



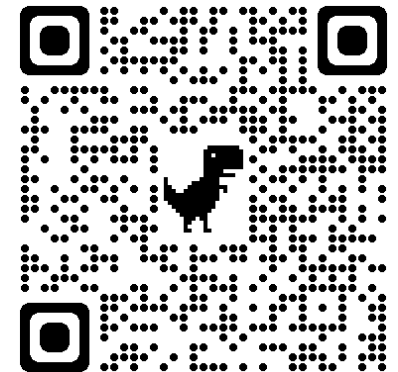
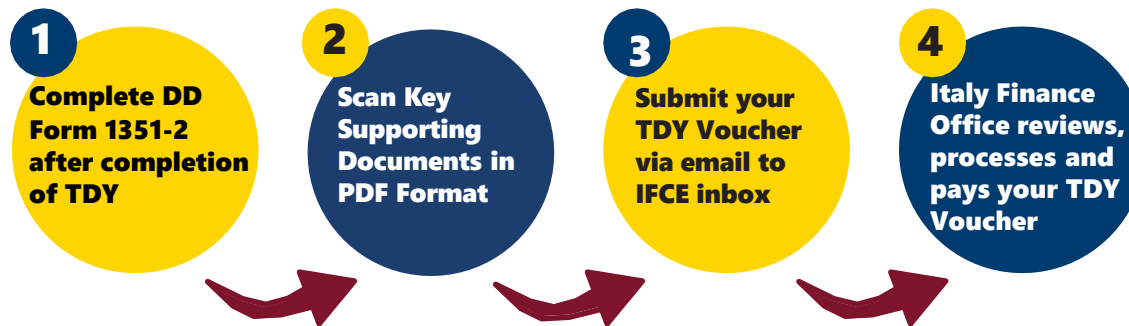
# ITALY FINANCE CENTER OF EXCELLENCE



## Local National TDY Voucher Guide

<https://www.21tsc.army.mil/266FMSC/>

**Get your Temporary Duty (TDY) paid fast and efficient!**



### 1. Gather the Key Supporting Documents (KSD's) that you will need to scan in PDF Format to complete your settlement:

- Completed DD Form 1351-2 signed by traveler in block 20a, b. And reviewer in block 20 c through f.
- Approved TDY orders/DD Form 1610 with line of accounting in block 19
- Zero balance receipts for all lodging and any expense greater \$75.00
- Your Banking information to include your IBAN for direct deposit payment in the remarks section on the DD 1351-2 in block 29

### 2. Email to TDY Voucher Inbox:

[usarmy.usag-italy.266-fisc.mbx.in-travel@army.mil](mailto:usarmy.usag-italy.266-fisc.mbx.in-travel@army.mil)

### 3. For TDY Advances submit the following documents

- Approved DD Form 1610
- TDY advance request Form

### 4. IFCE Travel Team Point of Contacts

- IFCE Travel Section  
DSN 314 646-6332/6318/6330
- Military Pay Supervisor  
DSN 314 646-6305
- IFCE Director  
DSN 314 646-6300

### Top 8 reasons for payment delays

1. Missing Traveler/Reviewer signatures/dates
2. Missing orders
3. Missing receipts/invalid receipts
4. Missing or incorrect bank information
5. Block for mileage not checked (Block 16)/owner operator not claimed
6. Incomplete itinerary
7. Traveler does not submit or reviewer does not forward voucher within five (5) business days of completion of travel
8. Orders do not have required lines of accounting

REQUEST FOR TDY ADVANCE

Name: \_\_\_\_\_ Payroll #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Request for Per Diem Advance? Yes / No

2. Request for Lodging Advance? Yes / No

a. Estimated Lodging/Night: \_\_\_\_\_

3. Request for Rental Car Advance? Yes / No

a. Estimated Cost/Day: \_\_\_\_\_

4. Travel by POV from \_\_\_\_\_ to \_\_\_\_\_

5. Remarks:

6. Attachments Required:

a. **DD 1610**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email to: [usarmy.usag-italy.266-fisc.mbx.in-travel@army.mil](mailto:usarmy.usag-italy.266-fisc.mbx.in-travel@army.mil)

*IFCE Travel Office, DSN: 314-646-6332*



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### Instructions for completing a DD Form 1351-2

Instructions for completing a DD Form 1351-2

Block 1: Electronic Funds Transfer (EFT) \* is highly recommended though checks may be issued.

<b>1. PAYMENT</b>	<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)	
<input type="checkbox"/> Payment by Check	<input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$

\* \*\* Note: Split disbursement option is only for Government Issued Travel Cardholders

Block 2: Last Name, First Name, Middle Initial

Block 3: If non-DoD employee or non-military, indicate "CIV"

Block 4: Payroll number or N/A

Block 5: Indicate "TDY"

Blocks 6a-6d: Valid mailing address for receipt of advice of payment or check

Block 6e: Valid e-mail address

Block 7: Daytime telephone number in the event Italy Finance Office should need to make contact

Block 8: Order number, which is typically listed in block 22 on DD Form 1610 located in the lower right hand corner

Block 9: List any and all previous payments paid from any finance office pertaining to the travel period being claimed

Block 10: Do Not Use - Leave Blank

Block 11: Your Organization and station

<b>2. NAME (Last, First, Middle Initial) (Print or type)</b>		<b>3. GRADE</b>	<b>4. SSN</b>		<b>5. TYPE OF PAYMENT (X as applicable)</b>	
					<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee
<b>6. ADDRESS. a. NUMBER AND STREET</b>		<b>b. CITY</b>		<b>c. STATE</b>	<b>d. ZIP CODE</b>	
<b>e. E-MAIL ADDRESS</b>				<b>10. FOR D.O. USE ONLY</b>		
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>	<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>			<b>a. D.O. VOUCHER NUMBER</b>
<b>11. ORGANIZATION AND STATION</b>						<b>b. SUBVOUCHER NUMBER</b>



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### Instructions for completing a DD Form 1351-2

Instructions for completing a DD Form 1351-2 continued.

Blocks 12-14: Leave Blank

Block 15: Itinerary

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
2022						
25 Jan	DEP	Your Home/Duty Station	PA			
25Jan	ARR	Yout TDY Station		TD		
29Jan	DEP		PA			
29 Jan	ARR	Your Home/Duty Station		MC		
	DEP					

#### ITEM 15 - ITINERARY - SYMBOLS 1

##### 5c. 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		



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### TDY Advance Request Form

Blocks 16: If Privately owned Conveyance is used indicate if you were the owner/operator or passenger

Block 17: Indicate duration of your TDY by checking the appropriate block

Block 18 a. through 18c:

<b>16. POC TRAVEL (X one)</b> <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TRAVEL</b>		<b>(4) Dependent Travel</b>	
<b>18. REIMBURSABLE EXPENSES</b>				<input type="checkbox"/> 12 HOURS OR LESS		<b>(5) DLA</b>	
<b>a. DATE</b>	<b>b. NATURE OF EXPENSE</b>	<b>c. AMOUNT</b>	<b>d. ALLOWED</b>	<input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS		<b>(6) Reimbursable Expenses</b>	
				<input type="checkbox"/> MORE THAN 24 HOURS		<b>(7) Total</b>	
						<b>(8) Less Advance</b>	
						<b>(9) Amount Owed</b>	
						<b>(10) Amount Due</b>	
				<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>			
				<b>a. DATE</b>	<b>b. NO. OF MEALS</b>	<b>a. DATE</b>	<b>b. NO. OF MEALS</b>

The following is an example of standard incidental expenses applies to all travelers. A complete list of reimbursable expenses can be found in the Joint Travel Regulation JTR Chapter 2.

<https://www.defensetravel.dod.mil/site/travelreg.cfm>

a. Fees and tips paid to hotel employees, porters, baggage carriers, and flight attendants for all official domestic and foreign travel.

b. Laundry, dry cleaning, and pressing of clothing only while outside the continental United States (OCONUS).

c. Tax and service charges, other than vendor surcharges for using a credit card, for any of the expenses listed in this paragraph.

d. Expenses related to lodging that are listed in the room account.

e. Transportation tips for courtesy transportation (for example, an airport shuttle).

A complete list of reimbursable expenses can be found in the Joint Travel Regulation JTR Chapter 2.

<https://www.defensetravel.dod.mil/site/travelreg.cfm>

<b>20.a. CLAIMANT SIGNATURE</b>			<b>b. DATE</b>
<b>c. REVIEWER'S PRINTED NAME</b>	<b>d. REVIEWER SIGNATURE</b>	<b>e. TELEPHONE NUMBER</b>	<b>f. DATE</b>
<b>21.a. APPROVING OFFICIAL'S PRINTED NAME</b>	<b>b. SIGNATURE</b>	<b>c. TELEPHONE NUMBER</b>	<b>d. DATE</b>

Block 20. a. Travelers signature

Block 20.b. Date

Block 20.c. to 20.e: Reviewers Printed name, signature telephone number and date