

SITE	PIIN_1	ACT_CD	CD	PIIN_2	PROC_ID	PIIN_3	DO	CHECK_DATE	VOUCHER	PAYMENT_AMT	LINE_AMT	INTEREST	DISCOUNT	FREIGHT	TAX_FLUX	FC_LINE_AMT	FC_FREIGHT	FC_DISCOUNT	FC_TAX	FC_INTEREST	DEPT_FY	BSYM	LIMIT	ESN	JONO	DOC_NUMBER	NUM_PAYMENT	LINE_TYPE	C_MATCHALL_CAPS			
1	ORP7	CITTS4		16A0639				9/25/2015	187740	11505.64	159.75	A	0	0	0	0	0	0	0	0	0	97	15	0400	265Y	021001	AF7EGL	1QP67U	B	1	INV	150400265Y187740

159.75 ties to the "Invoice" Pg 5, "Travel Voucher" Pg 7, "Disbursement Voucher" Pg 8.

Document Number "1QP67U" ties to the "General Ledger History" Pg 6, "Travel Voucher" Pg 7, "Disbursement Voucher" Pg 8.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <i>(Reference: Joint Travel Regulations (JTR), Chapter 3)</i> <i>(Read Privacy Act Statement on back before completing form.)</i>				1. DATE OF REQUEST (YYYYMMDD) 20150815	
REQUEST FOR OFFICIAL TRAVEL					
2. NAME (Last, First, Middle Initial) Doe, John		3. SOCIAL SECURITY NUMBER [REDACTED]		4. POSITION TITLE AND GRADE/RATING Staff	
5. LOCATION OF PERMANENT DUTY STATION (PDS) Sample			6. ORGANIZATIONAL ELEMENT Sample		7. DUTY PHONE NUMBER (Include Area Code) Sample
8. TYPE OF AUTHORIZATION Routine TDY		9. TDY PURPOSE (See JTR, Appendix H) Training Attendance		10a. APPROX. NO. OF TDY DAYS (Including travel time) 1	
				b. PROCEED DATE (YYYYMMDD) 20150901	
11. ITINERARY FROM: DAHLIA TO: NAVAL B RETURN TO:					
VARIATION AUTHORIZED <div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;"> Hotel \$142.00 + Hotel Tax \$17.75 + Meal \$106.50 = 266.25 Per Diem The "DD 1610 Request and Authorization" serves as both Commitment and Obligating document. The Per Diem amount of 266.25 ties to the amount on "GL History" Pg 6, "Travel Voucher" Pg 7. </div>					
12. TRANSPORTATION a. COMMERCIAL RAIL <input type="checkbox"/> AIR <input checked="" type="checkbox"/>					
b. PRIVATELY OWNED CONVEYANCE (Check one) PER MILE: _____ <input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR					
13. a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input checked="" type="checkbox"/> b. OTHER RATE OF PER DIEM (Specify)					
14. ESTIMATED COST a. PER DIEM \$ 266.25 (A1) b. TRAVEL \$ 173.10 c. OTHER \$ 0.00 d. TOTAL \$ 439.35				15. ADVANCE AUTHORIZED \$ 0.00	
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.) Traveler is non-exempt from the mandatory provisions of the TTRA. The "Travel and Transportation Reform Act of 1998" stipulates that the government-sponsored, contractor-issued travel card shall be used by all U.S. Government personnel (civilian and military) to pay for costs incident to official business travel unless specifically exempted by authority of the Administrator of General Services or the head of the agency. Government travel cardholders shall obtain cash, as authorized, through automated teller machines (ATM), rather than obtaining cash advances from a DoD disbursing officer. REMARKS continued on next page					
17. TRAVEL-REQUESTING OFFICIAL (Title and signature)			18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature) JONATHAN CHOI (C)		
AUTHORIZATION					
19. ACCOUNTING CITATION 021001^097^0400^000^20152016^0604384B^A5XAF^A.0011299.9.3.1^P^265Y^439.35					
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature)				21. DATE ISSUED (YYYYMMDD) 20150815	
22. TRAVEL AUTHORIZATION NUMBER					

Commitment and Obligating Document should have the Approving Officers signature and provide the "DD577 Appointment Record". If travel is approved in DTS, the Reporting Entity should provide the "DTS Travel Authorization". See "DTS Travel Authorization" Pg 10.

*This document is an extract from DTS. If extracting from DTS, provide the DTS Travel Authorization sheet for evidence of approval and date of approval with the other KSD's being provided as included in Pg 10.

PRIVACY ACT STATEMENT
(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. §§5701, 5702, and E.O. 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, and accounting for official travel. SSN is used to maintain a numerical identification system for individual travelers.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.

16. REMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)

Submission of travel claims shall be submitted within five (5) working days of return to or arrival at the Permanent Duty Station (PDS). In the case of extended TDY/TAD (over 45 days), the traveler shall submit a claim for each 30-day period. That claim must be submitted within five (5) days after each 30-day period.

If the trip itinerary is canceled or changed after tickets or transportation requests are issued to the traveler, the traveler is liable for their value until all ticket coupons have been used for official travel and/or all unused tickets or coupons are properly accounted for on the travel reimbursement voucher.

The use of a Government-Contracted Commercial Travel Office (CTO) to arrange official travel is mandatory. If the contracted CTO is not used to make official travel arrangements, the traveler must provide a statement in detail as to exactly why the CTO is not available or otherwise not being used.

DESCRIPTION:

Logistics Demonstration. This training cannot be conducted via VTC or Teleconference.

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE (Read Privacy Act Statement and Instructions before completing form.)		
PRIVACY ACT STATEMENT		
<p>AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.</p> <p>PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.</p> <p>ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.</p> <p>DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.</p>		
SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY		
1. NAME (First, Middle Initial, Last) RICHARD CLAYTON	2. TITLE Deputy Chief Financial Officer	3. DOD COMPONENT/ORGANIZATION Reporting Entity
4. DATE (YYYYMMDD) 20140131	5. SIGNATURE RICHARD.CLAYTON.11151766181 Digitally Signed	
SECTION II - TO: APPOINTEE		
6. NAME (First, Middle Initial, Last) JONATHAN CHOI	7. SSN [REDACTED]	8. TITLE Supervisor
9. DOD COMPONENT/ORGANIZATION Reporting Entity	10. ADDRESS (include ZIP Code) Crystal City, VA	
11. TELEPHONE NUMBER (include Area Code) 123-456-7890	12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD) 20140131	
13. POSITION TO WHICH APPOINTED (X one)		
<input checked="" type="checkbox"/> CERTIFYING OFFICER <input type="checkbox"/> ACCOUNTABLE OFFICIAL <input type="checkbox"/> OTHER (Specify)		
14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE: Certifying Officer for Reporting Entity to include but not limited to Request and Authorization for TDY Travel of DoD Personnel (DD Form 1610), Travel Voucher or Subvoucher (DD Form 1351-2), EDP Public Vouchers for Purchases and Services other than Personal (SF Form 1034).		
15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED: DoDFMR, Vol. 5, chapter 33;		
SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT		
I acknowledge and accept the position and responsibilities defined above. I understand my duties and responsibilities under the laws of the United States for all public funds under my control. I have been counseled on my properly written operating instructions. I certify that my official signature is shown in the box below.		
16. PRINTED NAME (First, Middle Initial, Last) JONATHAN CHOI	17. SIGNATURE JONATHAN.CHOI.41118715113 Digitally Signed (B)	
SECTION IV - TERMINATION OF APPOINTMENT		
The appointment of the individual named above is hereby revoked.		18. EFFECTIVE DATE (YYYYMMDD)
20. NAME OF COMMANDER/APPOINTING AUTHORITY		19. APPOINTEE INITIALS
21. TITLE		22. SIGNATURE

DD577 must be signed by the appointing authority

DD577 must be signed by the employee requiring appointment and should match the authorizing official in the "Commitment and Obligating" Document in Pg 2.



INVOICE

Payee John Doe

Confirmation No. 132733115111151

Group Name

Room No. 20202
 Arrival 09-01-15
 Departure 09-02-15
 Page No. 1 of 1
 Folio Window 1
 Folio No. 648811

Date	Description	Charges	Credits
09-01-15	Accommodation	142.00	
09-01-15	Hotel Occupancy Tax	17.75	
09-01-15	GPC	XXXXXXXXXXXXXXXXXX	159.75
Total		(A) Sum: 159.75	159.75

Guest Signature

Balance

0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Hotel \$142.00
+ Hotel Tax \$17.75
= 159.75 Sample Amount

WITH US!

Hyatt Gold Passport Summary

No Membership to be credited

**Ties to the "Sample Selected" Pg 1,
 "Travel Voucher" Pg 7,
 "Travel Disbursement" Pg 8.**

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

Year	Account	G/L Acct Sht Text	Posting Date	Ref Document	Reference	Document Num	Funds	Fund	Func. Area	SGL Ac	WBS Element	Funds Prg	Commt It	Debit	Credit	Ref Doc	Commt Str	Document No
2015	4610.00	Allotment - Realized Resources	8/20/2015	1900607453	3000000855762850	1519917489	A5XAF	04002X2	50604384BP	4610		A.0011299.9.3.1	21T0	17.75		1900607453	EF504292260	106996882
2015	4700.00	Commitments	8/20/2015	1900607453	3000000855762850	1519917489	A5XAF	04002X2	50604384BP	4700		A.0011299.9.3.1	21T0		17.75	1900607453	EF504292260	106996882
2015	4700.00	Commitments	8/20/2015	1900607453	3000000855762850	1519917489	A5XAF	04002X2	50604384BP	4700		A.0011299.9.3.1	21T0	17.75		1900607453	EF504292260	106996882
2015	4801.00	Undelivered Orders - Obligations Unpaid	8/20/2015	1900607453	3000000855762850	1519917489	A5XAF	04002X2	50604384BP	4801		A.0011299.9.3.1	21T0		17.75	1900607453	EF504292260	106996882
2015	4901.00	Delievered Orders - Obligations Unpaid	9/10/2015	1900607453	3000000855762850	1519917489	A5XAF	04002X2	50604384BP	4901		A.0011299.9.3.1	21T0	17.75		1900607453	EF504292260	106996882
2015	4902.00	Delievered Orders - Obligation Paid	9/10/2015	1900607453	3000000855762850	1519917489	A5XAF	04002X2	50604384BP	4902		A.0011299.9.3.1	21T0		17.75	1900607453	EF504292260	106996882
2015	2110.00	Accounts Payable - Covered	9/10/2015	1900607453	1QP67U	1519917489	A5XAF	04002X2	50604384BP	2110	A.0011299.9	A.0011299.9.3.1	21T0	17.75		1900607453	EF504292260	1900607453
2015	1010.00	Fund Balance with Treasury	9/10/2015	1900607453	1QP67U	1519917489	A5XAF	04002X2	50604384BP	1010	A.0011299.9	A.0011299.9.3.1	21T0		17.75	1900607453	EF504292260	1900607453
2015	4610.00	Allotment - Realized Resources	8/20/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4610		A.0011299.9.3.1	21T0	142.00		1900607453	EF504292260	106996882
2015	4700.00	Commitments	8/20/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4700		A.0011299.9.3.1	21T0		142.00	1900607453	EF504292260	106996882
2015	4700.00	Commitments	8/20/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4700		A.0011299.9.3.1	21T0	142.00		1900607453	EF504292260	106996882
2015	4801.00	Undelivered Orders - Obligations Unpaid	8/20/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4801		A.0011299.9.3.1	21T0		142.00	1900607453	EF504292260	106996882
2015	4901.00	Delievered Orders - Obligations Unpaid	9/10/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4901		A.0011299.9.3.1	21T0	142.00		1900607453	EF504292260	106996882
2015	4902.00	Delievered Orders - Obligation Paid	9/10/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4902		A.0011299.9.3.1	21T0		142.00	1900607453	EF504292260	106996882
2015	2110.00	Accounts Payable - Covered	9/10/2015	1900607453	1PM62A	1519917489	A5XAF	04002X2	50604384BP	2110	A.0011299.9	A.0011299.9.3.1	21T0	106.50		1900607453	EF504292260	1900607453
2015	1010.00	Fund Balance with Treasury	9/10/2015	1900607453	1PM62A	1519917489	A5XAF	04002X2	50604384BP	1010	A.0011299.9	A.0011299.9.3.1	21T0		106.50	1900607453	EF504292260	1900607453
2015	4610.00	Allotment - Realized Resources	8/20/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4610		A.0011299.9.3.1	21T0	173.10		1900607453	EF504292260	106996882
2015	4700.00	Commitments	8/20/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4700		A.0011299.9.3.1	21T0		173.10	1900607453	EF504292260	106996882
2015	4700.00	Commitments	8/20/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4700		A.0011299.9.3.1	21T0	173.10		1900607453	EF504292260	106996882
2015	4801.00	Undelivered Orders - Obligations Unpaid	8/20/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4801		A.0011299.9.3.1	21T0		173.10	1900607453	EF504292260	106996882
2015	4901.00	Delievered Orders - Obligations Unpaid	9/10/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4901		A.0011299.9.3.1	21T0	173.10		1900607453	EF504292260	106996882
2015	4902.00	Delievered Orders - Obligation Paid	9/10/2015	1900607453	30000008602213100	1519917489	A5XAF	04002X2	50604384BP	4902		A.0011299.9.3.1	21T0		173.10	1900607453	EF504292260	106996882
2015	2110.00	Accounts Payable - Covered	9/10/2015	1900607453	7AU21Q	1519917489	A5XAF	04002X2	50604384BP	2110	A.0011299.9	A.0011299.9.3.1	21T0	173.10		1900607453	EF504292260	1900607453
2015	1010.00	Fund Balance with Treasury	9/10/2015	1900607453	7AU21Q	1519917489	A5XAF	04002X2	50604384BP	1010	A.0011299.9	A.0011299.9.3.1	21T0		173.10	1900607453	EF504292260	1900607453

Document Number "1QP67U" ties to the "Sample Selected" Pg 1, "Travel Voucher" Pg 7, "Disbursement Voucher" Pg 8.

	Commitment Transaction
	Obligation Transaction
	Disbursement

(A) B1 (17.75)
+ B2 (142)
= 159.75 ties to the
"Sample Selected" Pg 1,
"Invoice" Pg 5,
"Travel Voucher" Pg 7,
"Disbursement Voucher" Pg 8.

(A1) B1 (17.75)
+ B2 (142)
+ C1 (106.50)
= 266.25 ties to the
"Travel Voucher" Pg 7,
"Disbursement Voucher" Pg 8.

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions. 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 use a GTCC contractor.					
2. NAME (Last, First, Middle Initial) Doe, John (E)		8. TRAVEL ORDER/AUTHORIZATION NUMBER 1QP67U (B)		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS, a. NUMBER AND Sample Sample Sam Sample				10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER: A54123 b. VOUCHER NUMBER: B12354			
7. DAYTIME TELEPHONE NUMBER & AREA CODE Sample				11. ORGANIZATION AND STATION Sample			
12. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES NO (Explain in Remarks)		d. COMPUTATIONS			
15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) c. MEANS/MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES				e. SUMMARY OF PAYMENT			
09/01 DEP DAHLGREN, VA CP 09/01 ARR SAN DIEGO, CA TD 09/02 DEP SAN DIEGO, CA 142.00 09/02 ARR DAHLGREN, VA MC DEP ARR DEP ARR DEP ARR DEP ARR				(1) Per Diem: 266.25 (2) Actual Expense Allowance: 266.25			
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS		(7) Total: 266.25 (8) Less Advance: 0.00 (9) Amount Owed: 0.00 (10) Amount Due: 266.25 (A1)			
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED				19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS			
09/01 Hotel Room Tax 14.91 14.91 09/01 Hotel Sales Tax 2.84 2.84 Sum of Hotel Tax: 17.75				Ryan Gibson, who reviews the travel voucher is also noted as the one who "Reviewed" the "Travel Voucher" in DTS "Travel Authorization" Pg 10.			
20.a. CLAIMANT SIGNATURE RYAN GIBSON (F)		21.a. APPROVING OFFICIAL'S PRINTED NAME JONATHAN CHOI (G)		Jonathan Choi, who creates the travel voucher request is also noted as the one who "Approved" the "Travel Voucher" in DTS "Travel Authorization" Pg 10.			
22. ACCOUNTING CLASSIFICATION				23. COLLECTION DATA			
24. COMPLETED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
28. AMOUNT PAID							

*For DTS users, the actual forms used in this package might not provide the actual signature of the approvers. In that case, the Reporting Entity should provide the DTS Travel Authorization sheet with the other KSD's being provided as included in Pg 10.

SF1034 - EDP PUBLIC VOUCHERS FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

US DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION	DTE VOU PREP 9/9/15	VOUCHER NUM 187740
DFAS-IN CENTRAL DISBURSING	CONTRACT NO CIT15416A0639	PAID BY JOHN
	PAYMENT NO. 1 TYPE: FINAL	9/9/15 5570

PAYEE ID J0912C

PAYEE'S NAME AND ADDRESS
CITIBANK GOVERNMENT CARD SERVICES

INV DATE	INV NUM	DOC CTL NUM	MDSE AMOUNT	INTRST/DAYS DISCOUNT-LATE	INT RATE %	FREIGHTAMOUNT
	4614260000090639		16323.72	4.32 0	0.0000%	0.00
	4614260000090639		-4835.83	4.32 0	0.0000%	0.00

REMARKS

12008395556CI0000281 WCD: ROV4B

PREPARED BY: ADS SYS

VOUCHER SUBTOTAL:	11487.89
TAX WITHHELD:	0.00
EXCHANGE	1.00
RATE/DIFFERENCE:	
TOTAL PAYMENT:	11487.89 (D)

AUT-CER:
ENTITLEMENT OFFICE
ENTITLEMENT OFFICE TELEPHONE NUMBER

I CERTIFY THIS VOUCHER CORRECT AND PROPER FOR CHECK PAYMENT
11/20/15 DHNELOSU

The Total Payment ties to the Summed amount of the individual transactions on second page of "Voucher" on Pg 9.

[REDACTED]
 [REDACTED]
 1234XXXX.265Y 5X 5XYX 00000000022A1 22003 US
 AF7EGJ GJAF ^(B) 1QP67U
 1234XXXX.265Y 5X 5XYX 00000000022A1 22003 US
 AF7EGJ GJAF ^(B) 1QP67U

The Travel Authorization
 number can be found in
 the Disbursement section
 in the
 "Sample Selected" Pg 1,
 "GL History" Pg 6.

19.60
 193.10
 17.75
 142.00 ^(A)
 5.75
 206.60
 19.60
 856.80
 5.75
 401.60
 19.60
 206.60
 19.60
 211.10
 19.60
 193.10
 19.60
 294.10
 19.60
 193.10
 19.60
 914.52
 19.60
 7450.02
 19.60

17.75
 + 142.00
 = 159.75 Disbursement amount ties to the
 "Sample Selected" Pg 1,
 "GL History" Pg 6,
 "Travel Voucher" Pg 7.

Sum: 11,487.89 ^(D)

Sum of Pg 9 adds to 11,487.89
 which ties to the total amount
 in first page of the "Voucher
 on Pg 8.

The Travel Authorization number can be found in the

"Sample Selected Pg 1,
"Travel Voucher" Pg 7,
"GL History" 6.

01/06/16

TRAVEL AUTHORI

2345_V01

ADJ LEVEL: 0

PAGE 1

** Read Privacy Act On Last Page **

AUTH NO:

1QP67U

(B)

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	08/15/15	0812	JOHN DOE
REVIEWED	08/15/15	1340	RYAN GIBSON
APPROVED	08/15/15	1631	JONATHAN CHOI
PAID	09/10/15	1340	

John Doe creates the request as noted in "Travel Voucher" Pg 7 Ticmark (E)

Ryan Gibson reviews the request created by John Doe in "Travel Voucher" Pg 7 Tickmark (F)

Jonathan Choi reviews and approves the "Travel Voucher" Pg 7 Tickmark (G)

Pay Link Generated: Paid John Doe \$159.75, Voucher A54123

*For DTS users, the actual forms used in this package might not provide the actual signature of the approvers. In that case, the Reporting Entity should provide the DTS Travel Authorization sheet with the other KSD's being provided.

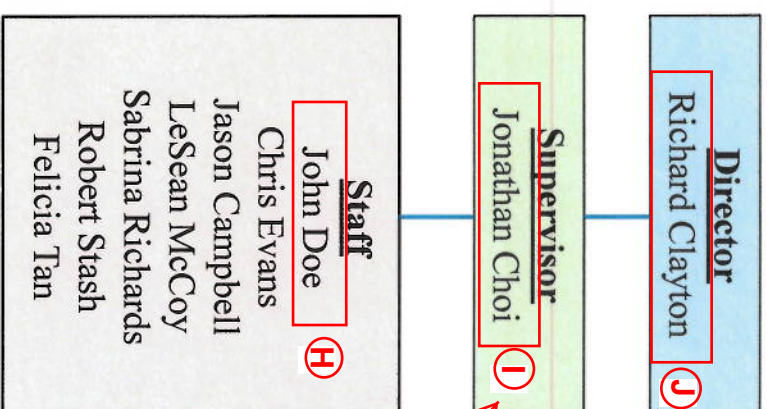
SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)				
PRIVACY ACT STATEMENT				
AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.		PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.		
ROUTINE USES: None.		DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.		
TYPE OF REQUEST <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID			DATE (YYYYMMDD) 20150530	
SYSTEM NAME (Platform or Applications) Defense Travel System (DTS)		LOCATION (Physical Location of System) Crystal City, VA		
PART I (To be completed by Requestor)				
1. NAME (Last, First, Middle Initial) DOE, JOHN (H)		2. ORGANIZATION REPORTING ENTITY		
3. OFFICE SYMBOL/DEPARTMENT REPORTING ENTITY		4. PHONE (DSN or Commercial)		
5. OFFICIAL E-MAIL ADDRESS ASDF@MAIL.MIL		6. JOB TITLE EMPLOYEE		
7. OFFICIAL MAILING ADDRESS 4800 Crystal City Dr. Crystal City, VA		8. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> OTHER		
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete) <input checked="" type="checkbox"/> I have completed Annual Information Awareness Training.				
11. USER SIGNATURE DOE, JOHN			12. DATE (YYYYMMDD)	
PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)				
13. JUSTIFICATION FOR ACCESS Defense Travel System (DTS) System Access				
14. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED				
15. USER REQUIRES ACCESS TO: <input type="checkbox"/> OTHER				
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input type="checkbox"/> Contract Number, Expiration Date. Use Block 27 if needed.				
17. SUPERVISOR'S NAME (Print Name) JONATHAN CHOI (I)		18. SUPERVISOR'S SIGNATURE jonathan.choi@osd.mil <small>Digitally signed by jonathan.choi@osd.mil DN: cn=jonathan.choi@osd.mil Date: 2016.03.03 16:45:11 -0500</small>	19. DATE (YYYYMMDD) 20150530	
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT		20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER	
21. SIGNATURE OF INFORMATION OWNER/OPR		21a. PHONE NUMBER 1234567890	21b. DATE (YYYYMMDD) 20150530	
22. SIGNATURE OF IAO OR APPOINTEE		23. ORGANIZATION/DEPARTMENT Reporting Entity	24. PHONE NUMBER 1234567890	
		25. DATE (YYYYMMDD) 20150530		

A DD2875 should be provided for the system used and the employee name who was selected as the sample. The Reporting Entity should also provide an "Organization Chart" showing that the employee is being certified by a supervisor who is authorized. Also shown in Pg 13.

The DD2875 provided should have the Supervisor's, Information Owner's and the IAO or Apointee's Signature and the Date approved. The Reporting Entity should also include an "Organization Chart" showing that the Supervisor is an authorized approver of the DD2875 as shown in Pg 13.

Reporting Entity Organization Chart

As of 4 June 2013



Approver who is approving the DD2875 should be listed in the Organization Chart as shown in Pg 12.

Approver who is approving the DD2875 should be listed in the Organization Chart as shown in Pg 11 of 13. Also, the approver should have its own DD2875 with its own supervisor's approver as shown in Pg 12.

Employee who is being approved in the DD2875 should be listed in the Organization Chart as shown in "DD2875 John Doe" in Pg 11.

** In order to verify that the supervisor who signed the form DD2875 has the authority to do so, the Reporting Entity should provide an Organization Chart to show the authorization.

***Supervisor who approved the 2875 should be listed as the supervisor/ approver in the Organization Chart provided by the Reporting Entity. Also, he approver of the supervisor's DD2875 should be listed as well.