

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 <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt to Govt Tvl Charge Card \$ _____		2. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
4. NAME (Last, First, Middle Initial) (Print or type) X DOE, JOHN		5. GRADE X E-3	6. SSN X 111-11-1111		c. PAID BY
7. ADDRESS. a. NUMBER AND STREET X 222 TEST STREET		b. CITY X SAMPLE	c. STATE X TT	d. ZIP CODE X 33333	
8. DAYTIME TELEPHONE NUMBER & AREA CODE X 555-555-5555		9. TRAVEL ORDER NUMBER		10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
11. ORGANIZATION AND STATION X NAS LEMOORE CA		12. DEPENDENT(S) (X and complete as applicable) YES		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	
<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		<input checked="" type="checkbox"/> HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		d. COMPUTATIONS	

Payment on this claim will be for the full incentive. Payment on this claim will be at 95% of what the Government would have paid to ship your Household Goods using Government constructed rates. Payment is limited to your authorized weight allowance (which is based on your rank and marital status). Please sign below indicating that you are requesting the incentive Payment of 95%

John Doe

11/8/01

16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER		17. DURATION OF TDY TRAVEL		e. SUMMARY OF PAYMENT	
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS		(1) Per Diem	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED			MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(2) Actual Expense Allowance	
						MORE THAN 24 HOURS		(3) Mileage	
								(4) Dependent Travel	
								(5) DLA	
								(6) Reimbursable Expenses	
								(7) Total	
								(8) Less Advance	
								(9) Amount Owed	
								(10) Amount Due	
20.a. CLAIMANT SIGNATURE		b. DATE		21.a. APPROVING OFFICER SIGNATURE				b. DATE	
X <i>John Doe</i>		X <i>11/8/01</i>							
22. ACCOUNTING CLASSIFICATION									
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	