title and signature)*: Self Explanatory----------

18. APPROVING OFFICIAL *(Title and signature)*: ----------

AUTHORIZATION

19. ACCOUNTING CITATION
Insert Fund Citation and complete Billing Address

John Doe, F&A Officer

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION

21. DATE ISSUED: Self Explanatory

22. TRAVEL ORDER NUMBER: Appendix C and D

DD FORM 1 JUN 67 1610

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 2 May 88

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Doe, John SSN 233-63-1598

3. POSITION TITLE AND GRADE OR RATING: Chief, Safety Officer, GS-15

4. OFFICIAL STATION: HQUSACE (CEX-XX)
WASH DC 20314-1000

5. ORGANIZATIONAL ELEMENT: CEXX-XXX

6. PHONE NO.: 272-XXXX

7. TYPE OF ORDERS: TDY

8. SECURITY CLEARANCE: TS

9. PURPOSE OF TDY: Safety survey of Detroit District and Attendance at the National Safety Congress

Site Visit and Conference Attendance

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 10

b. PROCEED O/A *(Date)*: 16 May 88

11. ITINERARY ☐ VARIATION AUTHORIZED

FROM Residence (Columbia, MD)
TO Detroit, MI and Chicago, IL
RET Residence (Columbia, MD)

SAMPLE

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE
	X						☐ MORE ADVANTAGEOUS TO GOVERNMENT
☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*							☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$ 603.00	$ 320.00	$ 50.00	$ 927.00

15. ADVANCE AUTHORIZED: $ Blank

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*
Registration fee in the amount $30.00 is authorized. Conference travel approved.

17. REQUESTING OFFICIAL *(Title and signature)*: TABLES 1-1 and 1-2

18. APPROVING OFFICIAL *(Title and signature)*:

AUTHORIZATION

19. ACCOUNTING CITATION: Funds Available

Insert Fund Citation and Complete Billing Address

John, Doe F&A Officer

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION: AS APPROPRIATE

21. DATE ISSUED: Self Explanatory

22. TRAVEL ORDER NUMBER: Appendix C and D

DD FORM 1 JUN 67 1610