

## INCOMPLETE TRAVEL CLAIM NOTICE

FROM:

TO:

--	--

*Your travel claim is returned for additional information or documentation as indicated below. Upon completion of necessary action, return your claim with this notice attached.*

<p>1. ITINERARY</p> <p>A. COMPLETE FULLY, SHOWING POINTS OF DEPARTURE TOY, DELAY, AND ARRIVAL.</p> <p>B. USE ABBREVIATIONS SHOWN ON BACK OF DO FORM 1351-2.</p> <p>C. SHOW USE OF DEDUCTIBLE MEALS, AND GOVERNMENT/OPEN MEALS.</p>	<p>F. RECEIPTS FOR ANY ITEM OF REIMBURSABLE EXPENSE GREATER THAN \$25.00.</p> <p>7. NONAVAILABILITY STATEMENT</p> <p>A. QUARTERS AND/OR MESS, DO FORM 1351-5.</p> <p>B. ADVERSE EFFECT/IMPRACTICALITY, AF FORM 2282.</p> <p>C. NONAVAILABILITY OF DIRECTED MODE OF TRANSPORTATION.</p>
<p>2. REIMBURSABLE EXPENSE. ITEMIZE EACH ITEM OF EXPENSE SHOWING DATES/PLACES.</p>	<p>B. AMENDMENTS TO ORDERS REQUIRED FOR:</p>
<p>3. TRANSPORTATION REQUESTS/MEAL TICKETS. IDENTIFY ALL TRANSPORTATION REQUEST (TRs), MEAL TICKETS (MTs), AND MAC TRANSPORTATION AUTHORIZATIONS (MTAS) ISSUED FOR TRAVEL.</p>	
<p>4. SHOW COST OF LODGING.</p>	
<p>5. SIGNATURE, SIGN AND/OR DATE THE CLAIM.</p>	
<p>6. ATTACHMENTS NEEDED.</p> <p>A. _____ COPIES OF BASIC ORDER AND ALL AMENDMENTS THERETO.</p> <p>B. COPIES OF TRs (SF 11698), MTs (DD Form 652), MTAS (DD FORM 1482-1), PASSENGER NAME RECORD (PNR) (AF FORM 529), AND OR GOVERNMENT EXCESS BAGGAGE AUTHORIZATION (GEBA).</p> <p>C. IF TRs-MTs, MTAS, OR CARRIER TICKETS UNUSED, ATTACH COPY OF DD FORM 730.</p> <p>D. LODGING RECEIPTS.</p> <p>E. DAILY MOTOR VEHICLE TRIP TICKET, GSA FORM 312.</p>	<p>9. OTHER (Specify)</p>

FOR FURTHER ASSISTANCE WITH YOUR TRAVEL CLAIM CONTACT: \_\_\_\_\_ EXT. \_\_\_\_\_

REMARKS

TYPED NAME AND TITLE

SIGNATURE

DATE