

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

How NOAA Corps Personnel Complete a PCS Travel Claim

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.

How NOAA Corps Personnel Complete a PCS Travel Claim

DD Form
1351-2

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 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. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable) TODY <input type="checkbox"/> Member/Employee PCS <input type="checkbox"/> Other Dependent(s) <input type="checkbox"/> DLA		
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			
e. E-MAIL ADDRESS				10. FOR D.O. USE ONLY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION						b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		c. PAID BY		
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO (Explain in Remarks) <input type="checkbox"/>			
15. ITINERARY				d. COMPUTATIONS			
a. DATE	b. PLACE (Home Office Base, Activity, City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STO*	e. LODGING COST	f. POC MILES	
DD*							
ARR							
DD*							
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DD*							
ARR							
				a. SUMMARY OF PAYMENT			
				(1) Per Diem			
				(2) Actual Expense Allowance			
				(3) Mileage			
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TDY TRAVEL			
18. REIMBURSABLE EXPENSES				(4) Dependent Travel			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	(5) DLA			
				(6) Reimbursable Expense:			
				(7) Total			
				(8) Less Advance			
				(9) Amount Owed			
				(10) Amount Due			
				19. GOVERNMENT DEDUCTIBLE MEALS			
		a. DATE	b. NO. OF MEALS			a. DATE	b. NO. OF MEALS
20. a. CLAIMANT SIGNATURE		b. DATE	c. SUPERVISOR SIGNATURE		d. DATE		
21. a. APPROVING OFFICER SIGNATURE						b. 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	

How NOAA Corps Personnel Complete a PCS Travel Claim

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

Important! Indicate your current 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 required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.						
<input checked="" type="checkbox"/>	Electronic Fund Transfer (EFT)	Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____						
<input type="checkbox"/>	Payment by Check							
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)			
YOUR NAME		LT(03)	222-33-4444		<input type="checkbox"/>	TDY	<input checked="" type="checkbox"/>	Member/Employee
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input checked="" type="checkbox"/>	PCS	<input type="checkbox"/>	Other
321 My Street		La Jolla	CA	23456	<input checked="" type="checkbox"/>	Dependent(s)	<input checked="" type="checkbox"/>	DLA
e. E-MAIL ADDRESS		Jane.Smith@noaa.gov			10. FOR D.O. USE ONLY			

How NOAA Corps Personnel Complete a PCS Travel Claim

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. Do not include charges against your Government-Issued Travel Card as an advance payment.

Blocks 7-14

7. DAYTIME TELEPHONE NUMBER & AREA CODE (785) 295-2000		8. TRAVEL ORDER/AUTHORIZATION NUMBER 9 Digits		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES \$500.00
11. ORGANIZATION AND STATION 123 Ave., La Jolla, CA 55555				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
12. DEPENDENT(S) (X and complete as applicable)				
ACCOMPANIED		UNACCOMPANIED		
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)

How NOAA Corps Personnel Complete a PCS Travel Claim

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		8. TRAVEL ORDER/AUTHORIZATION NUMBER 9 Digits		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES \$500.00
11. ORGANIZATION AND STATION 123 Ave., La Jolla, CA 55555				
12. DEPENDENT(S) (<i>X and complete as applicable</i>)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (<i>Include Zip Code</i>) 123 Any Street La Jolla, CA 66600
<input checked="" type="checkbox"/>	ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED	
a. NAME (<i>Last, First, Middle Initial</i>)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		
Smith, Mary J.	Wife	1 JUN 80		
Smith, Paul A.	Son	1 JUN 92		
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (<i>X one</i>)
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (<i>Explain in Remarks</i>)

How NOAA Corps Personnel Complete a PCS Travel Claim

Enter the year in which travel began.

Enter the month and day of each departure and arrival.

Enter each departure and arrival made in conjunction with these PCS orders.

Enter two letter code for mode of travel. The two letter codes can be found on the back of the DD form 1351-2

Block 15

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2006	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
02/15	DEP	NOAAS DAVID STARR JORDAN, La Jolla, CA	PA			
	ARR					
	DEP					
	ARR					
	DEP					

How NOAA Corps Personnel Complete a PCS Travel Claim

Enter the two letter code for stopping.

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

For PCS, do not enter your lodging costs here. TLE may be claimed as a Reimbursable Expense (Block 18). A receipt is required.

If POC used, enter the actual miles driven.

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2006	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
01/12	DEP	Silver Spring, Maryland	PA			
01/14	ARR	MacDill AFB, Florida		MC		975
	DEP				N/A	

Block 15
Continued

How NOAA Corps Personnel Complete a PCS Travel Claim

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

This block is not applicable for PCS claims.

16. POC TRAVEL (<i>X one</i>)		<input checked="" type="checkbox"/>	OWN/OPERATE	<input type="checkbox"/>	PASSENGER	17. DURATION OF TDY TRAVEL
18. REIMBURSABLE EXPENSES						
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED			
				12 HOURS OR LESS		
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS		
				MORE THAN 24 HOURS		

Blocks 16-17

How NOAA Corps Personnel Complete a PCS Travel Claim

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.

Enter the date you incurred this expense.

Enter a brief description of the expense.

Enter the amount you paid for the item.

Not used, leave blank.

Block 18

16. POC TRAVEL (<i>X one</i>)		<input checked="" type="checkbox"/>	OWN/OPERATE		PASSENGER	17. DURATION OF TDY TRAVEL	
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED			
01/16/06	TLE, Tampa, FL		\$125.00				

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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

How NOAA Corps Personnel Complete a PCS Travel Claim

You **MUST** sign your claim and have a Supervisor signature for your claim to be processed.
(A signature is not required in 21.a.)

Blocks 20-28

20.a. CLAIMANT SIGNATURE IMPORTANT !		b. DATE 01/18/06	c. SUPERVISOR SIGNATURE IMPORTANT !		d. DATE 01/18/06
21.a. APPROVING OFFICER SIGNATURE					b. DATE
22. ACCOUNTING CLASSIFICATION 2006-14-D8P2ACP-P11 08-01-0000-00-00-00-00					
23. COLLECTION DATA					
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (<i>Payee Signature and Date or Check No.</i>)	28. AMOUNT PAID

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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.

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

Remarks
and
Continuation