### PiPS User friendly Guide



Permanent Change of Station In-Processing System

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This is a step-by-step guide to assist members with inprocessing Ramstein Finance.

PiPS was created to aid members in filing PCS travel vouchers by following an easy to use, self-populating form flow.



Before you log on, make sure you are using a computer with a CAC reader.

\*\*A USB card reader may be used on home computers as well.

Now, insert your CAC.



 Log on to PiPS website at: <u>https://efinanceworkspace.wpafb.af.mil/Gov</u> <u>Warning.aspx</u> (if using a home computer, use the link available through the AF Portal <u>https://www.my.af.mil</u>).

• When prompted by certificates, please choose your name and click "Ok."

# You are now logged on. You should see the following screen:



### Click on "Continue"



#### LINER PRINCIPAL STATT, CHRISTERIA ADRICHEGA COMPARITMENTAL TODO, ADRIANETS, CALLERTS AN INVERSE ATTREMENTAL DE LECTAL DESCRIPTION

#### **Privacy Act Statement**

AUTHORITIES: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 – 427, 5 U.S.C. Section 301, E.O. 9397, DoDFMR 7000.14-R, Vol. 9, Tax Reform Act of 1976, Public Law 94-455,

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims. Dates of Birth, Marital Status, Number and Sex of Dependents are used to determine travel and military pay entitlements items such as: Transportation costs; Per Diem; Dislocation Allowance; Basic Allowance for Housing; Family Separation Allowance. Home addresses and Phone numbers are needed for later contact or mailings and/or to determine the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary, however, failure to furnish the information requested may result in total or partial denial of any amounts claimed for travel payments or military pay entitlements.

http://www.defenselink.mil/webmasters/policy/dod\_web\_policy\_12071998\_with\_amendments\_and\_corrections.html





PIPS/eFinance Workspace

### Click on "PiPS"



### Select "Begin a New PCS In-processing Package" and click "Continue."



# Select "I'm reporting to a new duty assignment..." and click "Continue."

### PiPS

#### PCS Type

PIPS currently allows automated in-processing for most Air Force Permanent Change of Stations (PCS) moves. Please review the statements below and choose the option that best applies to you.

I'm reporting to a new duty assignment, but am not reporting directly from basic military training or officer training school.

I'm reporting for basic training or to a technical training school immediately following basic training.

I'm brand new to the Air Force (Accession) reporting direct from a civilian status or from officer training school.

|   |   | -  |    |
|---|---|----|----|
| ы | а | CI | ĸ. |
| - | - | ~  |    |

CLICK

# Ramstein is an OCONUS base. Please click "No."

|   | PiPS                    |                     |   |                        |   |
|---|-------------------------|---------------------|---|------------------------|---|
|   | My Info Travel Vouch    | her Family Voucher  | TLE FSA Required Documents Sun                  | nmary PCS Briefing     | 4.8 de la desarcol, de un este constructurativa de<br>construientem nombre la constructurativa de la<br>construientem de la constructurativa de la constructura<br>construientem de constructurativa de la constru-<br>cientem de la constructura de la construcción<br>construientem de la construcción de la constru-<br>cción de la construcción de la construcción<br>construientem de la construcción de la constru-<br>cción de la construcción de la construcción de<br>la construictiva de la construcción de la construcción<br>construientem de la construcción de la construcción<br>construcción de la construcción de la construcción<br>construientem de la construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcción<br>construcci |
|   | PCS Briefing for Contin | ental United States | PCS Briefing for Overseas Locations Loca        | al Finance Information |   |
|   | Status                  |                     |   | Clos                   | e PCS Package   🏠   |
| × | My Info                 | PCS Briefing        |   |                        |   |
| × | Travel Voucher          |                     | Is your Permanent Change of Station to a Contin | ental United           |   |
| × | Family Voucher          |                     | States (CONUS) location?                        |                        |   |
| × | TLE                     |                     | NOTE: CONUS does not include Alaska or Hawaii.  |                        |   |
| V | FSA                     |                     |   |                        |   |
| 3 | Documents               |                     |   |                        |   |
| 2 | Ask the Expert          |                     |   | C                      |   |
|   |                         | Back                |   |                        | No  |

### Click on "PCS Briefing for Overseas Location."



Continue

#### PLEASE READ!!! Most of your questions will be answered here. Once finished, click "Continue."

| PiPS                  |   |  |                               |             |                 |               |
|-----------------------|---|--|-------------------------------|-------------|-----------------|---------------|
| My Info Travel        | Voucher Family Voucher  | TLE FSA  | Required Documents            | Summary     | PCS Briefing    |               |
| PCS Briefing for C    | ontinental United States  | PCS Briefing for   | <b>Overseas Locations</b>     | Local Finan | ice Information |               |
| Status                |   |  |                               |             | CI              | ose PCS Packa |
| My Info               | PCS Briefing for Ove  | erseas Locations   | 5                             |             |                 |               |
| Travel Voucher        | Entitlement Information (   | )verview (Select Li  | nk to go directly to entitlem | nent info)  |                 |               |
| Family Voucher        | Travel Entitlements     O Travel Entitle  | ements – Mileage   |                               |             | S               |               |
| TLE                   | O Travel Entitle<br>O Travel Entitle  | ements – Per Diem<br>ements – Dislocation A                      | Allowance                     |             |                 |               |
| FSA                   | Basic Allowance for   | Housing (BAH)  |                               |             |                 |               |
| Required<br>Documents | Family Separation Al     Enlisted Meal Deduct   | Expense (TLE)<br>lowance (FSA)<br>tions                          |                               |             |                 |               |
|                       | Advance Military Pay     Advance Basic Allor     Cost of Living Allow     Temporary Lodoing | /<br>wance for Housing<br>ance (COLA)<br>Allowance (TLA) - O     | CONUS Only                    |             |                 |               |
| Ask the Expert        | Overseas Housing A     Hardship Duty Pay-L     Imminent Danger Pay                          | Allowance (OHA) – O<br>ocation (HDP-L) – OC<br>(IDP) – OCONUS On | CONUS Only<br>CONUS Only      |             |                 |               |
|                       | Combat Zone Tax Ex  | clusion (CZTE) - OC  | ONUS Only                     |             |                 |               |

#### It is important that the correct location is selected on this screen for "Servicing Finance Office." Then click "Continue."

|                         | PiPS                     |  |  |  |  |
|-------------------------|--------------------------|--|--|--|--|
|                         | My Info Travel Vouch     | er Family Voucher TLE FSA Required Documents Summary PCS Briefing  |  |  |  |
|                         | PCS Briefing for Contine | ental United States PCS Briefing for Overseas Locations Local Finance Information  |  |  |  |
|                         | Status                   | Close PCS Package  |  |  |  |
| ×                       | My Info                  | Local Finance Information  |  |  |  |
| ×                       | Travel Voucher           | Servicing Finance Office Ramstein AB   RAMSTEIN  |  |  |  |
| $\overline{\mathbf{x}}$ | Family Voucher           | If not already selected, procisering Pinance Onice of your new location  |  |  |  |
| $\overline{\mathbf{x}}$ | TLE                      | Welcome to Ramstein AB Germany   |  |  |  |
| $\overline{\mathbf{x}}$ | FSA                      | IMPORTANT NOTE: IF YOU SHIPPED YOUR POV TO GERMANY IN CONJUNCTION WITH YOUR PCS TRAVEL, PLEASE BE SURE THAT YOU<br>SUBMIT YOUR FORM 788 FROM THE VPC WITH YOUR PACKAGE. THIS FORM IS A REQUIREMENT, EVEN THOUGH IT IS NOT LISTED IN THE              |  |  |  |
| ×                       | Required<br>Documents    | REQUIRED DOCUMENTS LIST AT THE END OF THE PIPS TUTORIAL. THANK YOU.  |  |  |  |
| 2                       | Ask the Expert           | For finance concerns please email the customer service mail box at 86CPTS.finance@Ramstein.af.mil<br>86 CPTS/Finance Customer Service or call 480-5548<br>Customer Service Hours are 0900-1500 Mon - Wed and Fri with Thursday as appointments only. |  |  |  |
|                         |                          | Back CLICK Continue  |  |  |  |

#### Personal information and data will be collected throughout the process, make sure you have all of the following information:

| PiPS  |  |
|---|--|
| My Info Travel Vo<br>Personal Info Ma   | oucher Family Voucher TLE FSA Required Documents Summary PCS Briefing  |
| Status  | Close PCS Package  |
| 😽 My Info   | My Info  |
| <ul> <li>Personal Info</li> <li>Mailing Address</li> <li>Marital Status</li> <li>Dependents</li> <li>BAH</li> <li>Direct Deposit</li> <li>State of Residence</li> <li>Travel Voucher</li> <li>Family Voucher</li> <li>TLE</li> <li>FSA</li> <li>Required<br/>Documents</li> </ul> | PIPS will now gather your personal information for your PCS arrival. The information collected includes:   Personal Information  Your SSN  Your Name  Your Address  Pay Grade  Organization/Unit  Office Symbol  Station  Your Marital Status and Dependents Bond Address (if Changes Needed) Direct Deposit (if Changes Needed)  State of Legal Residence (if Changes Needed)  State of Legal Residence (if Changes Needed) |
| -   | Continue   |



Fill in all fields. Departing location must match Block 8 on your orders. Once all text boxes are complete, click "Continue."

| Personal Info Mailin                       | ng, Email, and Bond A    | ddress Ma           | rital Status    | Dependents BAI             | H Direct Deposit   | State of Resider    |
|--|--------------------------|---------------------|-----------------|----------------------------|--|---------------------|
| Status                                     |                          |                     |                 | Close PCS Packa            | ge 🌇 More inform   | ation on this topic |
| rm Errors                                  | Your Personal Inf        | ormation            |                 |                            | the second s | 3. e                |
|  | Fields marked * are requ | ired fields that mu | st be filled-in |                            |  |                     |
| rst Name                                   |                          |                     |                 |                            |  |                     |
| ne first name can only                     |                          |                     |                 |                            |  |                     |
| phens, and apostrophes.                    | * First Name             |                     | Initial         | * Last Name                | Suffix (Sr, Jr)  |                     |
| st Name                                    |                          |                     | 1               |                            |  |                     |
| tters, spaces, hyphens, and<br>postrophes. |                          |                     |                 |                            |  |                     |
| y Grade                                    | * SSN                    |                     |                 | * Pay Gr                   | ade - Select   |                     |
| e list.                                    |                          | Social Security     | Number          |                            |  |                     |
| a Primary Phone can contain                |                          |                     |                 |                            |  |                     |
| ters, numbers, and these                   | * Office Symbol          |                     |                 | * Departing Base/Location  | (as - Select   |                     |
| aracters. ( ) - and spaces.                |                          |                     |                 | listed on your travel orde | ers) 🗐 Check here if not in  | n list              |
| FSA  |                          |                     |                 |                            |  |                     |
| Bassingd                                   | * Primary Phone #        |                     |                 | * New Base/Loca            | tion Ramstein AB   | -                   |
| Documents                                  |                          | (DSN, Work, Duty    | ) If Not known, |                            |  |                     |
|  |                          | type in unknown     |                 |                            |  |                     |
|  | Secondary Phone #        | Ċ.                  | 1               | * Sapricing Finance Of     | Demotoin AD  |                     |
|  | occonduly r none a       |                     |                 | Servicing Finance of       | Ramstein AD  |                     |
| Ask the Expert                             | PAS Code                 | <u> </u>            |                 | * Organization             | Unit Select  |                     |
|  |                          | Refer to Block 9    | on your AF Form |                            | Select New Base/Duty   | Location            |
|  |                          | 899 (PCS Order      | \$)             |                            | to populate list   |                     |

If PSC address is known, please select and input your address. Otherwise, enter a US mailing address.

Primary email must be a valid email! You may enter a personal email if desired. The email address entered is where notifications regarding the status of your voucher will be sent.

|                            |  | Close PCS Package   |        | More information on this topic | ? |  |  |
|----------------------------|--|---------------------|--------|--------------------------------|---|--|--|
| Your Mailing and E         | mail Address   |                     |        |                                |   |  |  |
| Fields marked * are requir | Fields marked * are required fields that must be filled-in |                     |        |                                |   |  |  |
| Select your Type of Mai    | ling Address: 💿 US Mailing Address 🔘                       | ) PSC               |        |                                |   |  |  |
| * Number and Street        |  |                     | * City |                                |   |  |  |
| * State                    | Select 🔻   | * Zip Code/Postal   | Code   |                                |   |  |  |
| * Primary E-Mail Address   |  | Secondary E-Mail Ad | dress  |                                |   |  |  |
|                            |  |                     |        |                                |   |  |  |

Back

CLICK

#### If you have a savings bond and would like to change the address, click "Yes" and follow the online instructions. If not, select "No."

#### Bond Address Bond Address Change PIPS has the ability to change the mailing address of all Savings Bonds owned to a single U.S. mailing or PSC Address. If you want to change the mailing address for all Savings Bonds owned to a single U.S. mailing or PSC Address, select "Yes". If you desire to change your Bond Address(s) to a foreign address(s) or want bonds mailed to multiple addresses you have the following options; Visit My Pay website at; https://mypay.dfas.mil/mypay.aspx Or Contact your local financial services office because special information may be required SELECT YOUR OPTION Back No Yes

# If you want to change you savings bond address, click "Yes."



Input address: If your mailing address is the same address you previously provided, you may check "Use Same as Mailing Address." You may also use a different US mailing address or your PSC address.

|   | Close PCS Package   🏠  | More information on this topic 🔋 |
|---|------------------------|----------------------------------|
| Savings Bonds Address                                       |                        |                                  |
| Fields marked * are required fields that must be filled-in  |                        |                                  |
| Click to use same address 📄 🔲 Use Same                      | e as Mailing Address   |                                  |
| Select your Type of Mailing Address: 🔘 US Mailing Address 🔘 | PSC                    |                                  |
| * Number and Street ENTER YOUR ADDRESS                      | * City                 |                                  |
| * State Select 🔻  | * Zip Code/Postal Code |                                  |
|   |                        | CLICK                            |
| Back  |                        | Continue                         |

## Please select your marital status from the following options and click "Continue."





Continue

CLICK

## For your selection, please follow each step and fill in your (or dependent's) information.

Once you have completed YOUR appropriate information you

should be here: (BAH Info)

• Please READ the BAH briefing that is included here. Many questions will be answered from this briefing.

#### **BAH Information**

BASIC ALLOWANCE for HOUSING (BAH)

Rates can be looked up here: http://perdiem.hqda.pentagon.mil/perdiem/bah.html FAQs: http://perdiem.hqda.pentagon.mil/perdiem/bahfaq.html Reference - JFTR, Chapter 10: http://perdiem.hqda.pentagon.mil/perdiem/trv/regs.html

GENERAL INFO: Members assigned to permanent duty within the 50 United States, who are not furnished government quarters, are eligible for a Basic Allowance for Housing (BAH), based on dependency status at the permanent duty station ZIP Code. A member stationed overseas (except in Hawaii and Alaska), including U.S. protectorates, who is not furnished government housing, is eligible for an Overseas Housing Allowance (OHA) based on dependency status. If a member is serving an UNACCOMPANIED overseas tour, BAH is authorized at the with dependents rate, based on the dependent's U.S. residence ZIP Code, plus FSH at the OCONUS PDS, if the member is not furnished government housing overseas.

The policy is to use the duty location as a basis for BAH based on the desire to compensate members for the typical housing cost within a "reasonable commuting distance" from the member's duty location.

Any member who is assigned Family Government Quarters does not receive the BAH in his/her regular pay. If assigned to Privatized Quarters, the member receives the BAH in their pay, but also must pay the Private Contractor the same amount of BAH as the monthly rental fee.

Government Quarters. Government quarters include:

- 1. Sleeping accommodations or family-type housing owned or leased by the U.S. Government;
- 2. Lodgings or other quarters obtained by U.S. Government contract;
- 3. Dormitories or similar facilities operated by cost-plus-a-fixed-fee contract
- 4. Sleeping or housing facilities furnished by a foreign government on behalf of the U.S. Government;
- 5. Quarters in a state-owned National Guard camp.

\*\*Government quarters for BAH purposes do not include transient facilities such as Temporary Lodging Facilities, guest houses, hostess houses, and hotel type accommodations built and/or operated by non-appropriated fund activities, or privatized housing.

When PCSing to a CONUS location, BAH is started using the travel voucher and BAH certification. When going Overseas, the Housing office in that country will assist in starting any applicable Overseas Housing Allowance (OHA).

Listed below are some other common types of BAH for single/divorced members

#### BAH Differental (BAH-DIFF)

Continue

BAH-DIFF is the housing allowance amount for a member who is assigned to single-type quarters (typically the dormitory) and who is authorized a BAH solely by reason of the member's payment of child support. A member is not authorized BAH-DIFF if the monthy rate of that child support is less than the BAH-DIFF amount. The BAH-DIFF amounts, originally calculated in 1997, are updated annually based on changes in the Basic Pay tables. For more information contact your finance office or consult JFTR, par. U10008.

Transit Housing Allowance (BAH-T

22

#### When finished, CLICK

References: AFI 32-6005, Unaccompanied Housing Management, Chapter 4 – Financial Matters 4.1. Basic Allowance for Quarters (I AQ). The housing office is the only base activity that processes AF Form 594, Application and Authorization to Start, Stop or Change Bas Allowance For Quarters (BAQ) or Dependency Redetermination, for unaccompanied personnel occupying UH.

# If you are adding a dependent, please complete fields with a RED star (\*).

| Close PCS Package 🌇  | Close PCS Package 🌇 More information on this topic 😢       |
|--|--|
| Civilian Spouse Information  | Dependent Information                                      |
| Fields marked * are required fields that must be filled-in                   | Fields marked * are required fields that must be filled-in |
| Dependents Name:   | Dependents Name:   |
| * First Name Initial   | * First Name Initial                                       |
| *Last Name Suffix (Sr,Jr)  | *Last Name Suffix (Sr, JR)                                 |
| Physical Address:  | Physical Address:  |
| Select From Previously Entered Address                                       | Select From Previously Entered Address                     |
| Note: Do not enter Postal Service Center as physical location of dependents. | * Number & Street City                                     |
| * Number & Street * City   | * State Soloot - * 7in Code/Postal Code                    |
| * State Select * Zip Code/Postal Code  | Check here if not in list                                  |
| Check here if not in list  | *Country Select  |
| * Country - Select   | Check here if not in list                                  |
| Check here if not in list  |  |
| Other Information:   | Other Information:   |
| * Date of Marriage January ▼ / 31 ▼ / 2010 ▼                                 | *Relationship Select                                       |
| * Is this dependent authorized to travel on your travel orders? Yes 👻        | *Custody Type Select 👻                                     |
| * Dependent Travel Status Select   | _  |
|  |  |
|  | Back Ex: DEPENDENT Continue                                |

## Again, please READ and Certify the BAH Statement below stating you read and understand the terms.

• Type "Agree" in the text box and click "Continue."



## If you would like to change your **Direct Deposit**, click "Yes" and follow the online instructions. If not, click "No."

#### PIPS Direct Deposit Change PIPS is capable of preparing the form to change your direct deposit for Military Payroll and/or Travel Payments to a domestic bank account. If you want to change your direct deposit for Military Payroll and/or Travel Payments to a domestic bank account, select Yes If you desire to change your Direct Deposit(s) to a foreign bank(s) you have the following options: Visit My Pay website at; https://mypay.dfas.mil/mypay.aspx Or Contact your local financial services office because there is special information required SELECT YOUR OPTION

Back

Close PCS Package 🌇

No

Yes

#### If you wish to change your Direct Deposit for Military Payroll (where your paycheck goes) fill out the information in the Direct Deposit Military Payroll box.

| ct Deposit for Military Payroll           |                          |
|---|--------------------------|
| Enter your 9 digit Routing Transit Number | Account Number           |
| Financial Institution Name                | Type of Account Select 🔻 |

### If you wish to change your Direct Deposit for Travel Payments (for your travel vouchers) fill out the information in the Direct Deposit Travel Payments box.

| Direct Deposit for Travel Payment  |   |
|--|---|
| Use Sam  | e as Military Payroll   |
| Enter your 9 digit Routing Transit Number  | Account Number  |
| Financial Institution Name   | Type of Account Select 👻  |
| ACCOUNT NUMBER<br>ROUTING NUMBER<br>ACCOUNT NUMBER | <ul> <li>1. ROUTING TRANSIT NUMBER - Here you would put "021001082"</li> <li>2. ACCOUNT NUMBER - Here you would put "123-456-789" Note the use of the dash symbol. (Include dashes where the symbol appears on the check or card)</li> <li>3. ACCOUNT TITLE (must include employee name)</li> <li>4. FINANCIAL INSTITUTION NAME</li> <li>5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit</li> </ul> |

Back

### If you would like to change your **State of Legal Residence**, click "Yes" and follow the online instructions. If not, click "No."

| State of Residence | Close PCS Package 🏠                                  | More information on this topic 🕐 |
|--------------------|--|----------------------------------|
|                    | Do you want to change your State of Legal Residence? | ,                                |
|                    |  |                                  |
|                    |  |                                  |
|                    |  | SELECT YOUR OPTION               |
|                    |  |                                  |

## Are you changing your Legal Residence to a **Native American Tribe** or a **State** of Legal Residence?



### Please read and click "Continue."

#### Close PCS Package

#### State of Legal Residence Instructions

#### INSTRUCTIONS FOR CERTIFICATION STATE OF LEGAL RESIDENCE:

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401 (a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential properties or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

#### Close PCS Package 🦿

#### State of Legal Residence Instructions

#### INSTRUCTIONS FOR NATIVE AMERICANS STATE INCOME TAX WITHHOLDING:

You must Satisfy the following tests:

1. You claim as your State of legal residency/domicile a federally recognized tribal reservation or Indian Country.

2. You are an enrolled member of that federally recognized Native American tribe.

If you satisfy these conditions, the Soldiers' and Sailors' Civil Relief Act provides that your home remains on the reservation/in Indian country. Consequently, you may stop State income tax withholding on your military compensation.

If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG representative) for advice prior to completing this form.

Effective date of exemption election. Withholding of State income tax will stop the month after the month in which you file this certificate. DFAS cannot make retroactive adjustments.

TRIBE

Back )

Continue







#### Please complete the fields with a **RED** star

(\*)

|                           |  | \ /·           |   |   |  |
|---------------------------|--|----------------|---|---|--|
|                           | Close PCS  | Package 🏠      |   |   | Close PCS Package  👔                             |
| State of Legal R          | esidence Change  |                | Native Americar                                   | n State Income Tax Withholding Change   |  |
| Fields marked * are       | required fields that must be filled-in   |                | Fields marked * are                               | required fields that must be filled-in  |  |
|                           |  |                |   | PRIVACY ACT STATEMENT   |  |
|                           | DATA REQUIRED BY THE PRIVACY ACT OF 1974   |                | AUTHORITY:  | 5 U.S.C. 5516, 5517, and EO 9397  |  |
| AUTHORITY:                | Tax Reform Act of 1976, Public Law 94-455  |                | PRINCIPAL   | To enable a Native American service member to stop State income taxes withholding from  | n military compensation                          |
| PURPOSE:                  | Information is required for determining the correct State of legal residence for purposes of withholding<br>income taxes from military pay.  | State          | ROUTINE USES:                                     | The information obtained will become part of the active duty pay system of records of the<br>may be disclosed to routine users of these records (includino State tax authorities) as di | e service concerned and<br>sclosed in its record |
| ROUTINE USES:             | Information herein will be furnished State authorities and to Members of congress  |                |   | system notice.  |  |
| MANDATORY OR<br>VOLUNTARY | Disclosure is voluntary, if not provided, State income taxes will be withheld based on the tax laws of th<br>previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the tax | he State<br>he | DISCLOSURE:                                       | Disclosure is voluntary. Failure to complete this form will result in withholding of State inc<br>pay.  | ome taxes from your                              |
| DISCLOSURE:               | applicable State based on your home of record.   |                | *Name of Federally F                              | Recognized Tribe That You are a Member of:  |  |
| * City or Ci              | *State - Select  | •              | * Name of Federally F                             | Recognized Tribal Reservation or Indian Country That You Claim As Your Domicile:  |  |
| STATE OF LEGAL            | RESIDENCE CERTIFICATION:   |                |   |   |  |
| I certify that, to the    | best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State cla<br>information provided is correct  | aimed          | * State the Reservati                             | on is Located in:   |  |
|                           | n in materi province i soci roc.   |                | Select  | •   |  |
| I understand that th      | e tax authorities of my former state of legal residence/domicile will be notified of this certificate.   |                | NATIVE AMERICA                                    | N STATE INCOME TAX WITHHOLDING EXEMPTION CERTIFICATION:   |  |
| * If you Agree to the     | State of Legal Residence Certification Statement, type in Agree  |                | I certify that I anticip<br>that I will immediate | bate meeting the two conditions necessary to be exempt from withholding for the calendar ye<br>y notify the finance officer of any changes that affect my withholding status.           | ar 2010. I also declare                          |
|                           |  |                | I understand that the                             | e tax authorities of my former State of legal residence/domicile will be notified of this certifica   | te.  |
| Back                      | STATE  | Continue       | * If you Agree to the                             | State of Legal Residence Certification Statement, type in Agree   |  |
|                           |  |                |   |   |  |
|                           |  | C              | Back  | TRIDE   | Continue   |

TRIBE

31

### The Travel Voucher

#### Close PCS Package 🖌

#### $\widehat{}$

#### My Travel Voucher

PIPS will now gather personal information for your Travel Voucher.

Travel Voucher Info includes:

- Travel Order Number
- Out Processing Date with Personal (MPF)
- Number of Privately Owned Vehicles Used
- Dislocation Allowance
- Split Disbursement
- Port Call Date
- Sign In Date

- Recruiter Assistance Dates
- Previous Travel Advances
- Dependent Concurrent Travel Info
- Household Goods Shipped Status
- Itinerary Info
- TDY En Route Periods
- Reimbursable Expenses

#### PENALTY STATEMENT:

Back

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim. You are filing a travel claim to the US Air Force and it is subject to Article 107, UCMJ and 18 U.S.C. 1001 (false official statements), Article 132, UCMJ and 18 U.S.C. 287 (frauds against the government), 28 U.S.C. 2514 (forfeiture of fraudulent claims) and Title 31, Section 3729).



### Step 1: Orders

- Enter your **Travel Order Number** and **Out Processing** Date in the required fields.
- Select your DLA option. Select "Click Here" to find out if you are authorized DLA.

| General Information  |
|--|
| Fields marked * are required fields that must be filled-in   |
| PCS Travel Order Number  |
| Refer to Block 27 on your AF Form 899 (PCS Orders)   |
| * Enter Your Original PCS Travel Order Number ENTER ORDER NUMBER   |
| If your travel order number is eight characters/digits long please enter only the first two letters and the last four digits.<br>(ex. AA123456 should be entered as AA3456)                        |
| Out Processing Date  |
| This is the date you accomplished your last official function at the previous duty station<br>(Examples: signing out with the Commander Support Staff (CSS), the base personnel office or housing) |
| * Enter Your Out Processing Date ENTER OUT PROCESSING DATE   |
| Dislocation Allowance  |
| * Are you claiming Dislocation Allowance (DLA) on this voucher? 🔘 Yes 💿 No Not Sure? Click Here SELECT   |
| Back CLICK Continue  |

## Step 2: Paying the GTC

- If "Yes", you may split disburse a dollar amount to pay your GTC. The rest will go to your military pay account.
- If "No", click "I do not wish to split disburse..."

|   | Tra  | vel Voucher Spl                | lit Disbursement       | t                |   |                            |     |
|---|--|--------------------------------|------------------------|------------------|---|----------------------------|-----|
|   | Fields marked * are required fields that must be filled-in |                                |                        |                  |   |                            |     |
|   | *G   | overnment Trav                 | el Card Split Dis      | bursement        |   |                            |     |
| SELECT IF "NO"  | $\implies$   | I do not wish to               | split disbursement to  | my Governme      | ent Travel (  | Card for this travel claim |     |
| SELECT IF "YES"   | $\rightarrow$  | I do wish to spli              | t disbursement to my   | Government T     | ravel Card  | for this travel claim      |     |
|   |  | * Amount \$                    |                        | e.g. 152.88      |   | ENTER AMOUNT               |     |
| *This split disbursement amount is only for this travel voucher claim. If you are completing any family temporary lodging expense claims, you will be asked for split disbursement amounts for those claims |  |                                |                        |                  | cher claim. If you are completing any family vouchers and/or<br>split disbursement amounts for those claims separately. |                            |     |
|   |  | Link to Citibank \             | Website: https://hon   | ne.cards.citidir | ect.com/Co  | ommercialCard/Cards.html   |     |
|   |  | View Acco                      | ount Summary           |                  |   |                            |     |
|   |  | <ul> <li>Enter Acco</li> </ul> | ount Number & Verifica | ation ID         |   | CLIC                       | K   |
|   |  |                                |                        |                  |   |                            |     |
|   | Bac  | :k                             |                        |                  |   | Contin                     | nue |

Close PCS Package

## Step 3: Travel advances?

- This does **NOT** include Military Pay Advances.
- Select your option: If "Yes", fill in required fields. For all others, click "No."

| )id you receive any Previous Travel   | Advances from a Financial Services Office?       |
|---------------------------------------|--|
| Does not include ATM Advances on your | Government Travel Card or Military Pay Advances) |
| Examples: Advance DLA                 |  |
| Advance Travel and PerDiem            |  |
| Advances Paid while TDY En Ro         | ute  |
|                                       |  |
|                                       |  |
|                                       |  |



### If you click "Yes," please fill in the "Payment Type." All other info is optional but if you know it, please fill it in.

| Travel Payment(s)/Advances                                 |  |
|--|--|
|  |  |
| Fields marked ^ are required fields that must be filled-in |  |
| * Payment Type Select                                      |  |
|  |  |
| If Known:  |  |
| Amount \$ (e.g. 152.88)                                    |  |
| Date of Payment Clear Date                                 |  |
| Advance Voucher Number                                     |  |
| Location Received  |  |
|  |  |
|  |  |

Back

Continue
### If you took more than one advance, please click "Add another Payment" and repeat the same procedure. If not, click "Finished."

Summary of Travel Payment(s)/Advances

Use this page to enter, edit, or delete your previous government Payments/advances.

- Select "Edit" to edit a payment previously entered
- Select "Delete" to Delete a payment previously entered
- Select "Add" to Add a new payment.

Once all Payments/Advances are entered, Select "Finished"

| Payment Type | Amount | Date | Location Received |      |        |
|--------------|--------|------|-------------------|------|--------|
| DLA          |        |      |                   | Edit | Delete |

Add Another Payment





# NO DEPENDENTS

 If you have NO dependents or are Mil-to-Mil w/o children, you should see this screen: click "Continue."

Dependents That Traveled Concurrently

Back

You did not enter any dependents in the My Info Tab, so <u>NO</u> dependents will be put on your Travel Voucher as traveling concurrently with you.

If this is correct Select Continue If this is Not Correct and you have dependents on your travel order that traveled concurrently with you: Select Add Civilian Spouse to add a civilian spouse Select Add a Dependent to add a dependent other than a civilian spouse



# WITH DEPENDENTS

• If you have dependents, they will be listed on the screen as follows: click "Continue"

Close PCS Package Im

#### Dependents That Traveled Concurrently

These are the dependents that you selected "This Dependent traveled concurrently, using the exact itinerary and modes of travel as me" for the Dependent Traveled Status dropdown when adding/editing a dependent's information

| Name        | Relationship    | Custody Type | DOB         |
|-------------|-----------------|--------------|-------------|
| Jane Doe    | Civilian Spouse |              |             |
| John Doe Jr | Child           | In Custody   | Mar 10 2010 |

#### If this is Correct Select Continue

If this is Not Correct

Select Add, Edit or Delete Dependent If you need to Add, Edit or Delete a Dependent previously entered Select Add Civilian Spouse to add a civilian spouse, if not previously entered

\*Note: If you added a dependent that is on your travel orders but for the Dependent Traveled Status Dropdown Selected:

- · This Dependent will travel in the near future
- This Dependent traveled using a different itinerary, dates, and/or modes of travel than me

you will have to fill out the Family Voucher Tab for the dependent(s)

**CLICK** 

# Enter Dependent's PHYSICAL Address at the time ORDERS were received.

| hysical Reside    | ntial Address Required    |              |                        |         |
|-------------------|---------------------------|--------------|------------------------|---------|
|                   | Select F                  | From Previou | usly Entered Address   |         |
| * Number & Street | 123 Main St               |              | * City                 | Nowhere |
| * State           | FC - Foreign Country      | •            | * Zip Code/Postal Code | 54321   |
|                   | Check here if not in list |              |                        |         |
| * Country         |                           | -            |                        |         |
|                   | Check here if not in list |              |                        |         |
|                   |                           |              |                        |         |

# HOUSEHOLD GOODS

- If HHG have been shipped, select "Yes" and click "Continue."
- If HHG have not been shipped, select "No", explain why, and click "Continue."

| Household Goods   |                     |          |
|---|---------------------|----------|
| Fields marked * are required fields that                            | t must be filled-in |          |
| * Have Household goods been shipped?                                | © Yes ◙ No          |          |
| * Please enter remarks why household<br>goods have not been shipped | Must be filled in   | *        |
|   |                     |          |
|   |                     | СИСК     |
|   |                     |          |
|   |                     |          |
| Back  |                     | Continue |

# Itinerary: Where the confusion can happen

### Please READ this page and click "Continue."

**Close PCS Package** 



Back

# DEPARTURE DATE

Please enter ACTUAL departure date. This has to be AFTER your Out-Processing date. This will be the day you departed the local area of your old PDS, permanently.

| Itinerary - Departure Information                                  |
|--|
| Fields marked * are required fields that must be filled-in         |
| * Enter Your Actual Departure Date Mar 01 2010 To SELECT YOUR DATE |
|  |
| CLICK  |
|  |
| Back Continue  |

# BEFORE PROCEEDING ANY FURTHER... HERE ARE FEW THINGS YOU **MUST** KNOW...

- Only list **CITY AND STATE/COUNTRY** with the exception of your last base, which is auto-populated, TDY location (if applicable), and new duty station (i.e. Langley, VA to Baltimore, MD to Ramstein, GE). The installation name takes the place of the city name.
- We **DO NOT** need every location you stopped at before arriving Ramstein AB.

# Find your status...

- If you are coming from a CONUS (Stateside) Base: Last Base, Leave Location (if any), TDY location (if any), Departure Port (last city in the US), Frankfurt, GE (if applicable), Ramstein, GE.
- If you are coming from a OCONUS (Overseas) Base AND went on COT leave to the States: Last Base, Departure Port (if applicable), Arrival Port (1<sup>st</sup> city in the US), Leave Location, TDY Location (if any), Departure Port (last city in the US), Frankfurt, GE (if applicable), Ramstein, GE.
- If you are coming from a OCONUS (Overseas) Base AND went straight to your next PDS: Last Base, Departure Port (if applicable), Frankfurt, GE (if applicable), Ramstein, GE.

# Reason for Stop/Mode of Travel CODES

• Here is where the majority of mistakes are made:

#### **REASON FOR STOP:**

- •AT- Awaiting Transportation: any layovers for a period of a **few hours**
- •AD- Authorized Delay: any layover/stop for a period of a day or more
- •AD- Departure Port: last city you flew out of before getting to new PDS
- •AD- Arrival Port: first city in the US or Frankfurt, GE
- •LV- any type of leave, RAP, or COT
- •**CT** Circuitous Travel: This will be on the back of your orders. If you do not know this, you probably are not authorized it.
- •MC- Mission Complete: new PDS
- •TD- TDY: your TDY location
- •LV- Designated Location: where you pick up/drop off your dependents
- •DV- Drop off Vehicle: VPC drop-off
- •PV- Pick up Vehicle: VPC pick-up
- •TD- Permissive TDY

#### **MODE OF TRAVEL:**

- •**PA** Private Auto: if you drove or someone drove you somewhere
- •CA- Commercial Auto: taxis, shuttles
- •**TP** Transportation Plane: airfare that was paid for by the Air Force and was not charged to your GTC.
- •GP- Government Plane: USAF Rotator
- •CP- Commercial Plane: airfare you paid
- for yourself through GTC or personal card
- •CB- Commercial Bus: shuttle
- •CR- Commercial Rail: Train
- •CV- Commercial Vessel: boat or ship. This is **NOT** Commercial Vehicle

# **Quick Info**

• If you are going to claim commercial auto (CA) such as taxis, buses, etc., you must annotate it on your voucher itinerary.



# BACK TO PiPS...

Remember your last base will auto-populate on the voucher, so begin with the stop that came next. Reference the last screen if there are questions as to the codes to be used for "Reason for stop/mode of travel." Based on the reason for stop, a field will generate to claim airfare and hotel fees. Be sure to claim these when they pertain to that stop.

|   | Close PCS                           | Package 🏠           | More information on this topic |
|---|-------------------------------------|---------------------|--------------------------------|
| Itinerary - Stop Information  |                                     |                     |                                |
| Fields marked * are required fields that m  | st be filled-in                     |                     |                                |
| Enter/select the information for the next Loc<br>should select Mission Complete.            | tion you traveled to. If you had no | other stops beca    | use the last location, you     |
| * Select the Reason for S   | LV - Ordinary Leave                 |                     | 500                            |
| * Enter Location Name (Home, Office, E<br>Activity, City and State, City, Country, & ZIP Co | se,<br>( <u>e</u> ):                |                     | *                              |
| * Select the Mode of Travel to this Loca  | OP - Commercial Plan                | e (Member paid      | l ticket, including GTC Paym 🐼 |
| * Date of Arrival to this loca  | on: Mar 01 2010                     | 7                   |                                |
| * Date of Departure from this loca  | on: Mar 01 2010                     | 7                   |                                |
| You have indicated the use of commen  | ial transportation which mea        | ns you self-prod    | cured. Please Enter the        |
| Cost of this transportation if you paid   | r it.                               |                     | CLICK                          |
| * Cost (can be zero) U.S.\$ 100.00  | (i.e. 152.88)                       |                     |                                |
| If greater than zero, this amount wi  | be added to the Miscellaneous Ex    | pense List for late | r review                       |
|   |                                     |                     |                                |

Back

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# TO ADD A NEW/NEXT STOP, CLICK "ADD NEW STOP."

### Repeat the same procedure until you reach your new duty station.

**Itinerary Summary** 

Following is the summary of Itinerary information entered Use this page to add, edit or delete Itinerary information

- Select "Edit" to edit a Stop previously entered
- Select "Delete" to Delete a Stop previously entered
- Select "Add" to Add a new Stop.

If this is Correct Select "Finished"

You are not required to enter leave locations unless another reason for stop applies. Any of these type locations must always be entered:

- Recruiter Assistance Program
- Commercial Transportation Terminals where you changed modes of Transportation
- Privately Owned Vehicle Pick-Up or Drop-Off locations
- TDY En-Route Locations
- Arrival Port Airport or Hotel OCONUS Moves only
- Departure Port airport or Hotel OCONUS Moves only
- Drop-off/pick-up Dependents at a designated location

| Date Arrived | Stop Cd | Mode Cd | Location    | Date Departed | Stop<br>Number |      |        |
|--------------|---------|---------|-------------|---------------|----------------|------|--------|
|              |         |         | Patrick AFB | Mar 01 2010   |                | E    | dit    |
| Mar 01 2010  | LV      | CP      | Miami, FL   | Mar 01 2010   | 1              | Edit | Delete |

🖶 Add a new Stop 🧲 CLICK

### ONCE FINISHED, IT SHOULD LOOK SIMILAR TO THIS: Make sure the last stop matches Block 9 of your orders.

Close PCS Package

#### Itinerary Summary

Following is the summary of Itinerary information entered Use this page to add, edit or delete Itinerary information

- Select "Edit" to edit a Stop previously entered
- Select "Delete" to Delete a Stop previously entered
- Select "Add" to Add a new Stop.

If this is Correct Select "Finished"

You are not required to enter leave locations unless another reason for stop applies. Any of these type locations must always be entered:

- Recruiter Assistance Program
- Commercial Transportation Terminals where you changed modes of Transportation
- Privately Owned Vehicle Pick-Up or Drop-Off locations
- TDY En-Route Locations
- Arrival Port Airport or Hotel OCONUS Moves only
- Departure Port airport or Hotel OCONUS Moves only
- Drop-off/pick-up Dependents at a designated location

| Date Arrived | Stop Cd | Mode Cd | Location        | Date Departed | Stop<br>Number |      |        |
|--------------|---------|---------|-----------------|---------------|----------------|------|--------|
|              |         |         | Patrick AFB     | Mar 01 2010   |                | E    | dit    |
| Mar 01 2010  | LV      | CP      | Miami, FL       | Mar 03 2010   | 1              | Edit | Delete |
| Mar 03 2010  | DP      | CP      | Baltimore, MD   | Mar 04 2010   | 2              | Edit | Delete |
| Mar 05 2010  | MC      | GP      | Ramstein AB, Ge |               | 3              | E    | dit    |

Add a new Stop



# **REIMBURSABLE EXPENSES**

- Some reimbursable expenses will already be included in your voucher. If you have more expenses to add, click, "Add a new Travel Reimbursable Expense."
- NOTE: Do NOT add meals, gas, rental car, postage fees, lodging (except at port), or uniform alterations.
- If you cannot find the item in the list of options provided, it is likely not reimbursable item.

| ise this page to add, edit or delete Reimbursable Expensi   | es   |       |                                    |      |                  |
|---|--|-------|------------------------------------|------|------------------|
| <ul> <li>Select "Edit" to edit a Reimbursable Expense prev</li> <li>Select "Delete" to Delete a Reimbursable Expense</li> <li>Select "Add" to Add a new Reimbursable Expense</li> </ul> | riously entered<br>e previously entered<br>e |       |                                    |      |                  |
| Once all Reimbursable Expenses are entered, Select "Fini  | ished"                                       |       |                                    |      |                  |
| Once all Reimbursable Expenses are entered, Select "Fini<br>Expense Type  | ished"<br>Amount                             | Miles | Date                               |      |                  |
| Once all Reimbursable Expenses are entered, Select "Fini<br>Expense Type<br>Commercial airfare  | Amount<br>\$100.00                           | Miles | Date<br>Mar 01 2010                | Edit | Delete           |
| Once all Reimbursable Expenses are entered, Select "Fini<br>Expense Type<br>Commercial airfare<br>Lodging at [APOE] or Lodging at [APOD]  | ished"<br>Amount<br>\$100.00<br>\$100.00     | Miles | Date<br>Mar 01 2010<br>Mar 03 2010 | Edit | Delete<br>Delete |

Back



Close PCS Package

# FAMILY VOUCHER

 Before deciding "Yes" or "No," please see NEXT SLIDE.

#### -Family Travel Voucher

Back

- [

Do you need to complete a Family Travel Voucher for Dependents that did not Travel Concurrently with you the entire trip at this time?

 A family voucher is required for any dependents that are on your travel orders that did not travel concurrently with you the entire trip.

-If you have multiple dependents that had different routes of travel a separate family voucher is required for each dependent(s) that had a separate route of travel.

-If your Dependent(s) have not completed their travel you can use PIPS to complete their Voucher at a later date.

Yes No

# FAMILY VOUCHER Cont.

- Select "YES" if one of the following applies:

   Dependent travel was done at a different time.
   Dependent travel itinerary differs from member's travel.
- Select "NO" if one of the following applies:
   Single

-Dependents traveled at the **SAME TIME** as member.

-Dependents will travel to new duty station in the future.

-Dependents are not coming to the new base.



### FAMILY VOUCHER Cont.

If you selected "YES", please follow THE SAME procedure as with YOUR travel voucher. Remember to pay attention to locations and codes. If you need assistance, refer back to Slides 31-37.

# Temporary Lodging Expense (TLE)

- TLE is lodging incurred AT YOUR LAST CONUS BASE in the LOCAL AREA. The MAXIMUM is 5 days in conjunction with a PCS to an OCONUS location.
- TLE is **NOT:** lodging here in Germany, lodging while on leave, or lodging at the port. Only at your LAST CONUS PDS.
- Note: TLE can be claimed when staying with friends or family at your last base.

# NOW DECIDE...

Close PCS Package

More information on this topic

Yes

No

#### Temporary Lodging Expense

#### Do you have Temporary Lodging Expenses you want to claim now?

Temporary Lodging Expense (TLE) is intended to partially reimburse members for lodging and meal expenses when a member/dependent(s) occupies temporary quarters in CONUS in conjunction with a PCS. A Temporary Lodging Allowance (TLA) is for OCONUS locations and is not available within PIPS.

If you're still in temporary quarters you can submit your claim once you leave temporary quarters.

Reimbursement is limited to:

- 1. 10 days for a PCS to a CONUS Permanent Duty Station (PDS)
  - a. Mil to Mil couples are entitled to 10 days each (days claimed cannot overlap)
  - b. All members may split the days between old and new PDS, if both locations are CONUS
- 2. 5 days for a PCS to an OCONUS PDS
  - a. Mil to Mil couples are entitled to 5 days each (days claimed cannot overlap)

#### Temporary quarters:

- 1. Must be a temporary residence; and
- 2. Must be in the vicinity of the old PDS, new PDS, and/or authorized designated place; and
- 3. May be allowed if assigned family-type Government quarters , but are not occupied because:
  - a. HHG have not been shipped from the old PDS; or
  - b. HHG have not been received at the new PDS; or
  - c. Government quarters are undergoing repair/renovation; or
  - d. HHG have been packed, picked up and/or shipped from the losing PDS; or
  - e. For similar reasons.

Detailed lodging receipts are required (no credit card receipts). When staying with friends or relatives, lodging cost is not authorized, but the meal portion of TLE is payable. A non-availability statement is required, if off base lodging is claimed.

Back

\*\*\*If you select "Yes", please follow and fill out required fields.

# Please fill out the fields with a **RED** star (\*).





# Split disbursement: Mandatory for expenses incurred on your GTC. Please choose and click "Continue."

Close PCS Package 🎢

More information on this topic

#### TLE Split Disbursement

Fields marked \* are required fields that must be filled-in

#### \*Government Travel Card Split Disbursement

I do not wish to split disbursement to my Government Travel Card for this travel claim.

I do wish to split disbursement to my Government Travel Card for this travel claim

\* Amount \$

Example: 152.88

\*This split disbursement amount is only for this TLE claim. Split disbursement amounts for member voucher and any family voucher claims will be separate. Any current balance on your GTC will be split disbursed up to and including the total amount of the TLE payment.

Link to Citibank Website: https://home.cards.citidirect.com/CommercialCard/Cards.html

- View Account Summary
- Enter Account Number & Verification ID

# Please fill out the fields with a **RED** star (\*).

|   | Close PCS Package           | 🟠 м           | ore information on this topic | ?    |
|---|-----------------------------|---------------|-------------------------------|------|
| Lodging Information   |                             |               |                               |      |
| Fields marked * are required fields that must be filled-in            |                             |               |                               |      |
| *TLE Claim For  |                             |               |                               |      |
| I am claiming TLE for myself in my own right                          |                             |               |                               |      |
| I am claiming TLE for myself and dependents                           |                             |               |                               |      |
| I am claiming TLE for dependents only                                 |                             |               |                               |      |
| * Place Of Lodging  |                             |               |                               |      |
| Billeting   |                             |               |                               |      |
| Off-Base (Non-Availability Statement Required)                        |                             |               |                               |      |
| With Friends or Family  |                             |               |                               |      |
| * Cost Per Night (In I  | US Dollars, enter 0 if no l | odging cost o | occurred)                     |      |
| * For the following period: From 7                                    | То                          | 7             |                               |      |
|   |                             |               |                               |      |
| * Do you need to enter another lodging occurrence? - Select -         | •                           |               | Click when Fir                | nish |
| If Yes, When continue is selected the page will refresh to enter in a | an additional lodging occu  | irence        |                               |      |

# If you need to add additional lodging, please click "Add Another Lodging Location." Otherwise, click "Finished."

Close PCS Package

More information on this topic

#### TLE Lodging Summary

Following is the summary of TLE Lodging information entered

Use this page to add, edit, or delete TLE Lodging Information.

- Select "Edit" to edit lodging previously entered
- Select "Delete" to Delete lodging previously entered
- Select "Add" to Add a new lodging location.

#### If this is correct, Select "Finished"

| Lodging<br>Start Date | Lodging<br>End Date | Place of Lodging | Claim For   | Cost<br>Per Night |              |               |
|-----------------------|---------------------|------------------|---|-------------------|--------------|---------------|
| 3/1/2010              | 3/1/2010            | Billeting        | I have no dependents. I am<br>claiming TLE for myself in my<br>own right. | \$0.00            | Edit         | Delete        |
|                       |                     |                  |   | Add 🕂 🛉           | Another Lodg | ging Location |



# Family Separation Allowance (FSA)

• This will **not** apply to MOST of you since Germany is not a remote assignment. FSA is only authorized if:

-You had a TDY en-route with your PCS and it exceeds MORE THAN 30 days (FSA-T). **\*if your** family was at your TDY location, you are not entitled FSA.

-You are mil-to-mil and your orders FORCED you to be on an unaccompanied without the option of an accompanied tour (FSA-R).

# NOW DECIDE...

Close PCS Package

More information on this topic

#### Family Separation Allowance

Back

#### Are you entitled to Family Separation Allowance?

FSA-T: To be entitled to FSA-T you must have dependents in your legal/physical custody and have been Enroute TDY for more than 30 days, and dependent(s) did not accompany you to the TDY location.

FSA-R (Mil to Mil separated by orders): To be entitled to FSA-R Mil to Mil separated by orders, you must be married to another military member currently serving on active duty who was residing with you immediately before being separated by execution of your military orders.

FSA-R (Dependents restricted): To be entitled to FSA-R Dependents Restricted, you must be serving on a dependent restricted unaccompanied tour where your dependents are not authorized to travel at government expense to this duty station and/or not resident at the new duty station.

**CHOOSE** 



\*\*\*If you select "Yes", please follow and fill out required fields.

# Select Type, Enter Address and click "Continue."

-

|                       |                                       | Close PCS Package  🏠          | More information on this topic 🕐 |
|-----------------------|---------------------------------------|-------------------------------|----------------------------------|
| FSA Type and Add      | dress                                 |                               |                                  |
| Fields marked * are r | equired fields that must be filled-in |                               |                                  |
| • • • • • • •         |                                       |                               |                                  |
| ~ iype:               |                                       |                               |                                  |
| FSA-T (Tempora        | ary)                                  | icted) 💿 FSA-R (Mil to Mil Se | parated by Orders)               |
|                       |                                       |                               |                                  |
| Current Addres        | s of Dependent(s) or Military         | Spouse:                       |                                  |
|                       | Select From                           | Previously Entered Address    |                                  |
|                       |                                       |                               |                                  |
| * Number & Street     |                                       | * City                        |                                  |
| ****                  |                                       | * The OnderDandel Cont        |                                  |
| " State               | Select 🔻                              | Zip Code/Postal Code          |                                  |
|                       | Check here if not in list             |                               |                                  |
| * Country             | Select 🔻                              |                               |                                  |
|                       | Check here if not in list             |                               |                                  |
|                       |                                       |                               |                                  |
|                       |                                       |                               |                                  |

Back

# Read and Certify all that applies by adding a check mark in the box. Type "Agree" and click "Continue."

| Family Separation Allowance         Fields marked * are required fields that must be filled-in         FSA Certification - Check all applicable boxes         * If option is disabled and you feel it should be enabled, make appropriate corrections in My Info tab, Marital Status and Dependents section         I am not divorced or legally separated from my spouse         My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.         My dependent (other than my spouse) is not a member of the military service on active duty.         My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.         I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(se) entered previously, where I likely reside during periods of leave or such other times as my duty assignment may permit         I am married to another military member currently serving on active duty and my spouse was was not residing with me immediately before being separated by execution of my military orders.         My last TDY or deployment, if any was was not within 30 days from this TDY deployment.         I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T while I am in receipt of FSA). <th></th> <th>Close PCS Package m More information on this topic</th> |                  | Close PCS Package m More information on this topic  |
|--|------------------|---|
| Fields marked * are required fields that must be filled-in         FSA Certification - Check all applicable boxes         * If option is disabled and you feel it should be enabled, make appropriate corrections in My Info tab, Marital Status and Dependents section         I am not divorced or legally separated from my spouse         My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.         My dependent (other than my spouse) is not a member of the military service on active duty.         My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.         I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(se) entered previously, where I likely reside during periods of leave or such other times as my duty assignment may permit         I am married to another military member currently serving on active duty and my spouse was was not residing with me immediately before being separated by execution of my military orders.         My last TDY or deployment, if any was was not within 30 days from this TDY deployment.         Lunderstand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T while I am in receipt of FSA).  | Family S         | Separation Allowance  |
| FSA Certification - Check all applicable boxes         * If option is disabled and you feel it should be enabled, make appropriate corrections in My Info tab, Marital Status and Dependents section         I am not divorced or legally separated from my spouse         My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.         My dependent (other than my spouse) is not a member of the military service on active duty.         My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.         I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) entered previously, where I likely reside during periods of leave or such other times as my duty assignment may permit         I am married to another military member currently serving on active duty and my spouse () was () was not residing with me immediately before being separated by execution of my military orders.         My last TDY or deployment, if any () was () was not within 30 days from this TDY deployment.         I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T while I am in receipt of FSA).  | Fields mar       | ked * are required fields that must be filled-in  |
| <ul> <li>* If option is disabled and you feel it should be enabled, make appropriate corrections in My Info tab, Marital Status and Dependents section</li> <li>I am not divorced or legally separated from my spouse</li> <li>My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.</li> <li>My dependent (other than my spouse) is not a member of the military service on active duty.</li> <li>My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.</li> <li>I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) entered previously, where I likely reside during periods of leave or such other times as my duty assignment may permit</li> <li>I am married to another military member currently serving on active duty and my spouse (**) was (**) was not residing with me immediately before being separated by execution of my military orders.</li> <li>My last TDY or deployment, if any (**) was (**) was not within 30 days from this TDY deployment.</li> </ul>  | FSA Ce           | ertification - Check all applicable boxes   |
| <ul> <li>I am not divorced or legally separated from my spouse</li> <li>My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.</li> <li>My dependent (other than my spouse) is not a member of the military service on active duty.</li> <li>My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.</li> <li>I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) entered previously, where I likely reside during periods of leave or such other times as my duty assignment may permit</li> <li>I am married to another military member currently serving on active duty and my spouse was was not residing with me immediately before being separated by execution of my military orders.</li> <li>My last TDY or deployment, if any was was not within 30 days from this TDY deployment.</li> <li>I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T while I am in receipt of FSA).</li> </ul>  | * If op<br>and D | ition is disabled and you feel it should be enabled, make appropriate corrections in My Info tab, Marital Status<br>Rependents section  |
| <ul> <li>My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.</li> <li>My dependent (other than my spouse) is not a member of the military service on active duty.</li> <li>My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.</li> <li>I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) entered previously, where I likely reside during periods of leave or such other times as my duty assignment may permit</li> <li>I am married to another military member currently serving on active duty and my spouse was was not residing with me immediately before being separated by execution of my military orders.</li> <li>My last TDY or deployment, if any was was not within 30 days from this TDY deployment.</li> <li>I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T while I am in receipt of FSA).</li> </ul>   |                  | I am not divorced or legally separated from my spouse   |
| <ul> <li>My dependent (other than my spouse) is not a member of the military service on active duty.</li> <li>My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.</li> <li>I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) entered previously, where I likely reside during periods of leave or such other times as my duty assignment may permit</li> <li>I am married to another military member currently serving on active duty and my spouse  was  was not residing with me immediately before being separated by execution of my military orders.</li> <li>My last TDY or deployment, if any  was  was not within 30 days from this TDY deployment.</li> <li>I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T while I am in receipt of FSA).</li> </ul>  |                  | My dependent child (children) was (were) not in the legal custody of another person when I received my military<br>orders.  |
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| residing with me immediately before being separated by execution of my military orders.<br>My last TDY or deployment, if any was was not within 30 days from this TDY deployment.<br>I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole<br>dependents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more<br>than 30 continuous days in the case of FSA-T while I am in receipt of FSA).   |                  | I am married to another military member currently serving on active duty and my spouse 🔘 was 🔘 was not  |
| My last TDY or deployment, if any was was not within 30 days from this TDY deployment.<br>I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T while I am in receipt of FSA).  |                  | residing with me immediately before being separated by execution of my military orders.   |
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| dependents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T while I am in receipt of FSA).  | Lund             | derstand that I must notify my commanding officer immediately upon any change in dependency status and if my sole   |
|  | depe<br>than     | endents move to or near the station or if my dependent(s) visit at or near this station for more than 90 continuous days (more 30 continuous days in the case of FSA-T while I am in receipt of FSA). |
| If you Agree to the Statement, type in Agree   | lf you           |   |

# **REQUIRED DOCUMENTS**

 PiPS will not allow you to proceed to the "Required Documents" unless there are green check marks for each tab. Does your screen look like this? If not, please go back and adjust any info that has a red "X" next to it.



# Required Document(s) List

 Your reimbursable expenses should be listed on this page. Select the "Provided" button for your orders and all receipts. If a receipt is lost, please click on the "Lost Receipt Report" button, print and complete the lost receipt form.

|   | 4                          | Set All As Provided |
|---|----------------------------|---------------------|
|   | Provided                   | Lost/Unavailable    |
| Travel Orders and any amendments  |                            | 0                   |
| Lodging at [APOE] or Lodging at [APOD]  | 0                          | 0                   |
| Commercial airfare  | 0                          | 0                   |
| Commercial airfare  |                            | 0                   |
| LEASE USE THE OPTION TO UPLOAD<br>ORDERS DIRECTLY FROM vMPF   |                            |                     |
| ote: Receipts are also required for lodging or any expenses of \$75.00 or more that w<br>spenses pick list) | ere manually entered. (Not | selected from       |
| or each receipt that is lost, print off and complete the lost receipt report                                | Lost Receipt Report        | CLICK               |

Required Document

# UPLOAD/FAX

 As PiPS stated, you will have two means to provide your required documentation: By fax or by scanning and uploading the file

• Here's How...

# **Option 1--UPLOAD**

- This is the preferred method and easiest method. If you have access to a scanner, you can save your documents to an AF approved hard drive or computer and upload them to PiPS.
- **IMPORTANT NOTE:** Images must be less than 2MB and in one of the following formats: .jpg, .jpeg, .gif, .bmp, .tiff, .tif, .pdf
- So... scan your documents and save it to a file that you have access to.

# UPLOAD Cont.

Once you are finished scanning your documents, click on the "Select" button under "Upload" in PiPS.

To Upload:

- 1. Browse to required document
- 2. Select Upload button

\*Once all required documents are Faxed/Uploaded, select Continue or select Review Faxed/Uploaded Documents link. Please allow a few minutes for documents to be available for review in PIPS.

| Fax:    |                  |  |
|---------|------------------|--|
|         | Create Fax Cover |  |
| ·       | CLICK            |  |
| Upload: |                  |  |
|         | Select           | *Images must be less than 2MB and in one<br>of the following formats: ing_ineg_gif |
|         |                  | .bmp, .tiff, .tif, .pdf  |
| Upload  |                  |  |

# UPLOAD Cont.

- Choose each corresponding file where you saved the documents. Once all files are selected, click "Upload" in PiPS.
- A comment will be posted once your documents have been received. Click "Continue" to proceed.

#### To Upload:

Back

- 1. Browse to required document
- 2. Select Upload button

\*Once all required documents are Faxed/Uploaded, select Continue or select Review Faxed/Uploaded Documents link. Please allow a few minutes for documents to be available for review in PIPS.

| Fax:                |                               |                  |  |
|---------------------|-------------------------------|------------------|--|
|                     | Create Fa                     | ax Cover         |  |
|                     |                               |                  |  |
|                     |                               |                  |  |
| Upload: Your upload | ed document has been received | . Please click t | he "Continue" button to view your documents.   |
| Upload: Your upload | ed document has been received | . Please click t | he "Continue" button to view your documents.<br>*Images must be less than 2MB and in one<br>of the following formats: .jpg, .jpeg, .gif,                           |
| Upload: Your upload | ed document has been received | Select           | he "Continue" button to view your documents<br>*Images must be less than 2MB and in one<br>of the following formats: .jpg, .jpeg, .gif,<br>.bmp, .tiff, .tif, .pdf |



### **Option 2--FAX**

 Click on "Create Fax Cover". Once the Fax Cover Sheet shows on the screen, print it out. This will be the first page that goes through the fax machine.

|                                      | Close PCS Package   |
|--------------------------------------|---|
| ax/U                                 | pload Required Documents  |
| There a                              | are 2 options to get your Required Document in PIPS   |
| •                                    | Fax   |
| •                                    | Upload  |
| o Fax                                | 2   |
| 1.                                   | Select Create Fax Cover button  |
| 2.                                   | Print out Fax Cover Sheet   |
| 3.                                   | Fax the Cover Sheet and Required Documents to the number provided on the form (If you need to Fax in a document at a later  |
|                                      | date, you can use the same Fax Cover Sheet)   |
| o Upl                                | oad:  |
| 1.                                   | Browse to required document   |
|                                      |   |
| 2.                                   | Select Upload button  |
| 2.<br>Once<br>Please<br>Fax:         | Select Upload button<br>all required documents are Faxed/Uploaded, select Continue or select Review Faxed/Uploaded Documents link.<br>e allow a few minutes for documents to be available for review in PIPS.   |
| 2.<br>Once<br>Please<br>Fax:         | Select Upload button<br>all required documents are Faxed/Uploaded, select Continue or select Review Faxed/Uploaded Documents link.<br>e allow a few minutes for documents to be available for review in PIPS.<br>Create Fax Cover   |
| 2.<br>Once<br>Please<br>Fax:<br>Uplo | Select Upload button<br>all required documents are Faxed/Uploaded, select Continue or select Review Faxed/Uploaded Documents link.<br>e allow a few minutes for documents to be available for review in PIPS.<br>Create Fax Cover CLICK<br>ad:  |
| 2.<br>Once<br>Please<br>Fax:<br>Uplo | Select Upload button all required documents are Faxed/Uploaded, select Continue or select Review Faxed/Uploaded Documents link. e allow a few minutes for documents to be available for review in PIPS. Create Fax Cover Create Fax Cover Create Fax Cover Create Fax Cover CLICK ad: |

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# FAX Cont.

- To fax, have all your documents ready with the fax cover sheet on top. Make sure you have a LEGIBLE copy of:
   -front and back of your orders and/or amendments
   -receipts for claimed expenses
  - **front and back** of your Form 788 for VPC drop off/pick up -RAP letter
  - -Any other required documents
- NOTE: Do not scan in any lodging documents for Germany. These will be accomplished through the housing office.
- Fax Info: DSN 312-986-4406 or 312-986-4407
#### FAX Cont.

 After faxing, your documents will upload right away, however, documents can take as long as 30 minutes to appear. Click the "Continue" button in PiPS once your documents have been faxed.

#### Fax/Upload Required Documents

There are 2 options to get your Required Document in PIPS

- Fax
- Upload

#### To Fax:

- 1. Select Create Fax Cover button
- 2. Print out Fax Cover Sheet
- Fax the Cover Sheet and Required Documents to the number provided on the form (If you need to Fax in a document at a later date, you can use the same Fax Cover Sheet)

#### To Upload:

- 1. Browse to required document
- 2. Select Upload button

\*Once all required documents are Faxed/Uploaded, select Continue or select Review Faxed/Uploaded Documents link. Please allow a few minutes for documents to be available for review in PIPS.

| Fax:<br>Create Fax Cover | CLICK  |
|--------------------------|--|
| Upload:<br>Select        | *Images must be less than 2MB and in o<br>of the following formats: .jpg, .jpeg, .gif<br>.bmp, .tiff, .tif, .pdf |

#### **Review Your Documents**

#### After uploading/faxing, you should see your documents and your screen should look like this:

#### Click on each document and view the PDF. If the document looks blurry, or you cannot read the information, please upload a clear copy.

| Review Faxed/Uploaded Documents   | Close PCS Package                       |
|---|---|
| Fields marked * are required fields that must be filled-in  |   |
| To view a larger size of your receipt or<br>documents image click on the thumbnail from the list<br>below.<br>Please review all your receipts and<br>documents, if you would like to remove a receipt or<br>document from this PCS Package select the remove<br>checkbox and click on the remove button.<br>Refresh Document List<br>If you do not see your<br>documents below, click here! | <form><form><form></form></form></form> |
| Remove   Remove   |   |
| *If documents were just faxed please allow 30 minutes for the docu<br>appear in the system. If the faxed documents do not appear on this<br>review the FAQs for Faxing Required Documents.  | page, please Remove Documents           |

CLICK HERE WHEN FINISHED

Continue

#### Summary

• Click on "Edit Worksheet"



#### **Central Processing Center Worksheet**

- Please complete the Central Processing Center Arrival Worksheet.
- If you had a delay between out processing and getting to your new base, use the space provided to explain.
- If there was a weather delay of any kind, or if you remained in the local area of your last base for more than 2 days after out processing, please explain why.
- If you have a unique family situation, please make us aware by providing that information in the space provided on this form.
- If the information on the worksheet applies to you, please indicate by typing your INITIALS. If not, type "N/A."
- Once completed, click "Continue."

#### **BEFORE SUBMITTING...**

Click on each "View Document" for all documents.
Make sure your information is complete & correct.

| ur PCS Summary     | Close PCS Packag  | e 🏠 More information on this topic 🧃   |
|--------------------|---|--|
|                    | You have completed all sections for your PCS Package. To<br>To Finance" button. The "Send To Finance" button will digita<br>send your PCS Package to your servicing FSO for review. I<br>documents click on the "View Document" buttons beside ea | continue click on the "Send<br>lly sign your documents and<br>f you want to print your<br>ch document type below.<br>Send To Finance |
| View PCS Summa     | ry 💓 Print All Documents  |  |
| Central Processing | g Center Worksheet  | Edit Worksheet<br>View Document  |
| Travel Voucher     |   | View Document  |
| BAH                |   | View Document  |
|                    |   |  |

## **MOST IMPORTANTLY...**

## DOES YOUR TRAVEL VOUCHER LOOK SIMILAR TO ONE OF THE FOLLOWING?...

#### DIRECTLY FROM STATESIDE (No Leave, TDY, etc.)

|           |      |                    |                          |                | <b> </b> ' |      |          |       |   |
|-----------|------|--------------------|--------------------------|----------------|------------|------|----------|-------|---|
| 15. ITINE | RARY |                    | -                        |                | C.         | d.   | e.       | f.    |   |
| a. DATE   |      | b. PLACE (Home, Of | ffice, Base, Activity, C | ity and State; | MODE OF    | FOR  | LODGING  | POC   |   |
|           |      |                    | City and Country, etc    | :.)            | TRAVEL     | STOP | COST     | MILES |   |
| 03/01/10  | DEP  | Patrick AFB        |                          |                | CP         |      |          |       |   |
| 03/01/10  | ARR  | Baltimore, Md      |                          |                |            | AD   | \$100.00 |       |   |
| 03/02/10  | DEP  |                    |                          |                | GP         |      | \$100.00 |       |   |
| 03/02/10  | ARR  | Ramstein AB, Ge    |                          |                |            | MC   |          |       |   |
|           | DEP  |                    |                          |                |            |      |          |       |   |
|           | ARR  |                    |                          |                |            |      |          |       |   |
|           | DEP  |                    |                          |                |            |      |          |       |   |
|           | ARR  |                    |                          |                |            |      |          |       |   |
|           | DEP  |                    |                          |                |            |      |          |       |   |
|           | ARR  |                    |                          |                |            |      |          |       |   |
|           | DEP  |                    |                          |                |            |      |          |       |   |
|           | ARR  |                    |                          |                |            |      |          |       | Γ |
|           | DEP  | 1                  |                          |                |            |      |          |       | Γ |

#### FROM STATESIDE WITH LEAVE ENROUTE

| 15. ITINE | RARY                    |  |   |         | C.                          |        | d.                | e               | f            |
|-----------|-------------------------|--|---|---------|-----------------------------|--------|-------------------|-----------------|--------------|
| a. DATE   |                         | b. PLACE (Home, Office, Base, Activity, City and State,<br>City and Country, etc.) | ç |         | MEANS/<br>MODE OF<br>TRAVEL | F<br>S | ASON<br>OR<br>TOP | LODGING<br>COST | POC<br>MILES |
| 03/01/10  | DEP                     | Patrick AFB  |   |         | CP                          |        |                   |                 |              |
| 03/01/10  | ARR                     | Miami, FL  |   |         |                             | l      | V                 |                 |              |
| 03/03/10  | DEP                     |  |   |         | CP                          |        |                   |                 |              |
| 03/03/10  | ARR                     | Baltimore, MD  |   |         |                             | [      | DP                | ¢100.00         |              |
| 03/04/10  | DEP                     |  |   |         | GP                          |        |                   | \$100.00        |              |
| 03/05/10  | ARR                     | Ramstein AB, Ge  |   |         |                             | Ν      | ЛС                |                 |              |
|           | DEP                     |  |   |         |                             |        |                   |                 |              |
|           | ARR                     |  |   |         |                             |        |                   |                 |              |
|           | DEP                     |  |   |         |                             |        |                   |                 |              |
|           | ARR                     |  |   |         |                             |        |                   |                 |              |
|           | DEP                     |  |   |         |                             |        |                   |                 |              |
|           | ARR                     |  |   |         |                             |        |                   |                 |              |
|           | DEP                     |  |   |         |                             |        |                   |                 |              |
|           | ARR                     |  |   |         |                             |        |                   |                 |              |
| 16. POC   | TRAVE                   | L (X one) OWN/OPERATE  | P | ASSENG  | ER                          |        | 17. [             | URATION OF T    | RAVEL        |
| 18. REIM  | BURS                    | ABLE EXPENSES  |   |         |                             |        |                   |                 | Eee          |
| a. DATE   |                         | b. NATURE OF EXPENSE   |   | c. AMOU | JNT d. ALLO                 | WED    |                   | 12 HOURS OR L   | .E35         |
| 03/01/10  | Commercial airfare \$10 |  |   | 0.00    |                             |        | MORE THAN 12      | HOURS           |              |
| 03/03/10  | Lodg                    | ing at [APOE] or Lodging at [APOD]   |   | \$10    | 00.00                       |        |                   | BUT 24 HOURS    | OR LESS      |
| 03/03/10  | Com                     | mercial airfare  |   | \$100   | 0.00                        |        | v                 |                 |              |
|           |                         |  |   |         |                             |        | ^                 | MORE THAN 24    | HOURS        |

#### FROM STATESIDE WITH POV DROP-OFF

| 15. ITINE | 15. ITINERARY |  |        | C.      | d.<br>DEASON | e.                | f.   |                 |              |
|-----------|---------------|--|--------|---------|--------------|-------------------|------|-----------------|--------------|
| a. DATE   |               | b. PLACE (Home, Office, Base, Activity, City and State;<br>City and Country, etc.) |        |         |              | MODE OF<br>TRAVEL | FOR  | LODGING<br>COST | POC<br>MILES |
| 03/01/10  | DEP           | Patrick AFB  |        |         |              | PA                |      |                 |              |
| 03/01/10  | ARR           | Baltimore, Md  |        |         |              |                   | DV   |                 |              |
| 03/01/10  | DEP           |  |        |         |              | CA                |      |                 |              |
| 03/01/10  | ARR           | Baltimore Airport(BW   | I), Md |         |              |                   | AD   | \$100.00        |              |
| 03/02/10  | DEP           |  |        |         |              | GP                |      | \$100.00        |              |
| 03/02/10  | ARR           | Ramstein AB, Ge  |        |         |              |                   | MC   |                 |              |
|           | DEP           | ]  |        |         |              |                   |      |                 |              |
|           | ARR           |  |        |         |              |                   |      |                 |              |
|           | DEP           |  |        |         |              |                   |      |                 |              |
|           | ARR           |  |        |         |              |                   |      |                 |              |
|           | DEP           | ]  |        |         |              |                   |      |                 |              |
|           | ARR           |  |        |         |              |                   |      |                 |              |
|           | DEP           | ]  |        |         |              |                   |      |                 |              |
|           | ARR           |  |        |         |              |                   |      |                 |              |
| 46 0001   | TDAV          |  |        | MADIZO) | DAGGENIC     | CD.               | 47 0 | UDATION OF T    |              |

\*NOTE: For POV Pick-up, it is the similar to this with the exception of the "REASON FOR STOP." For POV Pick-up, it will be PV, not DV.

### FROM OCONUS WITHOUT LEAVE

|           |  |                    |                    | 1                 |             | l               |              |               |         |
|-----------|--|--------------------|--------------------|-------------------|-------------|-----------------|--------------|---------------|---------|
| 15. ITINE | 15. ITINERARY  |                    |                    |                   | C.          | d.              | e.           | f.            |         |
| a. DATE   | a. DATE b. PLACE (Home, Office, Base, Activity, City and State;<br>City and Country, etc.) |                    |                    | MODE OF<br>TRAVEL | FOR<br>STOP | LODGING<br>COST | POC<br>MILES |               |         |
| 02/27/10  | DEP  | Osan AFB           |                    |                   |             | CB              |              |               |         |
| 02/27/10  | ARR  | INCHEON AIRPORT    | , ROK. 96266       |                   |             |                 | AD           |               |         |
| 02/27/10  | DEP  |                    |                    |                   |             | PA              |              | ]             |         |
| 02/27/10  | ARR  | FRANKFURT AIRPO    | RT, Frankfurt Gerr | many. 09009       |             |                 | AD           |               |         |
| 02/27/10  | DEP  |                    |                    |                   |             | CP              |              |               |         |
| 02/27/10  | ARR  | RAMSTEIN AB        |                    |                   |             |                 | MC           |               |         |
|           | DEP  |                    |                    |                   |             |                 |              |               |         |
|           | ARR  |                    |                    |                   |             |                 |              |               |         |
|           | DEP  |                    |                    |                   |             |                 |              |               |         |
|           | ARR  |                    |                    |                   |             |                 |              |               |         |
|           | DEP  | ]                  |                    |                   |             |                 |              |               |         |
|           | ARR  |                    |                    |                   |             |                 |              |               |         |
|           | DEP  | ]                  |                    |                   |             |                 |              |               |         |
|           | ARR  |                    |                    |                   |             |                 |              |               |         |
| 16. POC   | TRAVE  | L(X one) OWN/O     | PERATE (SEE RE     | MARKS)            | PASSENG     | ER              | 17.          | DURATION OF T | RAVEL   |
| 18. REIM  | BURS   | ABLE EXPENSES      |                    |                   |             |                 |              |               | 1 599   |
| a. DATE   |  | b. NATUR           | RE OF EXPENSE      |                   | c. AMO      | JNT d. ALLO     | WED          | 12 10013 OK   | 1200    |
| 02/27/10  | Bagg   | age—excess baggage | e                  |                   | \$12        | 9.03            |              | MORE THAN 12  | 2 HOURS |
| 02/27/10  | Com  | mercial hus        |                    |                   | \$4         | 5.00            |              | BUT 24 HOURS  | OR LESS |

#### FROM OCONUS WITHOUT LEAVE

(STOP-OVER IN THE CONUS)

| 15. ITINE<br>a. DATE | RARY  | b. PLACE (Home, Office, Base, Activity, City and S<br>City and Country, etc.) | tate; |         | C.<br>MEANS/<br>MODE OF<br>TRAVEL | REA<br>F(    | d.<br>SON<br>DR<br>OP | e.<br>LODGING<br>COST | f.<br>POC<br>MILES |
|----------------------|---|---|-------|---------|-----------------------------------|--------------|-----------------------|-----------------------|--------------------|
| 02/26/10             | DEP   | Hickam AFB  |       |         | CP                                |              |                       |                       |                    |
| 02/27/10             | ARR   | Denver, Colorado  |       |         |                                   | A            | D                     |                       |                    |
| 02/27/10             | DEP   |   |       |         | CP                                |              |                       |                       |                    |
| 02/27/10             | ARR   | Baltimore, Maryland   |       |         |                                   | A            | D                     |                       |                    |
| 02/28/10             | DEP   |   |       |         | GP                                |              |                       |                       |                    |
| 03/01/10             | ARR   | Ramstein AB, Germany  |       |         |                                   | N            | IC                    |                       |                    |
|                      | DEP   |   |       |         |                                   |              |                       |                       |                    |
|                      | ARR   |   |       |         |                                   |              |                       |                       |                    |
|                      | DEP   |   |       |         |                                   |              |                       |                       |                    |
|                      | ARR   |   |       |         |                                   |              |                       |                       |                    |
|                      | DEP   |   |       |         |                                   |              |                       |                       |                    |
|                      | ARR   |   |       |         |                                   |              |                       |                       |                    |
|                      | DEP   |   |       |         |                                   |              |                       |                       |                    |
|                      | ARR   |   |       |         |                                   |              |                       |                       |                    |
| 16. POC              | TRAVE                                       | EL (X one) OWN/OPERATE  |       | PASSENG | ER                                |              | 17. E                 | URATION OF T          | RAVEL              |
| 18. REIM             | BURS  | ABLE EXPENSES   |       |         |                                   |              |                       |                       | ESS                |
| a. DATE              |   | b. NATURE OF EXPENSE  |       | C. AMOU | JNT d. Allo                       | WED          |                       | 12 1100113 0111       |                    |
| 02/27/10             | Com   | mercial airfare   |       | \$56    | 6. <b>84</b>                      |              |                       | MORE THAN 12          | HOURS              |
| 02/27/10             | 0 Lodging fees/daytime lodging charges \$36 |   | 8.94  |         |                                   | BUT 24 HOURS | OR LESS               |                       |                    |
| 02/27/10             | Taxi/                                       | Commercial Auto To/From Commercial Airport                                    |       | \$10    | 0.00                              |              | Y                     | MODE TUAN 24          |                    |
| 02/28/10             | Taxi/                                       | Commercial Auto To/From Commercial Airport                                    |       | \$10    | 0.00                              |              | ^                     | MORE TRAN 24          | HOURS              |

# FROM OCONUS WITH COT LEAVE (& POV PICK-UP/DROP-OFF) ENROUTE

| 1         |          |   |       |                             |                |                 |                |
|-----------|----------|---|-------|-----------------------------|----------------|-----------------|----------------|
| 15. ITINE | RARY     | · · ·   |       |                             | C.             |                 | d.             |
| a. DATE   |          | b. PLACE (Home, Office, Base, Activity, City<br>City and Country, etc.) |       | MEANS/<br>MODE OF<br>TRAVEL | FC<br>FC<br>ST | SON<br>DR<br>OP |                |
| 02/01/10  | DEP      | Osan AFB  |       |                             | CB             |                 |                |
| 02/01/10  | ARR      | Incheon International Airport Republic of                               | Korea |                             |                | D               | P              |
| 02/02/10  | DEP      |   |       |                             | TP             |                 |                |
| 02/02/10  | ARR      | Atlanta Airport   |       |                             |                | A               | P              |
| 02/02/10  | DEP      |   |       |                             | CP             |                 |                |
| 02/02/10  | ARR      | VPC 5481 Crowder blvd New Orleans701                                    | 127   |                             |                | P               | ٧ <sup>.</sup> |
| 02/02/10  | DEP      |   |       |                             | PA             |                 |                |
| 02/05/10  | ARR      | 3001 Butternut Dr Loveland co 80538                                     |       |                             |                | C               | T              |
| 02/17/10  | DEP      |   |       |                             | TP             |                 |                |
| 02/17/10  | ARR      | Baltimore Washington Airport  |       |                             |                | D               | P              |
| 02/17/10  | DEP      |   |       |                             | GP             |                 |                |
| 02/18/10  | ARR      | AFN Det 1 Kaiserslautern Germany  |       |                             |                | M               | С              |
|           | DEP      |   |       |                             |                |                 |                |
|           | ARR      |   |       |                             |                |                 |                |
| 16. POC   | TRAVE    | L(X one) OWN/OPERATE (SEE REM/  | ARKS) | PASSENG                     | ER             | <u> </u>        | 17.            |
| 18. REIM  | BURS     | ABLE EXPENSES   | •     |                             |                |                 |                |
| a. DATE   |          | b. NATURE OF EXPENSE  |       | c. AMOL                     | JNT d. ALLO    | WED             |                |
| 02/01/10  | Lodg     | ing at [APOE] or Lodging at [APOD]                                      |       | \$12                        | 1.08           |                 |                |
| 02/01/10  | Taxi/    | Commercial Auto To/From Commercial Air                                  | port  | \$2                         | 5.00           |                 |                |
| 02/01/10  | Lodg     | ing at [APOE] or Lodging at [APOD]                                      | •     | \$12                        | 1.08           |                 | v              |
| 00104140  | <u>ت</u> |   |       | A                           | 2.4.0          |                 | · ^ .          |

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## Don't Forget...

• Are these dates on your voucher? (Block 10)



Make sure your **port call date (PC)** is there. If not, please go to your itinerary under the leg of your departure port and click **edit**. Scroll to the bottom and add/change your port call date. (If you cannot see the PC date block, make sure the reason for stop is AD (departure))

### If your answer is YES...

# Your voucher is now ready to be submitted

#### Submitting to Finance





You have successfully completed your PCS voucher. Please allow 1-2 business days for Finance to review your voucher. Once reviewed ,you will receive an email from PiPS stating your voucher has been approved or returned to you for correction. If you need further assistance, please don't hesitate to contact us at : <u>86CPTS.Finance@ramstein.af.mil</u>