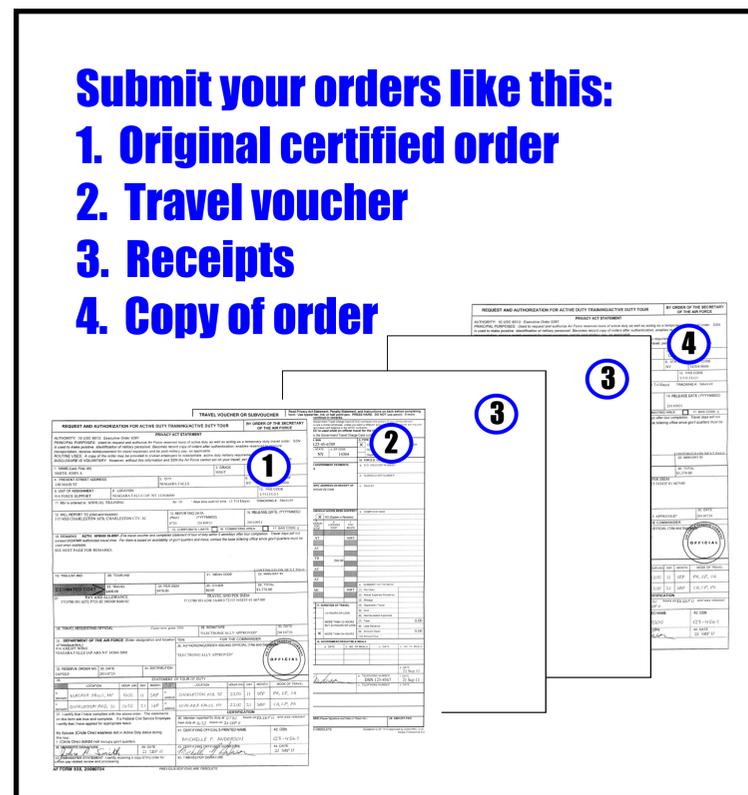


→ SUBMITTING ORDERS FOR PAY ←

If you follow these guidelines, you will receive payment of your Reserve Pay and Travel Pay in a timely manner.

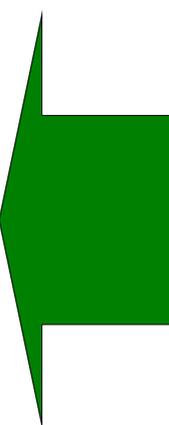
- **Submit all pay documents to the Reserve Pay office in room 114.**
- **Always fill out all forms in blue or black ink only.**
- **Any document with correction fluid used on it will be returned to the member.**
- **If you make a mistake in any block, cross it out with a single line and initial the correction.**
- **Remember to include copies of all order modifications.**
- **For “mileage only” orders, you must complete the mileage statement on the back of the order.**

Want to be paid faster? Submit your orders electronically through AROWS!



AF FORM 938 (MILITARY ORDER)

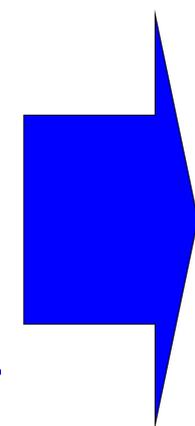
- 1. Blocks 36a-36d - Indicate your exact itinerary. For “Home of Record,” do not write “HOR,” but write the name of the city and state.**
- 2. Block 37 - Circle the appropriate statements about your spouse and occupying government quarters.**
- 3. Blocks 38-39 - You must sign and date the order.**
- 4. Block 40 - The certified report and release dates must match the dates in blocks 13 and 14!**
- 5. Blocks 40-45 - The certifying official must complete these blocks. If you are an ART, your timekeeper must sign block 45 and must be given a copy of your order.**



| REQUEST AND AUTHORIZATION FOR ACTIVE DUTY TRAINING/ACTIVE DUTY TOUR | | | | BY ORDER OF THE SECRETARY OF THE AIR FORCE | | | |
|---|--|--|--|---|---|---|-------------------------|
| PRIVACY ACT STATEMENT | | | | | | | |
| AUTHORITY: 10 USC 8013; Executive Order 9397. PRINCIPAL PURPOSES: Used to request and authorize Air Force reservist tours of active duty as well as acting as a temporary duty travel order. SSN is used to make positive identification of military personnel. Becomes record copy of orders after authentication, enables reservist to procure transportation, receive reimbursement for travel expenses and be paid military pay, as applicable. ROUTINE USES: A copy of the order may be provided to civilian employers to substantiate active duty military requirements. DISCLOSURE IS VOLUNTARY: However, without this information and SSN the Air Force cannot act on your travel, per diem and pay entitlements. | | | | | | | |
| 1. NAME (Last, First, MI) SMITH, JOHN A. | 2. GRADE MSGT | 3. SSN 123-45-6789 | 4. PRESENT STREET ADDRESS 100 MAIN ST | 5. CITY NIAGARA FALLS | 6. STATE NY | 7. ZIP CODE 14304-4000 | 10. PAS CODE US1FLG1 |
| 8. UNIT OF ASSIGNMENT 914 FORCE SUPPORT | 9. LOCATION NIAGARA FALLS IAP, NY 143046000 | 11. Mbr is ordered to ANNUAL TRAINING for 10 * days plus auth tvi time. (1 Tvi Days) TRACKING #: 3864149 | 12. WILL REPORT TO (Unit and location) 315 MSS CHARLESTON AFB, CHARLESTON CTY, SC | 13. REPORTING DATA (Hour) (YYYYMMDD) 0730 20110912 | 14. RELEASE DATE (YYYYMMDD) 20110921 | 18. REMARKS AUTH: AFMAN 36-8001 (File travel voucher and completed statement of tour of duty within 5 workdays after tour completion. Travel days will not exceed ODFMIR authorized travel time. Per diem is based on availability of gov't quarters and mess; contact the base billing office since gov't quarters must be used when available. SEE NEXT PAGE FOR REMARKS. | |
| 19. TNG-CAT-IND | 20. TOUR-IND | 21. MEAN CODE | CONTINUED ON NEXT PAGE | | | | |
| ESTIMATED COST | | 23. TRAVEL \$400.00 | 24. PER DIEM \$978.00 | 25. OTHER \$0.00 | 26. TOTAL \$1,378.00 | | |
| 27. PAY AND ALLOWANCE | | TRAVEL AND PER DIEM | | | | | |
| 5713700 501 6272 P721.02 380100 K60102 | | 5713700 501 6248 3A4010 72115 54343F 01 667100 | | | | | |
| 28. TRAVEL REQUESTING OFFICIAL (Typed name, grade, DSN) | | | | 29. SIGNATURE "ELECTRONICALLY APPROVED" | | 30. DATE 20110728 | |
| 31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters) 914 AIRLIFT WING NIAGARA FALLS IAP ARS NY 14304-5000 | | | | 35. AUTHORIZING/ORDER ISSUING OFFICIAL (Title and Signature) "ELECTRONICALLY APPROVED" | | | |
| 32. RESERVE ORDER NO. D4PXXP | | 33. DATE 20110729 | 34. DISTRIBUTION | | | | |
| 36. STATEMENT OF TOUR OF DUTY | | | | | | | |
| a. DEPART | b. LOCATION | c. HOUR (mm) | d. DAY | e. MONTH | f. ARRIVE | g. LOCATION | h. HOUR (mm) |
| NIAGARA FALLS, NY | 1600 | 11 | SEP | | ARRIVE | CHARLESTON AFB, SC | 2200 |
| CHARLESTON AFB, SC | 1630 | 21 | SEP | | ARRIVE | NIAGARA FALLS, NY | 2200 |
| 37. I certify that I have complied with the above order. The statements on this form are true and complete. If a Federal Civil Service Employee, I certify that I have applied for appropriate leave. | | | | | | | |
| 38. MEMBER'S SIGNATURE John A. Smith | | 39. DATE 21 SEP 11 | 41. CERTIFYING OFFICIAL'S PRINTED NAME MICHELLE P. ANDERSON | | 42. DSN 123-4567 | 43. CERTIFYING OFFICIAL'S SIGNATURE Michelle P. Anderson | |
| 47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing. | | 44. DATE 21 SEP 11 | | 45. TIMEKEEPER SIGNATURE Michelle P. Anderson | | 46. DATE 21 SEP 11 | |

DD FORM 1351-2 (TRAVEL VOUCHER)

- 1. Blocks 2-4, 6-7 and 11 - Complete in full.**
- 2. Block 5 - Remember to annotate how much money you would like to go towards your government travel card.**
- 3. Block 8 - Write in your order number from block 32 on the AF Form 938.**
- 4. Blocks 15a-15d - Indicate your exact itinerary.**
- 5. Blocks 15e-15f - Claim all of your lodging costs and privately-owned vehicle miles here.**
- 6. Block 16 - Don't forget to check the appropriate “POC Travel” block.**
- 7. Block 18 - Claim all of your reimbursable expenses here.**
- 8. Blocks 20a-21d - You and the reviewer must sign your travel voucher. If an expense is authorized after travel is complete, an approving official must sign here and annotate exactly what they are authorizing.**



| TRAVEL VOUCHER OR SUBVOUCHER | | | | Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. | | | | |
|---|-----------------------------|--|----------------|--|---|---|-----------------------|---|
| 1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | SPLIT DISBURSEMENT: 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. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. | | 2. NAME (Last, First, Middle Initial (Print or type)) Smith, John A. | | 3. GRADE MSGT | 4. SSN 123-45-6789 | 5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Other (Dependent's) <input type="checkbox"/> DLA |
| 6. ADDRESS - a. NUMBER AND STREET 100 Main St. | | b. CITY Niagara Falls | c. STATE NY | d. ZIP CODE 14304 | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE (716) 987-6543 | | 8. TRAVEL ORDER AUTHORIZATION NUMBER D4PXXP | | 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES | | 11. ORGANIZATION AND STATION 914 FSS - Niagara Falls IAP-ARS, NY | | |
| 12. ACCOMPANIED (X and complete as applicable) a. NAME (Last, First, Middle Initial) | | 13. UNACCOMPANIED (X and complete as applicable) b. RELATIONSHIP | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X or N) YES | | 15. ITINERARY | | |
| 15. ITINERARY | | 16. MEANS OF TRANSPORTATION | | 17. REASON FOR STOP | | 18. LODGING COST | | |
| 9/11 | DEP | Niagara Falls, NY | PA | | | | | |
| 9/11 | ARR | Buffalo-Niagara IAP, NY | AT | | | 46RT | | |
| 9/11 | DEP | Charleston Airport, SC | CP | | | | | |
| 9/11 | ARR | Charleston AFB, SC | CA | | | 290.00 | | |
| 9/21 | DEP | Charleston Airport, SC | CA | | | | | |
| 9/21 | ARR | Buffalo-Niagara IAP, NY | CP | | | | | |
| 9/21 | DEP | Niagara Falls, NY | PA | | | | | |
| 9/21 | ARR | Niagara Falls, NY | MC | | | 46RT | | |
| 19. REIMBURSABLE EXPENSES | | 20. CLAIMANT SIGNATURE John A. Smith | | 21. REVIEWER'S PRINTED NAME Michelle P. Anderson | | 22. ACCOUNTING CLASSIFICATION | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | 12 HOURS OR LESS | | 13. SUMMARY OF PAYMENT | | |
| 9/8 | Airline Ticket | 720.00 | | MORE THAN 12 HOURS BUT 24 HOURS OR LESS | | (1) Per Diem | | |
| 9/8 | Airline Service Fee | 13.00 | | MORE THAN 24 HOURS | | (2) Actual Expense Allowance | | |
| 9/11 | ATM | \$102.00 | | | | (3) Mileage | | |
| 9/11 | Taxi | 35.00 | | | | (4) Dependent Travel | | |
| 9/12 | Conference Registration Fee | 150.00 | | | | (5) DLA | | |
| 9/21 | Taxi | 35.00 | | | | (6) Reimbursable Expenses | | |
| | | | | | | (7) Total | | |
| | | | | | | (8) Less Advance | | |
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