DEFENSE FINANCE AND ACCOUNTING SERVICE
P.O. BOX 182317
COLUMBUS, OHIO 43218-2317

DFAS-PTBFB/CO

April 6, 2006

MEMORANDUM FOR PERMANENT DUTY (PDT) TRAVELERS
HUMAN RESOURCE (HR) MANAGERS
HUMAN RESOURCE (HR) SPECIALISTS

SUBJECT: Permanent Duty Travel (PDT) Information

The enclosed information is provided to assist those employees performing PDT travel, and is intended to supplement the information provided by the servicing HR Office and our web site https://dfas4dod.dfas.mil/centers/dfasco/customer/travel/index.htm. HR offices may find the enclosures helpful when explaining entitlements and preparing orders.

Enclosure 1 is a Frequently Asked Questions (FAQ) guide, to help you find answers in the Civilian PDT Pamphlet (located at the web site above), in addition to necessary points of contact and filing information.

At Enclosure 2 you will find our PDT Traveler voucher processing checklist. This checklist will assist you in submitting a complete, properly prepared/supported travel claim. Checklists for your Reviewer (Supervisor) and Approving Officer are also located on our web site.

Enclosure 3 includes sample forms showing how to complete your DD1351-2 voucher for the various types of entitlements, along with the supporting forms required.

If you have any questions regarding the filing of any PDT entitlement and/or content required in travel authorizations, please contact our travel customer service representatives at 1-(800) 756-4571, Option 4 or DSN 869-6331.

Chris Mattingly
Director, Travel Operations

Enclosures:
As stated

TRAVEL OPERATIONS - COLUMBUS

Frequently asked questions (FAQs) regarding Civilian Permanent Duty Travel (PDT) entitlements

Question: How do I file my PDT entitlement claims?

Answer: PDT entitlement claims may be submitted to Travel Operations Columbus (TOC) by fax to (614) 693-2463/DSN 869-2463, by email to COL-TRAVEL-CLAIMS@DFAS.MIL, by mail to the following address:

Defense Finance and Accounting Service
DFAS-PTBFB/CO
PO BOX 369015
Columbus, OH 43236-9015

or via FEDEX to:

DFAS-PTBFB/CO
PCS TRAVEL
3990 E BROAD ST, BLDG 21
Columbus, OH 43213-1152

All claims may be faxed or emailed, please do not do both.

EFT sign up or change forms should be faxed to Ms. Carrie Parry at 614-693-2588.
Direct Deposit is highly encouraged to speed up your payment process.

Question: How long will it take to process my PDT entitlement claim?

Answer: Once your claim is received in Travel Operations Columbus (TOC), our goal is to process it in 8 business days – to include calculating your entitlement and disbursement to your bank account.

Question: If I have questions regarding the calculation of my PDT payment, whom should I contact?

Answer: TOC has a knowledgeable customer service branch, to assist you with questions on entitlements, claim status and calculation review. TOC's toll-free number is 1-800-756-4571, option 4 or DSN 869-6331.

Answers to the following FAQs may be found in the DFAS Pamphlet for Civilian PDT, located on our web-site @ https://dfas4dod.dfas.mil/centers/dfasco/customer/travel/index.htm on the pages listed:

Question: For what PCS entitlements may I receive an advance? Pages 3 & 4
Question: How do I request an advance of PDT entitlements? Page 3
Question: May I be authorized a househunting trip (HHT)? Pages 7 & 8

Question: What is the mileage rate for my privately owned conveyance (POC) when I drive it to my NDS? Page 10

Question: Do I receive per diem for driving to my NDS? Is per diem based on the location at which I lodge if an overnight stay is required? Pages 10 & 11

Question: May I be reimbursed for the shipment of my household goods (HHG)? What is the maximum weight that can be shipped? Pages 12-14

Question: What is the difference between the two methods of shipping HHGs? Pages 12 & 13

Question: May I be authorized TQSE? If I am authorized, what methods of reimbursement are available? Page 18

Question: What is the difference between the two types of TQSE? Pages 18-21

Question: Am I entitled to receive the miscellaneous expense allowance? Pages 22-24

Question: Am I entitled to receive compensation for expenses associated with the sale of my residence at the old duty station, purchase of a residence at my new duty station? What about costs incurred for breaking an unexpired lease at the old duty station? Pages 25-31

Question: What is the tax impact on PCS entitlements? Page 35

Question: What is Withholding Tax Allowance (WTA)? Page 36

Question: Do I get some of the taxes back that I had to pay on my move? Page 37

Guidance on what documents to submit with each type of PDT voucher can be found on the following pages:

RAT travel	Page 6
Enroute travel	Page 11
Househunting Trip	Page 8 & 9
TQSE	Page 20 & 21
POV Shipment	Page 17
HHG Shipment/Storage	Page 14
Miscellaneous Expense	Page 24
Unexpired Lease	Page 31
Real Estate	Page 31
Relocation Income Tax Allowance	Page 37

If you have additional questions or concerns, guidance is available in the Joint Travel Regulation (JTR) Vol II, chapters 4, 5, 7, 14, 15, 16, the DFAS Pamphlet for Civilian PDT, or visit our web-site for information on the items listed below:

Current processing dates
W-2 mailing dates
Date of receipt of RIT rates (to begin processing RITA claims)
A11 blank forms needed to file PCS claims
Processing checklists

TRAVELER'S CHECKLIST FOR CIVILIAN PERMANENT DUTY TRAVEL SETTLEMENT VOUCHERS

User. All civilian travelers submitting claims for PERMANENT DUTY.TRAVEL PDT/PCS claims are to be completed within 5 working days of the completion of each portion of travel (i.e.. House hunting, En route, 1st 30 TQSE days, etc.).
Purpose. This checklist should be used by the travelers to ensure their travel claims are proper, complete, and comply with the intent of the order before submitting them to the reviewing/approving official for signature.

1. ___The Travel Voucher (DD Form 1351-2 July 2004) must be prepared in ink, typewriter, or computer generated.
2. ___Your original signature must be in block 20a, and dated in block 20b on the travel voucher.
3. ___All information in blocks 1-9 and 11 of the travel voucher must be completed. Provide a duty phone number and e-mail address. Does the administrative data i.e. name, ssn on the travel voucher agree with the orders? If not, make administrative corrections and initial. If you are requesting payment via Electronic Funds Transfer, did you include a completed Form DD2762?
4. ___Are advances and/or accrued per diem payments listed in block 9? You must annotate "NONE" in block 9 if there were no advances or partial payments. Do not indicate ATM cash withdrawals in block 9.
5. ___Block 12 must be completed, indicating if dependent(s) traveled concurrent or delayed. If submitting for reimbursement of your HHT, indicate if your spouse traveled on the HHT.
6. ___The itinerary in block 15a-15d must be completed using dates and not times, modes of travel, and reason for stops. refer to the reverse page of the DD1351-2 for correct "modes of travel" and "reason for stop" codes.
7. ___Is block 16 (POC Travel) checked if mileage is claimed? Examples of POC mileage are: to and from the airport, and to and from the Permanent Duty Station (PDS). Indicate the number of people per POC, if more than one POC is authorized and used.
8. ___Block 17 must be completed indicating the duration of your travel period.
9. ___If filing for TQSE (AE), did you include both pages of a completed DFAS-CO FM148, to include the actual cost of meals and indicating if the meals were commercial or home cooked? Did you attach receipts for any meal expense of $75 or more for one or more individuals?
10. ___If filing for MEA, did you include the following statement in block 18 of the 1351-2: "I certify that I have discontinued my residence at the old PDS and have established a residence at the new PDS.", along with the dollar amounts being claimed? Did you indicate on the 1351-2, who actually relocated with you? If itemizing, did you include receipts for expenses incurred and obtain the signature of the authorizing/approving official (AO), to include the date in block 21a and 21b of the 1351-2?
11. ___Is lodging claimed and supported by paid receipts (regardless of amount) or a certified statement attached explaining why receipts are not available to include the name and address of the lodging facility, the dates the lodging was obtained, whether or not others shared the room and the cost incurred? Did you include a copy of your lease or rental agreement if you are renting an apartment?
12. ___Are reimbursable expenses of $75 or more claimed on the travel voucher and supported by a paid receipt or certified statement explaining why receipts are not attached, when specific services were rendered or articles purchased, and the unit price?
13. ___If filing for your HHT and you traveled via air, did you include a copy of your airline receipt/air schedule?
14. ___Exchange rate when foreign currency is involved must be indicated on the travel voucher. The traveler must include the expense in both foreign currency and U.S. dollars.
15. ___Was leave taken in conjunction with the travel? If so, was it annotated in the itinerary and in block 29, Remarks Section?
16. ___If you are filing for Real Estate expenses, you must include a completed/approved DD1705-in blocks 18&20 or 19 & 20, a purchase or sales contract, a copy of the signed settlement statement and receipts for items paid outside of closing..
17. ___If you are filing for a RIT Allowance did you include: copies of all W-2 forms for your earned income (to include spouses' if you are filing a joint return) for the applicable year, IRS FM1099 for Military retired pay, a completed RIT Allowance Status Certification Form, a 1351-2 claiming the RIT Allowance with the required signatures?
18. ___If you are filing for HHG Shipment/Storage, did you include: Proof of gross, tare and net weight, paid commercial bill of lading if moved by a commercial mover, a paid rental truck receipt-all itemized receipts for expenses incurred due to the move, paid storage receipts showing dates, where stored, and rates billed?
19. ___Are there specific items not in the original order that require and amended order or the authorization and signature of the Approving Official? If yes, are the items properly claimed and necessary receipts attached?
20. ___Are the required orders and all amendments(to include the accounting citation, reverse side of 1614 and/or continuation page), receipts, statements, certifications, etc., attached to the travel claim and is the claim reasonable and consistent with the mission?
21. ___You must forward your completed travel voucher and supporting documentation to your supervisor/reviewing official for signature and date in block 20c and 20d of the 1351-2, if your agency requires.

Edition: October 2005, Travel Operations Columbus

SAMPLE

DIRECT DEPOSIT AUTHORIZATION

(Please read Instructions on back before completing this form.)

Form Approved
OMB No. 0730-0004
Expires Oct 31, 2000

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0004), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS OF THE AGENCY WHICH PROVIDED THIS FORM.

PRIVACY ACT STATEMENT

AUTHORITY: 31 C.F.R. Part 209, Department of the Treasury Financial Manual, Bulletin No. 95-07, E.O. 9397, DoD "Financial Management Regulation", Volume 5.

PRINCIPAL PURPOSES: This form authorizes direct deposits of net payments, travel payments, and allotments to financial institutions to which payment is to be directed.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

SECTION I - EMPLOYEE/MEMBER/ANNUITANT INFORMATION

1. NAME OF EMPLOYEE/MEMBER/ANNUITANT *(Last, First, Middle)*
Smith, Joe S.

2. ORGANIZATION
DFAS Columbus

3. HOME ADDRESS OF EMPLOYEE/MEMBER/ANNUITANT *(Street, Apartment Number, City, State, ZIP Code)*
123 Main St.
Columbus, OH 43213

4. SOCIAL SECURITY NUMBER
123-45-6789

5. WORK TELEPHONE NUMBER *(Include Area Code)*
(614) 693-1111

6. HOME TELEPHONE NUMBER *(Include Area Code)*
(614) 999-2222

SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

7. TYPE OF ACCOUNT *(X as appropriate)*
- [X] CHECKING
- [ ] SAVINGS

8. TYPE OF PAYMENT *(X only one)*
- [X] NET PAY
- [X] TRAVEL
- [ ] ALLOTMENTS
- [ ] OTHER PAYMENTS *(Specify)* _____

9. FOR ALLOTMENT ONLY *(X as appropriate) (Employees only)*
- [ ] START
- [ ] CHANGE
- [ ] CANCEL

10. NEW ALLOTMENT AMOUNT
$

NOTE: When applicable, a voided personal check/share draft must be attached. If a voided personal check/share draft is not attached, items 11 through 14 must be completed.

11. ROUTING TRANSIT NUMBER (RTN) *(9 digits)*
011111111

12. ACCOUNT NUMBER
888888899999

13. ACCOUNT TITLE *(See Instructions)*
Joe S. Smith

14. FINANCIAL INSTITUTION

a. NAME
DOLLAR BANK

b. TELEPHONE NUMBER *(Include Area Code)*
(614) 333-3333

c. ADDRESS *(Street, Suite Number, City, State, ZIP Code)*
456 Money St.
Columbus, OH

SECTION III - AUTHORIZATION

15. EMPLOYEE/MEMBER/ANNUITANT SIGNATURE
Joe S. Smith

16. DATE
1/20/06

SAMPLE

SAMPLE

INSTRUCTIONS FOR PREPARING DD FORM 2762

PURPOSE

You may use this form to provide instructions for processing your net pay, travel payments, or allotments (including third-party allotments). This form is NOT intended for court-ordered garnishments or tax levies.

Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

A separate form must be completed for each type of payment to be sent by Direct Deposit.

NOTE: Continue to use the ACH Vendor/ Miscellaneous Payment Enrollment Form (SF 3881) to process vendor payments.

SECTION I - EMPLOYEE/MEMBER/ANNUITANT INFORMATION (Items 1 - 6)

You must complete Items 1 through 6 after carefully reading the Instructions and the Privacy Act Statement.

You must keep the agency informed of any address change to remain qualified for payment.

Item 2 - Organization. The name of the Department, Activity, and Office Code you are employed/assigned.

SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

Item 7 - Type of Account. Place an "X" in the appropriate box to indicate if you want your payment to be sent to a checking or savings account.

Item 8 - Type of Payment. Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

Item 9 - For Allotment Only. Place an "X" in the appropriate box to indicate if you want to start, change, or cancel an allotment.

Item 11 - Routing Transit Number (RTN). This is the financial institution's nine-digit RTN to which payment is to be directed. If depositing to a check/share draft account, enter the number printed on the lower left hand corner of your personal check/share draft.
NOTE: If the check/share draft includes "Payable Through" under the bank name, on your personal check/share draft, contact the financial institution to obtain the correct RTN for Direct Deposit.

Item 12 - Account Number. The account number (can be less than 17 digits) to which payment is to be directed. If depositing to a check/share draft account, this number is usually located at the bottom of your personal check/share draft following the RTN. NOTE: Do NOT include the check number which is usually located at the top left hand corner or top middle of your personal check/share draft, following account number.

Item 13 - Account Title. The name on the account at the financial institution to which payment is to be directed. If depositing to a check/share draft account, the name is usually located at the top left hand corner or top middle of your personal check/share draft.

Item 14 - Financial Institution. The name, address, and telephone number of the institution to which payment is to be directed. NOTE: If a copy of a voided personal check/share draft is attached, Items 11 through 14c are not required to be completed.

SECTION III - AUTHORIZATION

Items 15 and 16 - Signature and Date. You must sign and date this form before the authorization can be processed.

FOR CHANGES:

You must complete and submit a new "Direct Deposit Authorization" form to the applicable DoD agency. If you are changing the financial institution to which payment is to be directed, we recommend that the accounts be maintained at both financial institutions until the new institution received your Direct Deposit payment.

FOR CANCELLATIONS:

This authorization will remain in effect until you cancel by providing a written notice to the DoD agency or by your death or legal incapacity. Upon cancellation, you should notify the receiving financial institution. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

SAMPLE

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

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.

[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ SAMPLE HHT

2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
SMITH, JOE S.	GS11	123-45-6789	[ ] TDY [ ] Member/Employee [X] PCS [ ] Other [ ] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE
123 MAIN ST.	COLUMBUS	OH	43213

e. E-MAIL ADDRESS JOE.SMITH@DFAS.MIL

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	10. FOR D.O. USE ONLY
(614) 693-1111	DFAS-1148	750.00	a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION
DFAS COLUMBUS OHIO

12. DEPENDENT(S) (X and complete as applicable)
[ ] ACCOMPANIED [X] 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)
134 GOLDEN WAY
SAN FRANCISO, CA 01234

c. PAID BY

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

d. COMPUTATIONS

15. ITINERARY

a. DATE 2006		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
01/02	DEP	RESIDENCE SAN FRANCISO, CA	TP			
01/02	ARR			AD	750.00	
01/11	DEP	COLUMBUS, OH	TP			
01/11	ARR			MC		
	DEP	RESIDENCE SAN FRANCISO, CA				
	ARR					
	DEP					
	ARR					
	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	0.00
(8) Less Advance	
(9) Amount Owed	0.00
(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
[X] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
01/02	POV TO ARPT 10 MILES X .15	1.50	
01/02	RENTAL CAR	375.00	
01/10	RENTAL CAR GAS	55.00	
01/11	POV FR ARPT 10 MILES X .15	1.50	
01/11	PARKING AT ARPT	60.00	
01/11	LODGING TAX	75.00	

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	d. DATE
YOUR SIGNATURE HERE	01/12/06	YOUR SUPERVISOR SIGNATURE HERE	01/13/06

21.a. APPROVING OFFICER SIGNATURE
YOUR AO SIGNATURE HERE ONLY IF APPROVING ITEMS NOT ON THE ORDERS

b. DATE
DATE SIGNE

22. ACCOUNTING CLASSIFICATION

SAMPLE

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

SAMPLE

TRAVEL VOUCHER OR SUBVOUCHER

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1. PAYMENT
[X] Electronic Fund Transfer (EFT)
[ ] Payment by Check

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.

[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ SAMPLE ENR

2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
SMITH, JOE S.	GS11	123-45-6789	[ ] TDY [ ] Member/Employee [X] PCS [ ] Other [ ] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE
123 MAIN ST.	COLUMBUS	OH	43213

e. E-MAIL ADDRESS JOE.SMITH@DFAS.MIL

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	10. FOR D.O. USE ONLY
(614) 693-1111	DFAS-1148	0.00	a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION
DFAS COLUMBUS OHIO

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

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE
SMITH, JANE P.	WIFE	06/25/00
SMITH, SAM Q.	SON	07/21/04
SMITH, SAMANTHA Z.	DAUGHTER	08/30/93

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
134 GOLDEN WAY
SAN FRANCISO, CA 01234

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

c. PAID BY

d. COMPUTATIONS

15. ITINERARY

a. DATE 2006		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
01/15	DEP	RESIDENCE SAN FRANCISO, CA	PA			
01/15	ARR			AD	99.00	736
01/16	DEP	SALT LAKE CITY, UT	PA			
01/16	ARR			AD	126.00	534
01/17	DEP	DENVER, CO	PA			
01/17	ARR			AD	85.00	593
01/18	DEP	KANSAS CITY, KS	PA			
01/18	ARR			AD	95.00	485
01/19	DEP	INDIANAPOLIS, IN	PA			
01/19	ARR			MC		174
	DEP	GAHANNA, OH				
	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	0.00
(8) Less Advance	
(9) Amount Owed	0.00
(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
[X] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
01/16	TOLLS	6.50	

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	d. DATE
YOUR SIGNATURE HERE	01/20/06	YOUR SUPERVISOR SIGNATURE HERE	01/21/06

21.a. APPROVING OFFICER SIGNATURE	b. DATE
YOUR AO SIGNATURE HERE ONLY IF APPROVING ITEMS NOT ON THE ORDERS	DATE SIGNE

22. ACCOUNTING CLASSIFICATION

SAMPLE

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

SAMPLE

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

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[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ SAMPLE "TQS

2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
SMITH, JOE S.	GS11	123-45-6789	[ ] TDY [ ] Member/Employee [X] PCS [ ] Other [ ] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE
123 MAIN ST.	COLUMBUS	OH	43213

e. E-MAIL ADDRESS JOE.SMITH@DFAS.MIL

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER
(614) 693-1111	DFAS-1148

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES: 4,000.00

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

11. ORGANIZATION AND STATION: DFAS COLUMBUS OH

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

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE
SMITH, JANE P.	WIFE	6/25/00
SMITH, SAM Q.	SON	7/21/04
SMITH, SAMANTHA Z	DAUGHTER	8/30/93

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
134 GOLDEN WAY
SAN FRANCISO, CA 01234

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

d. COMPUTATIONS

15. ITINERARY

a. DATE 2006		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
01/19	DEP	GAHANNA, OH TQSE ACTUAL EXPENSE				
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	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	0.00
(8) Less Advance	
(9) Amount Owed	0.00
(10) Amount Due	

16. POC TRAVEL (X one) [ ] 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
2/17/06	TQSE AE 1/19/06 TO 2/17/06	4,116.45	
	(DFAS FM 148 ATTACHED)		

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	d. DATE
YOUR SIGNATURE HERE	2/18/06	YOUR SUPERVISOR SIGNATURE HERE	2/19/06

21.a. APPROVING OFFICER SIGNATURE: YOUR AO SIGNATURE HERE ONLY IF APPROVING ITEMS NOT ON THE ORDERS
b. DATE: DATE SIGNE

22. ACCOUNTING CLASSIFICATION

SAMPLE

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

SAMPLE

CLAIM FOR
TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE)

(SUB-VOUCHER)

EMPLOYEE NAME: Joe S. Smith SSN: 123-45-6789 GRADE: GS-11

NEW DUTY STATION: DFAS Columbus, OH DATE REPORTED FOR DUTY: 1/19/06

DATE VACATED OLD RESIDENCE: EMPLOYEE 1/15/06 DEPENDENTS 1/15/06

DATE OCCUPIED NEW RESIDENCE: EMPLOYEE 1/19/06 DEPENDENTS 1/19/06

NAME(S) OF DEPENDENT(S) INCLUDED IN CLAIM (Show only eligible members of family included in travel authorization (DD1614)).
Smith, Jane P. - Wife Smith, Samantha Z. - Daughter
Smith, Sam Q - Son

INSTRUCTIONS

All expenses will be itemized and only actual expenses claimed. Home meal cost will be accumulated and averaged for all meals prepared at home.

If expenses claimed are for temporary quarters occupied at different locations by the employee and dependent(s), use separate expense itemization sheets for each location. Temporary quarters occupied at other than the old or new duty station location requires approval by the order approving official based on a determination that such occupancy is justified.

If any other claim has been made for temporary quarters expenses in connection with this PCS move, explain. Attach copy of paid voucher if claim has been paid.

If separate claim has been made for PCS travel from old to new duty station, explain. Attach copy of paid voucher if claim has been paid.

If official temporary duty travel was performed during the temporary quarters subsistence expense or foreign allowance reimbursement claim period, explain. Attach copy of paid voucher if claim has been paid.

Occupancy of permanent quarters occurs when the employee or any member of the family starts occupying the permanent quarters.

Receipts are required for lodging expenses and any single expense of $75 or more to include meal expense for one or more individuals.

Additional Notes:

SAMPLE

EMPLOYEE SIGNATURE: Joe S. Smith DATE: 2/18/06

DFAS-CO FM 148, Sep 97 (REVISED)

SAMPLE

TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE) WORKSHEET

DAY	Date MM/DD/YY	Persons Emp	Persons Dep	Lodging* City, State	Lodging* Cost	**	Meal Cost Incl Tips Breakfast	**	Lunch	**	Dinner	Laundry Coin	Laundry Other	Daily Total Amount
1	1/19/2006	1	3	GAHANNA, OH	$86.90	C	$24.98	C	$27.62	C	$37.92			$ 177.42
2	1/20/2006	1	3	GAHANNA, OH	$86.90	C	$20.56	C	$32.80	C	$43.50			$ 183.76
3	1/21/2006	1	3	GAHANNA, OH	$86.90	C	$23.69	C	$31.98	C	$47.90	$31.50		$ 221.97
4	1/22/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
5	1/23/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
6	1/24/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00		$24.00	$ 146.90
7	1/25/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
8	1/26/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
9	1/27/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
10	1/28/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00	$28.00		$ 150.90
11	1/29/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
12	1/30/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
13	1/31/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00		$26.50	$ 149.40
14	2/1/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
15	2/2/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
16	2/3/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
17	2/4/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00	$26.50		$ 149.40
18	2/5/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
19	2/6/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
20	2/7/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00		$24.00	$ 146.90
21	2/8/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
22	2/9/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
23	2/10/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
24	2/11/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00	$28.00		$ 150.90
25	2/12/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
26	2/13/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
27	2/14/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00		$26.50	$ 149.40
28	2/15/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
29	2/16/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00			$ 122.90
30	2/17/2006	1	3	GAHANNA, OH	$86.90	H	$12.00	H	$12.00	H	$12.00	$31.50		$ 154.40
TOTAL FOR THIS PERIOD														$ 4,116.45

Signature YOUR SIGNATURE

Date DATE SIGNED

*Receipts are required for Lodging expenses and any single expense of $75 or more to include any meal expense for one or more individuals.

**Indicate in box, type of meal. "C" for commercial meals, "H" for home prepared meals.

Note: "Laundry" Coin - cost of washer/dryers, laundry soaps etc.

Other - Dry cleaning expenses

Use this space for additional explanations (show periods of TDY or other deviations during period of temporary quarters).

THIS IS AN EXAMPLE/FOR INFORMATIONAL PURPOSES ONLY

GROCERIES PURCHASED 1/21/06 - $ 280.15 GROCERIES PURCHASED 1/28/06- $224.38 GROCERIES PURCHASED 2/4/06 - $206.02 GROCERIES PURCHASED 2/11/06- $261.45 TOTAL OF $972.00 / 81 MEALS = $12.00-AVERAGE COST OF HOME COOKED MEAL

PLEASE NOTE: RETAIN ALL GROCERY AND COMMERCIAL MEAL RECEIPTS EVEN IF UNDER $75 AND ALWAYS CLAIM ACTUAL COSTS. DO NOT INCLUDE NON-FOOD ITEMS, ALCOHOL AND SNACKS WHEN AVERAGING GROCERY EXPENSES; AS THEY ARE NOT REIMBURSABLE.

SAMPLE

DFAS-CO FM 148, SEP 97

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

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.

[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ SAMPLE RITA

2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
SMITH, JOE S.	GS11	123-45-6789	[ ] TDY [ ] Member/Employee [X] PCS [ ] Other [ ] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE
123 MAIN ST.	COLUMBUS	OH	43213

e. E-MAIL ADDRESS JOE.SMITH@DFAS.MIL

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER
(614) 693-1111	DFAS-1148

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES: 0.00

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

11. ORGANIZATION AND STATION: DFAS COLUMBUS OH

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)
134 GOLDEN WAY
SAN FRANCISO, CA 01234

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

d. COMPUTATIONS

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
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

SAMPLE

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	0.00
(8) Less Advance	
(9) Amount Owed	0.00
(10) Amount Due	

16. POC TRAVEL (X one) [ ] 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
2007 FEB	2006 RELOCATION INCOME		
	TAX ALLOWANCE		
	*SEE ATTACHED		
	DOCUMENTATION*		

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	d. DATE
YOUR SIGNATURE	02/15/07	YOUR SUPERVISOR SIGNATURE HERE	02/16/07

21.a. APPROVING OFFICER SIGNATURE | b. DATE

22. ACCOUNTING CLASSIFICATION

SAMPLE

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

SAMPLE

RELOCATION INCOME TAX (RIT) ALLOWANCE

STATUS CERTIFICATION FORM

Permission for Use of Data
And
Certificate of Authenticity

I certify that the following information, which is to be used in calculating the RIT allowance to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or by my spouse and me) with the applicable Federal, State, and Local (specify which) tax authorities for the 2006 tax year.

Gross Compensation as shown on attached, IRS Form (s) W-2, 1099 (s) showing *non-disability Military pay and, if applicable, net earnings (or loss) from self-employment income shown on attached Schedule SE (Form 1040):

	Forms W-2	Forms 1099*	Schedule SE
Employee	$ 63,042.00	$ N/A	$ N/A
Spouse (if filing jointly)	$ 42,080.00	$ N/A	$ N/A
		Total (All columns)	$ 105,122.00

Filing Status: married filing joint
(Specify the filing status item that was (or will be) claimed on IRS Form 1040, i.e. single, married filing joint, etc.).

Joe S. Smith
Printed Name of Employee

STATE TAX RETURNS Since most non-deductible moving expense reimbursements will be taxed at the new location, the Federal Travel Regulations do not provide for a RIT allowance related to state taxes at the employee's old location.

However, in very limited circumstances, the employee may be subject to state taxes in two states at the new location. This would be true if the employee's state of residence at the new location and the state where the employee worked at the new location were different and both taxed the employee's RIT income – without either of these states allowing an adjustment or credit for this double taxation.

If either state allows an adjustment or credit for this double taxation, then the RIT allowance is based on the other state's tax rate – otherwise, it is based on the sum of the tax rates for both states at the new location.

List below the name (s) of the state (s) which taxed your non-deductible moving expense reimbursements for this tax year.

CA
State

N/A
State

SAMPLE

SAMPLE

LOCAL TAX RETURNS If the employee incurs an additional local income tax liability as a result of moving expense reimbursements. Specify the name of all localities and the applicable tax withholding rate (s), i.e. 1%, 2%, etc. for this tax year. These local tax rates are expressed as a percent of one of the following: income, federal tax or state tax, and are to be listed in the "Type of Tax" column. Please contact your local tax authorities if you are unsure of these items.

Locality	Percent	Type of Tax
N/A	N/A	N/A
N/A	N/A	N/A

The above information is true and accurate to the best of my knowledge. I (we) agree to notify the appropriate DoD component official of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustment to the RIT allowance can be made. The required supporting documents, including a signed and dated DD Form 1351-2 with one copy of my travel orders, and all claimed income W-2s, etc., are attached. Additional documentation will be furnished if requested.

I (We) further agree that if the 12 month services agreement required by the Joint Travel Regulation (JTR), Vol II, Paragraph C4001-A is violated, the total amount of the RIT allowance will become a debt due the U.S. Government.

Employee's Signature Joe S. Smith Date 2/10/07

Spouse's Signature Jane P. Smith Date 2/10/07
(If joint tax returns were filed for year(s) affected)

Social Security Number 123-45-6789 (Employee) 987-65-4321 (Spouse (if applicable))

PRIVACY ACT STATEMENT Collection of this information is authorized by 5 U.S.C., Section 5724b and 10 U.S.C. Section 136. The use of an individual's Social Security Number for purposes related to Federal income taxes is authorized by 26 U.S.C., Section 6109. The Social Security Number will be used to verify the individual employees' identity. The information furnished or submitted with this form is confidential and will be used to calculate the employee's RIT allowance. Failure to provide the information listed on this form will make it impossible for DFAS-FTP/CA to compute the allowance.

SAMPLE

SAMPLE

EMPLOYEE AGREEMENT
FOR REPAYMENT OF EXCESS WITHHOLDING TAX ALLOWANCE (WTA)*

OPTION A: If you anticipate that your Federal Withholding Tax Rate (FWTR) ***will be 25 percent or greater***, WTA will be computed using a rate of 33.33 percent, and you should not be in an overpaid status upon the computation of your Relocation Income Tax (RIT) Allowance.

OPTION B: If you anticipate that your FWTR ***will not be more than 15 percent***, WTA will be computed using a rate of 17.6471 percent, and you should not be in an overpaid status upon the computation of your RIT allowance.

AGREEMENT: I hereby agree to:

a. Repay any excess amount of WTA paid to me in any Year 1** immediately upon computation of the RIT claim or within 30 days of issuance of the indebtedness letter.

b. Submit the required certified tax information and claim for my RIT allowance within 120 days, unless an extension is granted by the commanding officer or designee of the DoD component concerned, after the close of Year 1.

I also understand that failure to comply with this requirement will preclude the DoD component's payment of the WTA. The entire WTA will be considered an excess payment if the RIT claim is not submitted timely to settle the RIT account, and the WTA will be due in full within 30 days of issuance of an indebtedness letter.

Please check only 1 box:

- [x] Elect WTA as Option A
- [ ] Elect WTA as Option B
- [ ] I **decline** any payment of WTA

Joe S. Smith
SIGNATURE OF EMPLOYEE

Joe S. Smith
PRINTED NAME OF EMPLOYEE

January 20, 2006
DATE

DEFINITIONS:

*WITHHOLDING TAX ALLOWANCE: WTA is calculated in Year 1, to cover the employee's Federal tax withholding obligation each time covered moving expenses are made that result in a Federal tax withholding obligation.

**YEAR 1: The calendar year in which reimbursement or payment for moving expenses is made to, or for, the employee under the provisions of The Joint Travel Regulations (JTR), Volume II, Chapter 16, Paragraph C16000. If an employee's reimbursement for moving expenses is spread over more than one year, he/she will have more than one Year 1.

DFAS-CO Form 62
Rev: March 14, 2005

SAMPLE

SAMPLE

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

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.

[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ SAMPLE MEA

2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
SMITH, JOE S.	GS11	123-45-6789	[ ] TDY [ ] Member/Employee [X] PCS [ ] Other [ ] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE
123 MAIN ST.	COLUMBUS	OH	43213

e. E-MAIL ADDRESS JOE.SMITH@DFAS.MIL

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER
(614) 693-1111	DFAS-1148

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES: 0.00

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

11. ORGANIZATION AND STATION: DFAS OLUMBUS OH

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

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE
SMITH, JANE P.	WIFE	06/25/00
SMITH, SAM Q.	SON	07/21/04
SMITH, SAMANTHA Z.	DAUGHTER	08/30/93

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
134 GOLDEN WAY
SAN FRANCISCO, CA 01234

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

d. COMPUTATIONS

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
3/18	DEP	" I CERTIFY THAT I HAVE				
	ARR	DISCONTINUED MY RESIDENCE AT				
	DEP	THE OLD PDS AND HAVE				
	ARR	ESTABLISHED A RESIDENCE AT THE				
	DEP	NEW PDS "				
	ARR					
	DEP					
	ARR					
	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	0.00
(8) Less Advance	
(9) Amount Owed	0.00
(10) Amount Due	

16. POC TRAVEL (X one) [ ] 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
3/18/06	MISCELLANEOUS EXPENSE	1,000.00	
	ALLOWANCE		
	(FLAT PAYMENT)		

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	d. DATE
YOUR SIGNATURE HERE	3/18/06	YOUR SUPERVISOR SIGNATURE HERE	3/19/06

21.a. APPROVING OFFICER SIGNATURE: YOUR A.O. SIGNATURE HERE IF CLAIMING ITEMIZED MISCELLANEOUS EXPENSE ALLOWANCE

b. DATE: DATE SIGNE

22. ACCOUNTING CLASSIFICATION

SAMPLE

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