# Army PCS Travel Pay

## How to complete the Travel Voucher (DD Form 1351-2)

*Prepared by the U.S. Army Finance Command, DFAS Standards and Compliance (Travel Mission), and DFAS Rome*

***July 2009***

DFAS
Your Financial Partner @ Work

*Thank you for your service to the nation and thank you in advance for referring to this guide as you prepare your travel vouchers. We have finance personnel who stand ready to assist you in completing this form to ensure timely and proper payment.*

*This "How to" guide is intended for all Army members. It provides step-by-step procedures in preparing a travel voucher so it is "pay ready" upon submission. The goal with this guide and other travel information pamphlets is to assist the traveler in receiving faster payment. Submitting "pay ready" vouchers to the Defense Finance and Accounting Service (DFAS) will assist in providing timely and accurate payment to the traveler.*

*The U.S. Army Finance Command*
*The DFAS Standards and Compliance (Travel Mission) Team*
*DFAS Rome*

Army Personnel Travel Pay
TRAVEL CUSTOMER SERVICE INQUIRIES

Please see your Defense Military Pay Office (DMPO) regarding any military PCS travel issues.

Your local DMPO will assist you in preparing your claim (Soldier, Dependents, Temporary Lodging Expense (TLE), Do-It-Yourself (DITY) Move, Separation and/or Retirement); and will then forward to DFAS for processing.

## Table of Contents

Introduction .....2
Army Travel Customer Service Inquiries .....2
Incomplete information will stop your claim from being paid! .....3
Common scenarios during Permanent Change of Station (PCS) .....3
Example of a Permanent Chance of Station (PCS) travel voucher .....4
Instructions for completing a DD Form 1351-2 .....5
Instructions for completing a DD Form 1351-2 for Personally Procured Moves (DITY) .....9
Military Permanent Change of Station (PCS) Travel Pay - Supplemental .....10

***Incomplete information will stop your claim from being paid!***

- **Five Show Stoppers:**
  1. **Administrative information not accurate or incomplete on DD 1351-2 (blocks 1-14).**
  2. **Missing orders to include attachments, endorsements, any and all amendments, etc.**
  3. **Incomplete itinerary (block 15).**
  4. **Missing traveler's official signatures/dates (blocks 20 a & b).**
  5. **Missing Reviewer/Approving Official signatures/dates (blocks 20 c & d).**

**Other helpful hints:**

- If you use your own personal vehicle as mode of travel, block 16 must be completed.
- If you are authorized TDY enroute, please ensure that your orders reflect accurate and complete TDY information. Although your TDY enroute information should be included on your PCS order; in some cases, you may receive separate orders. Please submit copies of any/all orders received.
- All previous accruals/advances received from finance offices (non-submission of previous payment data will result in delays of payment).
- Receipts for all lodging, regardless of amount.
- All receipts for expenses incurred for $75.00 or more must be submitted.
- DA Form 31 leave form (or leave must be annotated on the DD 1351-2)
- IF APPLICABLE: Statement of Non-Availability for commercial lodging and meals (i.e., if you had to stay in a commercial hotel due to unavailability of quarters).
- DIRECT DEPOSIT: Service members must submit a SF 1199 ONLY if they have changed their financial institution.

***Common scenarios during Permanent Change of Station (PCS)...***

1. When you PCS, you may also have dependents moving to your new permanent duty location. In many cases, dependent movement is not the same as the Soldier's.

2. An example of an itinerary for PCS dependent movement can be found on page 5 of this guide. Completion of the PCS dependent travel portion of the voucher can be filed separately or with the Soldier's PCS travel voucher. When the dependent's travel itinerary is different from the Soldier's, include a second DD Form 1351-2 in the packet to show the dependent travel itinerary. Soldier specific information should remain at the top of the second DD 1351-2 (Blocks 1-11.)

## Example of a Permanent Chance of Station (PCS) travel 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**
- [X] 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.

[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

| 2. NAME (Last, First, Middle Initial) (Print or type) | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT (X as applicable) |
|---|---|---|---|
| Doe, John M. | SFC | 000-00-0000 | [ ] TDY [X] Member/Employee |

| 6. ADDRESS. a. NUMBER AND STREET | b. CITY | c. STATE | d. ZIP CODE | |
|---|---|---|---|---|
| 123 Rocky Mountain Rd. | Ft. Carson | CO | 80913 | [X] PCS [ ] Other<br>[X] Dependent(s) [X] DLA |

e. E-MAIL ADDRESS public.sample@us.army.mil

| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | 8. TRAVEL ORDER/AUTHORIZATION NUMBER | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES | 10. FOR D.O. USE ONLY |
|---|---|---|---|
| 719-555-5555 | Provide from original orders | | a. D.O. VOUCHER NUMBER |

**11. ORGANIZATION AND STATION**
Unit Name/Location

b. SUBVOUCHER NUMBER

**12. DEPENDENT(S)** *(X and complete as applicable)*
- [X] ACCOMPANIED
- [ ] UNACCOMPANIED

| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE |
|---|---|---|
| Doe, Jane Q. | Wife | 050214 |
| Doe, John M. Jr. | Son | 080630 |

**13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS** *(Include Zip Code)*
123 Infantry Lane
USAG Yongan
APO AP XXXXX-XXXX

c. PAID BY

**14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?** *(X one)*
- [X] YES
- [ ] NO *(Explain in Remarks)*

d. COMPUTATIONS

**15. ITINERARY**

| a. DATE 2009 | | 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 |
|---|---|---|---|---|---|---|
| 1 May | DEP | USAG Yongsan | CA | | | |
| 1 May | ARR | Osan Air Base | | AT | | |
| 1 May | DEP | | TP | | | |
| 1 May | ARR | Seattle-Tacoma International Airport, WA | | AT | | |
| 1 May | DEP | | CP | | | |
| 1 May | ARR | 1456 Rim Rd, Butte, MT | | LV | | |
| 15 Ma | DEP | | PA | | | |
| 17 Ma | ARR | Fort Carson, CO | | MC | | |
| | DEP | | | | | |
| | ARR | | | | | |
| | DEP | | | | | |
| | ARR | | | | | |
| | DEP | | | | | |
| | ARR | | | | | |

**16. POC TRAVEL** *(X one)* [X] OWN/OPERATE [ ] PASSENGER

**17. DURATION OF TRAVEL**
- [ ] 12 HOURS OR LESS
- [ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- [X] 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 | 0.00 |
| (8) Less Advance | |
| (9) Amount Owed | |
| (10) Amount Due | |

**18. REIMBURSABLE EXPENSES**

| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED |
|---|---|---|---|
| 1 June | Bus Tickets | 12.00 | |
| 1 June | Airline Tickets | 220.00 | |
| 1 June | Skycap | 25.00 | |
| 16 June | Highway Tolls | 12.00 | |

**19. GOVERNMENT/DEDUCTIBLE MEALS**

| a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS |
|---|---|---|---|
| | | | |

**20.a. CLAIMANT SIGNATURE** b. DATE
**********Form must be signed and dated**********

| 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, MAR 2008** PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. Exception to SF 1012 approved byGSA/IRMS 12-91. Adobe Designer 7.0

Example of a Permanent Chance of Station (PCS) travel voucher

**Instructions for completing a DD Form 1351-2**

Block 1: Electronic Funds Transfer (EFT) is mandatory for all service members.
* Service members must submit a SF 1199 ONLY if they have changed their financial institution.

| 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. |
|---|---|
| X Electronic Fund Transfer (EFT) | |
| Payment by Check | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____ |

Block 2: Name: Last name, first name, and middle initial of Soldier.
Block 3: Grade of the Soldier.
Block 4: Social Security Number of Soldier.
Block 5: Indicate "PCS" and "Member/Employee" – for service member only.
Indicate "PCS", Member/Employee", Dependent(s), and "DLA" – for service member and dependents.
Indicate "PCS" and "TDY' – for TDY enroute.
Indicate "PCS", "Dependent(s)", DLA – for dependent(s) travel only.
Blocks 6a-6d: Valid mailing address for receipt of advice of payment.
Block 6e: Valid e-mail address.
Block 7: Daytime telephone number in the event your DMPO or DFAS-ROME should need to make contact.
Block 8: Order number which is listed on the orders (amendments) provided to the Soldier.
Block 9: List any and all previous payments paid from any finance office pertaining to the travel period being claimed.
List "None" if you have not received any payments and "?" if you are not certain.
Block 10: Do Not Use - Leave Blank.
Block 11: Service member's new duty address, (where service member is being assigned).

| 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. |
|---|---|
| X Electronic Fund Transfer (EFT) | |
| 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) | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT (X as applicable) |
|---|---|---|---|
| Doe, John M. | SFC | 000-00-0000 | TDY / X Member/Employee / X PCS / Other / X Dependent(s) / X DLA |

| 6. ADDRESS. a. NUMBER AND STREET | b. CITY | c. STATE | d. ZIP CODE |
|---|---|---|---|
| 123 Rocky Mountain Rd. | Ft. Carson | CO | 80913 |

| e. E-MAIL ADDRESS | 10. FOR D.O. USE ONLY |
|---|---|
| public.sample@us.army.mil | |

| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | 8. TRAVEL ORDER/AUTHORIZATION NUMBER | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES | a. D.O. VOUCHER NUMBER |
|---|---|---|---|
| 719-555-5555 | Provide from original orders | | |
| 11. ORGANIZATION AND STATION: Unit Name/Location | | | b. SUBVOUCHER NUMBER |

Blocks 12-14: Dependent(s): If you have moved dependents from previous duty station or residence to new duty station, then follow steps on the next page to complete this portion. See page 5 for an itinerary for family member movement.

***Note:** Mark "accompanied" if family traveled with service member or "unaccompanied" if family is traveling separate from the service member (i.e., service member is already at the PCS location).

Block 12a: List last name, first name, and middle initial of all dependents.
Block 12b: List the relationship to the Soldier.
Block 12c: List the date of birth of dependent children and date of marriage for spouse.
Block 13: List the address where dependents were residing at time PCS orders were received.
Block 14: Indicate whether household goods have been shipped.

| 12. DEPENDENT(S) (X and complete as applicable) | | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | c. PAID BY |
|---|---|---|---|---|
| X ACCOMPANIED | | UNACCOMPANIED | 123 Infantry Lane<br>USAG Yongan<br>APO AP XXXXX-XXXX | |
| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE | | |
| Doe, Jane Q. | Wife | 050214 | | |
| Doe, John M. Jr. | Son | 080630 | | |
| | | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) | d. COMPUTATIONS |
| | | | X YES / NO (Explain in Remarks) | |

Block 15: Itinerary

a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 12/1). Next to "ARR" list the date arrived your leave point (this could be the same day or new PDS if no leave taken).
Next to "DEP" list the date leave point was departed.
Next to "ARR" list the date arrived at your New Permanent Duty Station.

b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.

c: Means/Modes of Travel: List the type of transportation used for each leg of travel.

d: Reason for Stop: List the reason for stops using the appropriate two letter code.

e: Lodging Cost: List any lodging expense incurred while TDY en route.

f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven. Include in and around mileage at the TDY installation, only if authorized on your orders.

| 15. ITINERARY a. DATE 2009 | | 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 | |
|---|---|---|---|---|---|---|---|
| 1 May | DEP | USAG Yongsan | CA | | | | |
| 1 May | ARR | Osan Air Base | | AT | | | |
| 1 May | DEP | | TP | | | | |
| 1 May | ARR | Seattle-Tacoma International Airport, WA | | AT | | | |
| 1 May | DEP | | CP | | | | |
| 1 May | ARR | 1456 Rim Rd, Butte, MT | | LV | | | |
| 15 Ma | DEP | | PA | | | | |
| 17 Ma | ARR | Fort Carson, CO | | MC | | | |
| | DEP | | | | | | |
| | ARR | | | | | | |
| | DEP | | | | | | e. SUMMARY OF PAYMENT |
| | ARR | | | | | | (1) Per Diem |
| | DEP | | | | | | (2) Actual Expense Allowance |
| | ARR | | | | | | (3) Mileage |

The "***Means/Modes of Travel***" block should include the appropriate two-letter code:

Choices for first letter:
- T: Government provided ticket - no out of pocket cost to traveler.
- G: Government Transportation – no out of pocket cost to traveler.
- C: Commercial Transportation – traveler personally purchases transportation.
- P: Privately Owned Conveyance

Choices for second letter:
- A: Automobile
- M: Motorcycle
- B: Bus
- P: Plane
- R: Rail

Most common combinations:
- PA - Private Auto
- CA - Commercial Auto (taxi)
- TP - Government provided airfare (no cost)
- CP - Commercial airfare (traveler purchased)

The "***Reason for Stop***" block should include the appropriate two-letter code:

AD: Authorized Delay is used for overnight stays or if delayed at airport over midnight.

AT: Awaiting Transportation is used when waiting for other modes of travel. This is usually conducted in same day travel, no overnight at terminal.

HA: Hospital Admittance is used to indicate inpatient care at a medical treatment facility or hospital .

HD: Hospital Discharge is used to indicate discharge from inpatient care.

TD: Temporary Duty is used to indicate time spent performing official business at a location other than the old or new permanent duty station.

LV: Leave is used to indicate time away from military duty; either on site, at home of residence or chosen location.

MC: Mission Complete is used to conclude travel. "MC" for Permanent Change of Station (PCS) indicates the date the entitlement being claimed is executed to the new PDS. For example, MC for en route travel is the date the member arrives at the new PDS to report for duty. MC for a Personally Procured Move is the date the household goods arrive at the new PDS.

Block 16: POC Travel: Must indicate whether POC is Own/Operator or Passenger.

| 16. POC TRAVEL *(X one)* | X | OWN/OPERATE | | PASSENGER |
|---|---|---|---|---|

Block 17: Indicate the duration of TDY travel en route.

| 17. DURATION OF TRAVEL | |
|---|---|
| | 12 HOURS OR LESS |
| | MORE THAN 12 HOURS BUT 24 HOURS OR LESS |
| X | MORE THAN 24 HOURS |

Block 18: Reimbursable Expenses:
a: List the date the expense was incurred.
b: List the type of expense (i.e., taxi fares).
c: List the amount of the expense.
d. TDY enroute – List reimbursables associated with TDY also.

| 18. REIMBURSABLE EXPENSES | | | |
|---|---|---|---|
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED |
| 1 June | Bus Tickets | 12.00 | |
| 1 June | Airline Tickets | 220.00 | |
| 1 June | Skycap | 25.00 | |
| 16 June | Highway Tolls | 12.00 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Block 19: Government/Deductible Meals (circle one): For TDY en route or Temportaty Lodging Expense.
a: Date the meals were provided.
b: Number of meals provided by the government with no cost to the traveler.

** ***Note:*** If you have a Statement of Non-Availability (SNA) for meals and consume a meal either at cost or no cost, you will have to annotate the number of meals in block 19b. If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided, indicate "Ded" or "Gov" next to the number of meals.

| 19. GOVERNMENT/DEDUCTIBLE MEALS | | | |
|---|---|---|---|
| a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS |
| | | | |
| | | | |
| | | | |

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. For PCS, the Reviewer once the voucher is reviewed for accuracy and date the voucher was reviewed. Both must be complete. DMPO signs as reviewer and dates the claim.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

***Note:*** Approving officer must list additional expenses authorized in block 29). Must include date signed in Block 21a.

| 20.a. CLAIMANT SIGNATURE<br>**********Form must be signed and dated********** | | | b. DATE |
|---|---|---|---|
| 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 |

Block 22: Leave Blank - Finance Office use only.
Blocks 23-28: Leave Blank - Finance Office use only.

| 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 |

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the fact.

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.

**Instructions for completing a DD Form 1351-2**
**for Personally Procured Moves (DITY)**

Block 1: Electronic Funds Transfer (EFT) is mandatory for all service members.
* Service members must submit a voided check or SF 1199 ONLY if they have changed their financial institution.

Block 2: Last Name, First Name, and Middle Initial of Soldier.

Block 3: Grade of the Soldier.

Block 4: Social Security Number of Soldier.

Block 5: Indicate "PCS" and "Member/Employee" – for Service member only.
Indicate "Other", write "PPM" – for your DITY claim.

Blocks 6a-6d: Valid mailing address for receipt of advice of payment.

Block 6e: Valid e-mail address.

Block 7: Daytime telephone number in the event your DMPO or DFAS-ROME should need to make contact.

Block 8: Order number which is listed on the orders (amendments) provided to the Soldier.

Block 9: List any and all previous payments paid from any finance office pertaining to the travel period being claimed.

Block 10: Do Not Use - Leave blank.

Block 11: Service member's new duty address, (where service member is being assigned).

Block 15: Itinerary
a: Date: Leave blank.
b: Place: Draw a line from the bottom left corner to the right top corner and print the word "DITY' on or above it.
c: Means/Modes of Travel: Leave blank.
d: Reason for Stop: Leave blank.
e: Lodging Cost: Leave blank.
f: Privately Owned Conveyance (POC) Miles: Leave blank.

Block 16: POC Travel: Leave blank.

Block 17: Indicate the duration of Temporary Duty (TDY) Travel en route – Leave blank.

Block 18: Reimbursable Expenses: Leave blank – Your Operating Personal Expenses (OPE) list is part of the DITY claim.

Block 19: Government/Deductible Meals (circle one): For TDY en route or TLE – Leave blank.

Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 21: Supervisor/Reviewer and Date: (c & d): Supervisory chain of command signatures. For PCS, the Reviewer signs once the voucher is reviewed for accuracy and date the voucher was reviewed. Both must be complete. DMPO signs as reviewer and dates the claim.

Note: Your completed travel voucher must have three signatures (yours, your supervisor and the DMPO representative) before it may be processed for payment.

**Contact your local Transportation Office for additional documentation you will need to file your DITY claim, such as...**

* **DD Form 2278**
* **Weight Tickets**
* **Operating Personal Expense list (OPE)**

**Military Permanent Change of Station (PCS) Travel Pay - Supplementals**

Q. What do I do when I feel I've been paid in error?

When it is suspected that an error and/or omission has been made in the payment of a travel voucher, please contact your Defense Military Pay Office (DMPO) as the starting point to resolve any questions on your voucher.

Q. What do I do when an error or omission has occurred?

When an error or omission has occurred, submit a supplemental claim back through your local DMPO.

Q. How do I prepare a supplemental claim?

Your local DMPO will walk you thru the steps to complete a supplemental claim.

At a minimum, a supplemental claim must include:

a. A DD Form 1351-2 marked "SUPPLEMENTAL". Provide a full explanation of the item(s) of expense in question on the new DD Form 1351-2 or on a separate sheet of paper.
b. A copy of the Advice of Payment for the original payment made on the voucher in question.
c. A copy of the initial DD Form 1351-2 and continuation sheets (if any).
d. One copy of the orders and amendments.
e. A copy of all supporting documentation applicable to the supplemental claim. If not available, provide a written statement attesting to the accuracy of items claimed for which no receipt is available. Statements should reflect the same information that would have been on the receipt had it been available.
f. Completed Temporary Lodging Expense worksheet (DFAS Form 9998 - May 2009)

Prepared by the U.S. Army Finance Command, DFAS Standards and Compliance (Travel Mission), and DFAS Rome