

EXAMPLE VOUCHER

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 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.						
		IF GOVT TRAVEL CARD USED.						
<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor.		2. NAME (Last, First, Middle Initial) (Print or type) SMITH, JOHN A.		3. GRADE CIV	4. SSN 123-45-6789	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s)		
6. ADDRESS. a. NUMBER AND STREET 1200 FORD AVE		b. CITY RICHMOND HILL		c. STATE GA	d. ZIP CODE 31324		<input type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> Other <input type="checkbox"/> DLA	
e. E-MAIL ADDRESS JOHN.A.SMITH.CIV@MAIL.MIL		7. DAYTIME TELEPHONE NUMBER & AREA CODE (912) 767-2000		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES Ø		
11. ORGANIZATION AND STATION FORT STEWART, GA		12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER		
a. NAME (Last, First, Middle Initial) SMITH, SUSAN		b. RELATIONSHIP SPOUSE		c. DATE OF BIRTH OR MARRIAGE 4 JUN 1990		c. PAID BY		
SMITH, THOMAS		SON		1 JAN 1995		d. COMPUTATIONS		
SMITH, KAREN		DAU		3 MAR 1998		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		
15. ITINERARY				c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
a. DATE 6 OCT	DEP	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) FORT STEWART, GA		PA				
6 OCT	ARR				TD			
10 OCT	DEP	COLUMBUS, GA		PA				
10 OCT	ARR				MC			
	DEP	FORT STEWART, GA						
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	ARR							
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS		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		
18. REIMBURSABLE EXPENSES				19. GOVERNMENT/DEDUCTIBLE MEALS				
a. DATE 10 OCT 10	b. NATURE OF EXPENSE LODGING		c. AMOUNT \$320.00	d. ALLOWED	a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE EVACUEE'S SIGNATURE				b. DATE 10/13/2010				
c. REVIEWER'S PRINTED NAME SUPERVISOR'S NAME		d. REVIEWER SIGNATURE SUPERVISOR'S SIGNATURE		e. TELEPHONE NUMBER 912-767-2111	f. DATE 10/13/2010			
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		