

PCS SUPPLEMENTAL DEPENDENTS **TRAVEL SETTLEMENT INFORMATION**

1. Follow example on Fort Carson DMPO website
<http://www.carson.army.mil/organizations/dmpo.html>
2.
 - a. To update your mypay information
<https://www.dfas.mil/militaryseparations/HowtoupdatemyPay.html>
 - b. Directions:
 - i. Complete 1351-2,
 - a. Make sure Block 5 is marked Dependents and DLA. (must mark both, even if you have received the advance for DLA)
 - b. Complete Block 12, list all dependents in Block 12. Make sure to mark accompanied.
 - c. List prior duty station address in Block 13, or home address if SM is coming from AIT.
 - d. Examples for dependents who drove and flew can be found on the Fort Carson DMPO website.
 - e. If claiming TLE mark Block 5 and follow example to complete TLE worksheet DFAS 9098.
 - f. Sign Block 20A claimant signature and date Block 20B
 - g. Have someone from S3 shop sign as reviewer and date.
 - ii. Complete all Questions
 - iii. Reimbursable expenses are limited to actual travel days not to exceed authorized days.
 - c. You will need the following documents:
 - i. 1351-2(Travel Voucher).
 - ii. 1 Copy of orders and amendments. ****Note orders must state dependents yes***** If traveling from overseas location must be command sponsored.
 - iii. If family flew and SM did not obtain tickets thru SATO/Carlson Wagonlit, please include airfare receipts. (note if orders do not state IBA SM may not be reimbursed) Always get tickets thru SATO Bldg 1525 to avoid out of pocket cost.
 - iv. TLE form completed to include hotel receipts for Fort Carson area or losing CONUS duty station. (if applicable)
 - v. Lodging receipts, even ones purchased with GTCC.
 - vi. If lodging receipts are from Hotel.com, Expedia, Air BNB, SM will also complete a statement in Lieu of Receipt. (see forms)
3. Where to submit your travel Claim:
 - a. E-mail: DFAS-MILPCS@mail.mil (this is preferred method)
 - b. Travel Voucher Direct: through the smart voucher application
<https://smartvoucher.dfas.mil/voucher/>
4. Entitlements: For the latest information on entitlements please go to
<https://www.dfas.mil/militarymembers/travelpay/armypcs.html>

5. Reminders:

1. You will be reimbursed for authorized travel and lodging expenses only.
2. Your final settlement will be **EFT (Direct Deposit)**
3. Please make a **copy** of all paper work you submit for your file.
4. **Reimbursement will be paid on days traveled not to exceed days authorized.**
5. **SUBMIT ALL AIRAFRE AND LODGING RECEIPTS**

6. If you have any questions please call DFAS-ROME – 1-888-332-7366

For the forms you may access them online at:

<https://www.dfas.mil/militarymembers/travelpay/forms.html>

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. <input 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			3. GRADE E5	4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> DLA	
6. ADDRESS. a. NUMBER AND STREET MAIN STREET		b. CITY ANYWHERE		c. STATE CO	d. ZIP CODE 11111		
e. E-MAIL ADDRESS MILITARY OR CIVILIAN				10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS			
7. DAYTIME TELEPHONE NUMBER & AREA CODE 719-111-2222		8. TRAVEL ORDER/AUTHORIZATION NUMBER ORIGINAL ORDERS		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		11. ORGANIZATION AND STATION UNIT, FORT CARSON	
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) IF DEPENDENTS CAME ADDRESS THEY LIVED AT PRIOR DUTY STATION OR AIT BACK HOME ADDRESS		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		15. ITINERARY	
a. NAME (Last, First, Middle Initial) SMITH, JULIE		b. RELATIONSHIP SPOUSE	c. DATE OF BIRTH OR MARRIAGE 20150715	c. MEANS/MODE OF TRAVEL PA		d. REASON FOR STOP MC	
SMITH, JOHNNY		SON	20161015				
SMITH, SALLY		DAU	20171115				
a. DATE YEAR 01/01		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) CITY AND STATE FROM BLOCK 13					
01/05		CITY IN COLORADO SM LIVES					
NO NEED TO LIST STOPS JUST STARTING CITY AND ENDING CITY							
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							
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 checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS					
18. REIMBURSABLE EXPENSES		19. GOVERNMENT/DEDUCTIBLE MEALS					
a. DATE 01/01		b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS	a. DATE
20.a. CLAIMANT SIGNATURE SM SIGNATURE		b. DATE CURRENT DATE		c. REVIEWER'S PRINTED NAME S3 OR UNIT REPRESENTATIVE		d. REVIEWER SIGNATURE SIGNATURE OF REVIEWER	
				e. TELEPHONE NUMBER		f. DATE CURRENT 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	

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 (EFT) 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 forwarded 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		Plane	- P
Conveyance (POC)	- 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.