

Fill out all Administrative information

PDT ARRIVAL WORKSHEET

ORG Code _____

Authority: 5 USC Section 5701, 37 USC Section 404-427, 5 USC Section 301, DoDFMR 7000.14-R, Vol. 9, and EO 9397

Routine Use: Disclosures are permitted under 5 USC 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the IRS 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 the amount claimed

SSN _____ Name _____ DOD ID: _____
Grade _____ Unit _____ Office Symbol _____ Duty/Home Phone _____

Final out date _____ Date departed last duty station _____ Port call date _____

If applicable, explain delays between final-out and port call / DDLDS (e.g. mass out processing, leave taken prior to _____)

Date Out-Processed _____
from Last Duty Station _____

Last day at port of debarkation

Date arrived new station _____ Date "Signed into" station/available for duty _____ Was leave taken upon arrival? Yes ☐ No ☐

PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

I certify that (please initial beside the statement(s) that apply or put N/A):

- My dependent(s) is/are residing in Gov Family Quarters (NOTE: Privatized Housing is not Gov Quarters).....
- I have a **unique situation** not mentioned (e.g. dependents are in various locations, moved at personal expense, etc.):
Please explain **unique situation** here, if applicable:

Check this box if you are staying in TLA

3. I certify I currently reside in: ☐ Dorms ☐ Gov't Base/Leased Housing ☐ Privatized Base Housing ☐ Off-base ☐ Billeting/Temp Ldg
Effective Date: _____ NOTE: * Billeting/TLF is not classified as "Gov't Base Housing".

4. Dependent certification: _____
Oldest dependent (usually spouse)

Name of Primary Dependent _____ Relationship _____ Date of Marriage/Birth _____
***If claiming **ONLY** a child as primary dependent, whom is the child residing with (ex-spouse, grandparent, etc)?

NOTE: *If child resides with a Military member, please provide his/her Name, SSN, and duty location below.

Name: _____ SSN: _____ Duty Location: _____

Initial if applicable.
Write N/A if it is not.
This is for DLA Purposes

PART B: DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS

I certify that (Please initial beside the applicable items).

- I am married to another military member and we relocated at (**Same time** | **Separate times**).....
 - We lived in the (**Same** | **Different**) household at old PDS.....
 - We live in the (**Same** | **Different**) household at new PDS.....
 - We were stationed at **different PDSs** before relocating to new PDS.....
 - We married en route to new PDS (not married at last PDS)
- Single or unaccompanied members with dependents must certify they will not be assigned permanent Gov't quarters to receive Single rate DLA (Gov't quarters includes: Dorms, Gov't base housing, Gov't leased housing):
 - I am E4-or-above w/3+ yrs service w/o dependents and **will not** be assigned permanent Gov't qtrs (see note 1): _____
NOTE 1: Mbr whose dependent(s) have not/will not relocate are considered "w/o dep's" for DLA purposes.
 - I am E4-or-below w/less than 3 yrs service w/o dependents and **will not** be assigned permanent Gov't qtrs. (see note 2): _____
NOTE 2: E4 and below w/less than 3 yrs service w/o dependents requires a letter signed by the Commander/Designee at new duty station (ref AFI 32-6000.7.10.2).

PART C: *****OCONUS ONLY*****

Date Arrived in Country: _____ JTR Location: _____ DE700

I certify that (please fill in the blank or initial, as applicable, beside the statement(s) that apply or put N/A):

- I traveled with _____ dependents authorized on my PCS orders.
- I am claiming _____ dependents, authorized on my orders and living with me for COLA purposes. (NOTE: report changes to the FSO immediately)
- I am currently serving an **Accompanied/Unaccompanied Tour** _____ (if Unaccompanied, no COLA for dependents at PDS)

I certify the above information is true and correct.

Signature: _____ Date: _____

Version 10 Feb 2023

Circle One

Write amount of dependents traveled w/ and authorized on orders

Sign and Date when finished

Fill out all of the highlighted areas, check the boxes if you are claiming dependents, and sign and date below

| APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING | | | |
|---|--|--|---------|
| PRIVACY ACT STATEMENT | | | |
| AUTHORITY: 37 USC § 403, Public Law 96-343, Privacy Act of 1974 PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination / Redetermination or ESM start / stop for eligible members E6 and below assigned / terminating unaccompanied government quarters ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or tax deducted, Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force or Space ds of a member or dependents in emergency situations. | | | |
| DISCLOSURE: voluntary. However, failure to provide all information may result in non-payment of Basic Housing Allowance (BAH) SORN: T7340, Defense Joint Military Pay System - Active Component, T7344, Defense Joint Military Pay System - Reserve Component | | | |
| MEMBER INFORMATION | | HOUSING OFFICIAL | |
| 1. NAME (Last, First, MI) | | NON AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS | |
| 2. DoD ID Number | | QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: | |
| 3. GRADE | | ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # | |
| 4. PHONE | | EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # | |
| 5A. DUTY LOCATION (Base, State, ZIP Code or Country) | | INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # | |
| 5B. MEMBER'S PHYSICAL ADDRESS (Street, City, State, Zip Code or Country) | | EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # | |
| 5C. E-MAIL ADDRESS | | TRANSIENT QUARTERS OCCUPIED - UNIT # | |
| MARITAL / DEPENDENT STATUS | | EFFECTIVE DATES FROM: TO: | |
| 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) | | NAME, GRADE, BRANCH, AND DATE OF MARRIAGE | |
| MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER | | SIGNATURE | |
| IF MILITARY SPOUSE provide - NAME, DoD ID Number, BRANCH OF SERVICE, DUTY STATION AND DATE OF MARRIAGE: | | DATE | |
| <input type="checkbox"/> DIVORCED (Date) <input type="checkbox"/> LEGALLY SEPARATED (Date) | | If marking single, no dependents, mark and simply sign/date at the bottom. If military member is marked, provide name, DoD ID, Branch, and Date of Marriage. For all other options, provide information in box 8 | |
| 7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> PER MONTH FOR DEPENDENT SUPPORT | | | |
| BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN | | | |
| 8. I <input type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): | | | |
| Note: Indicate the civilian dependent(s) you are claiming and their relationship. If dependent(s) is a child, include the date of birth(DOB). | | | |
| (a) NAME (Last, First, MI) | (b) ADDRESS, CITY, STATE, ZIP or COUNTRY | (c) RELATIONSHIP | (d) DOB |
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| 9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING | | | |
| NAME | DoD ID Number | BRANCH OF SERVICE | STATION |
| | | | |
| MEMBER'S CERTIFICATION (Required for members claiming dependents) | | | |
| <input type="checkbox"/> I certify that I provide adequate support (see DoD FMR Vol 7A, Chapter 26) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport | | | |
| CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be approved by AFPC-OL, Indianapolis). (Parents, parents-in-law, stepparents, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21 or Ward of a Court) | | | |
| I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. | | | |
| I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous. | | | |
| MEMBER'S SIGNATURE | | | DATE |

Marriage Date

ADDITIONAL INFORMATION

IGNORE THIS PAGE

OFFICIAL USE ONLY - FINANCE

☐ START
 ☐ STOP
 ☐ CANCEL
 ☐ REPORT
 ☐ CHANGE
 ☐ PARTIAL
 ☐ WITHOUT DEPENDENT
 ☐ WITH DEPENDENT

PRIMARY DEPENDENT CERTIFICATION: I have reviewed supporting document and determined that the above named individual(s) is / are dependent on the member based on being

☐ Spouse
 ☐ Single member claiming legitimate child in custody of another
 ☐ Legitimate child in single member's custody
 ☐ Stepchild
 ☐ Adopted Child
 ☐ Illegitimate child or
 ☐ Child, member to member marriage

SECONDARY DEPENDENT DETERMINATION / REDETERMINATION: Approved by AFPC-OL, Indianapolis, Determination letter dated:

☐ Parents
 ☐ Parents-in-law
 ☐ Stepparents
 ☐ Parents-by-adoption
 ☐ In-Locho-Parentis
 ☐ Students 21 and 22 years of age
 ☐ Incapacitated children over age 21
 ☐ Ward of a court

☐ AFPC has determined the above named individual(s) is / are not eligible to be member's dependent. Reasons for disapproval are noted here

☐ I have verified that member is E-7 or above and there is no military necessity that requires the member to reside on base

NAME / RANK / TITLE OF CERTIFYING OFFICIAL

ADAM K. HARTMAN, SrA

SIGNATURE

UNIT NAME / BASE

86 CPTS/RAMSTEIN AB

DATE

| TRAVEL VOUCHER OR SUBVOUCHER | | | | Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) | | | 3. GRADE | 4. SSN | | 5. TYPE OF PAYMENT (X as applicable) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) </div> <div> <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. ADDRESS. a. NUMBER AND STREET | | b. CITY | c. STATE | | d. ZIP CODE | | <div style="border: 2px solid red; padding: 10px; width: fit-content; margin: auto;"> Fill out all administrative information and dependents if applicable. Check the appropriate boxes </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. E-MAIL ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | | 8. TRAVEL ORDER/AUTHORIZATION NUMBER | | 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. ORGANIZATION AND STATION | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUB c. PAID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ACCOMPANIED a. NAME (Last, First, Middle Initial) </div> <div> <input type="checkbox"/> UNACCOMPANIED b. RELATIONSHIP </div> <div> c. DATE OF BIRTH OR MARRIAGE </div> </div> | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | d. COMPUTATIONS | | <div style="border: 2px solid red; padding: 10px; width: fit-content; margin: auto;"> Highly recommended to stop here and work with finance to fill out the itinerary so there are less errors </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. ITINERARY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">a. DATE</th> <th style="width: 40%;">b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)</th> <th style="width: 10%;">c. MEANS/MODE OF TRAVEL</th> <th style="width: 10%;">d. REASON FOR STOP</th> <th style="width: 10%;">e. LODGING COST</th> <th style="width: 10%;">f. POC MILES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | a. DATE | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | c. MEANS/MODE OF TRAVEL | d. REASON FOR STOP | | | e. LODGING COST | f. POC MILES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | e. SUMMARY OF PAYMENT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>(1) Per Diem</td><td> </td></tr> <tr><td>(2) Actual Expense Allowance</td><td> </td></tr> <tr><td>(3) Mileage</td><td> </td></tr> <tr><td>(4) Dependent Travel</td><td> </td></tr> <tr><td>(5) DLA</td><td> </td></tr> <tr><td>(6) Reimbursable Expenses</td><td> </td></tr> <tr><td>(7) Total</td><td> </td></tr> <tr><td>(8) Less Advance</td><td> </td></tr> <tr><td>(9) Amount Owed</td><td> </td></tr> <tr><td>(10) Amount Due</td><td> </td></tr> </table> | | (1) Per Diem | | (2) Actual Expense Allowance | | (3) Mileage | | (4) Dependent Travel | | (5) DLA | | (6) Reimbursable Expenses | | (7) Total | | (8) Less Advance | | (9) Amount Owed | | (10) Amount Due | |
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| (1) Per Diem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) Actual Expense Allowance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) Mileage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4) Dependent Travel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (5) DLA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (6) Reimbursable Expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (7) Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (8) Less Advance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (9) Amount Owed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (10) Amount Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. POC TRAVEL (X one) <input type="checkbox"/> OWN OPERATE <input type="checkbox"/> PASSENGER | | 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | | 19. GOVERNMENT/DEDUCTIBLE MEALS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">a. DATE</th> <th style="width: 25%;">b. NO. OF MEALS</th> <th style="width: 25%;">a. DATE</th> <th style="width: 25%;">b. NO. OF MEALS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18. REIMBURSABLE EXPENSES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">a. DATE</th> <th style="width: 35%;">b. NATURE OF EXPENSE</th> <th style="width: 15%;">c. AMOUNT</th> <th style="width: 15%;">d. ALLOWED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | | a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 20.a. CLAIMANT SIGNATURE | | | | | | b. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. REVIEWER'S PRINTED NAME | | | d. REVIEWER SIGNATURE | | e. TELEPHONE NUMBER | | f. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21.a. APPROVING OFFICIAL'S PRINTED NAME | | | b. SIGNATURE | | c. TELEPHONE NUMBER | | d. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. ACCOUNTING CLASSIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. COLLECTION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. COMPUTED BY | | 25. AUDITED BY | | 26. TRAVEL ORDER/AUTHORIZATION POSTED BY | | 27. RECEIVED (Payee Signature and Date or Check No.) | | 28. AMOUNT PAID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Lost Receipt Form is sufficient enough as a receipt for anything you do not have physically. Make sure to fill out all info for applicable expense and check the boxes if there are any. Explanation and signature must be provided at the bottom.

****NOTE: Duplicate copies of receipts are usually readily available from hotels, airlines, and vehicle rental agencies. Due to requirements to list daily basic rates, taxes, and fees separately for claimed expenses, you must attempt to obtain copies of the original receipts from these vendors. For CONUS travel, daily lodging rates and taxes, when applicable, are separately claimed expenses. When claiming airfare, CTO fees are claimed separately from the airfare. When using this form in place of a receipt, you are responsible for fully reading, understanding and completing this certification for your claimed expenses.**

In accordance with Joint Federal Travel Regulations, Vol. I, Part F, paragraph U2510 (Military), Joint Travel Regulations, Vol. II, Part E, paragraph C1310 (Civilian), AFI 65-114, Chapter 8, paragraph 8.6.4, and DoDFMR Volume 9, paragraph 080305, "Attach all supporting documentation including the original or legible copy of orders and receipts for all lodging expenses, as well as claimed reimbursable expenses of \$75 or more."

SECTION I – EXPENSE(S)

DO NOT include the following items with any amounts listed below:

- Optional insurance (Loss Damage Waiver, Personal Accident Insurance, etc...) on vehicle rentals, unless the rental is OCONUS.
- Sundries, unofficial phone calls, movie rentals, room service, bellhop tips, unauthorized laundry services, restaurant fees at lodging facilities, or any other expense incurred for personal convenience.
- Airfare that was not personally procured or airfare that was charged to a Centrally Billed Government Travel Card.
- Expenses incurred while on leave or other non-per-diem status.

| | | | | | |
|--|--|--------------------------------------|---|--|-----------------------------|
| 1. LODGING (Hotel Name) | | (City) | | (State/Country) | |
| Was room shared with any military/gov't employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | If room was shared with military/gov't employees, were they on funded travel orders? <input type="checkbox"/> Yes <input type="checkbox"/> No | Check-in Date: | Check-out Date: | Daily Room Rate: \$ | Daily Tax: \$ |
| | | | | Total Cost: \$ | |
| LODGING (Hotel Name) | | (City) | | (State/Country) | |
| Was room shared with any military/gov't employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | If room was shared with military/gov't employees, were they on funded travel orders? <input type="checkbox"/> Yes <input type="checkbox"/> No | Check-in Date: | Check-out Date: | Daily Room Rate: \$ | Daily Tax: \$ |
| | | | | Total Cost: \$ | |
| 2. AIRFARE (Carrier Name) | | Travel From: City & State/Country | Travel To: City & State/Country | Date Traveled: | Base Airfare Cost: \$ |
| | | | | Airfare Taxes: \$ | CTO Fee: \$ |
| | | | | Total Cost: \$ | |
| Was the ticket purchased through the CTO? <input type="checkbox"/> Yes <input type="checkbox"/> No Was any indirect routing used (i.e. leave/leisure/circuitous travel) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| This airfare was purchased with: <input type="checkbox"/> My individually billed GTC / CSA <input type="checkbox"/> My unit's centrally billed GTC (CBA) <input type="checkbox"/> A personal credit card | | | | | |
| AIRFARE (Carrier Name) | | Travel From: City & State/Country | Travel To: City & State/Country | Date Traveled: | Base Airfare Cost: \$ |
| | | | | Airfare Taxes: \$ | CTO Fee: \$ |
| | | | | Total Cost: \$ | |
| Was the ticket purchased through the CTO? <input type="checkbox"/> Yes <input type="checkbox"/> No Was any indirect routing used (i.e. leave/leisure/circuitous travel) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| This airfare was purchased with: <input type="checkbox"/> My individually billed GTC / CSA <input type="checkbox"/> My unit's centrally billed GTC (CBA) <input type="checkbox"/> A personal credit card | | | | | |
| 3. RENTAL CAR (Company Name) | | Date Vehicle Rented: | Date Vehicle Returned: | Basic Rental Rate: \$ | Taxes: \$ |
| | | | | Insurance: (OCONUS only) \$ | Fuel Paid In Advance: \$ |
| | | | | Total Cost: \$ | |
| 4. TAXI/LIMOUSINE/VAN Company Name | | Travel From: City & State/Country | Travel To: City & State/Country | Basic Fare: \$ | Tip: \$ |
| | | | | Total Cost: \$ | |
| 5. OTHER TRANSPORTATION (Carrier Name) | | Travel From: City & State/Country | Travel To: City & State/Country | Type (bus, train, etc): \$ | Base Cost: \$ |
| | | | | Taxes: \$ | Tip: \$ |
| | | | | Total Cost: \$ | |
| 6. REGISTRATION / CONFERENCE FEE (Purpose) | | Paid To: | Were any meals included * <input type="checkbox"/> Yes <input type="checkbox"/> No | Was any lodging included * <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Cost: \$ |
| *Note: If meals were included in your registration fee, you must claim them as deductible meals in block 19 of the DD Form 1351-2, Travel Voucher. For travelers using DTS, indicate any deductible meals on the DTS Per Diem Entitlement screen as meals 'Provided'. Additionally, if lodging was included in your registration fee, ensure you do not claim reimbursement for the applicable night(s). | | | | | |
| 7. OTHER EXPENSE (Be Specific) *Note: If claiming reimbursement for mailing/shipping baggage or property, you must include weight tickets. For expenses not listed above i.e. baggage, cargo, pet expense | | | | Date of Expense: | Total Cost: \$ |

SECTION II – EXPLANATION

Provide full explanation why receipt is not available and actions taken to obtain replacement receipt. For airfare indicate if Virtuallythere.com was used to obtain receipt.

Needs to explain why actual receipt cannot be provided i.e. "Unable to Provide Physical Copy of Receipt"

SECTION III – CERTIFICATION

I certify I attempted to obtain copies of original receipts from the above named vendors and have been unable to do so. I further certify I incurred the above expense(s) for which the receipt is missing and/or lost for presentation with the travel claim. I understand failure to complete this form in its entirety may result in denial of claimed expenses. I also understand there are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

| | | |
|--|--------------|----------------|
| 1. Traveler's Name (Last, First, M.I.) | 2. Signature | 3. Date Signed |
|--|--------------|----------------|

Fill out the highlighted areas and sign & date once finished

Active Duty PDT Entitlements (PDT, PPM, TLE, Dep Tvl, etc.) Checklist

| CUSTOMER USE | | YES | NO | N/A |
|-------------------------|--|-----|----|-----|
| Traveler's Name: | | | | |
| Traveler's SSN: | DOD ID (Back of CAC): | | | |
| Order #: | | | | |
| 1 | DATA MASKED Information-Does voucher or supporting documents contain data masked (classified) information? Was any portion of your travel to/from a data masked (classified) location? | | | |
| 2 | Is your personal information correct and legible? (Name, grade, SSN, mailing address, email address and phone number) | | | |
| 3 | Does the travel order number on the voucher match the travel order number filed with the voucher? | | | |
| 4 | Is itinerary correct and legible to include verification of dates traveled, places, modes of travel, reasons for stops, lodging costs and POC/Terminal mileages (if applicable)? | | | |
| 5 | Split disbursements are mandatory for Government Travel Charge Card (GTCC) holders. Is split disbursement amount identified? | | | |
| 6 | Are previous advances claimed on the DD Form 1351-2 (Annotated in Block 9)? | | | |
| 7 | Are your dependents listed on DD Form 1351-2 and is the accompanied or unaccompanied block checked? Does this information match your orders? | | | |
| 8 | Did you check Block 16, POC Travel? Check appropriate block (Owner/Operator or Passenger) | | | |
| 9 | Are all expenses claimed and required receipts attached to include itemized lodging and any expense \$75.00 or more? Use DD Form 1351-2C for additional expenses. If you are missing receipts for any expense claimed, use a local "missing receipt form" (obtained from The Finance Office). | | | |
| 10 | Are Non-Availability Statements or Contract Quarters Authorization numbers attached for off-base lodging not authorized in orders? (if applicable) | | | |
| 11 | If you shipped a vehicle at government expense, is DD Form 788 (front and back) with appropriate signatures attached? | | | |
| 12 | For Personally Procured Moves (PPM), did you attach TMO required worksheets? | | | |
| 13 | Are you claiming expenses not authorized in your orders? Did the approving official print name, sign, list telephone number, date DD Form 1351-2 in Block 21a? Did they specify what reimbursable expense(s) they're approving and annotate on the DD Form 1351-2 in Block 29? (MANDATORY, if you claim expenses not authorized in orders) | | | |
| 14 | Are copies of travel orders attached to include amendments? NOTE: Front and back of orders (if applicable) are required. | | | |
| 15 | If TDY enroute and leave was taken, Is any period(s) of leave taken while at the TDY enroute location annotated on the voucher to prevent the payment of Per Diem while on leave? Is the leave form(s) approved by the TDY Commander attached? | | | |
| 16 | Did you sign and date the DD Form 1351-2? (MANDATORY) | | | |
| 17 | If this is your first Permanent Duty Travel (PDT), ensure you establish your travel payment account information by completing SF 1199A or FMS 2231. NOTE: You cannot be reimbursed for travel expenses until this information is provided. | | | |
| 18 | For TDY enroute only: 1) If locations listed are not on orders, are amendments attached or variations authorized? 2) If TDY was LESS THAN 12 hours, did you claim actual meal cost in reimbursable expenses? | | | |
| 19 | Did you complete the PDT arrival worksheet and included it with your voucher? | | | |
| 20 | Traveler's signature: | | | |
| | Date: | | | |

Box #27 on orders.
Take the first two letters and last 4 numbers

* ONLY ONE COPY OF THE TRAVEL VOUCHER, ORDERS AND RECEIPTS ARE REQUIRED WITH THIS CHECKLIST

* TO BE CONSIDERED A VALID RECEIPT IT MUST SHOW THE COMPANY NAME, DATE SERVICES WERE PROVIDED, UNIT PRICE OF ITEM/SERVICE, AMOUNT "PAID" AND "AMOUNT DUE" OF \$0.00 OR EVIDENCE OF PAYMENT

* IT IS YOUR RESPONSIBILITY TO RETAIN A COPY OF THE TRAVEL VOUCHER, ORDERS, AND RECEIPTS. THE FINANCE OFFICE DOES NOT RETAIN COPIES.

| FINANCE USE ONLY | | YES | NO | N/A |
|------------------|--|-------|----|-----|
| 1 | DATA MASKED Information-Does voucher or supporting documents contain data masked (classified) information that needs to be submitted on an AF Form 32? (refer to AFFSC-Base Level Business Rules) If so, remove classified data, complete AF Form 32 and submit via FM Workflow. | | | |
| 2 | Verification check - has the customer completed requirements listed above? Are all expenses claimed and required receipts attached to include itemized lodging and any expense \$75.00 or more? If not, RETURN VOUCHER TO CUSTOMER | | | |
| 3 | Is the voucher date stamped? | | | |
| 4 | Split Disbursements are mandatory for GTC holders. Is split disbursement amount identified? | | | |
| 5 | Is the member's banking account information built in RTS? If not, attach SF 1199A or FMS 2231. | | | |
| 6 | Is the PDT arrival worksheet attached and dates verified against itinerary? Has member provided current mailing address for their W-2 and a valid email address for payment/debt notification? | | | |
| 7 | For Ret/Sep final vouchers, have DJMS, RTS and DTS been checked for outstanding debts? Ref: AFMAN 65-116V1, Para 69.14.3. If debts are found document them and include in the voucher submission to AFFSC with a screen shot from DJMS showing outstanding debt amount. The remaining debt will be collected from any amounts due the member for transportation of dependents, shipment of personal property, and separation travel (officers only). | | | |
| 8 | Are copies of the travel orders attached (to include amendments)? NOTE: Front and back page of orders are required. | | | |
| 9 | Are orders properly certified and the line of accounting legible? | | | |
| 10 | For TDY enroute only: 1) Are meal statements on all orders validated for accuracy to ensure computation of correct daily per diem? Are CED order meal statements circled or underlined? 2) If member is entitled to FSA (for TDY over 30 days), advise member to submit a DD Form 1561 with the voucher and provide the location of dependents. 3) Are FSR and PSR annotated and legible? 4) Verified TDY obligation has been recorded in the accounting system. | | | |
| 11 | Has traveler provided a DOD ID number (back of the CAC) | | | |
| 12 | Checklist completed by (Printed Name): | Date: | | |
| 13 | Checklist audited by (Printed Name): | Date: | | |

Privacy Act-1974 as amended applies to this memo. This memo may contain information which must be protected IAW AFI 33-332 and DoD Regulation 5400.11 and is for Official Use Only (FOUO)