



Evacuation Travel Voucher Guidance -For Families-

Presented by the 60th Comptroller Squadron



Member/Employee With Dependents?

-OR-

Employee Without Dependents?



“Yes”. Stay here for further guidance!



“No, I am a single AD member without dependents”.

Please File via DTS.

Get the “HOW TO” guide via:

-Unit ODTA

-60th Comptroller’s SharePoint





60th Comptroller Squadron

CSS

Executive Support

Resource Management

QA

UTM

Financial Services

FM System

CPTS Training Plan

Dollars & Cents

AT

Superintendent

Shirt

Surveys

[Customer Service Survey](#)

Documents

[Travis Comptroller Dashboard \(FOUO\)](#)[Travel Document Statistics Dashboard](#)[LDTA Resources \(FOUO\)](#)[APC Dashboard \(FOUO\)](#)[How To...](#)[\(FOUO\) Separations & Retirements](#)[Civilian Pay](#)[FMF Scanning Queue \(FOUO\)](#)[Disbursing](#)[PCS In-Processing](#)[Financial Services Forms](#)

Lists

[Business Hours](#)[FSO Bulletin Board](#)[FMF Flight Calendar](#)[Separation/Retirement Briefing Schedule](#)

Discussions

Sites

[People and Groups](#)[Customer Service Survey](#)[Finance Customer Service](#)[60th Comptroller Squadron > Financial Services Flight](#)

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*** Customer Service Lobby Closed due to COVID-19 ***

Click Here

[Click here for Fire Evacuation Info](#)

Financial Operations Flight



PCS In/Out Processing



Retirements/ Separations



Deployment Info



General Customer Service



Disbursing/ Cashier Info



DTS/Travel Info



Civilian Pay Info



349th AMW



Mil to Mil

- Mil to Mil without dependents:
 - Each member will do a DTS voucher
 - Lodging claimed by the person who booked the room
- Mil to Mil with dependents:
 - Both will complete hard-copy vouchers
 - Only the member who booked the lodging is authorized to claim it.
 - Members cannot “double dip” with dependents



Agenda

1. Certification Roster
2. Payment Timeline
3. Required Documents
4. How to fill out the voucher
5. How to submit your documents to Finance
6. Entitlement Resources



Please Be Patient



Certification Roster

- This will be the official list of *everyone* was ordered to evacuate
- Made by your CSS and Reviewed/Approved by your CC
- Finalized product goes to the MPF
 - MPF shares with Finance
- Finance does not send forth your claim until you/your dependents are on the roster
- Missing or incorrect information on this roster will delay reimbursement
- Evacuation *Warning* areas do not qualify for reimbursement



Processing Times

- 1-2 business days with Finance
- 7-12 business days at the AF Financial Services Center
- Finance does not calculate or pay out what you are due
- Please do not call or email for a status. This slows the process down for everyone. (3,500+ evacuees)
- Finance will not accept an incomplete or incorrect submission
- Submissions are taken by Finance in person at designated locations listed later in this brief. DO NOT SEND TO ORG BOX



How To Complete Your Claim

- Please follow along closely
- These slides are also available for reference on the 60th Comptroller Website

https://eim2.amc.af.mil/org/60cpts/FSO_Resources/default.aspx



Required Documents

1. DD Form 1351-2
2. Lodging Receipt(s)
 - Itemized to show name, each day, amount each day, and paid balance
 - The Name on the receipt will dictate who makes the claim for the lodging
3. Receipts for any expense over \$75
4. Duplicate Payment Certification
5. EFT Information



DD Form 1351-2, Travel Voucher

- Member/Employee can travel with dependents
 - Claim on the same 1351-2 as dependents
-
- Dependents can travel separately or without member/employee
 - Deps claim on their own 1351-2
 - Voucher will be in the primary dependent's name/SSN
 - Even if it is a Minor child
 - Can be signed by parent/have parent EFT info



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

☒ Electronic Fund Transfer (EFT)

☐ 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: \$ 0.00

2. NAME (Last, First, Middle Initial) (Print or type)

Member/Employee that traveled/deps

3. GRADE

O/E1

4. SSN

Mbr's/Employee's SSN

5. TYPE OF PAYMENT (X as applicable)

☒ TDY

☐ PCS

☒ Dependent(s)

☒ Member/Employee

☒ Other

☐ DLA

6. ADDRESS. a. NUMBER AND STREET

123 Evacuation Order Ave.

b. CITY

Vacaville

c. STATE

CA

d. ZIP CODE

95688

e. E-MAIL ADDRESS

any good contact email@airpower.com

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

c. PAID BY

d. COMPUTATIONS

Write Here --> 1 POV -or- 2 POV's
(Can pay more than 2 POV's. Must have dependents that are of legal driving age. One POV per driver or less.)

7. DAYTIME TELEPHONE NUMBER & AREA CODE

a phone # we can reach you

8. TRAVEL ORDER/AUTHORIZATION NUMBER

9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES

0.00

11. ORGANIZATION AND STATION

UNIT, Travis AFB CA

12. DEPENDENT(S) (X and complete as applicable)

☒ ACCOMPANIED

☐ UNACCOMPANIED

a. NAME (Last, First, Middle Initial)

Spouse's Name

b. RELATIONSHIP

Spouse

c. DATE OF BIRTH OR MARRIAGE

DOM

The Second Child

Child

DOB

The Third Child

Child

DOB

Run out of space? List them

in Block 29

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

Residence Evacuated From

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)

☐ YES

☒ NO (Explain in Remarks)

15. ITINERARY

a. DATE
2020

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. POC MILES

8/19

DEP

123 Evacuation Order Ave., Vacaville, CA

PA

8/19

ARR

456 The Bestest Western, Sacramento, CA

PA

AD

250.00

XX

8/21

DEP

456 The Bestest Western, Sacramento, CA

PA

MC

XX

8/21

ARR

123 Evacuation Order Ave., Vacaville, CA

PA

XX

8/21

DEP

123 Evacuation Order Ave., Vacaville, CA

PA



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 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.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:				\$ 0.00	
2. NAME (Last, First, Middle Initial) (Print or type) Primary Dependent's Name		3. GRADE N/A	4. SSN Dep's SSN		5. TYPE OF PAYMENT (X as applicable)		
6. ADDRESS. a. NUMBER AND STREET 123 Evacuation Order Ave.		b. CITY Vacaville	c. STATE CA	d. ZIP CODE 95688	<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee	
6. ADDRESS. e. E-MAIL ADDRESS any good contact email@airpower.com					<input type="checkbox"/> PCS	<input checked="" type="checkbox"/> Other	
7. DAYTIME TELEPHONE NUMBER & AREA CODE a phone # we can reach you		8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00		<input checked="" type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA	
11. ORGANIZATION AND STATION UNIT, Travis AFB CA					10. FOR D.O. USE ONLY		
12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) Residence Evacuated From		a. D.O. VOUCHER NUMBER		
<input type="checkbox"/> ACCOMPANIED		<input checked="" type="checkbox"/> UNACCOMPANIED			b. SUBVOUCHER NUMBER		
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	c. PAID BY			
The First Child		Child	DOB				
The Second Child		Child	DOB				
The Third Child		Child	DOB				
Run out of space? List them		in Block 29					
15. ITINERARY			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		d. COMPUTATIONS		
a. DATE 2020		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. POC MILES	
8/19		DEP	123 Evacuation Order Ave., Vacaville, CA	PA			
8/19		ARR	456 The Bestest Western, Sacramento, CA	AD	250.00	XX	
8/21		DEP	123 Evacuation Order Ave., Vacaville, CA	PA			
8/21		ARR	123 Evacuation Order Ave., Vacaville, CA	MC		XX	
		DEP		PA			



1351-2, Lower Portion

16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES						<input type="checkbox"/> 12 HOURS OR LESS		(5) DLA	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	<input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS		<input type="checkbox"/> Reimbursable Expenses		(6) Total	
8/19/2020	Lodging (need receipt)	250.00		<input checked="" type="checkbox"/> MORE THAN 24 HOURS		(7) Less Advance		(7) Amount Owed	
	Do not claim pet fees (not auth)					(8) Amount Due			
	Do not claim food (per diem)								
	Do not claim gas (per diem)								
19. GOVERNMENT/DEDUCTIBLE MEALS									
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS			
20.a. CLAIMANT SIGNATURE								b. DATE	
								08/25/2020	
c. REVIEWER'S PRINTED NAME				d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		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 POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID	

DD FORM 1351-2, MAY 2011

PREVIOUS EDITION IS OBSOLETE.

Exception to SF 1012 approved by GSA/IRMS 12-91.
Adobe Designer 8.0

Sign Here →

→ Date Here



Odd Expenses

- Dual Lodging – Approved cases-by-case
 - Wherever you spent the night at midnight is what you will claim as lodging.
 - The hotel you had to evac will be claimed as a dual lodging expense.
- Members are authorized 24 hours to return after the evac order was lifted.
 - An additional night of lodging after order was lifted may be paid.
 - Fees for a late checkout can also be claimed. Approved case-by-case.
- Taxes and fees can be claimed separately from the flat room rate
 - Lodging = \$120
 - Hotel Tax = \$9.30
 - Hotel Fee = \$4.02
 - **OR**
 - Lodging = \$133.32



Duplicate Payment Certification Sheet

Duplicate Payment Certification Sheet

Evacuees/members might be reimbursed expenses from several commercial or government sources. The intent of this certification is to clarify the term “duplicate payment” and aid in the prompt processing of travel claims associated with limited evacuation. A duplicate payment is a government payment claimed by a traveler for an expense paid to the traveler for the same expense by another entity i.e. FEMA, Red Cross, insurance, etc. (per JTR 010302). Additionally, expenses reimbursed, or to be reimbursed, by another entity must not be paid by the government/US Air Force. Any debts created from duplicate payments do not qualify for remission/waiver rights. The traveler is financially responsible for returning duplicate payments received, including any allowances covered in the JTR.

Travelers filing claims must certify statement 1. OR 2. AND statement 3.



Duplicate Payment Certification Sheet

Travelers filing claims must certify statement 1. OR 2. AND statement 3.

1. I, _____, certify that I **HAVE** received payments from another entity in the amount of \$_____.

Payments received are as follows:

<u>Agency/Organization</u>	<u>Type of Reimbursement</u>	<u>Amount</u>
1. _____	1. _____	\$ _____
2. _____	2. _____	\$ _____
3. _____	3. _____	\$ _____
4. _____	4. _____	\$ _____
5. _____	5. _____	\$ _____

2. I, _____, certify that I **HAVE NOT** received payments from another entity reimbursing transportation or subsistence expenses incurred while evacuating.
3. I, _____, certify that I **will contact finance within 10 days** of receipt of payment from another entity for a determination of the duplicate amount owed. Payment of the duplicate amount is expected to be made by personal check or money order at that time.
4. I understand failure to complete this duplicate payment certification in its entirety may result in denial of claimed expenses. I also understand there are severe criminal and civil penalties for knowingly submitting a false, fictitious, or, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

Claimant Signature

Claimant Printed Name



EFT Information

<div>FAST START</div> <div>DIRECT DEPOSIT</div>	
<div>INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS</div> <div><i>Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.</i></div>	
<div>1. EMPLOYEE INFORMATION</div> <div>(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input type="text"/></div> <div>EMPLOYEE NAME (as on payroll records) <input type="text"/> (Last, First, Initials)</div> <div>TELEPHONE NUMBER (WORK) <input type="text"/> (HOME) <input type="text"/></div>	
<div>2. TYPE OF ACCOUNT</div> <div><input checked="" type="checkbox"/> Checking</div> <div><input type="checkbox"/> Savings</div>	<div>3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)</div> <div>A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.</div> <div>ROUTING TRANSIT NUMBER <input type="text"/> <input type="text"/> Check Digit</div> <div>ACCOUNT NUMBER <input type="text"/></div> <div>ACCOUNT TITLE <input type="text"/> (Account Holder's Name)</div> <div>FINANCIAL INSTITUTION NAME <input type="text"/></div>
<div>TYPE OF PAYMENT</div> <div><input type="checkbox"/> Net Pay</div> <div><input checked="" type="checkbox"/> Travel</div> <div><input type="checkbox"/> Other Federal employment related payments</div>	
<div>5. AUTHORIZATION</div> <div><div>* <input type="text"/></div><div>EMPLOYEE'S SIGNATURE</div><div><input type="text"/></div><div>DATE</div></div>	
<div>6. AGENCY USE:</div>	
<div>FMS FORM 2231 11-92 EDITION OF 4-90 IS OBSOLETE</div> <div>DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE</div>	

How to submit your claim

!! Please do not send to our ORG BOX.

!! The Finance counter is closed due to COVID. Do not visit.

- Virtually accomplished evacuation claims will be accepted and spot checked at the in-person briefings.
- In person briefing locations, times, and dates by your unit's leadership.
 - Updates will be posted to the Comptroller SharePoint as we receive them.



Entitlements



<https://www.defensetravel.dod.mil/>

For information on what is payable to you and how it will be calculated, please visit the link above for more information.

Please keep in mind that Finance does not compute entitlements.

- Per Diem
- Lodging
- Mileage Rate
- Reimbursable Expenses



Closing Remarks

- Bring your completed forms and ID to an in-person briefing to submit
- Please triple check your EFT information
- Expect payment within 20 **business days** of submission.
- Please refrain from calling or emailing us within the 20 day window.

