

# DD Form 1351-2 Travel Voucher CHECKLIST

## Expiration Term of Service (ETS) for Separating or Retiring Service Members

### Online help - Use SmartVoucher to complete your DD Form 1351-2

Use SmartVoucher, [www.dfas.mil/militarymembers/travelpay/smartvoucher.html](http://www.dfas.mil/militarymembers/travelpay/smartvoucher.html), to make filling in your DD Form 1351-2 easier. Sending in vouchers that are legible, correct and include all the necessary information and documents is the first step in getting your travel claim paid promptly.

After you've sent your voucher, check the status! [www.dfas.mil/militarymembers/travelpay/checkvoucherstatus.html](http://www.dfas.mil/militarymembers/travelpay/checkvoucherstatus.html)

Use this QR code to check out our website at [www.dfas.mil/militarymembers/travelpay/armypcs.html](http://www.dfas.mil/militarymembers/travelpay/armypcs.html) for details about how to complete and submit your travel voucher. Follow us on Facebook and YouTube for travel pay tips.



### Documents to include when claiming entitlements:

**ORDERS:** Make sure you have a complete set of orders and all amendments attached to your travel claim. Send in both the front and back pages of your orders. Include the final page of your orders, it may contain just the official seal. \*\*\*\*\*  
\*\* OFFICIAL \*\*  
\*\*\*\*\*

Only one set of the DD Form 1351-2, your orders and receipts are required. You are encouraged to attach this checklist also.

Note: It is your responsibility to keep a copy of your voucher, orders and receipts that make up your travel claim package.

**RECEIPTS:** A valid receipt must show the following:

- 1) company name
- 2) date item/service was provided
- 3) cost of item/service
- 4) taxes (shown as a separate item on receipt)
- 5) proof of payment (marked "paid" or "amount due \$0.00")

SF 1199A: UPDATED EFT INFORMATION IS NEEDED FOR RET/ETS SUBMISSIONS (SECTION 1 and 3 only)

**DD Form 1351-2 (v. May 2011)** - Use an ink pen, typewriter, or computer/printer to complete your form.

- Block 1** You must mark Electronic Funds Transfer (EFT). Make sure your bank account information is updated in *myPay*. Do not close this bank account until your do-it-yourself (DITY), travel payment is received.  
Note: Updating your direct deposit information for your regular pay does not automatically update your travel direct deposit, make sure you also update your "travel EFT" bank account information.
- Blocks 2 - 4** Make sure your personal information is correct and legible.
- Block 5** Select "Other" for type of payment with your ETS/Retirement travel claim.
- Block 6 and 7** Make sure your mailing address, email address and phone number are correct and legible. Voucher status email notifications are sent to this email address.
- Block 8** Your travel order number must match the number on your orders. Attach copies of travel orders to your voucher including any amendments. The final page containing the "OFFICIAL" seal is required.  
Note: If applicable, front and back page of the the orders are required.
- Block 9** List the amount of any advance and/or partial payments you received. Write "NONE" if you didn't receive an advance. Do not indicate ATM cash withdrawals here.
- Block 12** Must be completed, select if dependent(s) traveled with you, accompanied or unaccompanied. Please do not check both boxes. Be sure to complete blocks 12 a, b, c and check "Dependent(s)" in block 5 to claim dependent travel.
- Block 13** If dependent travel is claimed, show their address at the time orders were received.
- Block 14** Have your household goods been shipped? Select "yes" or "no".
- Block 15** Itinerary must be legible and in chronological order with travel dates, locations, modes of travel, and reason for stops. Look at second page of DD Form 1351-2 for correct mode/stop codes.
- Block 15a** Fill in the exact date you departed and arrived at each location. Place the year at the top of 15a under the word DATE. Fill in the month/date (MM/DD) in the column below.
- Block 15b** Write the locations, one entry per box, indicating the Fort, State or City, State.  
Note: Filling in "home" does not work. Write the "city/state".
- Block 15c and d** Use the codes on the second page of the 1351-2 to fill in your "means/mode of travel" and "reason for stop". Your last entry in column "d" will be "MC" for mission complete.
- Block 15f** If POC miles are being claimed, you must select block 16 "Own/Operate".
- Block 16** Select the appropriate block, "own/operate" or "passenger". Enter the number of vehicles driven in the space to the right of the word.
- Block 18** Claim all reimbursable expenses of \$75 or more and you must have a paid receipt. This includes itemized lodging. If you are missing a receipt, fill out a Statement in Lieu of a Receipt form.
- Block 20a, b** You must sign and date the form. Your voucher will not be processed if your signature/date are missing. Make sure the date is after the mission complete date in block 15a.
- Block 20c-f** A reviewer's signature is not required for your ETS (separating or retiring) travel claim.



## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																				
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
CITY	STATE	ZIP CODE	<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> ) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <span style="float: right;"><i>(specify)</i></span>																			
TELEPHONE NUMBER	AREA CODE																					
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )																				
<b>C</b> CLAIM OR PAYROLL ID NUMBER		TYPE	AMOUNT																			
Prefix	Suffix																					
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> )																				
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																				
SIGNATURE	DATE	SIGNATURE	DATE																			
SIGNATURE	DATE	SIGNATURE	DATE																			

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT										
	<table border="1" style="width: 100%; height: 40px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											<table border="1" style="width: 30px; height: 30px; text-align: center;"> <tr><td> </td></tr> </table>
DEPOSITOR ACCOUNT TITLE												
<b>FINANCIAL INSTITUTION CERTIFICATION</b>												
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.												
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER										
		DATE										

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Records Management Branch, Room 135, 3700 East-West Highway, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

**PRIVACY ACT NOTICE**

Collection of the information in this Direct Deposit Sign-Up form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.


**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. 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.

**INFORMATION FOUND ON CHECKS**

Most of the information needed to complete boxes A and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (F)** Type of payment is printed to the left of the amount.

<b>United States Treasury</b>		15-51 000	Check No. 0000 415785
	Month Day Year 08 31 84	KANSAS CITY, MO	
Pay to the order of	JOHN DOE 123 BRISTOL STREET HAWKINS BRANCH TX 76543	28 28 VA COMP	DOLLARS CTS \$****100 00
	<b>(A)</b>	<b>(F)</b>	
			<b>NOT NEGOTIABLE</b>
:00000518: 041571926"			

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.