

ODTA:

ORGANIZATION:

<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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		RELATIONSHIP TO AIRMEN: _____ AIRMEN GRADE: _____ AIRMEN SSN: _____ AIRMEN LAST NAME, FIRST NAME: _____					
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE CIV	4. SSN		5. TYPE OF PAYMENT (X as applicable)		
6. ADDRESS a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE		<input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS Dependent(s) <input type="checkbox"/> DLA <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other	
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION FLANG-125 <sup>TH</sup> FW						b. SUBVOUCHER NUMBER	
12. LIST "ONLY" DEPENDENTS ATTENDING THE EVENT:			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (include Zip Code)		c. PAID BY *** DEPOSIT FUNDS TO *** AIRMEN EFT ACCOUNT: _____/Date (Initials of Travel Claimant)		
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?					*** INSTRUCTIONS ***  <b>COMPLETE THE SECTIONS OUTLINED IN BOLD, AS APPLICABLE.</b>  "DO NOT" ENTER THE AIRMENS'S NAME OR SOCIAL SECURITY NUMBER IN BLOCKS 2 AND 4.  <b>ENTER NAME AND SOCIAL SECURITY NUMBER OF FAMILY MEMBER!</b>		
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. PCC MILES	
DEP	RESIDENCE AS SHOWN ABOVE IN BLOCK 6		POV				
ARR			TD				
DEP			POV				
ARR	RESIDENCE AS SHOWN ABOVE IN BLOCK 6		MC				
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE		PASSENGER		17. DURATION OF TDY TRAVEL			
18. REIMBURSABLE EXPENSES				19. DEDUCTIBLE MEALS			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	12 HOURS OR LESS			
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS			
				X MORE THAN 24 HOURS			
		a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS		
20.a. CLAIMANT SIGNATURE _____ d. DATE _____							
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		f. DATE	
21.a. APPROVING OFFICIAL'S PRINTED NAME		21.b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
4. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID		

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

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

**\*THIS VOUCHER CAN ONLY BE CREATED AND SIGNED BY AN NDEA\*  
\*DEPENDENTS UNDER 12 WILL ONLY RECEIVE 50% OF THE AUTHORIZED PER DIEM\***