

ACDUTRA PAY VOUCHER NAVCOMPT FORM 2120 (REV. 11-75)

NOTICE
BEFORE FILLING IN THIS FORM, PLEASE READ THE PRIVACY ACT STATEMENT ON THE BACK.

SSN	NAME	DATE OF ORDERS	SDN
-----	------	----------------	-----

SECTION A TRAVEL ITINERARY	TRAVEL MODE CODES	TRANSPORTATION REQUEST T GOVERNMENT TRANSPORTATION G COMMERCIAL (OWN EXPENSE)..... C PRIVATE CONVEYANCE P	RAIL R PLANE P BUS B AUTO A
-----------------------------------	-------------------	--	--

PLACES OF DEPARTURE, ARRIVAL AND/OR DELAY		DEPARTED		ARRIVED		MODE CODE	DISBURSING OFFICER COMPUTATION
FROM	TO	HOUR	DATE	HOUR	DATE		

SECTION B STATEMENT OF MISCELLANEOUS EXPENSES					
TIME	DATE	TYPE OF EXPENSE	FROM	TO	AMOUNT

SECTION C CERTIFICATE OF TRAVELER	GOVT QTRS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	GOVT MEALS <input type="checkbox"/> YES <input type="checkbox"/> NO	
--	--	--	--

I Hereby Submit Claim for all Monies Found to be due me for Travel and Active Duty for Training Performed Under these Orders and Certify that the Above Statements and Schedules are Correct and Just in all Respects and that Payment or Credit has not been Received.

Penalty for Presenting Fraudulent Claim—Fine of not more than \$10,000 or Imprisonment of not more than 5 Years, or Both. Title 18 USC 287: 1001	Forfeiture of Fraudulent Claim—Falsification of an Item in an Expense Account Works a Forfeiture of the Claim. Title 28 USC 2514.
--	---

MY MODE OF TRANSPORTATION FOR RETURN HOME WILL BE:	SIGNATURE OF INDIVIDUAL	DATE
--	-------------------------	------

SECTION D DISBURSING OFFICER ENDORSEMENT						RECAPITULATION	
CREDITS	FROM	TO	DAYS	RATE	AMOUNT		
						GROSS PAY AND ALLOWANCES (FY)	\$
						GROSS PAY AND ALLOWANCES (FY)	\$
						FICA WAGES \$	TAX \$
						WITHHOLDING TAX	\$
						LESS INTERIM PAYMENT	\$
						TOTAL DEDUCTIONS	\$
						NET PAY DUE	\$
						GOV'T CONTRIBUTION (FY)	\$
						TO FICA TAX (FY)	\$

ADDITIONAL INFORMATION: (Check this box if continued on reverse side)

SYMBOL NUMBER	SIGNATURE OF DISBURSING OFFICER
---------------	---------------------------------

TRAVEL EXPENSES				
FY ()	MILES AT \$	PER DIEM: \$	MISCELLANEOUS: \$	TOTAL \$

TRAVEL EXPENSES				
FY ()	MILES AT \$	PER DIEM: \$	MISCELLANEOUS: \$	TOTAL \$

PV NUMBER	DATE	SYMBOL NO.	CASH	CHECK NO.	AMT.	TOTAL AMT. PAID

ON THESE ORDERS:

PRIVACY ACT STATEMENT

FOR

NAVCOMPT FORM 2120 (REV. 11-75), - "ACDUTRA PAY VOUCHER"

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL 93-579) which require that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested.

1. AUTHORITY: Title 10 ~~and~~ 37 U.S. Code.
2. PRINCIPAL PURPOSE(S): To support member's claim for ACDUTRA travel expenses.
3. ROUTINE USE(S): Member completes itinerary and certifies correctness of claim.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Mandatory. If not completed, no payment is made.