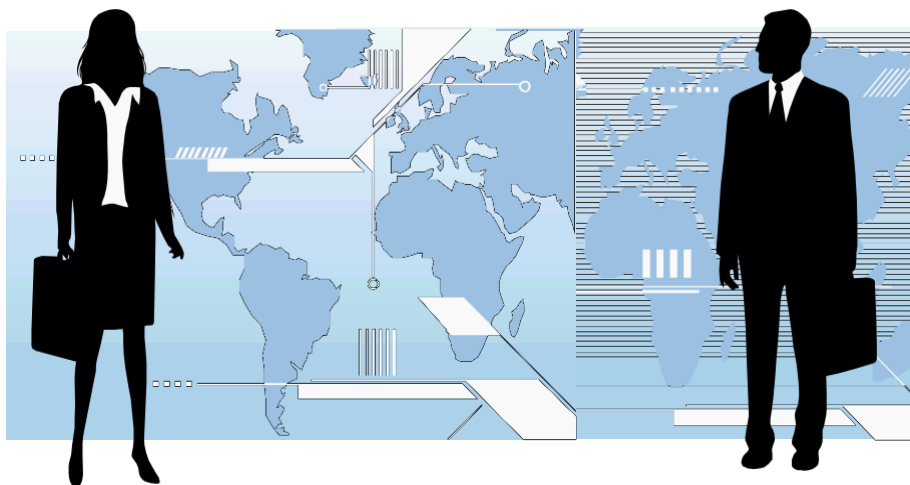




PACIFIC REGION PCS/TRANSFER INSTRUCTIONS



THIS CHECKLIST WILL ENSURE A SMOOTH TRANSITION OUT OF THE PACIFIC AREA FOR EMPLOYEES WITH ENTITLEMENTS



This guidance is to assist employees who are moving from one duty station to another (within or outside their district).

☐ REQUEST TRAVEL ORDERS

- ☐ Please request your travel orders immediately by initiating a request through the [Travel Order Processing System \(TOPS\)](#).
- ☐ When submitting the request for travel orders through [TOPS](#), please attach the following documents:
 - Attach transfer documentation (i.e. Acceptance letter/MDR letter, Transportation Agreement, Offer Letter, etc.)
 - Before orders can be issued all employees and dependents age 14 and above must have completed the Level I Antiterrorism Training. The Level I Antiterrorism Training may be taken online at <https://tkodirect.jten.mil>. Once the certificate is issued a copy must be uploaded in [TOPS](#) and submitted with request for travel orders. The Level I Antiterrorism certificate is good for one calendar year.
 - All other supporting documents must be submitted through [TOPS](#) as an attachment to your request for travel orders. Note: Have your documents scanned and ready before you start the [TOPS](#) request. Once the [TOPS](#) request is submitted you will not be able to attach documents.
- ☐ You may contact the DoDEA Pacific HR Division for assistance with your travel orders.
- ☐ Please ensure the passports for all travelers are current and do not expire for six (6) months beyond your travel date.

☐ ARRANGE FOR YOUR TRAVEL

- ☐ Arrange all requests for travel with your nearest Military Transportation Office/Commercial Travel Office.

☐ ARRANGE FOR SHIPMENT OF HOUSEHOLD GOODS (HHG)

- ☐ This is coordinated with your nearest Military Transportation Office. PCS Orders are required to make arrangements for pack-out dates. Due to limited availability, please ensure you arrange for shipment of HHG as soon as orders are received.

☐ LIVING QUARTERS ALLOWANCE (LQA)

- ☐ LQA ends effective the day you are released from private quarters.
- ☐ You must submit your SF-1190, Application for Foreign Allowances, to stop LQA via [DAPS](#) immediately upon release from private quarters or as soon as you know the date you will be moving out of private quarters.
- ☐ Employees, who are receiving bi-weekly LQA payments for utilities and fail to stop their LQA on time, will continue to receive utility payment, thus creating an LQA overpayment.
- ☐ Repayment instructions for unused LQA:
 - You are required to repay the unused portion of any advanced LQA received. The Payroll CSR will provide you with the amount to repay. It is your responsibility to repay the unused LQA regardless of whether or not you received the money from the landlord.
 - You must submit a helpdesk ticket through Global Service Desk as soon as you receive your lease termination date so the Payroll CSR can prepare any unused advance LQA calculation and procedures or repayment. GSD: <https://globalservicedesk.ds.dodea.edu/workcenter/tmtrack.dll?shell=srp#catalog> (we highly suggest using google chrome)

☐ POST ALLOWANCE (PA) - APPLICABLE TO ALL EMPLOYEES WITH A FULL TIME WORK SCHEDULE

- ☐ Submit an Application for Foreign Allowance, SF-1190, via [DAPS](#) to request stop payment of Post Allowance at the appropriate time.
- ☐ Complete the request for accelerated post allowance form in Enclosure 1.

☐ POST DIFFERENTIAL (PD): (if applicable to your current PDS)

- ☐ Post Differential (PD) stops upon your departure.
- ☐ Submit an Application for Foreign Allowances, SF-1190, via [DAP S](#), to request stop payment of Post Differential effective the day after you leave Pacific area.

☐ OUTGOING TQSA

- ☐ Employees entitled to LQA are also entitled to outgoing TQSA.
- ☐ TQSA may be authorized for up to 30 days prior to your departure date. To request reimbursement of outgoing TQSA, please submit TQSA request through [DAPS](#). Upload lodging receipts and itemized worksheet (http://aoprals.state.gov/content/documents/18.51_TQSA.pdf). Be sure to submit all receipts with your request.
- ☐ If you require a TQSA/LQA overlap, an overlap for up to 5 days is permissible, if necessary, for household cleaning and repairs. Your overlap must begin the date of your HHG/s pack-out. Documents from TMO showing your pack-out dates and termination of lease or final inspection notice must support your request if 3 or more days are being requested. Overlap requests for personal convenience will NOT be approved. An overlap request memo is included in Enclosure 1 of this packet.

☐ BASE AND SCHOOL CLEARANCE - APPLICABLE TO ALL EMPLOYEES

- ☐ You must complete these out-processing procedures before you leave your current duty station in the overseas area. Information on these procedures can be obtained from your school's secretary.
- ☐ A Base and School clearance checklist is included in Enclosure 2 of this packet.

☐ CHANGE OF ADDRESS FORM - APPLICABLE TO ALL EMPLOYEES

- ☐ Change of Address form is required in order to forward any payroll related information that may arise after your transfer, including the W-2 at the end of the Tax year. The address change form is included in Enclosure 2 of this packet.

☐ SUBMISSION OF TRAVEL VOUCHER

- ☐ Remember to take a copy of the form DD 1351-2 (current version), Travel Voucher or Sub-voucher, with you in order to file your reimbursement claim for travel expenses.
- ☐ Forward your completed travel voucher to your Supervisor for signature approval.
- ☐ Once you receive your approved voucher, forward it, along with all supporting documents, by email to a secured Group box: HQPCSRATVouchers@hq.dodea.edu For additional information, please refer to page two, Section III of your Travel Orders.
- ☐ A sample travel voucher is included in Enclosure 2 of this packet. The fillable form may be found at <http://www.dfas.mil/civilianemployees/travelpay/forms.html>.

☐ POINT OF CONTACT FOR FUTURE QUESTIONS

- ☐ Should you require further information regarding your personnel record, you may contact your Pacific Human Resources Team.

☐ REMINDER ☐

Missing and/or incomplete forms may slow the processing of your personnel documents. Ensure that all forms are filled out completely and that you have all the necessary documentation attached. If you have any questions or need assistance before leaving the Pacific Area, please contact your school secretary or your HR Team representative.

Pacific Human Resources Division

ENCLOSURE 1

ALLOWANCE INFORMATION



- Friendly Reminder Form
- Accelerated Post Allowance Request Form (for employees on 26 pay periods)
- TQSA/LQA Overlap memo



FRIENDLY REMINDER FORM

Please e-mail a copy of this form to your HR Specialist

Employee Name: _____ SSN#: _____

School: _____

☐ I submitted a request in DAPS to stop Post Allowance on _____

☐ I submitted a request in DAPS to stop Post Differential on _____
(put N/A if not applicable to your PDS)

☐ I submitted a request in DAPS to stop LQA on _____

☐ A copy of my check & certified mail receipt for repayment of advance
LQA was scanned/e-mailed to Payroll CSR on _____

☐ I mailed my unused advance LQA check via certified mail on _____

☐ I submitted the outgoing TQSA Request in DAPS and attached
the Worksheet and receipts on _____

Employee Signature

Date



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
PACIFIC AREA OFFICE
UNIT 35007
APO AP 96376-5007

SUBJECT: REQUEST FOR ACCELERATED POST ALLOWANCE FOR SCHOOL YEAR _____

EMPLOYEE NAME: _____ SSN: _____
(LAST, FIRST M.I.)

NEW DUTY STATION: _____ NEW SCHOOL NAME: _____

PREVIOUS DUTY STATION: _____ PREVIOUS SCHOOL NAME: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

STOP HERE AND RETURN TO THE HUMAN RESOURCES OFFICE

TO BE COMPLETED BY DODEA PACIFIC AREA PAYROLL OFFICE

To: DFAS Civilian Payroll Office

From: DoDDS-Pacific CSR, _____ District

Request post allowance for SY _____ to be paid at an accelerated rate over 21 pay periods so employee does not receive post allowance while in TQSA status. Non-receipt of post allowance during the summer was due to current election of 26 pay periods and my transfer from one area to another requiring a PCS move.

These two conditions precluded the payment of the entitlement in the pay system during the non-pay status portion of the 26-pay election period. Please audit the above employee's pay for the above school year to determine if he or she received the correct payment for post allowance.

Print name: _____ Signature: _____

Date _____ Remedy Ticket No.: _____
(To be filled out by CSR)



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
PACIFIC AREA OFFICE
UNIT 35007
APO AP 96376-5007**

PRE-DEPARTURE TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (TQSA)

Employees are authorized up to 30 calendar days of TQSA immediately preceding departure from a foreign post in conjunction with a transfer or separation (resignation or retirement). The employee must be eligible for Living Quarters Allowance to be authorized TQSA.

Pre-departure TQSA may start the day the employee occupies temporary quarters (hotel or billeting), the date the employee terminates permanent quarters, or 30 calendar days preceding their permanent departure from the overseas post, whichever occurs later. Employees may be granted a brief period of not more than 5 calendar days of TQSA that overlaps with LQA if requested by the employee and approved by the Human Resources Division. The overlap days are approved if needed to clean and repair the permanent quarters prior to terminating a lease.

Employees must claim actual expenses for TQSA. They cannot claim a “flat” or “standard” amount. Employees must maintain a daily record of meals and lodging expenses. Receipts are required for lodging and may be required for meals and laundry/dry cleaning. Receipts for meals and laundry/dry cleaning must be retained in the event they are required to support a TQSA claim.

Employees may claim meal expenses from dining at restaurants and other eating establishments and may claim the cost of food from a grocery store or commissary. The cost of the food purchased at a grocery store or commissary should be spread out over the days when the food was consumed for meals.

The following items **cannot** be claimed as TQSA expenses:

- Toiletry and sundry items (deodorant, hair spray, shampoo, toothpaste, tooth brushes, soap, cleaning supplies, perfume or cologne, shaving supplies, suntan lotion, hand lotion, etc.)
- Childcare products (diapers, baby wipes, baby powder, toys, etc.)
- Smoking products (cigarettes, cigars, lighters, chewing tobacco, etc.)
- Alcohol, including drinks at a restaurant (wine, beer, mixed drinks, liquor)
- Entertainment (movies, video games, refreshments at movies or other venues, such as sodas, popcorn, candy, ice cream, etc.)

Employees are required to exercise the same prudence and judgment as if the lodging and subsistence expenses were being paid by the employee. TQSA is not intended to reimburse the employee for extravagant lodging or meals. Receipts will be required to support any TQSA claim that is determined to be excessive.

TQSA claims must be filed through the DoDDS automated DoDEA Allowance Processing System ([DAPS](#)). Employees can receive assistance from the school secretary or the Human Resources Division on the use of [DAPS](#).

I certify that I have read the above and understand the above conditions regarding the payment of TQSA expenses.

(Printed Name/Signature)

(Date)



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
PACIFIC AREA OFFICE
UNIT 35007
APO AP 96376-5007

REQUEST FOR Temporary Quarters Subsistence Allowance

(TQSA)/Living Quarters Allowance (LQA) OVERLAP

NAME: _____ SCHOOL/OFFICE: _____

DATE LEAVING THE COUNTRY _____
dd/mm/yyyy

I am requesting an overlap of LQA and TQSA for _____ days.

Specifically, the requested dates of overlap are from _____ to _____
dd/mm/yyyy dd/mm/yyyy

HHG packed out on: _____
dd/mm/yyyy

Lease/Government Quarters will be terminated on: _____
dd/mm/yyyy

The date checked into hotel/billeting is: _____
dd/mm/yyyy

I certify that the overlap of TQSA/LQA was necessary to move out, clean and repair my permanent quarters prior to termination of the lease.

DoDDS Employee Signature

Date

Note: If requesting 3 or more days of TQSA/LQA overlap, you must submit documentation from the Travel Management Office verifying your HHG pack out dates, i.e. DD Form 1299, Termination of Lease or Final Inspection Notice.

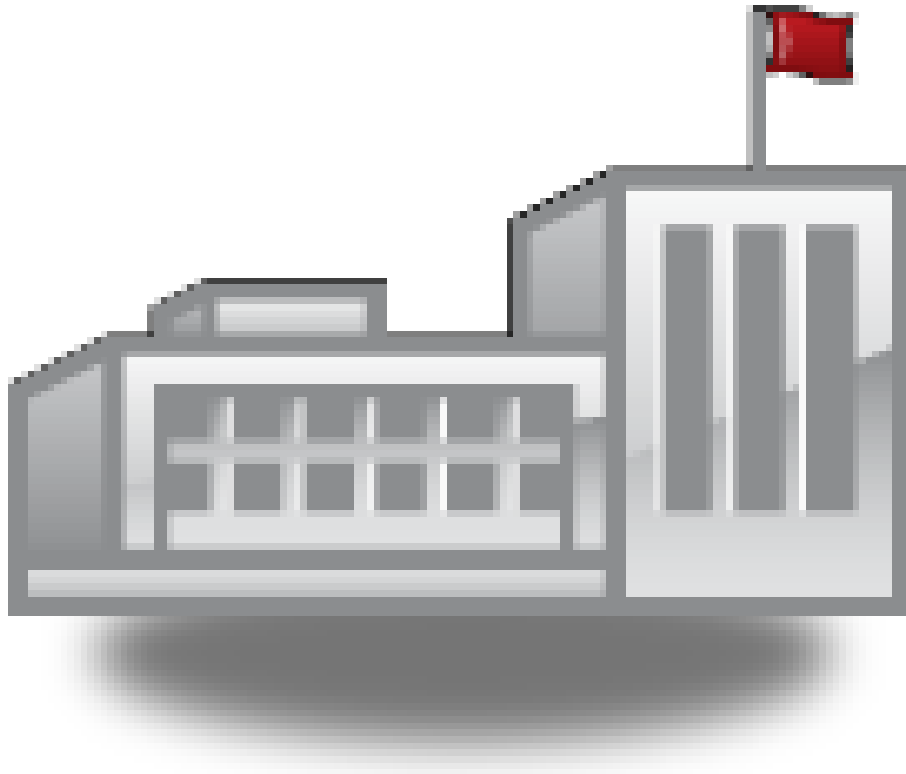
☐ This request is approved for an overlap of _____ days from:

_____ to _____
dd/mm/yyyy dd/mm/yyyy

☐ This request is disapproved for the following reason(s).

Chief, HR Division

ENCLOSURE 2



- Base and School Clearance checklist
- Change of Address Form
- Blank Travel Voucher
- Travel Voucher instruction



DoDDS Pacific Area and Base Out-Processing Checklist

NAME: _____ DATE: _____

TEMPORARY LOCAL ADDRESS: _____ PHONE NUMBER: _____

FORWARDING ADDRESS: _____ PHONE NUMBER: _____

DATE DEPARTING THE COUNTRY: _____

ONLY OUT-PROCESS WITH THE OFFICES THAT ARE APPLICABLE TO YOU (PLACE N/A FOR THOSE THAT DON'T)			
BASE AGENCIES	INITIALS		INITIALS
AAFES (DPP/VIDEO RENTAL)		HOUSING OFFICE	
RATION CONTROL (if applicable)		CABLE TV	
BANK/CREDIT UNION		INTERNET PROVIDER	
BASE LIBRARY		POST OFFICE Leave forwarding address	
CLINIC/HOSPITAL/DENTAL for Copies of record		VETERINARY SERVICES	
NCO/OFFICER CLUB BILLING		STARS & STRIPES	
OFF BASE PACIFIC CHECKLIST & ACCOUNT CANCELLATION (This is for those who have off base accounts)		TELEPHONE SERVICE OFFICE BASE PHONE ONLY	
		PASS & ID/AUTO DE-REGISTRATION	
DODDS	INITIALS	DODDS	INITIALS
Turn in ID card(s) to your school secretary prior to departure		CLEARING PAYROLL: Turn Change of Address forms to your servicing HR Specialist, update your banking information and forwarding address in the payroll system	
LQA ACCOUNT: Terminate private rental. Submit SF-1190 to stop LQA online in DAPS .		TQSA ACCOUNT: Submit SF-1190 to claim TQSA Allowance online in DAPS .	
PA ACCOUNT: Submit SF-1190 to stop Post Allowance online in DAPS .		MISC (Keys, etc.)	

I have no outstanding debts in this area either personal or official (telephone, clubs, etc) and I have no unauthorized government property in my possession and all my responsibilities are cleared.

SIGNATURE

DATE

RETURN THIS SHEET TO YOUR ADMINISTRATOR BEFORE YOU LEAVE THE COUNTRY



ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:

- AUTHORITY:** 37 U.S.C. 101 et seq. 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67, 71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943.
- PRINCIPAL PURPOSES:** To permit address changes for the Joint Uniform Military Pay system (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.
- ROUTINE USES:** Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. Treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.
- Disclosure:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earning Statement, Net Pay Advices, and miscellaneous pay- related documents.

NAME

SSN

SCHOOL/DIVISION

NEW MAILING ADDRESS

STREET ADDRESS/PSC BOX

CITY, STATE, APO/FPO

ZIP

EMPLOYEE SIGNATURE

DATE

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.
Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html>.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFI) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forward less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (see note)	T	Automobile	A
Government Transportation	G	Motorcycle	M
Commercial Transportation (own expense)	C	Bus	B
Privately Owned Conveyance (POC)	P	Plane	P
		Rail	R
		Vessel	V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	AD	Leave En Route	LV
Authorized Return	AR	Mission Complete	MC
Awaiting Transportation	AT	Temporary Duty	TD
Hospital Admittance	HA	Voluntary Return	VR
Hospital Discharge	HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19- DEDUCTIBLE MEALS

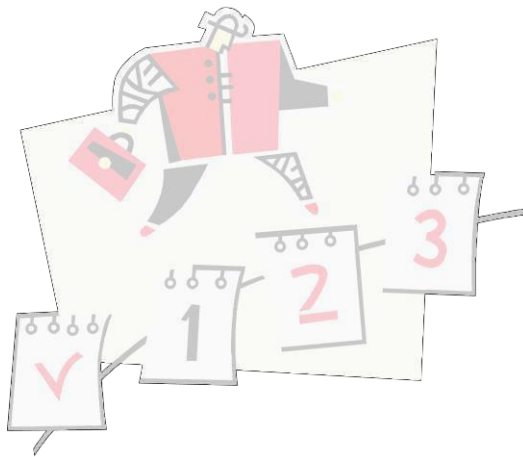
Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets" MUST BE TURNED IN TO THE T/O OR CTO.

Filing a Travel Claim





Now that you've gathered all of your supporting documents, let's file your travel claim. Below is some information you should be aware of when filing your claim.

- **Filing a travel claim is your responsibility**
- **Travel claims are not processed by CHRA or DoDEA Human Resources Division**
- **Travel Voucher must be prepared in ink, typewriter, or computer generated (Enclosure 2 of this packet contains a fillable form)**
- **Ensure all forms are legible and accurate**
- **Review bank account details on direct deposit form for accuracy**
- **Your claim must be approved and signed by your supervisor/school administrator.**
- **Travel claim and all supporting documents must forwarded to DoDEA HQ via the following methods:**

Mailing the Voucher	Department of Defense Education Activity ATTN: Resources Management - Travel Branch - 05F04-02 4800 March Center Drive Alexandria, VA 22350-1400
E-Mailing the Voucher	HQPCSRATVouchers@hq.dodea.edu

For more assistance with claims that have been returned:
 Contact Teresa Moore at Teresa.moore@hq.dodea.edu
 Phone number 571-372-1435

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 on remarks.																																			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> 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. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$																																					
2. NAME (Last, First, Middle Initial) (Print or type) Doe, Jane E.		3. GRADE GS-11		4. SSN 000-00-1234		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS Member/Employee Other Dependent(s)																																	
6. ADDRESS, a. NUMBER AND STREET PSC 000 Box 0000		b. CITY APO		c. STATE AP		d. ZIP CODE 96367																																	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 0000000000				8. TRAVEL ORDER AUTHORIZATION NUMBER PC000 (CHECK ORDERS)		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES																																	
10. ORGANIZATION AND STATION DoDEA Pacific				11. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) PSC 000 Box 0000 APO, AP 96367		12. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due																																	
13. ITINERARY a. DATE 2014				b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) OKINAWA, JAPAN CHICAGO, IL CINCINNATI, OH.																																			
14. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				15. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS																																			
16. REIMBURSABLE EXPENSES <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr> <td>1 Dec</td> <td>TAXI TO AIRPORT</td> <td>45.00</td> <td></td> </tr> <tr> <td>1-2 Dec</td> <td>LODGING</td> <td>150.00</td> <td></td> </tr> <tr> <td>2 Dec</td> <td>TAXI FROM AIRPORT</td> <td>50.00</td> <td></td> </tr> </tbody> </table>				a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	1 Dec	TAXI TO AIRPORT	45.00		1-2 Dec	LODGING	150.00		2 Dec	TAXI FROM AIRPORT	50.00		17. GOVERNMENT/DEDUCTIBLE MEALS <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NO. OF MEALS</th> <th>c. DATE</th> <th>d. NO. OF MEALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				a. DATE	b. NO. OF MEALS	c. DATE	d. NO. OF MEALS												
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18. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED *****				19. REVIEWER SIGNATURE SUPERVISOR SIGN																																			
20. APPROVING OFFICIAL'S PRINTED NAME SUPERVISOR				21. SIGNATURE SUPERVISOR SIGN																																			
22. ACCOUNTING CLASSIFICATION				23. TELEPHONE NUMBER 0000000000																																			
24. COMPUTED BY AGENCY USE				25. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE																																			
26. AUDITED BY AGENCY USE				27. AMOUNT PAID																																			
28. TRAVEL ORDER AUTHORIZATION POSTED BY AGENCY USE				29. COLLECTION DATA AGENCY USE ONLY																																			

Check Your Form

Blocks 1-11: Be sure the information is legible and accurate. Do not leave any fields blank. Provide a duty phone number and e-mail address. Make sure all of the information matches your travel orders, i.e. name, SSN, and the travel order number. If you did not receive a Travel Payment Advance, be sure to put "NONE" in Block 9.

Block 12: Only list family members whose travel was concurrent to yours.

Block 15: Columns (a) through (e) must be completed using dates, modes of travel, and reason for stops. **Refer to the reverse page of the DD 1351-2 for correct "modes of travel" and "reason for stop" codes.** Your voucher will be returned if any of the dates or codes are omitted. Is the itinerary complete (i.e., Port of Embarkation – Home/Post/Rome, Italy to U.S. Debarkation Port of entry to HOR/Alternate Destination of Embarkation to Camp Foster/KAB, Okinawa, etc.). Are the correct Modes of Travel/Reasons for Stop completed? If the government is purchasing your ticket/s the mode of Travel will be TP, if you are purchasing your own ticket/s the mode of Travel will be CP, if you're traveling on government air, it will be GP.

Block 16: Be sure (POC travel) is checked if mileage is claimed. Examples of POC (PA) mileage is: airport to HOR/Alternate Destination, vice/versa, and number of miles driven. Indicate the number of people of per POC, if more than one POC is authorized and used. If you are claiming Taxi's to/from airport terminals, be sure to list the origin and destination for the taxi service used.

Block 17: Must be completed indicating the duration of your travel period

Block 18: List all expenses for which you are claim ing reim bursem ent. Receipts m ust be attached for all airline tickets and lodging or certified statement explaining why receipts are not attached. Receipts are not required for taxi fares under \$75.00.

Make sure your form is signed and dated by you and your supervisor before sending to payroll.





Points of Contact

Guam District

HRPacificSouth-Guam@pac.dodea.edu

Japan District

HRPacificEast@pac.dodea.edu

Korea District

HRPacificWest@pac.dodea.edu

Okinawa District

HRPacificSouth@pac.dodea.edu