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 SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement ✓ Electronic Fund Transfer (EFT) SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <i>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</i> Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:												
2. NAME (Last, First, Middle Initial) (Print or type)	5	3. GRA		4. SSN					OF PAYMENT	(X as app	licable)	
								тр	Y	Me	ember/Employee	
6. ADDRESS. a. NUMBER AND STREET	b. CITY			c. STAT	E	d. ZIP CODE	=	PC	s	Ot	her	
								De	pendent(s)	DL	A	
e. E-MAIL ADDRESS	1							10. FOR	D.O. USE ONL	Y		
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION AREA CODE NUMBER			9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES				a. D.O. VOUCHER NUMBER					
11. ORGANIZATION AND STATION									b. SUBVOUCHER NUMBER			
12. DEPENDENT(S) (X and complete as applicable)			13. DEPEN	DENTS' A	DDRE	SS ON RECE	EIPT OF	c. PAID BY				
ACCOMPANIED UNACCOMPANIED				ORDERS (Include Zip Code)								
a. NAME (Last, First, Middle Initial) b. RELATIO	NSHIP C. DATE OF		1									
	ORMAN	NAGE	-									
			-									
					LD GO	ODS BEEN S	SHIPPED?	d. COMPUTATIONS				
			(X one) ✓ YES NO (Explain in Remarks)									
15. ITINERARY			C.	d.		e.	f.					
a. DATE b. PLACE (Home, Office, Base, Act 2022 City and Country, e			MEANS/ MODE OF TRAVEL	REASON FOR STOP		ODGING COST	POC MILES					
					-							
DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR ARR ARR					-							
					-							
DEP	115				-							
ARR	VIFAL											
DEP	<u> </u>	<u> </u>			_							
ARR	• /	A										
DEP		יע							MARY OF PAY	MENT	1	
ARR								(1) Per [Diem			
DEP					-			(2) Actua	al Expense Allo	wance		
ARR								(3) Milea	ige			
16. POC TRAVEL (X one) OWN/OPERATE	PA	SSENGE	R	17.	DURAT	FION OF TRA	VEL	(4) Depe	endent Travel			
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS			FSS	(5) DLA				
a. DATE b. NATURE OF EXPENSE	c. AMC	DUNT	d. ALLOW	ED	_ '2'			(6) Reimbursable Expenses		nses		
					мо	RE THAN 12	THAN 12 HOURS		(7) Total		0.00	
					BU	T 24 HOURS	OR LESS	(8) Less	Advance			
								(9) Amo	unt Owed		0.00	
				7		RE THAN 24	HUUKS	(10) Amo	unt Due	-		
				19.	GOVE	RNMENT/DEI	DUCTIBLE	MEALS				
					а. [DATE	b. NO. O	F MEALS	a. DA	ГЕ	b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE	· · ·										b. DATE	
c. REVIEWER'S PRINTED NAME d. SIGNATURE									PHONE NUMBE	f. DATE		
21.a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATURE								c. TELEPHONE NUMBER		d. DATE		
22. ACCOUNTING CLASSIFICATION												
23. COLLECTION DATA												
24. COMPUTED BY 25. AUDITED BY	26. TRAVEL ORDER AUTHORIZATION	R/ POSTED	BY 27. RE	CEIVED (Payee	Signature and	d Date or C	heck No.)		28. AM	OUNT PAID	

TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION STATEMENT	This document contains information that is subject to the Privacy Act of 1974 and is for official use only (FOUO).						
1. SPLIT DISBURSEMENT: Pay the following amount directly to the Government Travel Card contractor: \$							
(Note: Any current balance on your GTC will be split-disbursed up to & including the total amount of the TLE payment.)							
2. NAME (Last, First, Middle Initial) 3. GRADE			4. SSN				
5. LOSING CONUS PERMANENT DUTY STA	TION	12. GAINING	CONUS PERMANENT DUTY STATIO	N			
6. DATE CLEARED GOVERNMENT QUARTE	RS: N/A	13. DATE OF	ARRIVAL:				
7. DATE OF DEPARTURE:	14. DATE ASSIGNED GOVERNMENT QUARTERS: N/A						
8. DATE HOUSEHOLD GOODS PICKED UP:	15. DATE HOUSEHOLD GOODS DELIVERED:						
For blocks 9-11, fill out one for every different	For blocks 16-18, fill out one for each different occurrence						
9. DATES OF LODGING: TO	16. DATES OF LODGING: TO						
TLE CLAIM FOR:	TLE CLAIM FOR:						
MEMBER ONLY			MEMBER ONLY				
MEMBER & DEPENDENTS	-# DEPS:		MEMBER & DEPENDENTS - # DE	EPS:			
DEPENDENTS ONLY-# DE	PS:		DEPENDENTS ONLY-# DPES:				
PLACE OF LODGING:							
BILLETING			BILLETING				
OFF-BASE			OFF-BASE				
(Non-Availability Statement	required)		(Non-Availability Statement require	(he			
	. ,			54)			
COST PER NIGHT: \$	COST PER						
10. DATES OF LODGING: TO			F LODGING: TO				
TLE CLAIM FOR:		TLE CLAIN					
	# DEDC.			De.			
			MEMBER & DEPENDENTS - # DE				
DEPENDENTS ONLY-# DE	DEPENDENTS ONLY-# DPES:						
PLACE OF LODGING:							
BILLETING	BILLETING						
OFF-BASE	OFF-BASE						
(Non-Availability Statement	(Non-Availability Statement required)						
WITH FRIENDS OR FAMIL							
COST PER NIGHT: \$		COST PER NIGHT: \$					
11. DATES OF LODGING: TO		18. DATES OF LODGING: TO					
TLE CLAIM FOR:		TLE CLAIN					
MEMBER ONLY			MEMBER ONLY				
MEMBER & DEPENDENTS			MEMBER & DEPENDENTS - # DE				
DEPENDENTS ONLY-# DE	PS:		DEPENDENTS ONLY-# DPES:	_			
PLACE OF LODGING:		PLACE OF	LODGING:				
BILLETING			BILLETING				
OFF-BASE			OFF-BASE				
(Non-Availability Statement	required)		(Non-Availability Statement require	ed)			
WITH FRIENDS OR FAMIL	Y		WITH FRIENDS OR FAMILY				
COST PER NIGHT: \$	COST PER						
19. ARE MARRIED TO ANOTHER MILITARY	MEMBER?		(if Yes)				
IF YES, NAME OF MILITARY SPOUSE:		,	SSN OF MILITARY SPOUSE:				
20. NOTES:	21. CLAIMANT SIGNATURE DATE						
* If gaining station is OCONUS, reimbursement i							
* Reimbursement at or between CONUS stations is							
* Any off-base lodging receipt submitted without a N	22. FSO USE	ONLY - DATE RECEIVED:					
to the available billeting room rate for member & nur							