NOAA Corps members who have completed a PCS and must submit a Travel Claim (DD 1351-2) for reimbursement.

To begin your PCS claim process you will need:

- Your original PCS travel orders
- DD Form 1351-2 (Revision July 2004)
- Receipts for transportation, lodging for TLE, and any item \$75.00 or more.

Beginning your PCS Claim

Important!

A complete and legible travel claim is required to receive correct reimbursement.

DD Form 1351-2

	Read Privacy Act Statement, Penalty Statement, and Instructions on back before																		
	TRAVEL VOUCHER OR SUBVOUCHER								completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.										
1. PAYN		SPLIT DISBURSEMENT: The Paying Office will pay directly to the (loverment Travel Charge Card (OTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and restall car if you are a children employee, unless you sked a different amount. Military personnal are registed to designate a payment that equals the contract of their outstanding government travel can be absence to the OTCC contractor.									reimburzement iry personnel are								
Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: 8																			
NAME (Last, Pist, Middle Initial) (Print or type) S. GRAC						DE	4. 88N				-	E OF PAYMER	AT /X az		cable) nber/Employee				
6. ADDRESS. a. NUMBER AND STREET b. CITY						c. STATE d. ZIF CODE			-	PCS		Othe							
e. S-MAIL ADDRESS													-	Dependent(z)		DLA	L.		
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL DEDERIAUTHORIZATION							5. PREVIOUS GOVERNMENT PAYMENTS/						10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER						
AREA CODE NUMBER						ADVANCES													
11. ORGANIZATION AND STATION													b. SUBVOUCHER NUMBER						
_			complete as as					13. DEPENDENTS' ADDRESS ON RECEIPT OF							c. PAID BY				
	COMP				COMPAN		RIBTU	ORDERS (Include Zip Code)											
s. NAN	AS (Cas	r, Phat, Mic	(alle (mittel)	b. RELATIO	NSHIF	OR MAR	RIAGE												
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								14. HAVE HOUSEHOLD GOODS BEEN SHIFFED?						d. COMPUTATIONS					
15. ITINE	BARY								c. 1 d.			NO (Explain in A							
e. DATE		b. PLACE	(Home, Offic City a	e, Baze, Act	why, chy	and State;		MEANS/ R MODE OF TRAVEL			SON OR OF	LODGING COST	POC MILES						
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	ARR														ctual Expense	Allowen	E.O		
16. POC	TRAVE	L (X one)	OWN	OFERATE		FA	SSENGE	=		Н	17. DU	RATION OF TO	Y TRAVEL	(4) D	ependent Trav	nd .	\dashv		
	_	BLE EXPEN							d. ALLOWED 12 HOURS OR LESS			(8) DLA							
a. DATE b. NATURE OF			TURE OF EXPENSE			DUNT	d. A	TTOW	ED	Ш			(6) Reimburzable Expenses (7) Total		\dashv				
								\vdash		\dashv		MORE THAN 12 BUT 24 HOURS		(B) Less Advence		\dashv			
												MORE THAN 24 HOURS		(3) Amount Owed		⇉			
												OVERNMENT/DEDUCTIBLE		(10) Amount Due					
						-			\dashv				MEALS s. DA'		DATE	_	b. NO. OF MEALS		
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20.a. CLAIMANT SIGNATURE b. DATE																			
21.a. APPROVING OFFICER SIGNATURE																b. DATE			
22. ACCOUNTING CLASSIFICATION																			
23. COLL	ECTIO	N DATA																	
24. COMPUTED BY 25. AUDITED BY 26. TRAVEL ORDER! AUTHORIZATION POSTED					TEO BY 27. RECEIVED (Feyee Signature and Date or Check No.) 28. AMOUNT PAI						DUNT PAID								

DD FORM 1351-2, JUL 2004

PREVIOUS EDITIONS ARE OBSOLETE

eption to SF 1012 approved by 684/IBMS 12-51

Elect the type of payment (EFT is the only authorized payment method). (Split Disbursement is not currently available.)

Important! Indicate your <u>current</u> mailing address. Mark all the applicable blocks for payment of DLA Blocks 1-7 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 X Electronic Fund Transfer (EFT) required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: Ş 2. NAME (Last, First, Middle Initial) (Print or type) 3. GRADE 4. SSN 5. TYPE OF PAYMENT (X as applicable) LT(03) Member/Employee TDY 6. ADDRESS, a. NUMBER AND STREET d. ZIP CODE b. CITY c. STATE PCS Other La Jolla 321 My Street CA 23456 DLA Dependent(s) Jane.Smith@noaa.gov e. E-MAIL ADDRESS 10. FOR D.O. USE ONLY

Please enter your daytime telephone area code and number.

This is the Travel Order Number (TONO) or Document Number from your original set of orders.

Enter the amount of any previous claims for this PCS. <u>Do not</u> include charges against your Government-Issued Travel Card as an advance payment.

Blocks 7-14

7. DAYTIME TELEPHONE NUMBER & AREA CODE (785) 295-2000			JMBER	authorization Digits		REVIOUS (NMENT PAYMENTS/	
	RGANIZATION AND STATION 3 Ave., La Jolla, CA 55555	\$500.00							
12. D	EPENDENT(S) (X and complete as a	13. DEPENDENTS' ADDRESS ON RECEIPT OF							
	ACCOMPANIED	UNACCOMPANIED			۱ '	ORDERS (In	iclude .	Zip Code)	
a. NAME (Last, First, Middle Initial)			LATIONSHIP	c. DATE OF BIRTH OR MARRIAGE					
					14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				
						YES		NO (Explain in Remarks)	

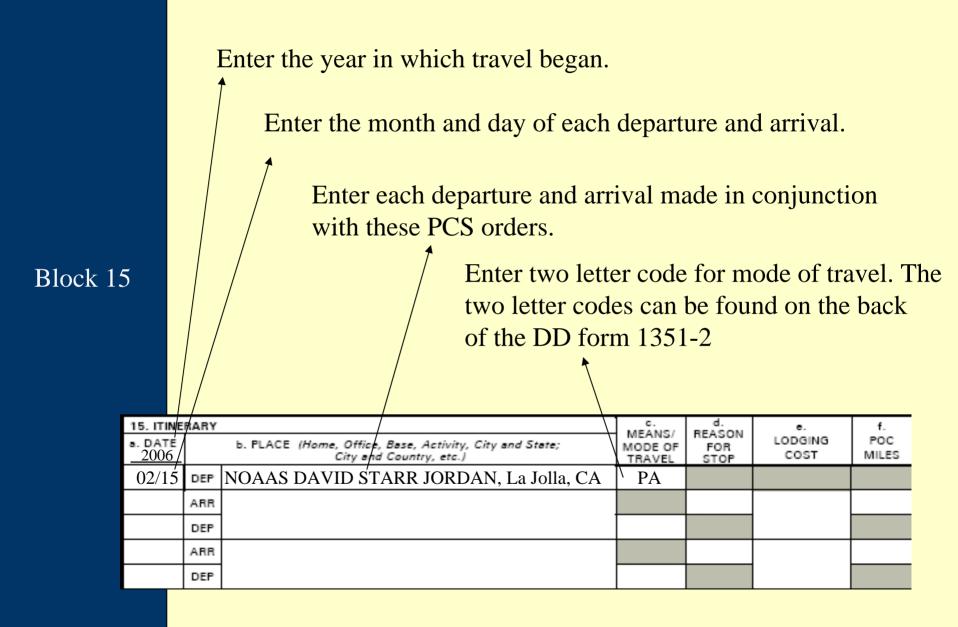
If you have dependents, indicate which dependents accompanied you on this PCS move. Indicate:

- Last Name, First Name, Middle Initial
- Relationship, son, wife etc. and
- Date of marriage or birth.

Blocks 7-14 Continued

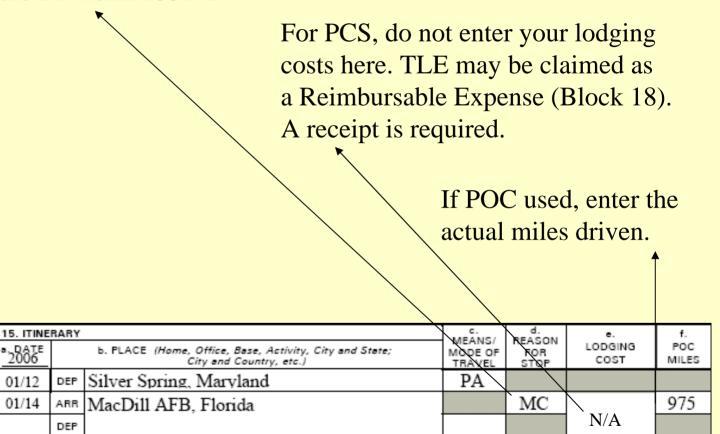
At the time of this claim, have your Household Goods been shipped?

7. DAYTIME TELEPHONE NUMBER & AREA CODE (785) 295-2000		. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES						
11. ORGANIZATION AND STATION 123 Ave., La Jolla,			\$500.00					
12. DEPENDENT(S) (X and complete as a		13.	13. DEPENDENTS' ADDRESS ON RECEIPT OF					
X ACCOMPANIED	UNACCOMPANIED			ORDERS (Include Zip Code) 123 Any Street				
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		La Joll	•			
Smith, Mary J.	Wife	1 JUN 80		66600				
Smith, Paul A.	Son	1 JUN 92		23000				
			14.	HAVE HOUSE (X one)	HOLD GOODS BEEN SHIPPED?			
			X	YES	NO (Explain in Remarks)			



Enter the two letter code for stopping.

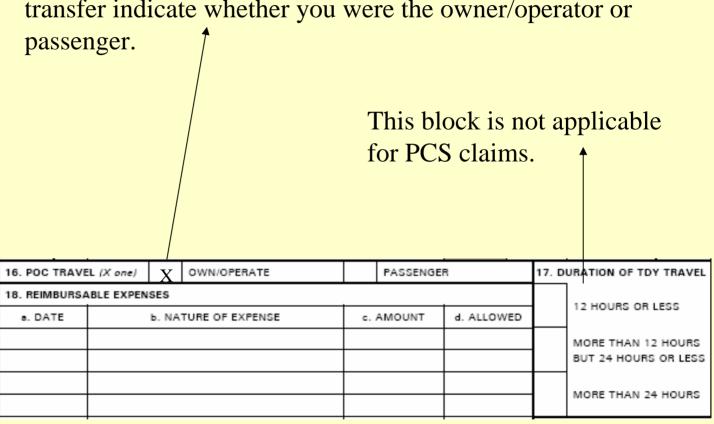
The two letter codes can be found on the back of the DD form 1351-2



Block 15 Continued

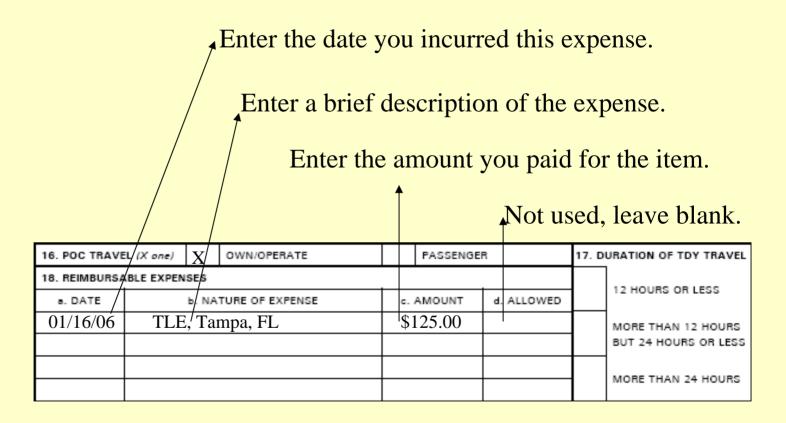
If you used a privately owned vehicle for any portion of this transfer indicate whether you were the owner/operator or

Blocks 16-17



Use blocks 18a through 18c to claim reimbursable expenses.

- Receipts are required for all Temporary Lodging Expenses (TLE).
- Receipts are required for each item of \$75.00 or more.



Block 18

18. REIMBURSABLE EXPENSES										
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED							
01/16/06	TLE, Tampa, FL	\$125.00								

TLE - Temporary Lodging Expenses

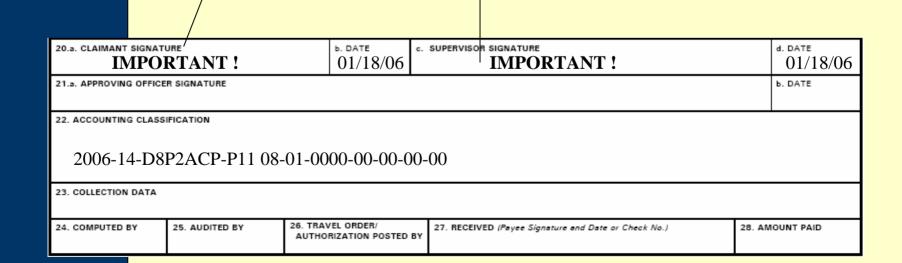
- 1. TLE is payable at the old or new PDS for:
 - Lodging and Meals, or
 - •Meals only.
- 2. TLE maximum payable is 10 days:
 - •It may be divided between the old and new PDS.
 - •If leaving CONUS, TLE maximum is 5 days.
- 3. To claim TLE, the following are required:
 - •An itemized lodging receipt from a hotel or motel
 - •Block 18, Nature of Expense must show the Establishment, City and State where you stayed.
- 4. Other TLE notes:
 - •If you stay with family /friends you are only entitled to the Meal portion of TLE.
 - •Maximum daily amount of TLE is \$180.00
 - •TLE is not payable for days when Per Diem is paid.
 - •TLE is not paid on the first or last PCS transfer when entering or leaving active duty nor on Permissive Orders.

Block 18 Continued

You MUST sign your claim and have a Supervisor signature for your claim to be processed.

(A signature is not required in 21.a.)





Additional information about PCS entitlements are detailed in Chapter 5 of the JFTR: https://secureapp2.hqda.pentagon.mil/perdiem/

If you need more room to claim additional items, use DD Form 1351-2C - Continuation Sheet.

If you need space to record remarks, use the space provided on the reverse side of the DD 1351-2.

Remarks and Continuation

For additional information please call the Commissioned Personnel Center at: 1-800-224-6622 or 301-713-7729.