

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 departure, holidays, etc.): _____

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).....
 My dependent(s) was/were assigned to quarters on.....
- 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:

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:

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: _____

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**).....
 a) We lived in the (**Same** | **Different**) household at old PDS.....
 b) We live in the (**Same** | **Different**) household at new PDS.....
 c) We were stationed at **different** PDSs before relocating to new PDS.....
 d) 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):
 a) 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.
 b) 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: _____

PRIVACY ACT STATEMENT

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, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force or Space Force to determine needs of a member or dependents in emergency situations.

SORN: T7340, Defense Joint Military Pay System - Active Component, T7344, Defense Joint Military Pay System - Reserve Component

HOUSING OFFICIAL**NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS**QUARTERS ARE NOT ASSIGNED ☐ DATE:**TRANSIENT QUARTERS OCCUPIED - UNIT #**

SIGNATURE

DATE _____

6 ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER

IF MILITARY SPOUSE provide - NAME, DoD ID Number, BRANCH OF SERVICE,
DUTY STATION AND DATE OF MARRIAGE:

☐ **DIVORCED**

☐ LEGALLY SEPARATED

(Date)

(Date)

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR ☐ PER MONTH FOR DEPENDENT SUPPORT

BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I ☐ CLAIM BAH FOR THE DEPENDENT ☐ IN ☐ 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).

(d) DOB

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

(Required for members claiming dependents)

☐ 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 ☐ **YES** ☐ **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.

DATE _____

ADDITIONAL INFORMATION

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

DUSTIN Q. HUYNH, 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.																																																																																																																				
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) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA																																																																																																																		
6. ADDRESS. a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE																																																																																																																			
e. E-MAIL ADDRESS							10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS																																																																																																																	
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)																																																																																																																				
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE																																																																																																																								
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)				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> <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																																																																																																													
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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		e. SUMMARY OF PAYMENT (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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28. AMOUNT PAID																																																																																																																								

CERTIFICATION OF MISSING OR LOST RECEIPT

****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:

- a. Optional insurance (Loss Damage Waiver, Personal Accident Insurance, etc...) on vehicle rentals, unless the rental is OCONUS.
- b. 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.
- c. Airfare that was not personally procured or airfare that was charged to a Centrally Billed Government Travel Card.
- d. 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: \$
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: \$
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: \$
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: \$
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.				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.

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
--	--------------	----------------

Active Duty PDT Entitlements (PDT, PPM, TLE, Dep Tvl, etc.) Checklist				
CUSTOMER USE				
	Traveler's Name:			
	Traveler's SSN:	DOD ID (Back of CAC):	Order #:	YES NO N/A
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: _____			

* 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)