## **Final Submission of Travel Claims**

For more information on this process, please contact Employee Claims Customer Support at email: <a href="mailto:EmployeeClaims@state.gov">EmployeeClaims@state.gov</a> or call CGFS Charleston tel: 843-308-5461.

## From Ask Admin:

Where to send final travel vouchers or PCS claims after an employee resigns, retires, or separates:

Send the final travel voucher to Employee Claims via one of the following ways:

Overnight Deliveries Only:

1969 Dyess Avenue Charleston, SC 29405

• Regular Mail Only:

PO Box 150008 N. Charleston, SC 29415-5008

 Scanned and emailed: GFSCWOEC@state.gov

Please be sure to print a hard copy of the DS-0189 (attached) that may be required to be submitted for reimbursement. The employee's signature is sufficient for authorization.

* Items indicated b	1.								2. D.O. VOUCHER NO.			
a Star are to be Completed by th	(AGENCY)											
Payee. U.S. Departmen TRAVEL REIMBURSE					t of State MENT VOUCHER			3. BU. VOU. NO.				
*4. PAYEE'S COME	Γ	*5. TRAVEL A	HORIZATION	E D O BAI	6. D.O. PAID BY							
					A. Number B. D		Dated (mm-dd-yyy		So. D.O. PAID BY			
*	*	7. SOCIAL SEC	Y NUMBER									
A. Old Balance	A. Old Balance						NI .	_				
B. Applied This Vo		9. OFFICIAL ST (State Only)	A110	51 <b>4</b>								
C. New Balance												
*10	. STATEMENT	OF GOVERNME	NT-FURN	ISHED TRAI	NSPORTATION			E. Point-to	-Point Travel			
A. GTR or Vou. No	,	B. Valuation C. C		C. Carrier*	D. Class	D. Class		from	(2)	.0		
									-			
									-			
									-			
*44 DAVEE OFF	IEIOATE O											
*11. PAYEE CERT		ified Correct. Pay	ment or	credit has no	ot been received	d. * *	12. PAYMENT CALCULATION  *A. Amount Claimed					
A. Date (mm-dd-yyyy)	B. Signature						(See Ite		_			
13. ADMINISTRATIVE APPROVAL:								es, if any				
A. Date (mm-dd-yyyy)	B. Signature	(See Item 8B.)			***************************************				_			
								C. Amount Allowed (Verified correct				
Name:							to Appropriation					
*14. PREVIOUS PA	Title:	e next previous	Vou paid	under same	travel auth wa		-					
A. D.O. Vou. No.	B. Paid (n			ame and		15.	D. Applied to					
	arrio arra	(See Iten			n 8B.)							
15. CERTIFIED FOR	R PAYMENT: A	Pursuant to authorit	v vested in	me I certify	this youcher		-					
TO. CENTILED TO	TTATIVILIVI. 1	is correct and pro	per for pay	yment:	inis voucher				_			
A. Date (mm-dd-yyyy)	B. Authorized	Certifying Officer	's Signat	ure			E. Net to Pa	yee				
	Name:					-						
	Title:											
16. METHOD OF P	AYMENT (For	Paving Office Us	e Onlyl						_			
A. Cash or Dep. Ch		B. Exchange R		C. U.S. \$	Equivalent		*D. Date (mn	n-dd-yyyy)				
F 7	· 0 1 1						*F D	Descional				
E. Treasury or Depo	sitory Check I	No. and Name of	Deposito	ry			*F. Payment	Received				
17. ACCOUNTING CLASSIFICATION D. Organization					lee .	T = .		(Payee's Signature)				
A. Fund		C. Oblig. (T/A)		Organizatio Subcost, et			Object, G. source, etc	Paying Office	H. Paying Date (mm-dd-yyyy)	I.Amount (State)		
		L				L						
* Item 10C - If carri	CLAIM - Falsific		n an expen	ise account wo	orks a forfeiture of	f the o	claim (28 U.S.C	C. 2514) and may	result in a fine of	not more		

*18. CLAIM (Show complete itinerary and/or transportation expenses for persons and things for which reimbursement is claimed; on effects, show weights/measures and attach all receipts.)										
REMARKS (Names of dependents including date of birth (DOB) of dependent children, explanation for use of foreign registry ship, rates of exchange, etc.)										
Dates	Local		Per Diem	Daily	Amount					
(mm-dd-yyyy) (A)	Time (B)	Itinerary and Description	Days (D)	Rate (E)	Per Diem	Other				
			,		(F)	(G)				
					T					
-										
				Etimographi,						
		GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)								
PRIVACY AC	T STATEMENT ocial security r	Authority: F.O. 9397 dated Noven	nber 22, 1943 an claim. It is used	d 5 U.S.C. 5		Ince data				
will facilitate	faster, more ac possibility of e	number (SSN) is mandatory to process your application or name, as an identifier to assure crediting advances and re ccurate processing. If you do not provide your SSN at thi rrors if your claim is confused with that of another persor State and General Accounting Office.	imbursements to s time, it must be n having a similar	the right perse researched name. Comp	son. Your providi manually with att pleted forms are s	ng your number endant delay, subject to audit				

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