

## VPC SUPPLEMENTAL DRIVING 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 Other and VPC**
      - b. **DFAS will not pay for dependents travel on VPC**
      - c. **Examples for driving and flying can be found on the Fort Carson DMPO website.**
      - d. **If SM took a taxi to/from the VPC to/from the airport list in Block 18. You will not list any other expenses**
      - e. **Sign Block 20A claimant signature and date Block 20B**
      - f. **Have someone from S3 shop sign as reviewer and date**
    - ii. **Authorized Entitlement**
      - a. **If PCSing to Fort Carson, SM is authorized round trip mileage at 0.18 cents per mile. Mileage to Grand Prairie, TX is 714 and payable amount is \$128.00 (approx.) each way**
      - b. **SM would be allowed 2 days of travel to/from VPC\*\*\*verify with DFAS\*\*\***
      - c. **Per Diem is \$144.00 per day**
      - d. **If SM is leaving Fort Carson they can claim VPC drop off at Fort Carson if completed before PCS leave starts. Unless SM PCS to Korea, due to limitations of vehicles authorized only Korea Finance office can pay this entitlement.**
      - e. **If SM on PCS leave, SM will claim vehicle shipment at new duty station. Note in this scenario you will only be paid one way mileage.**
      - f. **If Sm shipping from another port other than Grand Prairie TX, be advised payment maybe limited to authorized shipping point or government convenience.**
  - c. **You will need the following documents:**
    - i. **1351-2(Travel Voucher from smart voucher)**
    - ii. **1 Copy of orders and amendments**
    - iii. **1 Copy of leave form(s) or pass**
    - iv. **VPC shipment form, this is a legal size paper with a generic picture of car/van/truck**
    - v. **Taxi receipt if over \$75.00**
3. **Where to submit your travel Claim:**
  - a. **E-mail: [DFAS-MILPCS@mail.mil](mailto: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>

**4. Reminders:**

1. You will be reimbursed for authorized 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 PAPERWORK**

**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.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b> <input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> SMITH, JOHN			<b>3. GRADE</b> E5	<b>4. SSN</b> 123-45-6789		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS Dependent(s) <input type="checkbox"/>	
<b>6. ADDRESS. a. NUMBER AND STREET</b> MAIN STREET		<b>b. CITY</b> ANYWHERE		<b>c. STATE</b> CO	<b>d. ZIP CODE</b> 11111		
<b>e. E-MAIL ADDRESS</b> MILITARY OR CIVILIAN						<b>10. FOR D.O. USE ONLY</b> <b>a. D.O. VOUCHER NUMBER</b>  <b>b. SUBVOUCHER NUMBER</b>  <b>c. PAID BY</b>  <b>d. COMPUTATIONS</b>  <b>e. SUMMARY OF PAYMENT</b> (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	
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 719-111-2222		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> ORIGINAL ORDERS		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>			
<b>11. ORGANIZATION AND STATION</b> UNIT, FORT CARSON				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b>			
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <b>a. NAME (Last, First, Middle Initial)</b> <b>b. RELATIONSHIP</b> <b>c. DATE OF BIRTH OR MARRIAGE</b>				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
<b>15. ITINERARY</b> <b>a. DATE YEAR</b> <b>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</b>				<b>c. MEANS/MODE OF TRAVEL</b>	<b>d. REASON FOR STOP</b>	<b>e. LODGING COST</b>	<b>f. POC MILES</b>
01/01	DEP	STARTING POINT CO		PA			
01/03	ARR	GRAND PRAIRIE, TX VPC			PU		
01/03	DEP			PA			
01/06	ARR	ENDING POINT CO			MC		
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TRAVEL</b> <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			
<b>18. REIMBURSABLE EXPENSES</b> <b>a. DATE</b> <b>b. NATURE OF EXPENSE</b> <b>c. AMOUNT</b> <b>d. ALLOWED</b>				<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b> <b>a. DATE</b> <b>b. NO. OF MEALS</b> <b>a. DATE</b> <b>b. NO. OF MEALS</b>			
<b>20. a. CLAIMANT SIGNATURE</b> SM SIGNATURE				<b>b. DATE</b> CURRENT DATE			
<b>c. REVIEWER'S PRINTED NAME</b> S3 OR UNIT REPRESENTATIVE		<b>d. REVIEWER SIGNATURE</b> REVIEWERS SIGNATURE		<b>e. TELEPHONE NUMBER</b>		<b>f. DATE</b> CURRENT DATE	
<b>21. a. APPROVING OFFICIAL'S PRINTED NAME</b>		<b>b. SIGNATURE</b>		<b>c. TELEPHONE NUMBER</b>		<b>d. DATE</b>	
<b>22. ACCOUNTING CLASSIFICATION</b>							
<b>23. COLLECTION DATA</b>							
<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER/AUTHORIZATION POSTED BY</b>		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>	
<b>28. AMOUNT PAID</b>							

## 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 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.