MULTIPLE PAYMENTS LIST						Page	. (of	Pages
PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC 5516, 5517, 5520, and 5701; Title 37 USC 404-427; and E.O. 9397									
PRINCIPAL PURPOSE(S):		Used to supplement DD Form 1351-2, "Travel Voucher or Subvoucher," to substantiate claims for reimbursement when multiple individuals of an organization are performing official travel at the same time, between the same points, and accounting data is the same. The information collected may also be used as a payroll list.							
ROUTINE USE(S):		Information may be furnished to an employee's state and/or local taxing authorities, to comply with agreements Treasury, for verification of filing information used by an individual in a tax return; in addition, release of information state, local or foreign law enforcement agencies, for investigation of and possible prosecution of an individual charge regulation, or order in this claim for restitution.					this form may	be made t	o Federal,
DISCLOSURE: Voluntary; however, failure to furnish requested information may result in total or partial denial of amount claimed.									
1. T	YPE OF PAYMENT	(Check applicable)					D.O. VOU	CHER NU	IMBER
MILITARY PAY (MP) TRAVEL ALLOWAN			A) OT	OTHER (Specify)			PAID BY		
2. P.	AYROLL NUMBER ((If applicable)		3. DATE OF COMPUTED PAYMENT					
4. ORGANIZATION AND STATION									
5. P.	AYEE IDENTIFICATI a. LAST	ION b. FIRST c. MI d. SSN	e.	. TRAVEL ORDER OR OTHER AUTHORITY	f. AMOUNT	Ç	J. SIGNAT OR CHE	URE CK NUM	BER
1									1
2									2
3									3
4 5									4 5
6									6
7									7
8									8
9									9
10									10
11									11
12 13									12 13
14									14
15									15
16									16
17									17
18									18
19 20									19 20
21									21
22									22
23									23
24									24
PAGE TOTAL 6. ACCOUNTING CLASSIFICATION									
7. PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THESE STATEMENTS ARE CORRECT AND PROPER									
a. NAME AND TITLE OF CERTIFYING OFFICER (Please type) b. CERTIFYING OFFICER (Signature)									