

Fax Cover Page for Travel Voucher Packet

TO:

FROM:

To

Name _____

Address _____

City _____ State _____ Zip _____

Fax Number _____

Fax Number _____

Phone Number _____

Phone Number _____

E-mail address _____

E-mail address _____

RE:	Orders No. _____	Travel start date _____	Travel end date _____
SSN _____	Branch: _____	Component _____	
Accrual _____	Accrual start date _____	Accrual end date _____	
Reason for submission _____	Date originally faxed: _____		
	Originally faxed to: _____		
	Originally faxed from: _____		

Remarks:

No. of Pages _____	<p>After faxing the travel voucher packet to DFAS, verify DFAS received the fax by calling the Interactive Voice Response System (IVRS) at 1-888-332-7366, press 1, press 1, enter your SSN, enter your "MyPay PIN" followed by "#". Record the date of the original fax, the original receiving fax number, and the original sending fax number above. Record the date-time group DFAS received the packet below. Also go to https://ca.dtic.mil/dfas/s-retired/TravelPayForm.htm and submit a "Customer Inquiry Request" (CIR). Under "Nature of Travel Inquiry," choose "Checking status of a faxed voucher." Print off a copy of the response and attach it to this packet. If you cannot verify DFAS received the packet after 24 hours, under "Reason for submission," choose "Receipt not verified" and refax it.</p> <p>DFAS receipt of travel voucher packet _____</p> <p>DFAS received the packet at (DTG): _____</p>
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If you have problems receiving this fax, please contact

Fax Closing Page for Travel Voucher Packet

Date _____

No. of Pages _____

TO:

FROM:

To

Name _____

Address _____

City _____ State _____ Zip _____

Fax Number _____

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Phone Number _____

Phone Number _____

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If you did not received all of the pages in legible condition, please contact:

TDY Housing, LLC * PO Box 216 * Sierra Vista * AZ 85636 * Phone: 520.439.8839 Fax: 520.439.8840 * www.goTDY.com

===== **Nothing Follows** =====