

<b>VOUCHER OR CLAIM FOR DEPENDENT TRAVEL AND DISLOCATION OR TRAILER ALLOWANCE</b> <i>(Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)</i>		Use reverse for continuation of items identifying by item numbers.	BUREAU VOU NO.	SUBVOUCHER NO.	DO VOUCHER NO.
<b>PAYMENT FOR</b>					
MILEAGE (Civ Empl)		MONETARY ALW IN LIEU OF TRNSPN (Member)		PAYMENT DESIRED	
<input checked="" type="checkbox"/> DLA (Member) (See reverse)		TLR ALW (Member)		<input type="checkbox"/> CASH	
ACTUAL TRNSPN COST (Member/Civ Empl)		OTHER (Specify) <b>MILEAGE</b>		<input type="checkbox"/> CHECK	
TRAVEL AUTHORITY (PCS Orders, Dependent Travel Authorization, if issued, etc.) <b>SOJ 88 PARA 121 HQ DEPT OF ARMY</b>					
LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type) <b>GERACI, ALBERT J</b>			GRADE/RANK <b>O-5</b>	SERVICE NO. <b>050 786</b>	
CHECK MAILING ADDRESS <b>NHC IIPFV APO SF 96266</b>					
ORGANIZATION AND STATION <b>SAME AS ABOVE</b>					
<b>I. DEPENDENTS TRAVEL</b>					
The following persons were my dependents on effective date and performed travel as claimed under authority stated above, with intent of establishing a bona fide residence at destination. None of the dependents shown was a member of the uniformed services on active duty. Travel covered by this claim represents the entire travel of all my dependents on this change of station except as indicated in remarks on reverse.					
NAME	RELATIONSHIP	BIRTHDATE OF CHILDREN	MODE OF TRNSPN (TR No. when used)	FROM	TO
<b>BARBARA GERACI</b>	<b>WIFE</b>	<b>1 NOV 49</b>	<b>POV</b>	<b>SPRINGFIELD VA</b>	<b>ANNANDALE VA</b>
<b>STEPHEN " "</b>	<b>SON</b>	<b>1 MAY 52</b>	<b>" "</b>	<b>" "</b>	<b>" "</b>
<b>MATRA LEE " "</b>	<b>DAU</b>	<b>17 FEB 55</b>	<b>" "</b>	<b>" "</b>	<b>" "</b>
TRAVEL FROM (Check one)					
<input checked="" type="checkbox"/> LAST PERMANENT STATION			TRAVEL TO (Check one)		
<input type="checkbox"/> OTHER THAN LAST PERMANENT STATION			<input checked="" type="checkbox"/> NEW PERMANENT STATION		
<input type="checkbox"/> HOME OR PLACE FROM WHICH LAST ORDERED TO ACTIVE DUTY			<input checked="" type="checkbox"/> OTHER THAN NEW PERMANENT STATION (Complete bona fide residence block below)		
<input type="checkbox"/> LAST DUTY STATION			<input type="checkbox"/> FIRST PERMANENT STATION		
<input type="checkbox"/> ROUND TRIP TRAVEL IN CONNECTION WITH CIVILIAN EMPLOYEES RENEWAL AGREEMENT			<input type="checkbox"/> HOME, HOME OF SELECTION, OR PLACE FROM WHICH ORDERED TO ACTIVE DUTY		
BONA FIDE RESIDENCE: UNTIL FURTHER GOVERNMENT TRANSPORTATION IS AUTHORIZED (7001, JTR) DEPENDENTS WILL ESTABLISH A BONA FIDE RESIDENCE. (Show complete address.)					
DEPENDENTS ADDRESS ON RECEIPT OF ABOVE TRAVEL AUTHORIZATION			<b>SAME AS ABOVE</b>		
ADDRESS TO WHICH DEPENDENTS LAST TRANSPORTED AT GOVERNMENT EXPENSE			<b>SAME AS ABOVE</b>		
<b>II. DEPENDENTS ACTUAL TRAVEL</b>					
DATE TRAVEL BEGAN	DATE TRAVEL COMPLETED	PORT OF DEPARTURE (Include APOE)	PORT OF ARRIVAL (Include APOE)	SPEEDOMETER READING	
<b>27 MAY</b>	<b>27 MAY 68</b>				
<b>III. OVERSEAS RETURNEE - DEPENDENTS DID NOT TRAVEL OVERSEAS</b>					
PERMANENT STATION PRIOR TO OVERSEAS ASSIGNMENT			GRADE AT DEPARTURE	US REENTRY PORT	
ADDRESS TO WHICH DEPENDENTS TRAVELED OR REMAINED			AT GOVERNMENT EXPENSE		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>IV. REIMBURSABLE EXPENSES</b>					
DATE	NATURE AND EXPLANATION			AMOUNT CLAIMED	ALLOWED
I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.				SIGNATURE OF CLAIMANT AND DATE	
ACCOUNTING CLASSIFICATION				COMPUTATIONS	
COMPUTED BY	AUDITED BY	TRAVEL RCRD POSTED BY	RECEIVED (Payee signature & date, or check no.)		AMOUNT PAID

TRAVEL VOUCHER OR SUBVOUCHER <small>(Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)</small>										BUREAU VOU NO.		SUBVOUCHER NO.		DO VOUCHER NO.	
PAYMENT FOR										PAYMENT DESIRED					
TDY/TAD PER DIEM		TDY/TAD TRAVEL		PCS TRAVEL		CHECK		<input checked="" type="checkbox"/> CASH		<b>PAID BY</b> <b>USACFAO, V</b> <b>APO SF 96496</b> <b>DSSN 5500</b> <b>JUN 69</b>					
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date. Include amending orders.)															
<b>SD # 86 PARA # 121 HQ DEPT OF ARMY WASH D C</b>															
PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Vou No., date received, place paid, or DO Station No. If none, so state.)															
<b>NONE</b>										GRADE/RANK		SERVICE NO.			
LAST NAME—FIRST NAME—MIDDLE INITIAL (Soundex Code) (Print/Type)										<b>0-5</b>		<b>050 786</b>			
CHECK MAILING ADDRESS (Include Zip Code)										DUTY STATION					
<b>HHC II FFV APO SF 96266</b>															
ORGANIZATION AND STATION															
<b>SAME AS ABOVE</b>															
I. ITINERARY (See Reverse for Definition)															
II. FOR DO USE ONLY															
1. COMPUTATIONS															
DATE 19	LOCAL STANDARD TIME (24 Hour Clock)	PLACE (Base, Activity, City and State; City and Country, Etc.)	MODE OF TRAVEL	REASON FOR STOP	GOVT QTS USED	GOVT QTS NOT USED	NON-GOVT QTS USED	NUMBER MEALS USED			SPEED- OMETER READING OR MILEAGE				
<b>69</b>															
<b>4 JUN</b>	DEP <b>0700</b>	<b>USA RSCH OFC</b>	<b>POY</b>												
<b>24 JUN</b>	ARR <b>0900</b>	<b>TRAVIS AFB</b>		<b>LF</b>											
<b>25</b>	DEP <b>2300</b>		<b>CP</b>												
<b>27</b>	ARR <b>1000</b>	<b>BEN HOA</b>		<b>MC</b>											
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	DEP														
	ARR														
III. REIMBURSABLE EXPENSES															
DATE	NATURE AND EXPLANATION										AMOUNT CLAIMED	ALLOWED	BAS/COLA ADJ ON MPR		
	<b>4-14 Jun 1111</b>												BAS/COLA ADJ NOT REQUIRED		
													BAS/COLA RATE		
IV. TRANSPORTATION REQUESTS/MEAL TICKETS USED															
NUMBER		FROM		TO				DD 753		OTD					
								HIWY		CC					
V. CHARGES—BOQ OR NON-GOVT MEALS AND QTS															
FROM (Date)	TO (Date)	TYPE	RATE	TOTAL PAID	VI. LEAVE STATEMENT										
					I was authorized _____ days leave. _____ days were taken between _____ and _____ inclusive.										
I hereby claim any amount due me. The statements on face, reverse, and at- tached are true and complete. Payment or credit has not been received.					SIGNATURE OF CLAIMANT AND DATE					2. SUMMARY OF PAYMENT					
										PER DIEM (Net Payable)					
					MILEAGE OR TRANSPORTATION ALLOWANCES										
					REIMBURSABLE EXPENSES										
					TOTAL AMOUNT DUE										
					LESS PREVIOUS PAYMENTS (Droppage)										
					AMOUNT CHARGED TO ACCOUNT'G CLASS.										
					LESS VOUCHER DEDUCTIONS										
ACCOUNTING CLASSIFICATION:															
COLLECTION DATA:															
COMPUTED BY	AUDITED BY	TVL RCRD POSTED BY	RECEIVED (Payee signature & date, or check no.)										AMOUNT PAID		