

SEPARATION/RETIREMENT VOUCHER

You have one year from your retirement date or 6 months from your separation date to submit a travel claim. Lackland air force base is the only finance office that can settle your claim.

Your voucher will not be paid until 21 duty days or more after your date of separation or retirement, pending pay record review. Allow up to 45 days.

Temporary lodging and dislocation allowance is not reimbursable upon separation or retirement.

There is a direct deposit sheet attached to the back of the packet that is required when you mail in your voucher. Please make sure you complete sections 1,2, 3, and 5 or your voucher will not be processed.

***if you are filing a DITY move: send the finance voucher to finance and the DITY move voucher to PPPO (TMO). These are separate vouchers. Your weigh tickets and anything concerning your DITY move, has to go to PPPO (TMO). Finance will not be responsible for DITY information that you send to our office.

Required information:

1 copy of Separation/Retirement orders and amendments- front and back if applicable

If Retiring & traveling w/ dependents: Copy of DD Form 1172-2, DEERS Enrollment Form (can be obtained online at www.dmdc.osd.mil/self_service)

Receipts for all plane, bus, or train tickets

Receipts for reimbursable items that exceed \$75 except lodging & gas

Attached DD form 1351-2 (your completed form, not the example)

Direct deposit sign up form

Block 6: provide address where you relocated to and a good email address

Block 7: provide telephone number where you can be reached with any questions.

Block 8: provide the order number from original orders (special order number)

Block 10 c: sign this statement if you and a dependent drove 2 POVs to relocate
note: both POVs must have been driven, not pulled/towed.

Block 12: list civilian dependents that are authorized to travel with you.

Block 13: address where dependents resided when you received orders.

Block 15: itinerary: complete this section. Examples included.

Block 16 and 17: check applicable blocks

Block 18: list reimbursable items such as tolls, plane tickets, and taxis

Block 20 a-b: sign and date; you will not receive a payment if you do not sign

MAIL THIS VOUCHER TO: **502d CPTS/FMFCA**
1561 STEWART ST, SUITE 1
LACKLAND AFB, TX 78236

OR EMAIL VOUCHER TO: **502CPTS.FMF.JBSAMILPAY@US.AF.MIL**

Every 350 miles driven constitutes 1 travel day.

Daily driving per diem: \$142.00 for military member; \$106.50 for spouse and dependents 12 years and older; \$71.00 for dependents under 12 years old. Mileage rates as of 1 Jan 2017: \$0.17 per mile

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.

[illegible]

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		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	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.

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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.					
2. NAME (Last, First, Middle Initial) (Print or type) DOE, JOHN K		3. GRADE E7		4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable) ☐ TDY ☐ PCS ☒ Dependent(s) ☒ Member/Employee ☐ Other ☐ DLA	
6. ADDRESS. a. NUMBER AND STREET 123 MAIN ST		b. CITY LOS ANGELES		c. STATE CA		d. ZIP CODE 90210	
e. E-MAIL ADDRESS THISISME@YAHOO.COM						10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555		8. TRAVEL ORDER/AUTHORIZATION NUMBER SPECIAL ORDER #		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION SEPARATED/RETIRED				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable) ☒ ACCOMPANIED ☐ UNACCOMPANIED				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) ☐ YES ☐ NO (Explain in Remarks)		c. PAID BY I CERTIFY WE DROVE TWO POV'S. X	
15. ITINERARY a. DATE 2010 b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) 4/07 DEP LACKLAND AFB, TX 4/12 ARR 123 MAIN ST, LOS ANGELES, CA DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR DEP				c. MEANS/ MODE OF TRAVEL PA MC		d. COMPUTATIONS 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	
16. POC TRAVEL (X one) ☒ OWN/OPERATE ☐ PASSENGER		17. DURATION OF TRAVEL ☒ 12 HOURS OR LESS ☐ MORE THAN 12 HOURS BUT 24 HOURS OR LESS ☐ MORE THAN 24 HOURS		18. REIMBURSABLE EXPENSES a. DATE 4/07/10 b. NATURE OF EXPENSE TOLLS c. AMOUNT 25.00 d. ALLOWED			
19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS				20. a. CLAIMANT SIGNATURE MEMBER'S SIGNATURE- ACTUAL-NOT DIGITAL b. DATE DATE			
c. REVIEWER'S PRINTED NAME 21. a. APPROVING OFFICIAL'S PRINTED NAME		d. REVIEWER SIGNATURE b. SIGNATURE		e. TELEPHONE NUMBER c. TELEPHONE NUMBER		f. DATE 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							

FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

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.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER EMPLOYEE NAME (as on payroll records) (Last, First, Initials) TELEPHONE NUMBER (WORK) (HOME) 			
2. TYPE OF ACCOUNT ☐ Checking ☐ Savings TYPE OF PAYMENT ☐ Net Pay ☐ Travel ☐ Other Federal employment related payments		3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. ROUTING TRANSIT NUMBER ACCOUNT NUMBER Check Digit ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____	
4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.			
TYPE OF ALLOTMENT (Check One) ☐ Savings (whole dollar amounts only) ☐ Discretionary or Third Party	TYPE OF ACCOUNT (Check One) ☐ SAVINGS ☐ CHECKING	ACTION (Check One) ☐ START ☐ CANCEL ☐ CHANGE	AMOUNT (Check One) ☐ INCREASE TO: ☐ DECREASE TO: New Total \$ _____
ALLOTTEE NAME (person/company who will receive allotment) ALLOTTEE'S ROUTING NUMBER Check Digit ALLOTTEE'S ACCOUNT NUMBER ALLOTTEE'S ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____			
5. AUTHORIZATION _____ EMPLOYEE'S SIGNATURE _____ DATE			
6. AGENCY USE:			