

VOUCHER OR CLAIM FOR DEPENDENT TRAVEL AND DISLOCATION OR TRAILER ALLOWANCE (Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)		Use reverse for continuation of items identifying by item numbers.	BUREAU VOU NO.	SUBVOUCHER NO.	DO VOUCHER NO.																																																
PAYMENT FOR																																																					
MILEAGE (Civ Empl)	MONETARY ALW IN LIEU OF TRNSPN (Member)		PAYMENT DESIRED																																																		
DLA (Member) (See reverse)	TLR ALW (Member)		CASH																																																		
ACTUAL TRNSPN COST (Member/Civ Empl)	OTHER (Specify) MILEAGE		CHECK																																																		
TRAVEL AUTHORITY (PCS Orders, Dependent Travel Authorization, if issued, etc.) SO 68 PARA 121 HQ DEPT OF ARMY																																																					
LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type) CERACI, ALBERT J		GRADE/RANK O-5	SERVICE NO. 050 786																																																		
CHECK MAILING ADDRESS EMC IIIPV APO SP 96266																																																					
ORGANIZATION AND STATION SAME AS ABOVE																																																					
I. DEPENDENTS TRAVEL 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.																																																					
<table border="1"> <thead> <tr> <th>NAME</th> <th>RELATIONSHIP</th> <th>BIRTHDATE OF CHILDREN</th> <th>MODE OF TRNSPN (TR No. when used)</th> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>BARBARA CERACI</td> <td>WIFE</td> <td>1969</td> <td>POW</td> <td>SPRINGFIELD VA</td> <td>ANNANDALE VA</td> </tr> <tr> <td>STEPHEN CERACI</td> <td>SON</td> <td>1969</td> <td>TRX</td> <td>XX</td> <td>XX</td> </tr> <tr> <td>STEPHEN CERACI</td> <td>SON</td> <td>1969</td> <td>TRX</td> <td>XX</td> <td>XX</td> </tr> <tr> <td>MATRA LEE CERACI</td> <td>DAU</td> <td>1965</td> <td>TRX</td> <td>XX</td> <td>XX</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						NAME	RELATIONSHIP	BIRTHDATE OF CHILDREN	MODE OF TRNSPN (TR No. when used)	FROM	TO	BARBARA CERACI	WIFE	1969	POW	SPRINGFIELD VA	ANNANDALE VA	STEPHEN CERACI	SON	1969	TRX	XX	XX	STEPHEN CERACI	SON	1969	TRX	XX	XX	MATRA LEE CERACI	DAU	1965	TRX	XX	XX																		
NAME	RELATIONSHIP	BIRTHDATE OF CHILDREN	MODE OF TRNSPN (TR No. when used)	FROM	TO																																																
BARBARA CERACI	WIFE	1969	POW	SPRINGFIELD VA	ANNANDALE VA																																																
STEPHEN CERACI	SON	1969	TRX	XX	XX																																																
STEPHEN CERACI	SON	1969	TRX	XX	XX																																																
MATRA LEE CERACI	DAU	1965	TRX	XX	XX																																																
TRAVEL FROM (Check one)		TRAVEL TO (Check one)																																																			
LAST PERMANENT STATION		NEW PERMANENT STATION																																																			
OTHER THAN LAST PERMANENT STATION		OTHER THAN NEW PERMANENT STATION (Complete bona fide residence block below)																																																			
HOME OR PLACE FROM WHICH LAST ORDERED TO ACTIVE DUTY		FIRST PERMANENT STATION																																																			
LAST DUTY STATION		HOME, HOME OF SELECTION, OR PLACE FROM WHICH ORDERED TO ACTIVE DUTY																																																			
ROUND TRIP TRAVEL IN CONNECTION WITH CIVILIAN EMPLOYEES RENEWAL AGREEMENT 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																																																					
ADDRESS TO WHICH DEPENDENTS LAST TRANSPORTED AT GOVERNMENT EXPENSE																																																					
II. DEPENDENTS ACTUAL TRAVEL <table border="1"> <thead> <tr> <th>DATE TRAVEL BEGAN</th> <th>DATE TRAVEL COMPLETED</th> <th>PORT OF DEPARTURE (Include APOE)</th> <th>PORT OF ARRIVAL (INCLUDE APOE)</th> <th>SPEEDOMETER READING</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>27 MAY</td> <td>27 MAY</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						DATE TRAVEL BEGAN	DATE TRAVEL COMPLETED	PORT OF DEPARTURE (Include APOE)	PORT OF ARRIVAL (INCLUDE APOE)	SPEEDOMETER READING	TO	27 MAY	27 MAY																																								
DATE TRAVEL BEGAN	DATE TRAVEL COMPLETED	PORT OF DEPARTURE (Include APOE)	PORT OF ARRIVAL (INCLUDE APOE)	SPEEDOMETER READING	TO																																																
27 MAY	27 MAY																																																				
III. OVERSEAS RETURNEE - DEPENDENTS DID NOT TRAVEL OVERSEAS <table border="1"> <thead> <tr> <th>PERMANENT STATION PRIOR TO OVERSEAS ASSIGNMENT</th> <th>GRADE AT DEPARTURE</th> <th>US REENTRY PORT</th> <th>AT GOVERNMENT EXPENSE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						PERMANENT STATION PRIOR TO OVERSEAS ASSIGNMENT	GRADE AT DEPARTURE	US REENTRY PORT	AT GOVERNMENT EXPENSE																																												
PERMANENT STATION PRIOR TO OVERSEAS ASSIGNMENT	GRADE AT DEPARTURE	US REENTRY PORT	AT GOVERNMENT EXPENSE																																																		
IV. REIMBURSABLE EXPENSES <table border="1"> <thead> <tr> <th>DATE</th> <th>NATURE AND EXPLANATION</th> <th>AMOUNT CLAIMED</th> <th>ALLOWED</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED																																												
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
(Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.)

 BUREAU VOU
NO.

SUBVOUCHER NO.

DO VOUCHER NO.

PAYMENT FOR
PAYMENT DESIRED

TDY/TAD PER DIEM

TDY/TAD TRAVEL

PCS TRAVEL

CHECK

CASH

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date. Include amending orders.)

DD # 88 PARA # 121 TO DEPT OF ARMY WASH D C

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Vou No., date received, place paid, or DO Station No. If none, so state.)

NOTE

LAST NAME-FIRST NAME-MIDDLE INITIAL (Soundex Code) (Print/Type)

GERACI ALBERT J
G-620

GRADE/RANK

O-5

SERVICE NO.

050 786

CHECK MAILING ADDRESS (Include Zip Code)

HHC II FFV APO SF 96266

DUTY PHONE NO.

ORGANIZATION AND STATION

SAME AS ABOVE
PAID BY
**USACPAO, V
APO SF 96496
DSSN 5500
JUN 69**
I. ITINERARY (See Reverse for Definition)

DATE	LOCAL STANDARD TIME (24 Hour Clock)	PLACE (Base, Activity, City and State; City and Country, Etc.)	MODE OF TRAVEL	REASON FOR STOP	GOVT QTS		NUMBER MEALS USED		SPEED- OMETER READING OR MILEAGE	II. FOR DO USE ONLY
					USED	NOT USED	GOVT	NON-GOVT	OFFICERS OPEN MESS	
19	60									
20	DEP 0700	USA RSCH OFC	POT							
21	ARR 0900	TRAVIS AFB	LP							
22	DEP 2300		CP							
23	ARR 1000	BIN HOA	PMC							
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									

REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED	BAS/COLA ADJ ON MPR
	4-14 See 111			
				BAS/COLA ADJ NOT REQUIRED
				BAS/COLA RATE

IV. TRANSPORTATION REQUESTS/MEAL TICKETS USED

NUMBER	FROM	TO	DD 753	OTD
			HIWY	CC

2. SUMMARY OF PAYMENT

 PER DIEM (Net
Payable)

 MILEAGE OR TRANSPOR-
TATION ALLOWANCES

 REIMBURSABLE
EXPENSES

TOTAL AMOUNT DUE

 LESS PREVIOUS PAY-
MENTS (Droppage)

 AMOUNT CHARGED TO
ACCOUNTING CLASS.

 LESS VOUCHER
DEDUCTIONS

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 attached are true and complete. Payment or credit has not been received.

SIGNATURE OF CLAIMANT AND DATE

ACCOUNTING CLASSIFICATION:			
COLLECTION DATA:			
COMPUTED BY	AUDITED BY	TVL RCRD POSTED BY	RECEIVED (Payee signature & date, or check no.)

**AMOUNT
PAID**

DD FORM 1351-2

 PREVIOUS EDITION IS OBSOLETE.
REPLACES DD FORM 1351-3, DATED SEP 61, WHICH IS OBSOLETE.

FORM APPROVED BY COMPTROLLER GENERAL, U.S. 2 JUNE 1965

1 JUL 65