FOR INSTRUCTIONAL PURPOSES ONLY.

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.

1. PAYMENT
[X] Electronic Fund Transfer (EFT) [ ] Payment by Check
[X] Split Disbursement: Amt to Govt Tvl Charge Card $ 0.00

2. TYPE OF PAYMENT *(X as applicable)*
[X] TDY [ ] Member/Employee [ ] PCS
[ ] Other [ ] Dependent(s) [ ] DLA

3. FOR D.O. USE ONLY
a. D.O. VOUCHER NUMBER
b. SUBVOUCHER NUMBER
c. PAID BY

4. NAME *(Last, First, Middle Initial) (Print or type)*
RESERVIST, I'M A.

5. GRADE CPL

6. SSN 444-44-4444

7. ADDRESS. a. NUMBER AND STREET: 1500 FALLON LANE
b. CITY: MUNCIE
c. STATE: IN
d. ZIP CODE: 47304-0001

8. DAYTIME TELEPHONE NUMBER & AREA CODE (111) 111-1111

9. TRAVEL ORDER NUMBER 0E8730

10. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES
PARTIAL $265.00 CAMPEN 030216

11. ORGANIZATION AND STATION
COMM CO HQBN, 4THMARDIV INDIANAPOLIS

12. DEPENDENT(S) *(X and complete as applicable)*
[ ] ACCOMPANIED [ ] UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*
[ ] YES [ ] NO *(Explain in Remarks)*

15. ITINERARY

a. DATE 2002		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
8/1	DEP	MUNCIE, IN (HOME)	PA			
8/1	ARR	I-I INDIANAPOLIS, IN (RTC)		TD		56
8/14	DEP		TP			
8/14	ARR	CAMP PENDLETON, CA (ILOC)		TD		
2/20	DEP		GP			
2/21	ARR	KUWAIT CITY, KUWAIT (THEATER) *		TD		
5/30	DEP		GP			
5/31	ARR	CAMP PENDLETON, CA (ILOC)		TD		
6/30	DEP		TP			
6/30	ARR	I-I INDIANAPOLIS, IN (RTC)		TD		
7/15	DEP		PA			
7/15	ARR	MUNCIE, IN (HOME)		MC		56
	DEP					
	ARR					

d. COMPUTATIONS
PERFORMED CONCURRENT TAD BTW 030127 & 030213 (SEE ATTACHED VOUCHER)

SNM COMMUTED DAILY AT INDIANAPOLIS.

LEAVE WAS TAKEN BTW: 021120 - 021130 (11); AND 021220 - 030105 (17)

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)* [X] OWN/OPERATE [ ] PASSENGER

17. DURATION OF TDY TRAVEL
[ ] 12 HOURS OR LESS
[ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
[ ] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
	MEMBER TRAVELING		
	TOGETHER WITH NO/		
	LIMITED REIMBURSEMENT		
	2/20, 2/21, 5/30, 5/31.		
	(MUST BE IN ORDERS OR		
	ENDORSEMENT)		

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE | c. SUPERVISOR SIGNATURE: In Charge | d. DATE

21.a. APPROVING OFFICER SIGNATURE | b. DATE

22. ACCOUNTING CLASSIFICATION
I CERTIFY THAT I DID PERFORM CONCURRENT TAD AND TOOK LEAVE DURING THE PERIODS ABOVE.

* KUWAIT/IRAQ (IN THEATER) MAY BE COMBINED FOR TRAVEL PURPOSES ONLY.

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER POSTED BY	27. RECEIVED *(Payee Signature and Date or Check No.)*	28. AMOUNT PAID

PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved by GSA/IRMS 12-91.