

TRAVEL VOUCHER OR SUBVOUCHER

(Statement of Travel)

BU VOUCHER NO. SUBVOUCHER NO.

PAGE 1 OF 1 PAGES

PAYMENT DESIRED

D. O. VOUCHER NUMBER

CHECK

CASH

T 2738

PAYMENT FOR

TDY PER DIEM

SETTLEMENT OF TDY TRAVEL

SETTLEMENT OF PCS TRAVEL

PAID BY

1. NAME (Print or type)

POSS, DONALD L.

2. RANK OR GRADE

A2C

3. SERVICE NUMBER

AF 19744720

4. ORGANIZATION AND STATION

23 AB Wg, PACAF (Remote) APO SAN FRANCISCO CALIF. 96337

5. DUTY PHONE NUMBER

EXT. 6110

6. MAILING ADDRESS FOR CHECK

6252 S. S. APO US, Forces 96337

7. TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date. Include amending orders)

50 A-583 340 A MB Wg, Bergstrom AFB, TEXAS

8. PRIOR TRAVEL PAYMENTS UNDER THESE ORDERS (Amount, D.O. Voucher No., Date received, place paid, or D.O. Station No. If none, so state)

107.34 T-6297 11 JUN 65 Bergstrom AFB, TEXAS

83993
SAN FRANCISCO
96307

24 July

I. ITINERARY (Before completing, read instructions.)

DATE	LOCAL STANDARD TIME (24 Hr Clock)	PLACE (Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	USED GOVT	
					QTRS (YES/NO)	NUMBER OF MEALS
A	B	C	D	E	F	G
15 JUN	DEP 1000	Bergstrom AFB, TEXAS	PA			
16 JUN	ARR 1330	1711 MANWOOD, Long Beach, CALIF.		V	NO	NONE
19 JUN	DEP 0150	1711 MANWOOD Long Beach CALIF.	CP			
19 JUN	ARR 1130	SAN FRANCISCO INTERNATIONAL AIRPORT	CB	CM	NO	NONE
19 JUN	DEP 2150	Air Port	CB			
19 JUN	ARR 2300	TRAVIS AFB, CALIF.		AT	YES	12
20 JUN	DEP 2100		GP			
21 JUN	ARR 0130	HICKUM AFB, HAWAII	GP	AT	YES	2
21 JUN	DEP 2130		GP			
26 JUN	ARR 0600	ANDERSON AFB, GUAM	GP	AT	NO	1
26 JUN	DEP 1045		GP			
26 JUN	ARR 1700	CLARK AFB, PHILIPPINES	GP	TDY	YES	4
27 JUN	DEP 0245		GP			
27 JUN	ARR 0838	TAN SON NHUT AFB, VIET NAM	GP	AT	YES	10
27 JUN	DEP 2100	VIET NAM	GP			
27 JUN	ARR 2315	DANANG AFB, VIET NAM		PCS		
	DEP					
	ARR					

II. FOR D.O. USE ONLY

1. COMPUTATIONS

1-2	200
3	404
4	396
5/6	198
7	100
8	198
9-11	300
12	64

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION OF EXPENSE	AMOUNT

2. SUMMARY OF PAYMENT

A. PER DIEM	1920
B. MILEAGE OR TRANSPORTATION ALLOWANCES	1789.00
C. REIMBURSABLE EXPENSES	10734
D. TOTAL AMOUNT DUE	12654
E. LESS DROPPAGES (Advances)	10734
F. AMOUNT CHARGED TO ACCOUNTING CLASSIFICATION	1920
G. LESS VOUCHER DEDUCTIONS (BAS)	

IV. CIVILIAN EMPLOYEES ONLY

PLACE GOVERNMENT QUARTERS PAID FOR	PERIOD	DAILY RATE
NO QUARTERS OR MEALS INVOLVED ARE SUBJECT TO PER DIEM REDUCTION		
SPEEDOMETER READINGS	A. START	B. END

V. FOR ADMINISTRATIVE USE ONLY

1. ACCOUNTING CLASSIFICATION	2753500 325 P577.02 2141 2161 5503725W
2. COLLECTION DATA	

3. RECEIVED IN CASH (Signature of payee)	4. DATE RECEIVED	5. CHECK NUMBER AND DATE	6. AMOUNT PAID
			1920

VI. TRANSPORTATION REQUESTS USED		
1. TR NUMBER	2. FROM	3. TO

VII. MEAL TICKETS USED FOR TRAVEL			
1A. FROM	B. TO	2A. FROM	B. TO

VIII. INSTRUCTIONS

A. PREPARATION OF THIS FORM

1. Use black, blue or blue-black ink (*ballpoint pen*) or typewriter. Use of lead pencil is not authorized.
2. Ask the local authority how many copies will be required
3. Responsibility for preparation will be in accordance with the procedures used at the place where the claim is submitted.
4. If additional space is needed, use continuation sheet. (*Remarks, itinerary, etc.*)

B. SYMBOLS (*For use in Section I*)

MEANS (Mode) OF TRAVEL		REASONS FOR STOPS	
FIRST LETTER	SECOND LETTER		
1. TRANSPN REQ T	5. AUTO A	10. AWAITING TRANSPORTATION AT	16. MISSION COMPLETE MC
2. GOVT TRANSPN G	6. BUS B	11. CHANGE MODE OF TRANSPORTATION CM	17. MECHANICAL DIFFICULTY MEC
3. COMML TRANSPN C <small>(when expense)</small>	7. PLANE P	12. CREW REST CR	18. PICKUP CARGO (<i>Passengers</i>) PC
4. PRIVATE VEHICLE P	8. RAIL R	13. DISCHARGE CARGO (<i>Passengers</i>) DC	19. REMAIN OVERNIGHT RON
	9. VESSEL V	14. LEAVE OR DELAY EN ROUTE LV	20. TEMPORARY DUTY TDY
		15. MAINTENANCE (<i>Refuel</i>) MA	21. WEATHER ADVERSE WX

C. REQUIRED ATTACHMENTS

1. Copy or copies of travel orders and amendments as instructed.
2. Traveler's copy of each transportation request (SF1169B) used.
3. All receipts from transportation officer for unused transportation requests, carriers' tickets, and meal tickets.
4. Receipts from carriers if cost of transportation is claimed.
5. Charge letters for transportation requests received en route.
6. Statements of nonavailability (*quarters, mess and directed mode of transportation*).

D. TRAVELER'S RESPONSIBILITY

1. The traveler (*Claimant*) is responsible that the information furnished by means of this form and its attachments (*which are made a part hereof*) be factual and complete and that the itinerary (*Section I*) shows all travel performed and all modes of transportation used during the inclusive period involved including travel performed and modes of transportation used while on leave, delay en route, or travel to home or permanent station for personal reasons.
2. Concealment or falsification of facts is punishable under Article 132, UCMJ. The penalty for presenting a fraudulent claim may be a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287).

Falsification of an item in an expense account works a forfeiture of the claim (28 U.S.C. 2514).

3. ITEM 1A, Section IX. The statement in Item 1A, Section IX, pertains to temporary duty travel by a member outside of the United States. If it is not factual, it should be lined through and the facts stated on an attachment hereto.
4. ITEM 1B, Section IX. The statement in Item 1B, Section IX, pertains to use of a private vehicle when authorized as more advantageous to the Government than other modes of transportation. If it is not factual, it should be lined through and the facts stated on an attachment hereto.

IX. STATEMENTS AND SIGNATURE OF CLAIMANT (*Before signing, read instructions above.*)

1. STATEMENTS.

A. I HAVE NOT RECEIVED MONETARY TRAVEL ALLOWANCE OF ANY NATURE FROM ANY OTHER AGENCY OF THE U.S., A FOREIGN GOVERNMENT, OR THE UNITED NATIONS FOR THE TRAVEL AND/OR TDY SET FORTH HEREIN EXCEPT AS JOINTLY AUTHORIZED BY THE SECRETARIES CONCERNED.

B. I WAS IN FACT THE OWNER OR OPERATOR OF THE PRIVATELY OWNED CONVEYANCE USED AND I WAS PRIMARILY RESPONSIBLE FOR PAYMENT OF ITS OPERATING EXPENSES. (*Applicable to all travel of civilian employees by POV and service members, when applicable.*)

C. THE STATEMENTS HEREON AND ATTACHED HERETO ARE TRUE AND COMPLETE AND PAYMENT OR CREDIT HAS NOT BEEN RECEIVED.

2. I HEREBY CLAIM ANY REIMBURSEMENT DUE ME. (*If a specific claim is made, it should be entered in Remarks or signed and attached.*)

DATE	SIGNATURE	SERVICE NUMBER
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PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS STATEMENT IS CORRECT AND PROPER

DATE	SIGNATURE OF AUTHORIZED CERTIFYING OFFICER
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COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	BAS @	STA SUBS @
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