APPENDIX L

US GOVERNMENT TRANSPORTATION REQUEST (GTR)

A. GENERAL

1. Use. This appendix governs the preparation, issuance, and distribution of a GTR (OF ~~SF~~ 1169, US Government Transportation Request, Figure L-3). GTRs are used to procure transportation services when centrally billed accounts or individually billed accounts of the Government's charge card company are not used. GTRs are accountable documents and must be properly safeguarded by Transportation Officers (TOs) and persons to whom issued at all times.

2. Restrictions. GTRs will not be used for the following:

   a. Procurement of taxicab, airport limousine, or intracity transit services for individual travel unless purchased in bulk or when special circumstances justify such use.

   b. Procurement of transportation for household pets.

   c. Procurement of air, bus, and rail passenger transportation services, or any combination thereof, from travel agencies not under Department of Defense (D~~O~~oD) or General Services Administration contract.

   d. Payment of toll-road or toll-bridge charges.

   e. Any portion of a trip where government transportation is used.

   f. Services for the personal convenience of a traveler exceeding those authorized under the ~~Joint Federal Travel Regulations/~~Joint Travel Regulations. When a traveler desires unauthorized services, payment of the additional cost, including federal transportation tax, will be the responsibility of the traveler and must be paid to the carrier at the time the GTR is exchanged for tickets.

   g. Vehicle rental services.

   h. Procurement of service via National Railroad Passenger Corporation when the value of ticket(s) is less than $50, except when purchased in bulk.

   i. Procurement of international and domestic full planeload charter airlift services.

B. METHOD OF PREPARATION

Typewriter, ink, or indelible pencil will be used to fill in GTRs. The use of ordinary lead pencil is prohibited.

C. ALTERATIONS/ISSUANCE

1. Alterations or erasures will be avoided but, when made, they must be validated by the issuing officer's initials.

2. TOs that have blank GTRs lost or stolen from their office, or have mutilated or destroyed GTRs, will immediately notify, in writing, their servicing finance center.

3. TOs will advise travelers who have GTRs lost or stolen to immediately notify the local TO and call the nearest passenger carrier's agent and provide all the necessary data. If a GTR was issued for passenger travel, travelers are obligated to purchase their own replacement tickets. Travelers without funds may request a cost charge GTR from the local TO.

D. CROSS-REFERENCING GTRS

When it is necessary to issue more than one GTR for travel of the same person(s), a cross-reference notation will be made on the face of each GTR, such as "In connection with GTR #_____". GTRs issued for shipment of remains and for the escort(s) of the remains will be cross-referenced.

E. GTR PREPARATION

1. GTR Entries. Specific entries will be made by the issuing officer as prescribed below and shown in the various Figures in this Appendix. (See Figure L-3 for blank GTR with corresponding numbered blocks). When all of the spaces are not required for the services being procured, a horizontal line must be drawn through the unused space. When the space on the front of the GTR is inadequate for all the necessary information, the space on the reverse will be utilized.

2. "Bill Charges To". This block should be preprinted for the specific DoD Component and must reflect the component's billing address. If payment is to be made by a DoD Component other than the one issuing the GTR, the preprinted information will be lined through and the name and address of the payment office will be entered. In addition, Air Force and Army will annotate the issuing agency Department of Defense Activity Address Code in this block. DoD Component payment addresses are as follows:

	Agency	Address
a.	Office of the Secretary of Defense	Servicing Defense Finance and Accounting Service Office
	Defense Intelligence Agency	Same as Above
	Defense Logistics Agency	Same as Above
	Department of the Air Force	See Figure L-8
	Department of the Army	See Figure L-8
b.	United States (US) Marine Corps	Commanding General Marine Corps Logistics Base (Code 470) 814 Radford Blvd Albany, GA 31704-1128
c.	Department of the Navy	DFAS Indianapolis Transportation Payments DFAS-CMAP/IN 8899 East 56th Street Indianapolis, IN 46249-0680
d.	US Coast Guard	US Coast Guard Finance Center 1430A Kristina Way Chesapeake, VA 23326 -5000

3. Fiscal Data (Block 1). Enter complete fiscal data shown in the travel orders. This includes appropriation and subhead; object class; bureau control number; suballotment; authorization accounting activity; traveler status (Permanent Change of Station or Temporary Duty); type; travel order number; cost code; and standard document number. DoD Components that do not use all of the above in the fund citation will enter accounting data as listed in the travel order. Enter in full all accounting data and include the order identification (e.g., Lackland AFB TX, Order No. 1234-54 dated 26 Sep 13; Ft Sam Houston TX, Special Order No. 987, 26 Sep 13).

   a. Deceased Persons.

      (1) On a GTR for deceased persons, enter: "Issued In Connection With GTRs (serial number of escort's GTR)".

(2) On a GTR for escort of deceased, enter: "Issued In Connection With GTR (serial number of the GTR for deceased)".

b. Different Appropriation Involved. If different appropriations are involved in the transportation of members/employees traveling as a group and one GTR is issued, the appropriation data will show the number of persons chargeable to each appropriation. Use the back of the GTR form if more space is needed.

c. Payment in Foreign Currency. When payment is to be made in a currency other than US dollars, show the type of currency in Block 7, "SPECIAL ACCOMMODATIONS AND REQUIREMENTS;" for example, "To be paid in Euro Dollars".

d. Cost-Charge Transportation. (To return military personnel to duty).

(1) In addition to the appropriation, enter "Cost-Charge" for Air Force and Army personnel or "Checkage Requested" for Marine Corps and Navy personnel.

(2) Air Force. In lieu of any other appropriation data, enter one of the following appropriation numbers:

57*3500 32*P510 525725 (for officers)

57*3500 32*P530 525725 (for enlisted)

(*Enter the last digit of fiscal year in place of the asterisk)

(3) Army. Enter 21*2010 01-177 P1510 S99999 for all members who are absent without leave or deserters. Enter 21* 2010 01-401 P1491 S99999 for all members on leave.

(4) Navy. Enter 17*1453 2202 011 12600 0 000022 2I 000000 000000071131 for all members on leave or in an unauthorized leave status.

(5) Marines. Enter one of the following codes:

Officers: 17*1105.2701 011 12690 000027 2I 000000 000000071110

Enlisted: 17*1105.2701 011 12690 000027 2I 000000 000000071130

4. Place and Date of Issue (Block 2). Enter the official designation and location of issuing installation, base, ship, or station, and city and state of country, including ZIP code; and date of issue (not date of travel). Abbreviations may be used.

5. Issuing Government Officer (Block 3). (Signature and office).

a. The issuing TO or authorized Transportation Agent (TA) must sign in this block to certify that the requested transportation is for official business. The TA may sign for the TO (e.g., B. J. Jenkins, TA for J. D. Pierce, TO). The use of a rubber stamp signature of the person authorized to sign GTRs is strictly prohibited.

b. Other person(s) (acting TOs) specifically authorized to hold and issue GTRs as specified by the DOoD Component concerned.

6. Traveler (Block 4).

a. Individual Travel. Enter the name and grade of the traveler.

b. Group Travel. Enter the name and grade of the person in charge of the group.

c. Dependent(s) Travel. Enter the name of the principal dependent.

d. Prisoners with Guards. Issue the GTR in the name of the member (guard) in charge. Under no circumstances will the GTR be surrendered to the prisoners.

e. Type Travel Codes. Enter the type travel code to denote the type of travel (e.g., PU, CT, PT, EA, OA). Type travel codes are listed in Air Mobility Command Instruction 24-101, Volume 14, Military Airlift Passenger Service Attachment 4 website available at: https://private.amc.af.mil/pubs/amci/24series/24-101V14.pdf.

7. Others (Block 5).

   a. Individual Travel. Enter the word "NO".

   b. Group Travel. Enter the number of persons in the group who will accompany the group leader.

   c. Prisoners with Guards. Enter the total number of guards and prisoners in the group who will accompany the group leader.

8. Dependent Travel (Block 6). Check the "spouse" block and list the name of the spouse if he or she is to accompany the traveler. Also, list the names and ages of any children who will accompany the traveler (e.g., Joe [5]; Mary [8]). Ages of children as of the date of departure from the first point of travel must be used. All authorized dependents are entitled to a seat.

9. Special Accommodations and Requirements (Block 7). Enter the number and type of accommodations to be furnished and list the points between which each type of accommodation is to be utilized. Abbreviate if necessary. For rail travel, indicate whether lower berth, parlor car seat, roomette. Draw a horizontal line through this space if special accommodations or services are not requested or if no special statements are required.

   a. Special Fares for Group Moves. Enter the routing symbol(s) and number(s) assigned to group movement traffic routed by the TO or the Military Surface Deployment and Distribution Command, or the United States Transportation Command/Deployment Distribution Operations Center (i.e., CAM, MRO, MAIN, or PSRO).

   b. Member with Insufficient Funds. If the GTR is issued to a member with insufficient funds or on Technical Arrest Orders/Provisional Pass, the term "CHECKAGE REQUESTED" or "COST-CHARGE" will also be reflected in this block.

   c. Prisoners under Guard. When prisoners under guard are transported, the number of guards and prisoners will be annotated and identified separately in this space.

   d. Foreign Flag Carrier/First Class Accommodations. If foreign flag/first class accommodation is used, justification is required.

10. Carrier or Agent Tendered To (Block 8). Enter the name of the carrier that is to honor the GTR. When the GTR must be presented to a carrier or agent other than the one shown in this box, either the issuing officer or the traveler will endorse the GTR to that carrier or agent by entering in the "SERVICE FURNISHED IF OTHER THAN REQUESTED" block on the reverse side of the GTR, over his or her signature, the words: "Endorsed to (name of carrier/agent) for ticket issuance".

11. Stopover Authorized (Block 9). Enter "YES" before the cities at which stopovers are authorized and "NO" for all others. The word "END" will be entered before the last city of the official trip.

12. Cities (Block 10). Enter in the "FROM" block the name of the city and state from which transportation and/or accommodations are to be furnished. In the "TO" block, enter the cities and states or points to which such services are to be furnished. Use city airport codes for air travel when these are known; otherwise, the city with the Postal Service style of two-letter state abbreviations. For example, for a round trip authorized from Houston, TX, to New York, NY, show from "IAH" (or HOU depending on the departure airport) to "JFK" or "LGA" (depending upon the arrival airport) to IAH or HOU. If airport codes are not known, use from Houston, TX,

to New York, NY, to Houston, TX. When charter air or bus service is used, enter in parentheses the name of the airport or the actual loading point of the bus (es) in addition to the name of the city and the destination airport or actual unloading point of the bus (es) in addition to the name of the city.

13. Carrier and Class of Service (Block 11). Enter the initials or code name of each carrier and the name or official industry code for the class of service authorized between each listed city or point. Standard carrier codes for air and bus carriers are found in the Official Airline Guide and Official Bus Guide.

    a. For Air Travel. Show class of service (e.g., YCA, HMZ, QCA, YPNUT).

    b. For Bus Travel. Show coach, special coach charter, or special operations.

    c. For Rail Travel. Show coach, slumber coach, or mixed.

    d. For Ship. Show second-class, cabin, tourist.

14. Excess Baggage (Block 12).

    a. General. The only time a GTR may be used to move excess baggage is when it is authorized in the travel order. When payment with personal funds would impose an unwarranted hardship on the traveler, a GTR may be issued to cover both transportation and excess baggage. Every effort must be made to include excess baggage on the same GTR used to request passenger service for the traveler.

    b. When a GTR is utilized, in the "Excess Baggage Authorized" block, enter the weight and/or number of pieces of excess baggage authorized. When the weight or number of pieces is unknown, show the maximum excess authorized. If excess baggage is not authorized, enter the word "NONE" in the "Weight and Pieces" columns opposite the respective city or point entered in the "TO" block.

    c. When a separate GTR is used for excess baggage, complete the GTR as outlined above, entering the words "EXCESS BAGGAGE ONLY" in the "Special Accommodations and Requirements" block, and enter the serial number of the GTR previously issued for passenger travel.

15. For Carrier Use Only (Block 13).

16. Continuation of Services Required (Block 14). Use the back of GTR for continuation of entries when adequate space is not available on the front of the GTR.

F. LOCAL PAYMENT OF AIRLINES (LOPA)

1. In certain operational circumstances, remote/contingency locations, the following LOPA procedures will be used.

    a. The TO:

        (1) Tells the ticket provider the GTR number to use for each ticketing period.

        (2) Completes a GTR register to account for expenses.

        (3) Reconciles the GTR with all chargeable tickets.

    b. The TO prepares the GTR by marking the following blocks:

        (1) Bureau or Office: Enter "Agency Accounting Organization".

        (2) Fiscal Data: Enter "Period covering (ticketing period)". Type in "Accounting Classification" and enter "Various number of tickets and (total cost)".

(3) Travelers, Others, and Dependent: Enter "Various".

(4) Special Accommodations and Requirements: Enter "Local purchase and payment of airline tickets".

(5) Carrier or Agent Tendered To: Enter the ticket provider.

(6) Cities--From--To: Enter "Various".

(7) Carrier and Class of Service: Enter "Various".

(8) Excess Baggage: Enter "None".

2. LOPA Billing.

a. The Commercial Travel Office (CTO) sends these materials to the TO:

(1) Three copies (original and two duplicates) of a ticket listing that cover all transactions during the billing period. Minimum entries are GTR number; billing date; ticket number; the traveler's name; and the ticket's cost.

(2) Three copies (original and two duplicates) of a completed SF 1113, Public Voucher For Transportation Charges (See Figure L-9).

b. The TO staff:

(1) Reconciles and certifies the CTO ticket listing.

(2) Ensures that an authorized representative of the CTO has signed the SF 1113.

(3) Ensures that all documents are accurate and all tickets are properly chargeable to the GTR number shown on the SF 1113.

(4) Resolves any billing discrepancies with the CTO.

c. An authorized TO representative signs SF 1113 in the "Verified By" block and assembles the documents. In this order, attach:

(1) The original GTR, original copy of the ticket listing, and a copy of each Passenger Name Record (PNR) and special order (in ticket number order) to the original SF 1113.

(2) The GTR, a copy of the ticket listing, a copy of each PNR and two copies of each order to the second copy of the SF 1113.

(3) A copy of each order and PNR for each traveler or group of travelers to the third copy of the SF 1113.

d. Following verification, the TO submits the original GTR, the duplicate certified vouchers (with supporting documents), and the triplicate vouchers (without documents) to the local finance office for payment.

e. The local finance office puts the voucher number on the triplicate copy and returns it to the TO for filing.

f. The TO attaches all related documents to the returned triplicate voucher and files it In Accordance With (IAW) Service/agency procedures.

G. GTRS ISSUED FOR THE TRANSPORTATION OF REMAINS

1. General. A GTR will be used when transporting remains of deceased personnel by air or railroad baggage service. Such movements may be accompanied by escort(s) or transported unescorted. Separate GTRs will be issued for the escort(s).

2. Escorted Remains. GTR entries for the deceased are depicted in Figure L-4. The following entries will be made on the GTR issued for transport of remains:

   a. Traveler. Enter the name of the deceased followed by the words "DECEASED," an asterisk, and the travel code (HR).

   b. Special Accommodations and Requirements. Make entries preceded by an asterisk, as follows:

      (1) Deceased Member. Enter grade, branch of service, and Social Security Number (SSN).

      (2) Deceased Dependent. Enter relationship of deceased to sponsor and sponsor's name, grade, branch of service, and SSN.

      (3) Deceased US Citizen DOoD Civilian Employee. Enter title, employing agency/department, and SSN.

   c. Cities. Make entries and when itinerary includes all cargo airline flight(s), enter "AIR FREIGHTER" following the flight number. On the unused "TO" lines or on the reverse, enter the word "FOR" followed by the name and address of the receiving funeral home or other addresses.

   d. Excess Baggage Authorized. Type over the words "EXCESS BAGGAGE" with the words "HUMAN REMAINS" and enter the gross weight of the casketed remains.

   e. Cross-Reference. Annotate the GTR with the words "Issued In Connection With GTR # (number)." Cross-reference this GTR with the GTR of the escort(s) by annotating both GTRs.

   f. GTR Entries for Escort(s). A separate GTR will be prepared for the escort(s) following the instructions above for regular GTR preparation, Figure L-5. Cross-reference the escort's GTR with the serial number of the GTR issued for the deceased.

3. Unescorted Remains. Entries on the GTR will be made as above except for the "TRAVELER" block. In this space, enter the words "DECEASED UNESCORTED" and an asterisk. When vehicular transfer between carrier terminals at junction points is required and permitted by carrier tariffs, the following annotation will be entered in addition to other entries in the "SPECIAL ACCOMMODATIONS AND REQUIREMENTS" space, "Transfer of remains authorized at junction point(s)". Routings that involve vehicular transfer at junction points not covered by carrier tariffs will not be used if alternate through-transportation service is available.

H. GTR FOR CHARTERED AIR TAXI SERVICE

One GTR will be issued by the TO to the air taxi operator for each charter. Special fare or rate tender information will be entered in the "SPECIAL ACCOMMODATIONS AND REQUIREMENTS" block. The GTR will, in all cases, be annotated "CHARTER" and "AIR TAXI" in the "Carrier and Class of Service" space. See Figure L-6 for an example GTR for charter air taxi service.

I. GTRS ISSUED ON A CHECKAGE (COST-CHARGE) BASIS

A GTR may be used when the cost of transportation will be charged to a member's pay account to return members to their duty station or to an alternate destination as directed by competent authority.

GTRs may be issued for members without funds and unauthorized absentees and deserters subject to checkage of their pay accounts. DD Form 139, Pay Adjustment Authorization, Figure L-7, will be prepared IAW the traveler's DoD Component procedures. A statement will be included in the remarks section of the DD Form 139 that requires the member's signature acknowledging receipt of the GTR and authorization for repayment from the member's pay account. At the request of the member, a replacement ticket may be issued to a dependent for a lost ticket, subject to Pay Account Checkage (cost-charge) against the member's pay. Prepare one original and two copies to forward to the finance offices or see Figure L-8.

J. UNUSED GTRS

Travelers are required to turn in unused GTRs to the TO. The TO prepares DD Form 730, Receipt for Unused Transportation Requests and/or Tickets, Including Unused Meal Tickets, Figure L-1, or other acceptable receipt. The original and one copy of the DD Form 730, or other receipt, is given to the traveler to file with the travel voucher. When a member surrenders an unused GTR issued against a checkage (cost-charge), and the value of such has already been charged against the member's pay account, a credit adjustment will be issued. A DD Form 139, Figure L-7, will be prepared and vouchered reflecting credit and distributed as listed in Paragraph I above.

K. GTR DISTRIBUTION

1. The first copy of the GTR will be sent to the passenger carrier.
2. The second copy is given to the traveler to be filed with their DD Form 1351-2, Figure L-2.
3. A copy must be forwarded to the funding finance office Disbursing Station Symbol Number.
4. The issuing TO retains a copy along with other related documentation.

L. UNUSED GTR DISTRIBUTION

Unused GTRs will be turned in to the TO for cancellation. A DD Form 730 will be issued and distributed as follows:

1. Original plus one copy to traveler (to be attached to DD Form 1351-2).
2. One copy to the funding finance office.
3. One copy to the origin TO along with a copy of the GTR and any other related correspondence.
4. One copy to be used as the issuing TO's file copy.

M. DISPOSAL OF EXCESS GTRS

Each Service/Agency has specific regulations for disposal of excess Forms. See Services/Agency specific regulations for guidance on disposal.

RECEIPT FOR UNUSED TRANSPORTATION REQUESTS AND/OR TICKETS, INCLUDING UNUSED MEAL TICKETS

1. TO (Name of Traveler: *(Last, First, Middle Initial)*	2. DATE

3. RECEIPT OF THE FOLLOWING IS HEREBY ACKNOWLEDGED

A. CARRIER'S TICKETS

NAME OF ISSUING CARRIER (1)	TICKET FORM AND NO. (2)	ISSUED FOR TYPE OF TRANSPORTATION OR ACCOMMODATIONS (3)	CLASS (4)	FROM (5)	TO (6)

VIA (7)	DATE AND HOUR SPACE CANCELED (8)	PROCURED IN EXCHANGE FOR T/R (9)	ISSUED AT (10)

(11) POINTS BETWEEN WHICH UNUSED *(if punched)*

(13) BAGGAGE *(if ticket punched)*

NO. PIECES CHECKED	FROM	TO	WEIGHT *(Approx.)*

(12) REASONS FOR RETURN OR NONUSE

	COACH CLASS USED	OWN ACCOM. PURCH.	NEW T/R ISSUED
RETURN OF PULLMAN TICKETS			
NONUSE OF PARLOR OR SLEEPING CAR REQUESTS			

B. TRANSPORTATION REQUESTS

T/R NO. (1)	ISSUED FOR (2)	FROM (3)	TO (4)	ISSUED AT (5)

C. MEAL TICKETS

(1) UNUSED MEAL TICKET NUMBERS

E. AUTHORITY FOR ISSUANCE

(1) AUTHORITY	(2) DATE	(3) P/A	(4) INSTALLATION	(5) COST CHARGE CREDIT			
					YES		NO

(6) TRANSPORTATION OFFICER

(a) TYPED NAME	(b) GRADE	(c) SIGNATURE	(d) DATE SIGNED

DISTRIBUTION: **1 & 2 – TRAVELER**. 3 – **FOUSA**. **4 – FILE. 5 – ISSUING OFFICER** *(When required)*. **6 – FISCAL OFFICER** *(When required)*.

DD Form 730, NOV 84 (EG) Previous editions may be used**.** Designed using Perform Pro, WHS/DIOR Jan 96

Figure L-1. DD Form 730, Receipt for Unused Transportation Requests and/or Tickets, Including Unused Meal Tickets

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
☐ 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.
NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.
☐ 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)*
☐ TDY ☐ Member/Employee
☐ PCS ☐ Other
☐ Dependent(s) ☐ 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
b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION

12. DEPENDENT(S) *(X and complete as applicable)*
☐ ACCOMPANIED ☐ UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*

c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*
☐ YES ☐ NO *(Explain in Remarks)*

d. COMPUTATIONS

15. ITINERARY

a. DATE		b. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

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	0.00
(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	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE

c. REVIEWER'S PRINTED NAME | d. SIGNATURE | e. TELEPHONE NUMBER | f. DATE

21.a. APPROVING OFFICIAL'S PRINTED NAME | b. SIGNATURE | c. TELEPHONE NUMBER | 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

DD FORM 1351-2, MAY 2011 PREVIOUS EDITION IS OBSOLETE. Exception to SF 1012 approved by GSA/IRMS 12-91. Adobe Professional 8.0

Figure L-2. DD Form 1351-2, Travel Voucher or Subvoucher

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section301; 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 credt 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.

DD FORM 1351-2 (BACK), MAY 2011

Print Reset

Figure L-2. DD Form 1351-2, Travel Voucher or Subvoucher (Cont'd)

Bill Charges to (Department agency, bureau office, address including ZIP code) **TRANSPORTATION DIVISION, FINANCE CENTER** **US ARMY, INDIANAPOLIS, INDIANA 46249.**				FISCAL DATA (Appropriation, authorization etc.) **1.**			
					PLACE AND DATE OF ISSUE **2.**		
ISSUING GOVERNMENT OFFICER *(Signature and office)* **3**							
TRAVELER *(Type or print)* **4**			OTHERS (Number) **5.**	DEPENDENT TRAVEL CHILDREN (Names and ages): ☐ SPOUSE **6.**	SPECIAL ACCOMMODATIONS AND REQUIREMENTS **7.**		
CARRIER OR AGENT TENDERED TO **8.**							
FOR CARRIER USE ONLY			STOP OVER AUTH.	CITIES FROM: **10.**	CARRIER AND CLASS OF SERVICE (First class coach, charter, etc.)	EXCESS BAGGAGE AUTHORIZED	
FORM AND TICKET NUMBER	AGENT'S VALUE	AUDITOR'S VALUE				WEIGHT	PIECES
			9.	TO:	**11.**	**12.**	
				TO:			
13				TO:			
				TO:			
Total →			**14** (Continue service required on the reverse)				

SAMPLE

DO NOT fold, spindle, or mutilate 1169-132-04 **US GOVERNMENT TRANSPORTATION REQUEST** STANDARD FORM 1169 (REV 4-85)
Nontransferable Penalty for fraudulent or private use PRESCRIBED BY GSA, FPMR (41 CFR) 101-4.2

THIS IS AN ACCOUNTABLE FORM

US GPO: 1988-209-860

Figure L-3. SF 1169, Example of Blank GTR

Print Form | Add Values

U.S. GOVERNMENT TRANSPORTATION REQUEST

NONTRANSFERABLE - PENALTY FOR FRAUDULENT OR PRIVATE USE

CONTROL NUMBER B-

BILL CHARGES TO: *(Department/Agency, Bureau/Office, address including ZIP Code)*

FISCAL DATA *(Appropriation, authorization, etc.)* **1**

PLACE OF ISSUE **2**

ISSUING GOVERNMENT OFFICER *(Signature and Office)* **3**

DATE OF ISSUE

TRAVELER *(Type or Print)* **4**

OTHERS *(Number)* **5**

DEPENDENT TRAVEL CHILDREN *(Names and Ages)* **6**

SPOUSE

CARRIER OR AGENT TENDERED TO **8**

FOR CARRIER USE ONLY

FORM AND TICKET NUMBER	AGENT'S VALUE	AUDITOR'S VALUE	STOP OVER AUTHORITY	CITIES	CARRIER AND CLASS OF SERVICE *(First class, coach, charter, etc.)*	EXCEESS BAGGAGE AUTHORIZED WEIGHT	EXCEESS BAGGAGE AUTHORIZED PIECES
13			**9**	FROM: **10**	**11**	**12**	
				TO:			
				TO:			
				TO:			
				TO:			
				TO:			
				TO:			
				TO:			
TOTAL				**14** *(Continue service required on the reverse)*			

SAMPLE

SPECIAL ACCOMMODATIONS AND REQUIREMENTS

7

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITIONS ARE NOT USABLE

THIS IS AN ACCOUNTABLE FORM

OPTIONAL FORM 1169 (REV. 2/2013)
PRESCRIBED BY GSA FMR 41 CFR PART 102-118

Figure L-4. OF 1169, Example of Blank GTR

CONDITIONS

1. This transportation request incorporates the regulations published in Title 41, Part 102-118 of the Code of Federal Regulations (CFR).
2. The U.S. Government will not be responsible for charges exceeding those applicable to the transportation or accommodations of the type, class or character authorized in this request. If a service costing more than that authorized is furnished, the difference must not be billed to the Government but be borne by the traveler. If circumstances require a service of a different type or of a lesser value than that authorized, the traveler shall state so, over his or her signature, the actual service furnished and the reason for the change.
3. The issuing official, by his or her signature on the face hereof, certifies that the requested transportation is for official business.
4. Carrier shall not honor request showing erasures or alterations not validated by initials of the issuing official.
5. Carrier shall insert date on which travel commenced, if known.
6. The nondiscrimination clause contained in Section 202 of Executive Order 11246, as amended, relative to equal employment opportunity for all persons without regard to race, color, religion, gender, or national origin, and the implementing rules and regulations prescribed by the Secretary of Labor are incorporated herein.
7. Interest shall accrue from the voucher payment date on overcharges made hereunder and shall be paid at the same rate in effect on that date as published by the Secretary of the Treasury pursuant to the Debt Collection Act of 1982 as amended.

INSTRUCTIONS

1. Money must not be furnished in exchange for transportation requests nor may transportation requests be passed through banks for collection.
2. Instructions for billing charges on Standard Form (SF) 1113, Public Voucher for Transportation Charges, are found in GSA's FMR 41 CFR part 102-118. SF 1113 may be electronically procured from GSA at http://www.gsa.gov/portal/forms/type/TOP.
3. When charges are payable in foreign funds, designate currency in the block titled "Special Accommodations and Requirements."
4. Travelers must use American-flag carriers as prescribed by 46 USC 1241 and 49 USC 1517, as amended. Statement by authorizing official or traveler justifying use of foreign-flag carrier must accompany appropriate voucher. Lack of acceptable justification may render traveler financially liable. See General Accounting Office standards in 4 CFR 52.2.

FOR CARRIER USE ONLY *(See condition 5)*	**DATE TRAVEL COMMENCED**

SERVICE REQUIRED, *(Continued)*

SERVICE FURNISHED, IF OTHER THAN REQUESTED

OPTIONAL FORM 1169 (REV. 2/2013) **BACK**

Figure L-5. OF 1169, Example of Blank GTR (Cont'd)

~~Bill Charges to (Department agency, bureau office, address including ZIP code)~~ ~~TRANSPORTATION DIVISION, FINANCE CENTER~~ ~~US ARMY, INDIANAPOLIS, INDIANA 46249.~~				~~FISCAL DATA (Appropriation, authorization etc.)~~ ~~(Enter all appropriate Service accounting data)~~ ~~(Enter all order identification, i.e., issuing station, order number, order issuing date.)~~			
					~~PLACE AND DATE OF ISSUE~~ ~~NAVPTO WASHDC 20371~~ ~~01JAN 05~~		
~~ISSUING GOVERNMENT OFFICER (Signature and office)~~ ~~J. DOE. T.O. NAVPTO WASHDC~~							
~~TRAVELER (Type or print)~~ ~~M. BARKER (DECEASED) *HR~~			~~OTHERS (Number)~~	~~DEPENDENT TRAVEL~~ ~~CHILDREN (Names and ages):~~ ~~SPOUSE~~	~~SPECIAL ACCOMMODATIONS AND REQUIREMENTS~~ ~~*CAPTAIN USN 000-00-0000 ICW CTR B1. 046.052~~		
~~CARRIER OR AGENT TENDERED TO~~ ~~UNITED AIRLINES~~				~~CITIES~~ ~~FROM DCA~~	~~CARRIER AND CLASS OF SERVICE (First class, coach, charter, etc.)~~	~~HUMAN REMAINS~~ ~~WEIGHT~~	~~PIECES~~
~~FOR CARRIER USE ONLY~~							
~~FORM AND TICKET NUMBER~~	~~AGENT'S VALUE~~	~~AUDITOR'S VALUE~~	~~STOP OVER AUTH~~				
				~~TO:~~ ~~END: SFO~~	~~UA FREIGHT~~	~~340~~	~~LBS~~
				~~TO:~~ FOR HUMPHREY'S FUNERAL PARLOR			
				~~TO:~~ 0000 WASHINGTON AVENUE			
				~~TO:~~ SAN FRANCISCO CA			
~~Total~~			~~(Continue service required on the reverse)~~				

SAMPLE

~~DO NOT fold, spindle, or mutilate~~ ~~1169-132-04~~ ~~US GOVERNMENT TRANSPORTATION REQUEST~~ ~~STANDARD FORM 1169 (REV 4-85)~~
~~Nontransferable Penalty for fraudulent or private use~~ ~~PRESCRIBED BY GSA, FPMR (41 CFR) 101-4.2~~

~~THIS IS AN ACCOUNTABLE FORM~~

US GPO: 1988-209-860

~~Figure L-6. SF 1169, Example of GTR Illustrating Air Transportation of Human Remains~~

Print Form | Add Values

U.S. GOVERNMENT TRANSPORTATION REQUEST

NONTRANSFERABLE - PENALTY FOR FRAUDULENT OR PRIVATE USE

CONTROL NUMBER: B-

BILL CHARGES TO: *(Department/Agency, Bureau/Office, address including ZIP Code)* TRANSPORTATION DIVISION, FINANCE CENTER US ARMY, INDIANAPOLIS, INDIANA 46249				FISCAL DATA *(Appropriation, authorization, etc.)* (Enter all appropriate Service Accounting Data) (Enter all order identification, i.e., issuing station, order number, order issuing data)		PLACE OF ISSUE NAVPTO WASHDC 20371	
ISSUING GOVERNMENT OFFICER *(Signature and Office)* J. DOE T.O. NAVPTO WASHDC						DATE OF ISSUE 1 JAN 15	
TRAVELER *(Type or Print)* M. BARKER (DECEASED) *HR			OTHERS *(Number)*	DEPENDENT TRAVEL CHILDREN *(Names and Ages)*		SPOUSE	
CARRIER OR AGENT TENDERED TO UNITED AIRLINES							
FOR CARRIER USE ONLY			STOP OVER AUTHORITY	CITIES	CARRIER AND CLASS OF SERVICE *(First class, coach, charter, etc.)*	EXCEESS BAGGAGE AUTHORIZED	
FORM AND TICKET NUMBER	AGENT'S VALUE	AUDITOR'S VALUE				WEIGHT	PIECES
				FROM: DCA			
				TO: END:SFO	UA FREIGHT	340 LBS	1
				TO: FOR HUMPHREY'S FUNERAL PARLOR			
				TO: 0000 WASHINGTON AVENUE			
				TO: SAN FRANCISCO, CA			
				TO:			
				TO:			
				TO:			
				TO:			
TOTAL				*(Continue service required on the reverse)*			

SAMPLE

SPECIAL ACCOMMODATIONS AND REQUIREMENTS

*CAPTAIN USN 000-00-0000 ICW CTR B1. 046.052

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITIONS ARE NOT USABLE

THIS IS AN ACCOUNTABLE FORM

OPTIONAL FORM 1169 (REV. 2/2013)
PRESCRIBED BY GSA FMR 41 CFR PART 102-118

Figure L-7. OF 1169, Example of GTR Illustrating Air Transportation of Human Remains

Bill Charges to (Department agency, bureau office, address including ZIP code) TRANSPORTATION DIVISION, FINANCE CENTER US ARMY, INDIANAPOLIS, INDIANA 46249.				FISCAL DATA (Appropriation, authorization etc.) (Enter all appropriate Service accounting data) (Enter all order identification, i.e., issuing station, order number, order issuing date.)			
ISSUING GOVERNMENT OFFICER (Signature and office) J. DOE. T.O. NAVPTO WASHDC					PLACE AND DATE OF ISSUE NAVPTO WASHDC 20371 01JAN 05		
TRAVELER (Type or print) T. JONES ESCORT * (PT)			OTHERS (Number) NO	DEPENDENT TRAVEL CHILDREN (Names and ages): SPOUSE	SPECIAL ACCOMMODATIONS AND REQUIREMENTS ICW CTR B1. 046.052		
CARRIER OR AGENT TENDERED TO UNITED AIRLINES			STOP OVER AUTH Yes	CITIES FROM DCA	CARRIER AND CLASS OF SERVICE (First class coach, charter, etc.)	EXCESS BAGGAGE AUTHORIZED	
FOR CARRIER USE ONLY							
FORM AND TICKET NUMBER	AGENT'S VALUE	AUDITOR'S VALUE				WEIGHT	PIECES
				TO: SFO	UA-Y	NONE	NONE
				TO: END: DCA	UA-Y		
				TO:			
				TO:			
Total			(Continue service required on the reverse)				

DO NOT fold, spindle, or mutilate 1169-132-04 US GOVERNMENT TRANSPORTATION REQUEST STANDARD FORM 1169 (REV 4-85)
Nontransferable Penalty for fraudulent or private use PRESCRIBED BY GSA, FPMR (41 CFR) 101-4.2

THIS IS AN ACCOUNTABLE FORM

US GPO: 1988-209-860

SAMPLE

Figure L-8. SF 1169, Example GTR Illustrating Air Transportation of Escort of Human Remains

Print Form	U.S. GOVERNMENT TRANSPORTATION REQUEST (Add Values)					CONTROL NUMBER B-	
NONTRANSFERABLE - PENALTY FOR FRAUDULENT OR PRIVATE USE							
BILL CHARGES TO: (Department/Agency, Bureau/Office, address including ZIP Code) TRANSPORTATION DIVISION, FINANCE CENTER US ARMY, INDIANAPOLIS, INDIANA 46249				FISCAL DATA (Appropriation, authorization, etc.) (Enter all appropriate Service Accounting Data) (Enter all order identification, i.e., issuing station, order number, order issuing data)		PLACE OF ISSUE NAVPTO WASHDC 20371	
ISSUING GOVERNMENT OFFICER (Signature and Office) J. DOE T.O. NAVPTO WASHDC						DATE OF ISSUE 1 JAN 15	
TRAVELER (Type or Print) T. JONES ESCORT *(PT)			OTHERS (Number)	DEPENDENT TRAVEL CHILDREN (Names and Ages)		SPOUSE	
CARRIER OR AGENT TENDERED TO UNITED AIRLINES			NO				
FOR CARRIER USE ONLY							
FORM AND TICKET NUMBER	AGENT'S VALUE	AUDITOR'S VALUE	STOP OVER AUTHORITY	CITIES	CARRIER AND CLASS OF SERVICE (First class, coach, charter, etc.)	EXCEESS BAGGAGE AUTHORIZED WEIGHT	PIECES
			YES	FROM: DCA			
				TO: SFO	UA-Y	NONE	NONE
				TO: END: DCA	UA-Y		
				TO:			
				TO:			
				TO:			
				TO:			
				TO:			
				TO:			
TOTAL				(Continue service required on the reverse)			
SPECIAL ACCOMMODATIONS AND REQUIREMENTS							
ICW CTR B1. 046.052							
AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITIONS ARE NOT USABLE			THIS IS AN ACCOUNTABLE FORM		OPTIONAL FORM 1169 (REV. 2/2013) PRESCRIBED BY GSA FMR 41 CFR PART 102-118		

SAMPLE

Figure L-9. OF 1169, Example GTR Illustrating Air Transportation of Escort of Human Remains

Bill Charges to (Department agency, bureau office, address including ZIP code) TRANSPORTATION DIVISION, FINANCE CENTER US ARMY, INDIANAPOLIS, INDIANA 46249.				FISCAL DATA (Appropriation, authorization etc.) (Enter all appropriate Service accounting data) (Enter all order identification, i.e., issuing station, order number, order issuing date.)			
					PLACE AND DATE OF ISSUE NAVPTO WASHDC 20371 19 AUG 05		
ISSUING GOVERNMENT OFFICER (Signature and office) J. DOE. T.O. NAVPTO WASHDC							
TRAVELER (Type or print) FRED HYDEN, CW02, USMC			OTHERS (Number) 4	DEPENDENT TRAVEL CHILDREN (Names and ages): SPOUSE	SPECIAL ACCOMMODATIONS AND REQUIREMENTS $550.00		
CARRIER OR AGENT TENDERED TO J.B. AIR TAXI SERVICES							
FOR CARRIER USE ONLY			STOP OVER AUTH	CITIES	CARRIER AND CLASS OF SERVICE (First class coach, charter, etc.)	EXCESS BAGGAGE AUTHORIZED	
FORM AND TICKET NUMBER	AGENT'S VALUE	AUDITOR'S VALUE		FROM St. Marys Cty Arpt		WEIGHT	PIECES
				TO: END: Cakerton LA	Charter Air Taxi	NONE	NONE
				TO:			
				TO:			
				TO:			
Total			(Continue service required on the reverse)				

DO NOT fold, spindle, or mutilate 1169-132-04 US GOVERNMENT TRANSPORTATION REQUEST STANDARD FORM 1169 (REV 4-85)
Nontransferable Penalty for fraudulent or private use PRESCRIBED BY GSA, FPMR (41 CFR) 101-4.2

THIS IS AN ACCOUNTABLE FORM

US GPO: 1988-209-860

Figure L-10. SF 1169, Example GTR Illustrating Charter Air Taxi Service

Print Form	U.S. GOVERN Add Values RANSPORTATION REQUEST NONTRANSFERABLE - PENALTY FOR FRAUDULENT OR PRIVATE USE					CONTROL NUMBER B-	
BILL CHARGES TO: (Department/Agency, Bureau/Office, address including ZIP Code) TRANSPORTATION DIVISION, FINANCE CENTER US ARMY, INDIANAPOLIS, INDIANA 46249				FISCAL DATA (Appropriation, authorization, etc.) (Enter all appropriate Service Accounting Data) (Enter all order identification, i.e., issuing station, order number, order issuing data)		PLACE OF ISSUE NAVPTO WASHDC 20371	
ISSUING GOVERNMENT OFFICER (Signature and Office) J. DOE T.O. NAVPTO WASHDC						DATE OF ISSUE 1 JAN 15	
TRAVELER (Type or Print) FRED HYDEN, CW02, USMC			OTHERS (Number) 4	DEPENDENT TRAVEL CHILDREN (Names and Ages)		SPOUSE	
CARRIER OR AGENT TENDERED TO J.B. AIR TAXI SERVICES							
FOR CARRIER USE ONLY			STOP OVER AUTHORITY	CITIES	CARRIER AND CLASS OF SERVICE (First class, coach, charter, etc.)	EXCEESS BAGGAGE AUTHORIZED	
FORM AND TICKET NUMBER	AGENT'S VALUE	AUDITOR'S VALUE		FROM: St. Marys Cty Arpt		WEIGHT	PIECES
				TO: END: CAKERTON, LA	CHARTER AIR TAXI	NONE	NONE
				TO:			
				TO:			
SAMPLE				TO:			
				TO:			
				TO:			
				TO:			
TOTAL				(Continue service required on the reverse)			
SPECIAL ACCOMMODATIONS AND REQUIREMENTS $550.00							
AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITIONS ARE NOT USABLE			THIS IS AN ACCOUNTABLE FORM			OPTIONAL FORM 1169 (REV. 2/2013) PRESCRIBED BY GSA FMR 41 CFR PART 102-118	

Figure L-11. OF 1169, Example GTR Illustrating Charter Air Taxi Service

PAY ADJUSTMENT AUTHORIZATION					*Note: If member has been transferred, forward this authorization to the officer currently maintaining the member's pay record.*
MEMBER (Last name) (First) (Middle) **PUBLIC JOHN**	SSAN **000-00-0000**	GRADE/RANK/RATE **MR3**	BRANCH OF SERVICE **USN**	DATE **19 AUG 06**	
PAY GRADE NO. **E-4**	LAST PAY RECORD EXAMINED *(if applicable)*	AMOUNT **$89.00**	APPROPRIATION DATA **00000022 2I 000000 00000071131**		
FROM **NAVY PASSENGER TRANSPORTATION OFFICE PERSONNEL SUPPORT ACTIVITY, NORFOLK BLDG. A48, NAVAL STATION NORFOLK, VA 23511-5115**			NAME OF ACCOUNTABLE D.O.		
			SYMBOL NO.	G.A.O. EXCEPTION CODE	
TO **OFFICER IN CHARGE PERSONNEL SUPPORT ACTIVITY DETACHMENT NAVAL AMPHIBIOUS BASE, LITTLE CREEK NORFOLK, VA 23521-55450**			YOU ARE HEREBY AUTHORIZED TO [X] CHARGE [ ] CREDIT THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE		

EXPLANATION AND/OR REASON FOR ADJUSTMENT

GTR B1, 046,052 ISSUED TO UNITED AIRLINES FOR AIR TRANSPORTATION FROM WASHINGTON, D.C. TO NORFOLK, VA. COST TO GOVT $89.00.
AMOUNT TO BE CHECKED $89.00

I hereby acknowledge receipt of the above listed GTR and agree to a one-time pay account checkage for transportation provided.

John Public

The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make adjustment.

FROM **NAVY PASSENGER TRANSPORTATION OFFICE P&D NORFOLK BLDG. A68 NAVAL STATION NORFOLK, VA 23511-5115**	CERTIFYING OFFICER (Name, rank/grade, and signature) **J. DOE. T.O. NAVPTO NORFOLK, VA**

CERTIFICATE	I CERTIFY *that the adjustment indicated above has been entered on the above-named member's Military Pay Record. (If adjustment has not been entered, give explanation on reverse over D.O.'s signature and symbol number.)*		
	TO **NAVY PASSENGER TRANSPORTATION OFFICE PERSONNEL SUPPORT ACTIVITY, NORFOLK BLDG. A48, NAVAL STATION NORFOLK, VA 38511-5115**	TYPED NAME AND GRADE OF D.O.	
		D.O. SYMBOL NO.	DATE
		SIGNATURE	

DD FORM 139, MAY 53 (EG) EDITION OF THIS FORM NOT HAVING SSAN IS OBSOLETE AFTER 30 JUN 69. Form approved by Comp. Gen. US April 23, 1953
Designed using Perform Pro, WHS/DIOR, Jun 94

Figure L-12. DD Form 139, Example of Pay Adjustment Authorization

Air Force	Defense Finance and Accounting Service Limestone Field Organization 27 Arkansas Road Limestone ME 04751-1500
Army	Defense Finance and Accounting Service (DFAS-IN/FJE) 8899 East 56th Street Indianapolis, IN 46249-0100
Marine Corps	Defense Finance and Accounting Service (DFAS-KC/FJA) 1240 East Ninth Street Cleveland, OH 44199-2055
Navy	Defense Finance and Accounting Service (DFAS-CL/FMC) 1240 East Ninth Street Cleveland, OH 44199-2055

Figure L-13. Finance Accounting Office Addresses for Distribution of DD Form 139

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR)101-41 for Instructions on Completing this Form

VOUCHER OR SCHEDULE NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

U.S.

PAID DATE

THE UNITED STATES, DR., TO: *(Payee's name and address)*

CARRIER'S BILL NUMBER

CARRIER'S SCAC NUMBER

SERVICES FURNISHED *(Check one)*

☐ FREIGHT ☐ PASSENGER

Do NOT bill GBL and GTR charges on the same form.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
TOTAL CLAIMED ▶	

For payment of services rendered as evidenced by attached subvouchers.

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 10721 of the interstate Commerce Act, as amended, or other equivalent contract arrangement, or exemption from regulation.

DATE _____

PAYEE* _____

PER _____
(Signature)

_____
(Capacity)

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ▶	

VERIFIED BY *(Signature or initials)* ▶

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 11-86)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41
1113-110

The enclosed check settles voucher submitted for payment of the account described in the memorandum hereon. ***(No acknowledgment of receipt of the check is necessary.)***

MEMORANDUM

NOTE - If the payee name in the attached voucher will supply below such data as will identify the check drawn in payment thereof with the account in his office, this slip will be mailed with the check.

NAME: _____

ADDRESS: _____

_____

_____
(Department, Bureau or Establishment)

BILL NO.: _____

AMOUNT: $ _____

Figure L-14. Standard Form 1113, Public Voucher for Transportation Charges