		is document contains information that is subject to the Privacy Act of 1974 and is for icial use only (FOUO).		
For split disbursement on your GTC, indicate the amount to be split-disbursed on the DD FM1351-2, Travel Voucher.				
1. NAME (Last, First, Middle Initial) 2. GRADE			3. SSN	
4. LOSING CONUS PERMANENT DUTY STATION (PDS) 5. 0			CONUS PERMANENT DUTY STATION (PDS)	
6. DATE CLEARED GOVT QTRS (OLD PDS):		7. DATE OF DEPARTURE (OLD PDS):		
8. DATE OF ARRIVAL (NEW PDS):		9. DATE ASSIGNED GOVT QTRS (NEW PDS):		
10. DATE HHG PICKED UP (OLD PDS):		11. DATE HHG DELIVERED(NEW PDS):		
12. For blocks below, fill out one for every different occurrence  DATES OF LODGING: TO DATES OF LODGING: TO				
TLE CLAIM FOR:		DATES OF L	LODGING:TO	
MEMBER ONLY		ILL CLAI	MEMBER ONLY	
MEMBER & DEPENDENTS	# DEBS:		MEMBER & DEPENDENTS - # DEPS:	
l <del>-</del>			DEPENDENTS ONLY-# DEPS:	
DEPENDENTS ONLY- # DEPS: PLACE OF LODGING:		PLACE OF LODGING:		
BILLETING		PLACE OF	BILLETING	
OFF-BASE			OFF-BASE	
	roquirod)			
(Non-Availability Statement required) WITH FRIENDS OR FAMILY		(Non-Availability Statement required)  WITH FRIENDS OR FAMILY		
COST PER NIGHT: \$		COST BED		
DATES OF LODGING: TO		COST PER NIGHT: \$		
TLE CLAIM FOR:		TLE CLAIM FOR:		
MEMBER ONLY			MEMBER ONLY	
MEMBER & DEPENDENTS-# DEPS:			MEMBER & DEPENDENTS - # DEPS:	
DEPENDENTS ONLY- # DEPS:		DEPENDENTS ONLY-# DEPS:		
PLACE OF LODGING:		PLACE OF LODGING:		
BILLETING		BILLETING		
OFF-BASE		OFF-BASE		
(Non-Availability Statement required)		(Non-Availability Statement required)		
WITH FRIENDS OR FAMILY		WITH FRIENDS OR FAMILY		
COST PER NIGHT: \$		COST PER NIGHT: \$		
DATES OF LODGING: TO		DATES OF LODGING: TO		
TLE CLAIM FOR:		TLE CLAIM FOR:		
MEMBER ONLY			MEMBER ONLY	
MEMBER & DEPENDENTS	S-# DEPS:		MEMBER & DEPENDENTS - # DEPS:	
DEPENDENTS ONLY- # D	EPS:		DEPENDENTS ONLY- # DEPS:	
PLACE OF LODGING:		PLACE OF	F_LODGING:	
BILLETING			BILLETING	
OFF-BASE			OFF-BASE	
(Non-Availability Statement	required)		(Non-Availability Statement required)	
WITH FRIENDS OR FAMIL	Υ		WITH FRIENDS OR FAMILY	
COST PER NIGHT: \$		COST PER	R NIGHT: \$	
13. ARE MARRIED TO ANOTHER MILITARY MEMBER? (Check if Yes)				
IF YES, NAME OF MILITARY SPOUSE:		1	SSN OF MILITARY SPOUSE:	
NOTES:		14. CLAIMANT SIGNATURE DATE		
-If gaining station is OCONUS, reimbursement limited to 7 days.				
-If gaining & losing station is CONUS, reimbursement limited to 14 days.		ESO LISE OF	NLY - DATE RECEIVED:	
-Any off-base lodging receipt submitted without a Non- the billeting room rate for member & number of depend		LOO OSE ON	VLI - DATE RECEIVED:	