U.S. DOD Form dod-dd-1351-2c

TRAVEL VOUCHER OR SUBVOUCHER

(Continuation Sheet)

PAGE OF PAGES

4. NAME *(Last, First, Middle Initial) (Print or type)*

15. ITINERARY

a. DATE 19____	b. LOCAL TIME *(24 hour)*		c. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*	d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS (1) Gov't (B-L-D)	f. NUMBER OF MEALS (2) Ded (B-L-D)	g. POC MILES
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3. FOR D.O. USE ONLY

16. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO

30. REMARKS