

# 86th Comptroller Squadron



Kisling Memorial Drive  
Building #2108 Ramstein-  
Miesenbach, Germany 66877

**Welcome to Finance's Interactive PDF (Version 1).  
Below you'll find information on how to complete required forms with detailed explanations, where to submit documents, and what is required for your entitlement(s) and allowance(s).**

## Hours:

### **Mon / Tues / Thurs / Fri**

- 0900 - 1200: Walk-In Hours / OHA & TLA Drop Off / Cage Payments
- 1200 - 1300: Lunch
- 1330 - 1600: By Appointment Only Voucher Processing

### **Only on Tues / Thurs**

- 1400 - 1600: Separations and Retirement Briefing

### **Wednesday**

- 0900 - 1100: 1st Sgt. Hours (Requires Documentation)
- 1130 - 1230: Lunch Hour
- 1300 - 1700: Flight Training



# 86 CPTS

## BASIC HOW-TO GUIDE

# HOW TO CREATE A CSP CASE



CSP QR Code  
For Official Phones Only

<https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/CreateInquiry.aspx>

PLEASE SUBMIT YOUR COMPLETED  
DOCUMENTS INTO CSP USING A CAC  
- ENABLED DEVICE

The screenshot shows the 'CREATE INQUIRY' form on the U.S. Air Force Comptroller Services Portal. The form is divided into two main sections: 'CUSTOMER DETAILS' and 'INQUIRY DETAILS'. The 'CUSTOMER DETAILS' section includes fields for Inquiry Type, Mode of Inquiry, Customer DoD ID Number, Customer Duty Email, Customer Assigned Component, Customer Status, Customer Rank, and Customer Contact Phone Number. The 'INQUIRY DETAILS' section includes fields for Subject, Category, Sub Category, and Description. The form also features an 'Attach File(s)' section at the bottom. Annotations with arrows point to specific elements: Step 1 points to the 'CREATE INQUIRY' button; Step 2 points to the 'CUSTOMER DETAILS' section; Step 3 points to the 'Subject' and 'Category' fields; Step 4 points to the 'Attach File(s)' section; and Step 5 points to the 'SAVE AS DRAFT' and 'SUBMIT' buttons.

**Step 1:**  
Click on "Create Inquiry"

**Step 2:** Fill out  
Mandatory Info

**Step 3:** Enter the  
Subject of the  
Case

Put it under the  
correct category

& Describe the  
issue at hand

**Step 4:** Attach all supporting documentation here. We will send the case back if the documentation provided is not enough- delaying your entitlement fix

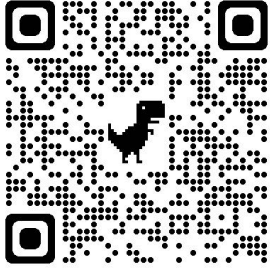
**Step 5:** Save for later or submit to us for review and processing! Please review all notifications for your case. It may be marked as "resolved" but it may mean it is sent back for additional information.

If you are unable to create a CSP case because you are a GSU or Health.Mil member, please utilize the customer service org box:

[86CPTS.CS@us.af.mil](mailto:86CPTS.CS@us.af.mil)

# MILITARY IN-PROCESSING AT FINANCE

It is **MANDATORY** for members who have just arrived at Ramstein to in-process as soon as they can to avoid having pay issues! To do this, simply make an appointment here:



<https://www.signupgenius.com/go/8050d45abac2fa7f49-finance>

← Finance In-Processing QR Code

**READ ALL OF THE INFORMATION ON THIS WEBSITE**

## WHAT CAN BE TAKEN CARE OF WHILE IN-PROCESSING HERE?

TRAVEL VOUCHER AND SUPPLEMENTAL VOUCHER PAYMENTS

TRICARE BRIEFING

HOUSING OFFICE BRIEFING

## TIMES:

### IN-PROCESSING

MONDAY, TUESDAY, THURSDAY, & FRIDAY  
@ 1330 - 1700

### TRICARE BRIEFING:

**MUST HAVE AN APPOINTMENT WITH  
FINANCE THAT DAY**

MONDAY, TUESDAY, THURSDAY, & FRIDAY  
@ 1330

### INITIAL HOUSING BRIEFING

IN PERSON FROM MONDAY - THURSDAY

@ 0900 OR 1300

### DOCUMENTS FOR FINANCE:

- ANY RECEIPTS GREATER THAN \$75
- SCRATCH AND DENT FORM FROM VPC (DD788)
- FULL COPY OF ORDERS AND AMENDMENTS (FRONT AND BACK)
- MEMORANDUMS FOR ANY DELAYS DURING THE PCS
- SIGNED LETTERS OF AMENDMENTS IF QUARANTINED (BY MPF)
- GTC STATEMENT (FOR VERIFICATION)
- DORM RESIDENT BAS CERTIFICATION
- ANY DELAYED ROTATOR TICKETS

### DOCUMENTS FOR TRICARE:

- COPY OF ORDERS WITH AMENDMENTS STATING ALL DEPENDENTS ARE "MEDICALLY CLEARED"
- PROOF OF COMMAND SPONSORSHIP

THIS IS  
**MANDATORY WITHIN 48 HRS  
OF ARRIVING ON STATION**

FOR SECURING A HOME ON BASE OR ON THE LOCAL ECONOMY

THIS COVERS TLA, COUNSELING, AND GUIDANCE PRIOR TO SIGNING A WRITTEN LEASE OR RENTAL / SALES CONTRACT FOR HOUSING

MEMBERS CAN ALSO ACCESS A  
**VIRTUAL HOUSING BRIEFING**

- **CIVILIAN LINK:**

<https://www.dvidshub.net/video/757855/kmc-housing-civilian-processing-briefing>

- **MILITARY LINK:**

<https://www.dvidshub.net/video/834698/kaiserslautern-military-community-housing-brief-2022>

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 take 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):

1. 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.....

2. 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 Housing Off-base Billeting/TLF

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 a primary dependent, who is the child residing with (self, 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

NOTE: \* DLA is not payable to first duty assignment for single members (JTR 5442.3.1).

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

- 1. 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) .....

2. 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.

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

Date Arrived in Country: \_\_\_\_\_ JTR Location: \_\_\_\_\_

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

1. I traveled with \_\_\_\_\_ dependents authorized on my PCS orders.

2. I am claiming \_\_\_\_\_ dependents, authorized on my orders and living with me for COLA purposes. (NOTE: report changes to the FSO immediately)

3. 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: \_\_\_\_\_

**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, 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.

**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)				<b>NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS</b> QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____ ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> UNIT # _____ EFFECTIVE DATE: _____ INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> UNIT # _____ EFFECTIVE DATE: _____ TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO: _____ NAME, GRADE and TITLE of HOUSING REPRESENTATIVE _____  SIGNATURE _____  DATE _____			
2. DoD ID Number	3. GRADE	4. PHONE					
5A. DUTY LOCATION (Base, State, ZIP Code or Country)							
5B. MEMBER'S PHYSICAL ADDRESS (Street, City, State, Zip Code or Country)							
5C. E-MAIL ADDRESS							
<b>MARITAL / DEPENDENT STATUS</b>							
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE provide - NAME, DoD ID Number, BRANCH OF SERVICE, DUTY STATION AND DATE OF MARRIAGE: _____ _____ _____ <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPARATED _____ (Date) (Date)							
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	
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	
<b>MEMBER'S CERTIFICATION (Required for members claiming dependents)</b>							
<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							
<b>CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be approved by AFPC-OL, Indianapolis).</b>							
(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	

# 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

Electronic Fund Transfer (EFT)  
 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.**  
 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)	
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	
e. E-MAIL ADDRESS				<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

7. DAYTIME TELEPHONE NUMBER & AREA CODE			8. TRAVEL ORDER/AUTHORIZATION NUMBER			9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			10. FOR D.O. USE ONLY		
11. ORGANIZATION AND STATION									a. D.O. VOUCHER NUMBER		
									b. SUBVOUCHER NUMBER		
									c. PAID BY		

12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			d. COMPUTATIONS		
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED						<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)					
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE									

15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					

16. POC TRAVEL (X one)		OWN/OPERATE	PASSENGER	17. DURATION OF TRAVEL	
				12 HOURS OR LESS	
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
				MORE THAN 24 HOURS	

18. REIMBURSABLE EXPENSES				19. GOVERNMENT/DEDUCTIBLE MEALS	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS

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		

## 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.**

<b>1. LODGING</b> (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: \$

<b>LODGING</b> (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: \$

<b>2. AIRFARE</b> (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Date Traveled:	Base Airfare Cost: \$	Airfare Taxes: \$	CTO Fee: \$	Total Cost: \$
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Was the ticket purchased through the CTO?  Yes  No Was any indirect routing used (i.e. leave/leisure/circuitous travel)  Yes  No

This airfare was purchased with:  My individually billed GTC / CSA  My unit's centrally billed GTC (CBA)  A personal credit card

<b>AIRFARE</b> (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Date Traveled:	Base Airfare Cost: \$	Airfare Taxes: \$	CTO Fee: \$	Total Cost: \$
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Was the ticket purchased through the CTO?  Yes  No Was any indirect routing used (i.e. leave/leisure/circuitous travel)  Yes  No

This airfare was purchased with:  My individually billed GTC / CSA  My unit's centrally billed GTC (CBA)  A personal credit card

<b>3. RENTAL CAR</b> (Company Name)	Date Vehicle Rented:	Date Vehicle Returned:	Basic Rental Rate: \$	Taxes: \$	Insurance: (OCONUS only) \$	Fuel Paid In Advance: \$	Total Cost: \$
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<b>4. TAXI/LIMOUSINE/VAN</b> Company Name	Travel From: City & State/Country	Travel To: City & State/Country	Basic Fare: \$	Tip: \$	Total Cost: \$
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<b>5. OTHER TRANSPORTATION</b> (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Type (bus, train, etc):	Base Cost: \$	Taxes: \$	Tip: \$	Total Cost: \$
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<b>6. REGISTRATION / CONFERENCE FEE</b> (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: \$
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\*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).

<b>7. OTHER EXPENSE</b> (Be Specific) *Note: If claiming reimbursement for mailing/shipping baggage or property, you must include weight tickets.	Date of Expense:	Total Cost: \$
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### 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
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# **OUT-PROCESSING FINANCE**

**To out-process from Ramstein via Finance, simply submit a CSP case with your new orders, amendments, and flight itinerary / completed and approved port call.**

## **PLEASE NOTE:**

**We can only sign members off of vMPF when they are within 30 days of their departure date that is noted on their flight itinerary / port call.**

**Please make sure you complete your OHA and TLA paperwork with the outbound housing office on Ramstein in bldg. 2108!**

## **REQUIRED DOCUMENTS:**

**NEW PCS ORDERS**

**FLIGHT ITINERARY **OR**  
PORT CALL**

# REQUEST AND AUTHORIZATION FOR PERMANENT CHANGE OF STATION - MILITARY

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 8013, Secretary of the Air Force E.O. 9397 (SSN) as amended. Powers and duties; delegation by 8032.General duties; implemented by Air Force Instruction 36-2102, Base-level Relocation Procedures.  
**PURPOSE:** Each type of relocation of Air Force personnel requires specific actions described either on a checklist or by sending a form letter to the applicable base activity having a responsibility for ensuring accomplishment of the action.

**ROUTINE USES:** In addition to those disclosures generally under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)3. 'Blanket Routine Uses' apply.

**DISCLOSURE:** VOLUNTARY; SSN is used to reference member's official records. Failure to provide SSN may make it difficult for member to receive pay and entitlements in coordination with Permanent Change of Station.

The following individual will proceed on permanent change of station:  PCS without PCA  PCS with PCA | TED FEB 23

1. GRADE, NAME (Last, First, Middle Initial) DOE JOHN J.	2. SSAN 293-99-9999	3. SAFSC/CAFSC 2FX01
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4. SECURITY CLEARANCE (include date of last investigation) <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red; font-weight: bold;">Future Dated</div>	5. REPORT TO COMDR, NEW ASSIGNMENT NLT: 22 FEB 2023	6. TRAVEL DAYS AUTHORIZED IF TRAVELING BY PRIVATELY-OWNED CONVEYANCE: 5
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7. TDY ENROUTE <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red; font-weight: bold;">Current Base</div>	7. TDY ENROUTE <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red; font-weight: bold;">Next Duty Location</div>
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8. UNIT, MAJOR COMMAND AND ADDRESS OF UNIT FROM WHICH RELIEVED: AFE 86 LOGISTICS READINES SQ FFB1X0 RAMSTEIN DE 090940000	9. UNIT, MAJOR COMMAND AND ADDRESS OF UNIT TO BE ASSIGNED: GBS 28 LOGISTICS READINES SQ FFDYK0 ELLSWORTH SD 577060000
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10. TYPE OF TOUR <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED (Check One) <input type="checkbox"/> UNACCOMPANIED, DEPENDENTS RESTRICTED	11. TOUR LENGTH (Total No. of Months) 12. EXTENDED LONG TOUR VOL NO
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13. DEPENDENT TRAVEL: <input type="checkbox"/> A. CONCURRENT TRAVEL IS AUTOMATIC <input type="checkbox"/> B. CONCURRENT TRAVEL IS APPROVED <input type="checkbox"/> C. DEPENDENT TRAVEL IS DELAYED FOR LESS THAN 20 WEEKS <input type="checkbox"/> D. DEPENDENT TRAVEL IS DELAYED FOR MORE THAN 20 WEEKS <input type="checkbox"/> E. TRAVEL IS AUTHORIZED TO A DESIGNATED PLACE	14. THIS IS A JOIN-SPOUSE ASSIGNMENT (Include spouse's grade, name & SSN) NO 15. AUTHORITY FOR CCTVL:
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16. HOMEBASING/FOLLOW-ON ASSIGNMENT (Include AAN, GPAS and RNLTD)

17. DEPENDENT(s): (List names, DOB of children, relationship to member and current address)

18. PCS EXPENSE CHARGEABLE TO: <i>Insert Applicable Subproject Shred</i> 573 3500 323 480Z 58710* 05 525725      CIC: 4 5 348 0071 525725 NTS CHARGEABLE TO: 57\$ 3500 32\$ 480Z 58780N 05 525725	19. AUTHORITY AND PCS CODE DAFI 36-2110 Branch of Service: AIR FORCE PCS ID: J      AAN: 0230NC0818
---	--

20. AETC/FM TDY Funding.  20a. All other TDY Enroute Funding.	21. SDN: HHG: PB58713002MP0H TAC: G38J INT: PB58713003MM0A TAC: G38J NTS: PB58783001MP0N TAC: GN8J POVNTS: PB58713004MP0V TAC: GP8J PVSSHP: PB58713005MP0P TAC: G3JP
---	--

Pursuant to AFI 32-6001, you will report to the base housing referral office servicing your new duty station before entering any rental, lease, or purchase agreement for off-base housing.

22. REMARKS (Submit travel voucher within 5 workdays after completion of travel. If TDY enroute is authorized, attach receipts showing cost of all lodging used. All promotional items incurred while PCS/TDY must be turned in to AFO upon arrival at gaining base. See reverse for remarks.)  
 PCS ADSC: 12 MONTHS TRAINING ADSC: MONTHS (See AFI 36-2107)  
 22A. ENTER AIRMAN'S DATE OF SEPARATION DD MMM YYYY (07 SEP 2024), ASSIGNMENT ACTION REASON (03), DATE ELIGIBLE TO RETURN FROM OVERSEAS DD MMM YYYY (08 JAN 2023)  
 22B. AIRMAN'S DEPARTURE CERTIFICATION: I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE I WILL DEPART PCS AT \_\_\_\_ (HRS) \_\_\_\_ (DATE) \_\_\_\_ SIGNATURE

23. DATE 16 NOV 2022	24. APPROVING OFFICIAL! (Type Name and Grade)!	25. SIGNATURE OF APPROVING OFFICIAL // SIGNED //
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26. DESIGNATION AND LOCATION OF HQ DEPT OF THE AIR FORCE: AFPC RANDOLPH AFB TX 78150-0000	27. SPECIAL ORDER NO: AP-111111	28. DATE 16 NOV 2022
29. TDN FOR THE COMMANDER		

30. DISTRIBUTION: AA	31. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL //signed//
32. ADDRESS OF GAINING MPF: 28 FSS ELLSWORTH AFB SD 57706-4712	

## REQUEST AND AUTHORIZATION FOR PERMANENT CHANGE OF STATION - MILITARY

This contains information which must be protected IAW AFI 33-332 and DoD Regulation 5400.00; Privacy Act of 1974 as Amended Applies, and it is for Official Use Only (FOUO). It must be protected or Privacy Act information removed prior to further disclosure.

### 33. CONTINUATION

#### 22. CONTINUED

22C. AIRMAN MUST BE IN UNIFORM AT FINAL OUT-PROCESSING APPOINTMENT. AIRMAN MUST COMPLETE ALL REASSIGNMENT REQUIREMENTS FOR THE PCS PRIOR TO FINAL OUT APPOINTMENT AND DEPARTURE FROM PDS. TO INCLUDE MEMBER'S & DEPENDENT(S) MEDICAL AND DENTAL CLEARANCE, PASSPORT/VISAS, COMMAND SPONSORSHIP, APPROVAL FOR (OCONUS)ASSIGNMENTS, SECURITY CLEARANCE, RETAINABILITY INCLUDING AF FORM 63, ACTIVE DUTY SERVICE COMMITMENT (ADSC) AF FORM 4380, AIR FORCE SPECIAL NEEDS SCREENER (AS REQUIRED),PPCS REQUIREMENTS AND FOLLOW-ON OR HOME-BASING APP/DISAPP (AS REQUIRED).

22D. EACH TRAVELER(S) ON THIS ORDER IS AUTHORIZED UP TO 2 CHECKED PIECES OF BAGGAGE NOT TO EXCEED 70 POUNDS EACH. COMMERCIAL AIRLINES USING DIFFERENT WEIGHT STANDARDS MAY AUTOMATICALLY CHARGE BAGGAGE FEES TO EACH TRAVELER (S) ON THIS ORDER. IN THIS CASE, AS LONG AS THE NUMBER OF CHECK PIECES AND WEIGHT LIMIT PREVIOUSLY STATED IS NOT EXCEEDED, A CHECKED BAGGAGE EXPENSE IS STILL REIMBURSABLE."IAW JTR AND AFI 36-2102. ALL RECEIPTS FOR BAGGAGE ARE REQUIRED FOR REIMBURSEMENT. TRAVELER(S) MUST PAY CHARGE(S) DIRECTLY TO THE SERVICING AIRLINER OR MODE OF TRANSPORT AT THE TIME OF CHECK-IN AND CLAIM REIMBURSEMENT ON THE TRAVEL VOUCHER.

22E. UPON RECEIPT OF ORDERS CONTACT THE TRAFFIC MANAGEMENT OFFICE (TMO) TO MAKE ARRANGEMENTS FOR HHGS SHIPMENT AND TRAVEL. IAW DEFENSE DIRECTIVE (DODD) 4500.09E, TRANSPORTATION AND TRAFFIC MANAGEMENT, CHAP 401, PARA O.2 - REQUIRED POLICY. THE COMPLETION OF A CUSTOMER SATISFACTION SURVEY(CSS) FOR EACH SHIPMENT DELIVERED IS REQUIRED WITHIN SEVEN DAYS OF EACH COMPLETE SHIPMENT DELIVERY. AIRMEN/EMPLOYEES ARE REQUIRED TO COMPLETE A CSS VIA THE WEB: [HTTP://WWW.SDDC.ARMY.MIL/SDDC/CONTENT/PUB/46819/CSS%20BROCHURE%20V2.PDF](http://www.sddc.army.mil/sddc/content/pub/46819/CSS%20BROCHURE%20V2.PDF). AFTER REVIEWING THE INSTRUCTIONS, YOU MAY ACCESS AND COMPLETE THE SURVEY AT THE FOLLOWING LINK. [HTTP://WWW.MOVE.MIL/](http://www.move.mil/).

22F. MEMBER MAY BE ELIGIBLE FOR REIMBURSEMENT OF COST OF DEPENDENT SPOUSE'S QUALIFYING STATE RE-LICENSING OR RE-CERTIFICATION FEES NOT TO EXCEED \$1000.00. LEARN MORE ABOUT LICENSING AND CERTIFICATIONS FROM THE INSTALLATION AIRMAN & FAMILY READINESS CENTER, THE DEPARTMENT OF LABOR WEBSITE AT [HTTPS://WWW.VETERANS.GOV/MILSPOUSES](https://www.veterans.gov/milspouses), AND THE DOD SPOUSE EDUCATION AND CAREER OPPORTUNITIES PROGRAM AT [HTTPS://MYSECO.MILITARYONESOURCE.MIL](https://myseco.militaryonesource.mil). FREE CAREER COACH COUNSELING IS ALSO AVAILABLE BY CALLING 800-342-9647.

22G. CONTACT/VISIT THE FINANCIAL SERVICES OFFICE (FSO) UPON RECEIPT OF ORDERS TO MAKE FINANCIAL ARRANGEMENTS AND ADVISEMENT.

22H. ALL TRAVELERS ELIGIBLE FOR A GTCC SHOULD HAVE ONE AND USE IT TO THE MAXIMUM EXTENT POSSIBLE FOR OFFICIAL GOVERNMENT TRAVEL EXPENSES (TDY, DEPLOYMENT, PCS).IAW PUBLIC LAW 105-264, GOVERNMENT TRAVEL CARD (GTC) USE IS MANDATORY FOR ALL AUTHORIZED EXPENSES UNLESS OTHERWISE EXEMPTED UNDER SPECIFIC PROVISIONS DETAILED IN PARA E OFTHE TRAVEL TRANSPORTATION REFORM ACT. IF AIRMAN IS A GTC HOLDER USE OF HIS/HER INDIVIDUALLY BILLED ACCOUNT IS MANDATORY FOR ALL COMMERCIAL TRANSPORTATION ARRANGEMENTS AND ADVANCE TRAVEL PAY IS NOT AUTHORIZED. IF AIRMAN IS A NONCARD HOLDER THE CENTRALLY BILLED ACCOUNT WILL BE UTILIZED FOR ALL COMMERCIAL TRANSPORTATION ARRANGEMENTS.(DOES NOT APPLY TO PCS IDS 'V' & 'M') "FEES INCURRED FOR CONVENTIONAL LODGING ARE AUTHORIZED, IAW JTR TABLE 2-16."

22I. AIRMAN IS AUTHORIZED PCS WEIGHT ALLOWANCES AND NTS AS SPECIFIED IN THE JTR TABLE 5-37 AND PAR.0514, DTMO WEBSITE. THE LOSING PDS TMO WILL DETERMINED HHG RESTRICTIONS AND ENTITLEMENTS FOR THE GAINING LOCATION.

22J. AIRMAN MUST COMPLETE ALL PPC REQUIREMENTS FOR REASSIGNMENT PRIOR TO DEPARTURE DATE. PPC: (N/A)

22K. TRAVEL BY GOVERNMENT OR GOVERNMENT PROCURED AIRCRAFT IS DIRECTED. OBTAIN GOVERNMENTPROCURED TRAVEL RESERVATIONS THROUGH THE TMF/CTO, UNDER PROVISIONS OF AFI 24-101, AND JTR. SELF-PROCUREMENT OFTRANSOCEANIC OFFICIAL TRAVEL AND USE OF FOREIGN FLAG (NON-US) CARRIERS ARE NOT AUTHORIZED UNLESS SPECIFICALLYAPPROVED PRIOR TO TRAVEL BY A STATEMENT OF NON-AVAILABILITY AND AUTHORIZATION PROVIDED BY THE TMF/CTO. IF YOU NEEDASSISTANCE WITH YOUR RESERVATIONS CONTACT THE FOLLOWING: AMC FLIGHT CHANGES: IF YOU NEED ASSISTANCE WITH YOUR RESERVATION CONTACT YOUR TRAFFIC MANAGEMENT OFFICE OR LOCAL BOOKING AGENCY

22L. IF YOU HAVE SCHOOL AGE DEPENDENTS ACCOMPANYING YOU ON THESE ORDERS, CONTACT YOUR INSTALLATION SCHOOL LIAISON TO ASSIST WITH IMPORTANT EDUCATION TRANSITION INFORMATION. A LISTING OF SCHOOL LIAISONS CAN BE FOUND AT [WWW.DODEA.EDU/PARTNERSHIP](http://WWW.DODEA.EDU/PARTNERSHIP) OR BY EMAILING [LORI.PHIPPS@US.AF.MIL](mailto:LORI.PHIPPS@US.AF.MIL)

22M. AIRMEN TRAVELING INTERNATIONALLY ARE DIRECTED TO REVIEW THE FOREIGN CLEARANCE GUIDE (FCG), [HTTPS://WWW.FCG.PENTAGON.MIL/FCG.CFM](https://www.fcg.pentagon.mil/fcg.cfm), FOR THEMSELVES AND THEIR ENTIRE TRAVELING PARTY (TO INCLUDE DEPENDENTS) TO ENSURE THAT ALL COUNTRY REQUIREMENTS ARE MET PRIOR TO ARRIVAL. COUNTRY-SPECIFIC REQUIREMENTS ARE DYNAMIC AND UPDATES MAY BE MADE AFTER DEPARTURE FROM THE LOSING LOCATION BUT PRIOR TO ARRIVAL TO THE GAINING COUNTRY; THE FCG SHOULD BE REFERENCED EARLY AND OFTEN DURING TRAVEL PLANNING AND EXECUTION OF TRAVEL.

22N. AIRMEN AND DEPENDENTS RETURNING FROM OVERSEAS MUST SURRENDER NO-FEE PASSPORTS TO THEIR CONUS MPF UPON IN-PROCESSING.

22O. POV SHIPMENT/TRANSPORTATION ENTITLEMENT AUTHORIZATION/VALIDATION IAW THE JTR, PPCIG, AND PPA HQ ADVISORY 17-001

Travel Sheet		Do not lose or destroy	
Name of Traveler: DOE JOHN J		Seat Assignment: null	Number of Pets: 1
		Showtime is NET: 0340 10 JAN 2023 NLT: 0720 10 JAN 2023	
Origin: RAMSTEIN AB		Destination: BALTIMORE WASHINGTON INTL	
Contact Information: 314-479-4441 (DSN) 06371-46-4441 (Comm)		Contact Information: 312-568-8825 (DSN) 609-253-8819 (Comm)	
ITINERARY	M BKB	DM IS	TO BWI
		DEPART 0940 10 JAN 2023	ARRIVE 1220 10 JAN 2023

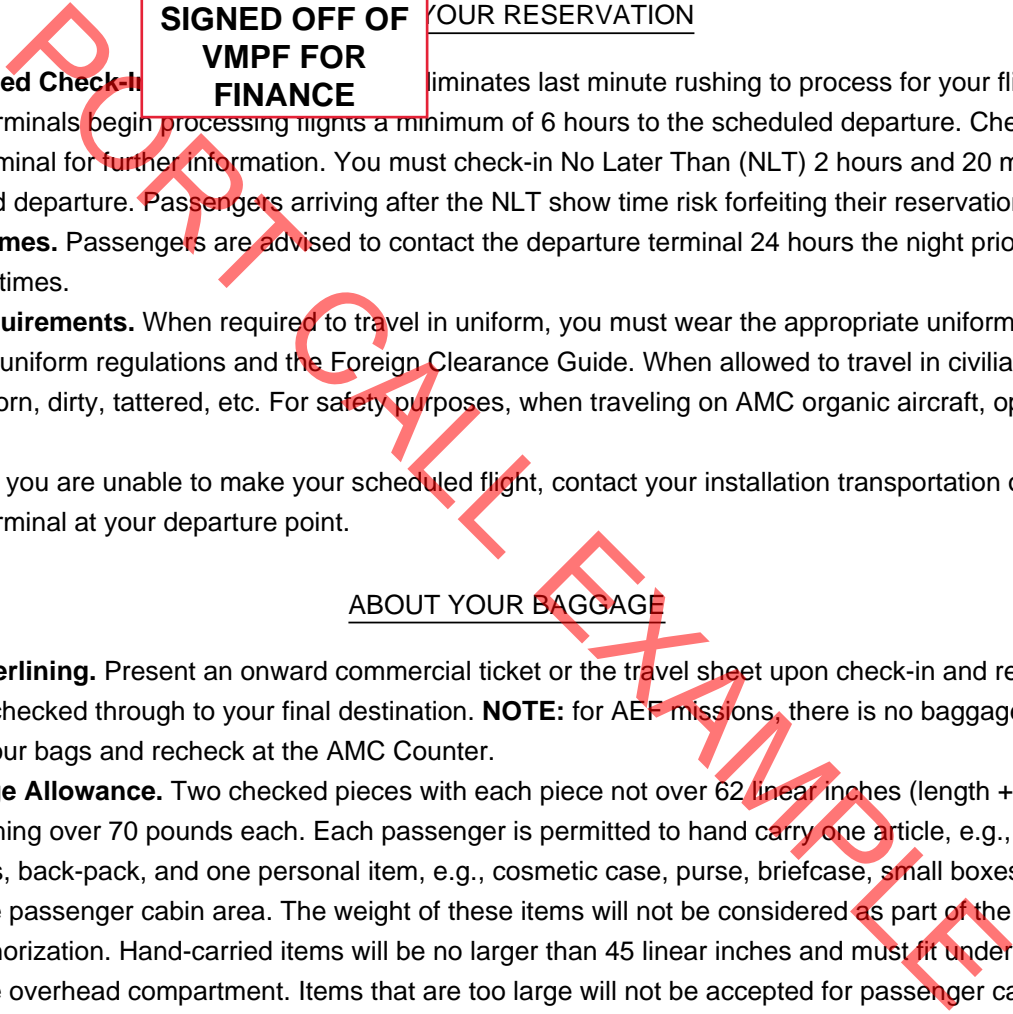
**ONCE IT IS 30  
DAYS PRIOR TO  
THIS  
DEPARTURE  
DATE, YOU CAN  
SUBMIT IT INTO  
CSP TO GET  
SIGNED OFF OF  
VMPF FOR  
FINANCE**

DEPART  
0940 10 JAN 2023

- Recommended Check-in** eliminates last minute rushing to process for your flight. Most passenger terminals begin processing flights a minimum of 6 hours to the scheduled departure. Check with your departure terminal for further information. You must check-in No Later Than (NLT) 2 hours and 20 minutes prior to the scheduled departure. Passengers arriving after the NLT show time risk forfeiting their reservation.
- Departure Times.** Passengers are advised to contact the departure terminal 24 hours the night prior to departure to confirm flight times.
- Uniform Requirements.** When required to travel in uniform, you must wear the appropriate uniform as prescribed by the Service's uniform regulations and the Foreign Clearance Guide. When allowed to travel in civilian attire, clothing must not be torn, dirty, tattered, etc. For safety purposes, when traveling on AMC organic aircraft, open toe shoes are not allowed.
- No Shows.** If you are unable to make your scheduled flight, contact your installation transportation office or the passenger terminal at your departure point.

ABOUT YOUR BAGGAGE

- Baggage Interlining.** Present an onward commercial ticket or the travel sheet upon check-in and request your baggage be checked through to your final destination. **NOTE:** for AEF missions, there is no baggage interlining. You must claim your bags and recheck at the AMC Counter.
- Free Baggage Allowance.** Two checked pieces with each piece not over 62 linear inches (length + width + height) and not weighing over 70 pounds each. Each passenger is permitted to hand carry one article, e.g., small luggage, garment bags, back-pack, and one personal item, e.g., cosmetic case, purse, briefcase, small boxes, packages, for storage in the passenger cabin area. The weight of these items will not be considered as part of the passenger's baggage authorization. Hand-carried items will be no larger than 45 linear inches and must fit under the passenger's seat, or in the overhead compartment. Items that are too large will not be accepted for passenger cabin storage and must be checked-in. Approximate dimensions are 9" x 14" x 22" for a total of 45 inches. **NOTE:** Many commercial airlines now restrict the weight of each piece of baggage to 50 pounds which subjects the passenger for potential overweight charges.
- Excess Baggage.** Commercial airlines will normally require payment for excess baggage (over 2 checked pieces). If excess baggage is authorized in your orders, keep your receipts and file for reimbursement.



# OHA (Overseas Housing Allowance)

OHA is a stipend that is used to pay the exact rental amount each month when a member is assigned to a permanent duty station outside CONUS.

FY[ i `U]cbg.

- AFMAN65-116V1 Ch. 30
- JTR Ch. 10

OHA Calculator:

<https://www.travel.dod.mil/Allowances/Overseas-Housing-Allowance/OHA-Rate-Lookup/>

(Verify Month, Day, Pay Grade and # of Dependents. Locality Code For Ramstein AB = DE700)

Substantiating Documents:

- DD Form 2367
- Referral Office Rental Agreement
- Orders

# OHA Fact Sheet

- ❖ **When members initiate and start OHA, they are given MIHA (Moving In Housing Allowance). This is a one-time payment to members to make dwelling habitable.**
- ❖ **Dependent-rate utilities are given to members who have at least one dependent.**
- ❖ **The effective date on the bottom right of the DD 2367 indicates the date that we are allowed to process your paperwork. It is highly recommended to turn it into us on that day or any day after that during our customer service hours. If members decide to turn it in before that date, they are risking the loss of those documents.**
- ❖ **Maximum rental allowance is determined through DTMO on [travel.dod.mil](http://travel.dod.mil)**
- ❖ **OHA may take up to two pay cycles to be processed. Do not worry as you will get back paid from the effective date for the OHA you are entitled to!**
- ❖ **Mil to Mil OHA or members who have another military member residing in the same house will split the rental amount based off of the highest rank**

# OHA Rates

OHA Rates vary based on the location, date, grade, the utilities, and whether or not the member has dependents. This could be found on DTMO website as seen below.

## OHA Rate Lookup:

<https://www.travel.dod.mil/Allowances/Overseas-Housing-Allowance/OHA-Rate-Lookup/>

The screenshot shows the OHA Rate Lookup web application. The browser address bar displays the URL: [travel.dod.mil/Allowances/Overseas-Housing-Allowance/OHA-Rate-Lookup/](https://www.travel.dod.mil/Allowances/Overseas-Housing-Allowance/OHA-Rate-Lookup/). The page header includes the Defense Travel Management Office logo and navigation menus for ABOUT, PROGRAMS, POLICY & REGULATIONS, TRAVEL & TRANSPORTATION RATES, ALLOWANCES, TRAINING, and SUPPORT. The main navigation bar highlights the ALLOWANCES menu, which is expanded to show options like Basic Allowance for Housing, Overseas Housing Allowance, CONUS Cost-of-Living Allowance, etc. A green arrow points to the 'OHA Rate Lookup' option in this menu. On the left sidebar, the 'Overseas Housing Allowance' menu is expanded to show 'OHA Rate Lookup', 'OHA Data Collection & Surveys', and 'Frequently Asked Questions'. The main content area features a 'Location' dropdown menu set to 'GERMANY - RAMSTEIN (RP) - DE700', a 'Locality Code (optional)' input field containing 'de700' (circled in green), and a 'Pay Grade Dependents' section with 'E-1' selected for pay grade and 'YES' for dependents (indicated by a green arrow). A 'Submit' button is at the bottom. A reCAPTCHA 'I'm not a robot' checkbox is also present, with a green arrow pointing to it. A 'Download the Guide' section is visible on the left, and an 'OHA Training' section is at the bottom left.

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT

INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR

REPORT CONTROL SYMBOL DD-P&R(AR)1697

Before completing, read Privacy Act Statement and Warning on reverse side.

PART A - IDENTIFICATION AND HOUSING INFORMATION

1. SERVICEMEMBER: a. NAME (Last, First, Middle Initial) MANESS, JONATHAN K. b. PAY GRADE E-5 c. SSN 99999999 d. DUTY STATION OR HOMEPORT (1) Station Name FFD0B0 / 24 INTELLIGENCE SQ (2) City RAMS (3) Country GERMANY 489-0000 2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one) [X] NO or NOT APPLICABLE 3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country) RAMSTEIN MIESENBACH HOCHSPEYER, RHEINLAND-PFALZ 12345 4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD) 20221106 5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one) [X] a. LOCAL CURRENCY (Specify name of currency. Report amount in item 6.) [ ] b. U.S. DOLLARS EURO 6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5. [X] a. LEASED/RENTED (Enter monthly rent below. If shared your share.) 1200 [ ] b. OWNED (Enter original purchase price. Include only cost costs, taxes, etc.)

Amount in Euros is converted when paid out on member's check (Split 1/2 for the two checks of the month)

HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8.

7. UTILITIES (Excluding telephone) (X appropriate block) [X] a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. [ ] b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD. [ ] c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below listing utilities/services of which your landlord provides the MAJORITY.) (1) Electricity [ ] (2) Heating [ ] (3) Air conditioning (X if window units used and landlord provides electricity.) [ ] (4) Water or Sewer [ ] (5) Trash Disposal [ ] 8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT. THEN RECORD THE TOTAL IN THE BOX AT BOTTOM. (NOTE: Do not count dependents unless covered by category c.) [X] a. MYSELF 1 [ ] b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1") [ ] c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number) [ ] d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number) [ ] e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number) TOTAL (Ba through e) (If result exceeds "1", you are considered a "sharer.") 1 9. If Block 8.b. or 8.d. is marked, report their full name(s), Social Security Number(s) and Branch of Service in "Remarks" on reverse.

PART B - CERTIFICATIONS

10. SERVICEMEMBER. I certify that: a. The information I have reported is true and correct. b. I will immediately inform my commanding officer if any changes occur to the information I have reported. c. The attached copy of my housing lease/rental/sale agreement (or certification from landlord) is true and correct, if applicable. d. I have read the overseas housing allowance briefing sheet provided by my commander or authorized representative, if applicable. e. SIGNATURE [Signature] f. DATE SIGNED (YYYYMMDD) 202210/27 11. HOUSING OFFICER or APPROPRIATE OFFICIAL. I have reviewed and verified the member's lease/rental/sale agreement and information from it was properly reported. a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one) [X] (1) Yes [ ] (2) No If Yes, entitlement is: [X] (a) Initial [ ] (b) Subsequent b. SIGNATURE [Signature] c. DATE SIGNED (YYYYMMDD) 20221027 d. TITLE WALLE, KAI HRO 12. CERTIFYING OFFICIAL. I have reviewed this action and certify the entitlement. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes. MIHA Given for Initial OHA a. TYPE HOUSING ALLOWANCE ACTION (X one) [X] (1) Start [ ] (2) Change [ ] (3) Stop [ ] (4) Correct [ ] (5) \*Cancel [ ] (6) \*Report [ ] b. MIHA/MISCELLANEOUS ENTITLEMENT (X one) [X] (1) Initial [ ] (2) Subsequent [ ] (3) None c. EFFECTIVE DATE OF ACTION (YYYYMMDD) 20230101 d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? [ ] (1) Yes [ ] (2) No e. SIGNATURE f. TITLE g. DATE SIGNED (YYYYMMDD)

Effective date for finance to start processing this OHA



**PRIVACY ACT STATEMENT**

**AUTHORITY:** 37 USC Section 405, and EO 9397.

**PRINCIPAL PURPOSE(S):** To determine eligibility for, to start, adjust or terminate Overseas Housing Allowance.

**ROUTINE USE(S):** In addition to being used by officials and employees of the applicant's Uniformed Service in determining eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, members of Congress, State and local government, and U.S. and State courts.

**DISCLOSURE:** Voluntary; however, failure to provide SSN may preclude timely consideration of your request for an allowance determination.

**WARNING:** Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both.

**SPECIAL INSTRUCTIONS FOR MEMBERS PAYING THREE OR MORE MONTHS RENT IN ADVANCE**

In certain countries it is customary to pay advance rent rather than month-to-month rent. If you pay your rent more than three months in advance, X block 5b, (U.S. Dollars) even though you paid your advance rent in local currency. In Part C, "Remarks," enter the following information:

- (1) "Rent paid \_\_\_\_ months in advance."
- (2) Amount of advance rent (in local currency, if that is how you paid).
- (3) Exchange rate at which you converted your dollars to local currency to pay the advance rent, if applicable.

Compute monthly rent as follows and report in item 6.a.:

- (1) Divide advance rent by number of months rent paid in advance to determine monthly rent.
- (2) If applicable, convert monthly rent to dollars by dividing by exchange rate at which you converted your dollars to local currency.

Those paying rent in advance should realize that rental ceilings set by the Department of Defense may decrease due to periodic exchange rate fluctuations. Accordingly, their OHA, which is computed as a monthly amount, may also decrease during the months when rental payments are not actually being made.

If upon expiration of the advance rental period the member must again pay rent three or more months in advance, another DD Form 2367 must be completed unless the derived rental amount previously reported in item 6.a. remains unchanged.

**PART C - REMARKS**

**EXAMPLE**

**REFERRAL OFFICE RENTAL AGREEMENT**  
*(Mietvertrag des Amerikanischen Wohnungsamtes) (GERMANY)*

DATE (YYYYMMDD)  
 (Datum) (JJJJMMTT)

CONTROL NO. (Kontroll-Nr.)

**AUTHORITY:** 10 U.S.C. 9775 (F032 AF CE D). **Quarters assignment guidance. PRINCIPAL PURPOSE:** To document the rental agreement between the landlord and military member. **ROUTINE USES:** Personal information is used to establish individual files of community support housing tenants. Also used to input data for automated products which in turn are used to mechanically forecast projected community negotiation of a rental agreement or entitlement to housing furniture. In addition to those disclosures generally permitted under 5 U. S. C. 552a(b) of the Privacy Act, these records or information contained therein may not be disclosed by the base housing office outside the DOD. **DISCLOSURE:** Voluntary.

**BETWEEN (Zwischen)**

**SPONSOR'S NAME (Last, First Middle Initial) (Name des Mieters, Nachname, Vorname, Mittelinitialen)**  
**WAINESS JONATHAN**

**GRADE (Rang)**  
**E1**

**DUTY PHONE (Telefon)** \_\_\_\_\_ **(Einheit)** \_\_\_\_\_

**AND (Und)**

**LANDLORD'S NAME (Last, First) (Name der Vermieters, Nachname und Vorname)** **WALTER WHITE**

**ADDRESS (Anschrift)** **RAMSTEIN MIESENBACH  
 HOCHSPEYER,  
 RHEINLAND.PFALZ 12345**

The following  furnished /  unfurnished apartment or house, located at:  
 (Das folgende  möblierte /  unmöblierte/ Apartment oder Haus, in:)

**HOUSE NO. (Haus Nr.)** 99 **STREET NAME (Straße)** Hauptstr **TOWN OR CITY (Ort oder Stadt)** Hochspeyer **ZIP CODE (PLZ)** 12345

is let for use as living quarters to the tenant. (wird als Wohnung an den Mieter vermietet.)

<b>LIVING ROOM (Wohnzimmer)</b> 1	<b>DINING ROOM (Esszimmer)</b> Area	<b>BEDROOM (Schlafzimmer)</b> 2	<b>KITCHEN (Küche)</b> 1	<b>BATHROOM (Badezimmer)</b> 1 + 1/2	<b>BASEMENT (Keller)</b> yes	<b>ATTIC (Dachgeschoss)</b> n/a	<b>GARAGE (Garage)</b> Single Garage
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**OTHER ROOMS (Andere Räume)** Gallery *K.M.* **LIVING SPACE (sqm) (Wohnfläche) (qm)** 128

**THE RENTAL PERIOD STARTS ON (Das Mietverhältnis beginnt am)** 2022 11 06 **MONTHLY RENT (Monatliche Miete)** 1200 € **SECURITY DEPOSIT (Interest bearing) (Kaution, verzinslich)** 2400 €

The monthly rent must be paid in advance to the landlord within 3 days of the date.  
 (Die monatliche Miete ist im voraus zu bezahlen, spätestens drei Tage nach dem Fälligkeitsdatum.)

The cost of utilities is assessed as follows: (Enter - Inclusive, fixed cost or metered)  
 (Die Nebenkosten werden wie folgt festgesetzt: Tragen Sie ein - inklusive - feste Kosten - oder Zähler.)

<b>HEATING (Heizung)</b> Gas / Pellets est 180 Euro	<b>ELECTRICITY (Strom)</b> Solar 50 Euro est cost	<b>WATER / SEWAGE (Wasser / Abwasser)</b> 50 Euro est cost pp	<b>GARBAGE DISPOSAL (Müllabfuhr)</b> 25 Euro est cost	<b>GARAGE (Garage)</b> incl.	<b>OTHER CHARGES (Andere Kosten)</b> 100 Euro est cost *(see reverse)
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If any utility is "fixed" or "included in the rent", there shall be no year end of the year bill or reconciliation.  
 (Wenn Nebenkosten als "feste Kosten" oder "inklusive im Mietpreis" sind, darf keine Abrechnung am Jahresende erstellt werden.)

The tenant will have no responsibility to the landlord for any utility charges not specifically set out in this contract.  
 (Der Mieter ist dem Vermieter nicht hafter für irgendwelche andere Kosten, die nicht speziell in diesem Vertrag angeführt sind.)

- This contract may be terminated by the tenant giving the landlord a minimum of 15 days written notice of an unscheduled PCS, or a minimum of 30 days written notice when the tenant is moving into government or other economy quarters. The landlord's right to rental payments will cease the day following the tenant's vacating the premises.  
 (Der Vertrag kann seitens des Mieters schriftlich gekündigt werden. Im Falle einer außerplanmäßigen Versetzung ist der Mieter gehalten, dem Vermieter die Kündigung unter Einhaltung einer Frist von mindestens 15 Tagen schriftlich zugehen zu lassen. Bei Bezug einer Regierungswohnung bzw. einer anderen, nicht staatlich kontrollierten Wohnung, gilt eine Kündigungsfrist von mindestens 30 Tagen. In diesen Fällen endet das Recht des Vermieters auf Mietzahlung am Tage nach dem Auszug aus der Wohnung.)
- Damage to property over and above normal wear and tear will be paid by the tenant. The cost for normal repair and maintenance are to be paid by the landlord. The tenant will not alter, modify or repair/rewallpaper the leased premises without the written consent of the landlord.  
 (Eigentumsbeschädigung, die über die normale Abnutzung hinausgeht, wird von dem Mieter vergütet. Die Kosten für übliche Reparaturen und Instandhaltung sind von dem Vermieter zu tragen. Der Mieter wird die gemieteten Räume ohne schriftliche Genehmigung des Vermieters, weder ändern, umgestalten noch neu streichen/ neu tapezieren.)
- Tenant is not authorized to sublet or give permission to utilize the rented apartment or any portion of the same to a third party. (Es ist dem Mieter untersagt, an eine dritte Person unterzuvermieten, oder die Erlaubnis zur Benutzung eines Teiles des gemieteten Apartments zu erteilen)
- This contract is not authorized until processed and countersigned by the Housing Referral Officer (HRO). This HRO is not a party to the agreement, but is merely acknowledging its existence and certifying that the facility has been accepted for occupancy by personnel assigned to this base.  
 (Dieser Mietvertrag wird erst dann rechtskräftig, wenn er vom zuständigen Offizier des Wohnungsamtes bearbeitet und unterschrieben ist. Das Wohnungsamt ist keine Mietpartei des Vertrages; es wird lediglich bestätigt, daß ein Mietvertrag vorliegt und die Wohnung für Personal des Flugplatzes zum Bezug genehmigt worden ist.)

In the event of disputes between landlord and tenant, except for the terms and conditions specifically addressed in this contract, the provisions of local rental laws will apply.  
 (Im Falle von Streitigkeiten zwischen Vermieter und Mieter, gelten die Bestimmungen der örtlichen Mietgesetze, sofern in dem betreffenden Mietvertrag nicht ausdrücklich anderweitige Vereinbarungen getroffen wurden.)

**HOUSING REFERRAL OFFICE RENTAL AGREEMENT (Contd)**

6. The tenant shall notify the landlord in writing if either repair or maintenance is required.  
*(Der Mieter soll den Vermieter schriftlich von notwendigen Reparaturen oder Instandhaltungsmaßnahmen unterrichten.)*
7. The landlord agrees that government issued furniture/supplies will not be held in lieu of any debts incurred by the tenant. Further, in case of emergency, landlord agrees to permit a military representative to enter the premises and remove such US Government property.  
*(Der Vermieter verpflichtet sich, von der Regierung gestellte Möbel/Gegenstände nicht als Ersatz für vom Mieter verursachte Schulden zurückzuhalten. Weiterhin, im Notfalle, verpflichtet sich der Vermieter einem militärischen Vertreter die Erlaubnis zu geben, die Räumlichkeiten zu betreten und solches Regierungseigentum zu entfernen.)*

**SPECIAL CONDITIONS / RESTRICTIONS (Besondere Bedingungen / Einschränkungen)**

Other charges are property tax, building- and fire-insurance, chimney sweeper, emission control and heat maintenance, janitor and meter readers.

After completion one copy of the Premises Condition/Inventory, will be returned to the Housing Office within two weeks.  
*(Eine Kopie des Zustand der Räumlichkeiten/Bericht, wird binnen zwei Wochen ausgereicht an das Amerikanische Wohnungsamt zurückgegeben.)*

LANDLORD AUTHENTICATION (BEURKUNDUNG DES VERMIETERS)		
PRINTED NAME (Name in Druckschrift) Walther, Johannes	SIGNATURE (Unterschrift) <i>[Signature]</i>	DATE (YYYYMMDD) (Datum (JJJJMMTT)) 2022-10-25
TENANT AUTHENTICATION (BEURKUNDUNG DES MIETERS)		
PRINTED NAME AND GRADE (Name und Rang in Druckschrift) Jonathan K. Maness	SIGNATURE (Unterschrift) <i>[Signature]</i>	DATE (YYYYMMDD) (Datum (JJJJMMTT)) 10/27/22
TENANT'S CERTIFICATION (BESTÄTIGUNG DES MIETERS)		
<p>I certify that I will pay rent and/or debts, incurred by me prior to occupying Government Family Housing or terminating economy quarters prior to my PCS departure from this area. I further certify that I am paying the full amount of rent, and nothing additional, as expressly set forth in this rental contract. I also certify that the stated rent does not cover any additional property or services not expressly stated herein. In addition, I certify that I will not engage in any actions to gain an advantage over other potential tenants including, but not limited to, offers of payments of gratuities, bribes, kickbacks, or gifts to members of the landlord's family. Further, I certify I will take no action to cause the termination of any other rental contract of a member or employee of the Military Forces in order to gain said quarters either for myself or another member or employee of the Military Forces.</p>		
PRINTED NAME AND GRADE (Name und Rang in Druckschrift) Jonathan K Maness	SIGNATURE (Unterschrift) <i>[Signature]</i>	DATE (YYYYMMDD) (Datum (JJJJMMTT)) 10/27/2022
<p><input type="checkbox"/> PRIVATE RENTAL APPROVED    <input type="checkbox"/> SPONSOR    <input type="checkbox"/> IS    <input type="checkbox"/> IS NOT AUTHORIZED TO RESIDE IN GOVERNMENT FAMILY QUARTERS</p>		
PRINTED NAME AND GRADE Kalle Kai	SIGNATURE <i>[Signature]</i>	DATE (YYYYMMDD) (Datum (JJJJMMTT)) 20221027
DISTRIBUTION (Within three working days after HRO certification)		
ORIGINAL - LANDLORD	1ST COPY - TENANT	2ND COPY - HRO    3RD COPY - CFF    4TH COPY - OTHER

**EXAMPLE**



**KMC Housing Office  
Stamp of Approval is  
needed for proof of  
processing**

# **ADVANCES**

**An advance of pay is intended to ease hardships imposed by a permanent change of station and/or relocating households**

**The different types of advances include:**

# **PSC / BASE PAY ADVANCES**

## **Regulation:**

**AFMAN65-116V1 Chapter, 35**

## **Must Knows:**

- **A member is authorized an advance of 1-3 months of basic pay, less deductions**
- **The PCS advance should not be authorized or used for out-of-pocket expenses covered by advances of other pays**
- **Authorized no earlier than 30 days prior to departure or within 60 days after arrival at new permanent duty station unless additional approval is received**
- **E-3 and below requires a unit commander's approval**
- **All personnel requesting more than 1 month basic pay or more than 12 months repayment requires a commander's approval**
- **All personnel requesting an advance earlier than 30 days prior to departure (not to exceed 90) or later than 60 days after arrival to new PDS (not to exceed 180) requires a commander's approval**

## **Documentation:**

- **DD Form 2560**
- **PCS Orders**

## ADVANCE PAY CERTIFICATION/AUTHORIZATION

### Privacy Act Statement

**AUTHORITY:** 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN).

**PRINCIPAL PURPOSES:** To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.

**ROUTINE USES:** Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.

**DISCLOSURE:** Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

### PART I. REQUEST

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NO.	3. GRADE
---------------------------------------	------------------------	----------

<b>4. I REQUEST:</b>	<b>5. I REQUEST A REPAYMENT SCHEDULE OF:</b>	<b>6. I REQUEST PAYMENT OF THE ADVANCE PAY:</b>
a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse.)	a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS.
b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed.) (Specify amount) \$	b. 13 - 24 MONTHS (Parts III and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)	b. 31 - 90 DAYS BEFORE MY PCS (Parts II and V must be completed.)
		c. 61 - 180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed.)

### PART II. CERTIFICATION OF EXPENSES (Actual or Anticipated) (Continue in Item 23 on reverse if necessary.)

<b>7. EXPENSE</b>	<b>8. AMOUNT</b>	<b>10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (Up to 90 days before and 180 days after).</b>
a.	\$	
b.	\$	
c.	\$	
d.	\$	
e.	\$	
f.	\$	
<b>9. TOTAL</b>	\$ 0.00	

Mark each applicable box

### PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK

(Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)

11. NO. OF DEPENDENTS	12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (Continue in Item 23 on reverse if necessary.)
-----------------------	---

Only needs to fill out if member cannot pay off the advance w/in 12 months

List anticipated expenses w/ explanation

### PART IV. MEMBER CERTIFICATION

**Penalty:** The penalty for willfully making a false claim/statement is a maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287).

If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.

I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.

13. SIGNATURE	14. DATE (YYMMDD)
---------------	-------------------

Member's Signature & Date

### PART V. APPROVAL OF MEMBER'S COMMANDER

<b>15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:</b>	<b>16. WITH LIQUIDATION OVER:</b>	<b>17. AND PAYMENT OF THIS ADVANCE:</b>
a. ONE MONTH BASIC PAY LESS DEDUCTIONS	a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING AT PDS
b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$	b. 13 - 24 MONTHS (Specify number of months)	b. NOT PRIOR TO _____ (date) WHICH IS 31 - 90 DAYS BEFORE PCS
		c. 61 - 180 DAYS AFTER REPORTING TO NEW PDS
18. APPROVING OFFICIAL NAME (Last, First, Middle Initial)	19. SIGNATURE OF OFFICIAL	
20. TITLE	21. GRADE	22. DATE (YYMMDD)

Member's Squadron Commander's Portion

23. REMARKS

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

- a. Overseas station housing allowance;
- b. Servicemember and/or dependent travel allowances and per diem;
- c. Dislocation allowance;
- d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

**AIR FORCE MEMBERS ONLY:** E4/SRA and below must have Commander's approval for all PCS advance pay payments.

# **DISLOCATION ALLOWANCE**

## **Regulation:**

### **JTR Chapter 5**

## **Must Knows:**

- **A DLA partially reimburses a service member for expenses incurred in moving a household due to a PCS**
- **A DLA is a flat amount and may be paid as a primary, secondary, or partial DLA**
- **DLA is taken care of through the in-processing travel briefing and/or when members come in for supplemental vouchers**

## **Documentation:**

- **DD Form 1351**
- **Travel Voucher**
- **PCS Orders**



<b>TRAVEL VOUCHER</b> <i>(See Privacy Act Statement on back.)</i>				1. BUREAU VOUCHER NUMBER	2. D.O. VOUCHER NO.
<b>3. PAYMENT FOR</b>				<b>4. PAID BY</b>	
<input type="checkbox"/>	a. ADVANCE OF TRAVEL ALLOWANCES <i>(TDY/TAD)</i>	<input type="checkbox"/>	f. TRANSPORTATION OF DEPENDENTS		
<input checked="" type="checkbox"/>	b. ADVANCE OF TRAVEL ALLOWANCES <i>(PCS)</i>	<input checked="" type="checkbox"/>	g. DISLOCATION ALLOWANCE		
<input type="checkbox"/>	c. ACCRUED PER DIEM FOR TDY/TAD	<input type="checkbox"/>	h. TRAILER ALLOWANCE		
<input type="checkbox"/>	d. SETTLEMENT OF TDY/TAD TRAVEL	<input type="checkbox"/>	i.		
<input type="checkbox"/>	e. SETTLEMENT OF PCS TRAVEL	<input type="checkbox"/>	j.		
<b>5. INDIVIDUAL PAYMENT</b>					
a. PAYEE <i>(Last Name, First, Middle Initial)</i>			b. RANK OR GRADE	c. SOCIAL SECURITY NUMBER	
d. ORGANIZATION AND STATION					
e. TRAVEL ORDER					
f. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:					
<div style="border: 1px solid red; padding: 5px; display: inline-block;"> Mandatory Info.  Travel order found on  line 27 of orders </div>					
g. CHECK NUMBER	h. CHECK DATE <i>(YYYYMMDD)</i>	i. AMOUNT PAID	j. DATE PAID <i>(YYYYMMDD)</i>	k. RECEIVED IN CASH <i>(Signature of payee)</i>	
<b>6. PAYMENTS CONSOLIDATED</b>					
a. PER SUBVOUCHER NO. _____ THROUGH _____ ATTACHED			b. PER _____ TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED		
<b>7. APPROVED FOR PAYMENT</b> <i>(When required by individual service regulations)</i>					
a. TYPED NAME <i>(Last, First, Middle Initial)</i>		b. TITLE		c. SIGNATURE	
<b>8. REMARKS</b> <i>(Continue on back if more space is needed)</i>					
<b>9. ACCOUNTING CLASSIFICATION(S)</b>					
					\$
10. COMPUTED BY		11. AUDITED BY	12. POSTED TO TRAVEL RECORD BY	13. DATE ENTERED <i>(YYYYMMDD)</i>	14. AMOUNT PAID

**PRIVACY ACT STATEMENT**

(5 U.S.C. 552a)

**AUTHORITY:** 5 U.S.C. 5701, 5702; 37 U.S.C. 404; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** Used to substantiate claims for payment of advance funds and reimbursement for travel and transportation expenses incurred in an official travel status. When submitted by the same traveler, the Travel Voucher may be used as the payment voucher to cover more than one reimbursement voucher.

**ROUTINE USE(S):** The information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, Members of Congress, State and local government, and U.S. and State courts.

**DISCLOSURE:** Voluntary; however, the information requested is considered necessary for the accurate tracking of TDY/PCS travel and/or transportation payments. Failure to furnish information requested may delay the processing of the claim and could result in inaccurate payment of the total or partial amount claimed.

**8. REMARKS** *(Continued)*

# **HOUSING ADVANCE & SECURITY DEPOSIT**

## **Regulation:**

**AFMAN 65-116V1, Chapter 30.2**

## **Must Knows:**

- **The amount to be advanced must be determined based on housing expenses, including advance rent and a security deposit, and the authorized OHA**
- **Should only take approx. 1-3 business days to get paid out**
- **A Service member must request the advance payment within 30 days after incurring the expense**
- **For Housing Advances, the standard repayment is 12 months, but it may extend past a period of 12 months as long as it is paid by the end of the member's tour**
- **For Security Deposits, the repayment may be postponed until DEROS. The lump sum security deposit should be returned by the Landlord. Any balance of an advance not returned by the landlord may be repaid in monthly installments**
- **Form must be signed by the member's unit commander**

## **Documentation:**

- **AF 1039**
- **OHA Packet**
- **PCS Orders**

**REQUEST TO RECEIVE AND/OR EXTEND REPAYMENT OF AN ADVANCE OF HOUSING ALLOWANCE**

AUTHORITY: 37 U.S.C., Sections 403 and 405; Executive Order 9397.  
 PURPOSE: To document a member's request for, and subsequent authorization of, an advance housing allowance.  
 ROUTINE USES: Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and is subject to all of the routine disclosures made by that system as more fully described in AFP 12-36. Routine recipients of JUMPS disclosures include, but are not limited to, other Federal agencies such as Internal Revenue Service, Social Security Administration, Veterans Administration, and the Department of Justice; the American Red Cross; and local governments for tax and welfare purposes.  
 DISCLOSURE IS VOLUNTARY: If requested information is not provided, it may cause a delay in processing of payment.

I. MEMBER'S IDENTIFICATION DATA		
1. NAME (Last, first, MI) (Print)	2. GRADE	3. SSN
II. REQUEST		
4. I request an advance payment of housing allowing. My anticipated expenses are:		TYPE OF ADVANCE Check appropriate block(s)
a. ADVANCE RENT	b. SECURITY DEPOSIT	c. MOVING-IN EXPENSE <input checked="" type="checkbox"/>
d. OTHER	e. TOTAL ADVANCE REQUESTED	f. OCCUPANCY DATE (Anticipated) <input type="checkbox"/>
		OVERSEAS
		CONUS

All mandatory information must be filled out. The amounts can be found in member's OHA packet

5 CERTIFICATION BY MEMBER REQUESTING ADVANCE HOUSING ALLOWANCE (Check applicable blocks)	
<input checked="" type="checkbox"/> a.	I certify that I have read and understand the following policies and will abide by them as they pertain to me. (1) An advance housing allowance is authorized for the purpose of payment of advance rent, security deposits, and initial expenses incident to occupying economy housing, including personal property. Personal property is limited to those items necessary for occupancy and which are reasonable in nature. Personal property that would be considered necessary and reasonable are items that the Government would furnish if the items were available or if Government quarters were assigned per AFM 177-373, volumes I and II. (2) Normally an advance housing allowance must not be paid more than 3 workdays before the member is required to make payment under a lease or purchase plan, and except in extraordinary circumstances, payment must be made within 30 days after occupancy. (3) If the lease or purchase plan for which an advance allowance has previously been paid is not completed, it must be repaid in full immediately. (4) Repayment of an advance housing allowance must be completed prior to a member's permanent change of station (PCS) or at the end of member's tour of duty at the station concerned. (5) By accepting this advance housing allowance, I authorize an offset from my pay account to collect such debt when full repayment is not made for any unliquidated amount that is due and payable. (a) (CONUS) I also agree to repay immediately any remaining balance of this advance housing allowance when vacating the housing for which this advance was made:- (b) (OVERSEAS) I also agree to repay immediately all monies received by me from the landlord when vacating the housing for which this advance was made to the extent that the advance housing allowance has not been previously repaid. I agree to repay any remaining balance of the advance housing allowance not returned by the landlord in full or monthly installments.
<input checked="" type="checkbox"/> b.	(Renters) I certify that the advance housing allowance requested above is the amount needed for anticipated expenses and is for the purpose of payment of advance rent and/or security deposits and/or initial expenses incident to occupying economy housing.
<input type="checkbox"/> c.	(Purchasers, Home Buyers) I certify: (1) The advance housing allowance requested above is the amount needed for anticipated expenses and is based only on deposit for utilities and initial expenses. (2) The advance will not be used for purchase costs that include closing costs, upgrades, or similar costs.
<input checked="" type="checkbox"/> d.	I certify I have not requested and/or received an advance housing allowance to cover the same expenses I have received an advance pay to cover.
<input checked="" type="checkbox"/> e.	I certify the information given regarding this request is correct. <b>IMPORTANT:</b> Making a false statement against the US Government is punishable by court martial. The penalty for willfully making a false statement is a maximum fine of \$10,000 or imprisonment for 5 years, or both.

Member's Signature & Date

f. MEMBER'S SIGNATURE	g. DATE
-----------------------	---------

6. APPROVING OFFICIAL'S STATEMENT - ADVANCE HOUSING ALLOWANCE	
I have reviewed the member's request for advance housing allowance and approve it in the amount of \$ _____.	
a. APPROVING OFFICIAL'S SIGNATURE AND TITLE	b. DATE

Commander's Signature & Date

III. REPAYMENT	
7. MEMBER'S REPAYMENT SCHEDULE - ADVANCE HOUSING ALLOWANCE	
An advance housing allowance must be liquidated in 12 months unless justified and approved by the approving official. It must not exceed the member's tour of duty. Normally, all repayments begin the first day of the month after the advance was received. Minimum monthly repayment is \$50. Completion of blocks 7d and 7e evidences the negotiated repayment schedule between the Air Force and member. However, this does not preclude later changes to protect the interest of the U.S. Government.	
a. NO. OF MONTHS REPAYMENT REQUESTED	c. REASON FOR EXTENDING REPAYMENT SCHEDULE BEYOND 12 MONTHS OR POSTPONING COLLECTION ACTION BEYOND THE FIRST DAY OF THE MONTH AFTER ADVANCE WAS RECEIVED (If applicable). (Use back of form If needed)
b. REPAYMENT START DATE	
d. MEMBER'S SIGNATURE	e. DATE

8. APPROVING OFFICIAL'S STATEMENT - EXTENDED REPAYMENT	
I have discussed this advance housing allowance entitlement with the member and approve an extended repayment of longer than the normal 12-month period for reasons stated below.	
a. REASON (Use back of form if needed)	
b. APPROVING OFFICIAL'S SIGNATURE AND TITLE	c. DATE

Repayment Plan. Can be deferred to DEROS. Member signed again

# Temporary Lodging Allowance

The purpose of TLA is to offset lodging and meal costs OCONUS and it is payable when TLA is occupied upon arrival at, or immediately before leaving a PDS OCONUS.

## References:

- DoDFMR Vol. 7A Ch. 68
- AFMAN 65-116 Vol. 1 Ch. 7

Lodging facilities are located at **Ramstein AB, Landstuhl Post, Kapaun, and Vogelweh Housing Area**. Lodging provides family, officer and enlisted quarters on a priority basis to all military and authorized civilians relocating to and visiting the KMC. Single or unaccompanied military members E-1 to E-3 are not authorized TLA.

You can make your own reservations through **Kaiserslautern Community Lodging website** ([86fss.com/home/](http://86fss.com/home/)) or you can call the central reservations desk at DSN: 314-480-4920 or +49-6371-47-4920

## Substantiating Documents:

- Signed Housing Memorandum Claim (Up to 15 Nights / Claim)
- Itemized Receipts
- Official PCS Orders

**\*Please note that Mil to Mil TLA can be filed separately for each member to get\*  
their entitlement(s) paid out to them**

**Members can drop off TLA documents off at finance from 0900 - 1200 M, T, Th, F**



DEPARTMENT OF THE AIR FORCE

KMC Housing Office
86th CES/CEH
UNIT 3013
APO, AE 09021
GERMANY

Indicates Arrival or Departure of PDS

16 Dec 2023

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Statement to Substantiate Temporary Lodging Allowance (TLA) Claim Upon (Arrival/Departure)

1. The following member is submitting a claim for TLA authorization:

SSN: XXX-XX-9999 Name: Doe John D.
Rank: Senior Airman Branch: AIR FORCE
Pay Grade: E-4 UIC / Squadron: 86 MEDICAL SQ/FFD220

2. TLA is for: INITIAL
MEALS & LODGING
BOTH SVM AND FAMILY MEMBERS
Number of Dependents: 4
Effective: Nov-23-2022 to Dec-07-2022

Dates for the claimed nights

3. Installation Lodging was occupied.

4. This statement alone does not constitute TLA payment.

5. Comments: 1st CLAIM
14 NIGHTS
COOKING FAC: YES
DEPENDENTS UNDER THE AGE OF 12= 3
DEPENDENTS AT OR OVER THE AGE OF 12= 1

Must be signed by an approving official from the housing office

Jasmin Decker
KMC Housing Office

DISTRIBUTION:
Member
Finance
Housing File



**RAMSTEIN INNS-RAMSTEIN**

786 FSS/FSVL, BLDG 3336  
RAMSTEIN, AB 66877  
314-480-4920

Must have the name and information about the lodge

**FOLIO**

Account: 10011899255  
Arrival: 11/23/2022  
Departure: 12/23/2022  
Room: 65321  
Rate: \$178.00

DOE JOHN D. SRA  
NO MAILING ADDRESS YET  
RAMSTEIN AB (NORTH), AE 09012  
GERMANY

DATE	ITEM DESCRIPTION	COMMENT	DEBIT	CREDIT
11/23/2022	1 VISA PAYMENT	VISA PAYMENT		(1,780.00)
11/23/2022	4 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
11/24/2022	6 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
11/25/2022	8 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
11/26/2022	10 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
11/27/2022	12 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
11/28/2022	14 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
11/29/2022	16 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
11/30/2022	18 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
12/1/2022	20 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
12/2/2022	22 ROOM CHARGES	#65321 DOE SRA JOHN	178.00	
12/3/2022	24 ROOM CHARGES	#65321 DOE SRA JOHN	178.00	
12/4/2022	26 ROOM CHARGES	#65321 DOE SRA JOHN	178.00	
12/5/2022	27 VISA PAYMENT	VISA PAYMENT		(1,780.00)
12/5/2022	29 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	
12/6/2022	31 ROOM CHARGES	#65321 DOE SRA JOHN	178.00 ✓	

Proper Itemized Receipt that breaks down the daily rate for each night

**BALANCE DUE:** (1,068.00)

*\*\* Signature required for refunds only*

Guest Signature: \_\_\_\_\_

Clerk Signature: \_\_\_\_\_

# 7 C @5

Cj YfgYUg'7 C @5 ]g'XYg][ bYX'rc`Ugg]gha Ya VYfg']b`XYZUrb[ `YI Wgg`Wt`ghg']bW ffYX`  
k \ ]Y`Ugg][ bYX'ci hg]XY'7 CBI G.

FY[ i `U]cbg.

- AFMAN65-116V1 Ch. 28 Overseas Cost of Living Allowance (COLA)
- JTR Ch. 8 - 9

7 C @5 '7 UW `Urcf.'

<https://www.travel.dod.mil/Allowances/Overseas-Cost-of-Living-Allowance/Overseas-COLA-Rate-Lookup/>

(Verify Month, Day, and # of Dependents. Locality Code For Ramstein AB = DE700)

**Please use the information provided below to update your # of dependents!**

Gi VghUbh]U]b[ `8 cW a Ybhg.

- DAF 594
- Command Sponsorship Letter MUST BE SIGNED BY MPF Commander
- Orders
- Certificate varies based on each case (marriage = marriage certificate, divorce = divorce decree, newborn = birth certificate)

**NOTE: The only acceptable form to update your # of dependents is the DAF 594.**

**How to Tell: You will have to annotate your DOD ID instead of your SSN now.**



**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, 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.

**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)				<b>NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS</b> QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____ ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> EFFECTIVE DATE: _____ UNIT # _____ INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> EFFECTIVE DATE: _____ UNIT # _____ TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO: _____ NAME, GRADE and TITLE of HOUSING REPRESENTATIVE _____  SIGNATURE _____  DATE _____					
2. DoD ID Number		3. GRADE						4. PHONE	
5A. DUTY LOCATION (Base, State, ZIP Code or Country)									
5B. MEMBER'S PHYSICAL ADDRESS (Street, City, State, Zip Code or Country)									
5C. E-MAIL ADDRESS									
<b>MARITAL / DEPENDENT STATUS</b>				CHECK APPLICABLE BOXES AND WRITE THE EFFECTIVE DATE OF MARRIAGE, DATE OF BIRTH, OR DIVORCE					
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE provide - NAME, DoD ID Number, BRANCH OF SERVICE, DUTY STATION AND DATE OF MARRIAGE: _____ _____ _____									
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPARATED _____ (Date)									
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			
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			
<b>MEMBER'S CERTIFICATION</b> (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									
<b>CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS</b> (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			

Boxes 1-6 are mandatory

CHECK APPLICABLE BOXES AND WRITE THE EFFECTIVE DATE OF MARRIAGE, DATE OF BIRTH, OR DIVORCE

MUST LIST ALL DEPENDENTS, CURRENT ADDRESS, RELATIONSHIP, AND DOB

Must check this box to certify the validity of your information

**EXAMPLE OF COMMAND SPONSORSHIP LETTER**

**ATTACHMENT 2**



**DEPARTMENT OF THE AIR FORCE  
86TH AIRLIFT WING (USAF)**

DATE: 11 Aug 1998

Must be a Memo  
FOR 86 CPTS

MEMORANDUM FOR 86 CPTS

Has to be from 786  
FSS / FSPD

FROM: 786 FSS/FSPD

SUBJECT: Newborn Command Sponsorship

1. The following information is provided as proof of Command Sponsorship IAW AFI 36-3020 and AFI36-2110.

**SPONSOR INFO**

NAME: John Doe

RANK: CMSgt

SSAN: 999-99-9999

SQUADRON: 21 OWS

**NEW BORN INFO**

NAME: John Doe Jr.

DATE OF BIRTH: July 4, 1998

DATE VERIFIED IN DEERS: Jul 9, 1998

2. Any question(s) can be directed to 786 FSS Outbound Assignments Office at 480-9898.

**JOHN.DOE DIGITALLY SIGNED  
JOHNNY JOHN DOE, Capt, USAF  
Military Personnel Flight Commander**

Must say and be  
signed by the  
MPF Commander

FSPD USE ONLY:  
Required DEROS: \_\_\_\_\_  
FSPD Representative's initials: \_\_\_\_\_  
DEROS request sent to AFPC \_\_\_\_\_  
Update DEROS (if applicable) and Accompanied Status \_\_\_\_\_

# Dependent Validation

- Select your dependency status below to receive detailed instructions on completing the AF 594:
  - [Member married to a civilian](#)
  - [Member married mil-to-mil and claiming child](#)
  - [Member is single and claiming child](#)
  - [Member pays child support](#)
  - [Member claims child with two military parents](#)
  - [Member claims secondary dependent \(uncommon\)](#)

# Dependent Validation

## Member Married to Civilian

- Bring with you:
  - Command Sponsorship Letter
  - DAF 594
  - Marriage Certificate (**ORIGINAL ONLY**)

# Dependent Validation

## Member Married to Civilian

PRIVACY ACT STATEMENT		
<p><b>AUTHORITY:</b> 37 USC 043, Public Law 96-343, EQ 9397</p> <p><b>PURPOSE:</b> To start, adjust or terminate military member's entitlement to BAQ</p> <p><b>ROUTINE USE(S):</b> Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on 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 to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.</p> <p><b>DISCLOSURE:</b> Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ</p>		
PART A - IDENTIFICATION & DUTY LOCATION		
1. NAME (Last, First, MI) Doe, John A		
2. SSN 123-12-1234	3. GRADE E-5	4. PHONE 480-1234
5. DUTY LOCATION (Base, State, ZIP Code or Country) Ramstein AB, Germany		
PART B - MARITAL/DEPENDENT STATUS		
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		
<input type="checkbox"/> MARRIED - SPOUSE IS A <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		
IF MILITARY SPOUSE: NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:		
<input type="checkbox"/> DIVORCED _____ (Date)		
<input type="checkbox"/> LEGALLY SEPERATED _____ (Date)		
HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS		
QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:		
ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT #		
INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT #		
TRANSIENT QUARTERS OCCURRED <input type="checkbox"/> UNIT #		
EFFECTIVE DATES FROM _____ TO: _____		
TITLE		
SIGNATURE		
DATE		

- Part A – Self explanatory
- Leave "Housing Office" section blank
- Part B - Check block for civilian spouse

# Dependent Validation

## Member Married to Civilian

7. NON-CUSTODIAL PARENTS: I PAY  THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR  \$ \_\_\_\_\_ .00 PRE 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 BAQ FOR THE DEPENDENT  IN  NOT IN MY CUSTODY LISTED BELOW (Effective Date): 01 Jan 2012

Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent 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
Doe, Jane B	MUST BE ADDRESS IN LOCAL AREA	Spouse	

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

**PART C- MEMBERS CERTIFICATION** (For members with dependents)

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

**CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS** (Parent, adopted, illegitimate, incapacitated child or step-child)  
 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 BAQ. 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 Accounting and Finance Office (AFO). 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
SIGNATURE	

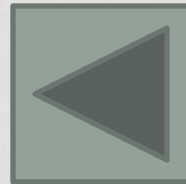
- Block 8 – Check boxes as shown above and fill in effective date of dependency (i.e. date of marriage)
- Spouse's information in blocks 8a-c
- Part C – check block next to "I certify..."

# Dependent Validation



YOU ARE DONE!!

CLICK BELOW TO RETURN TO BEGINNING



# Dependent Validation

## Member Married Mil-to-Mil and Claiming Child

- Bring with you:
  - Command Sponsorship Letter
  - DAF 594
  - Youngest Child's Birth Certificate (**ORIGINAL ONLY**)



# Dependent Validation

## Member Married Mil-to-Mil and Claiming Child

PRIVACY ACT STATEMENT		
<p><b>AUTHORITY:</b> 37 USC 043, Public Law 96-343, EQ 9397</p> <p><b>PURPOSE:</b> To start, adjust or terminate military member's entitlement to BAQ</p> <p><b>ROUTINE USE(S):</b> Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on 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 to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.</p> <p><b>DISCLOSURE:</b> Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ</p>		
PART A - IDENTIFICATION & DUTY LOCATION		HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS
1. NAME (Last, First, MI) Doe, John A		QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:
2. SSN 123-11-1111	3. GRADE E-5	4. PHONE 480-1234
5. DUTY LOCATION (Base, State, ZIP Code or Country) Ramstein AB, Germany		ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #
		INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #
		TRANSIENT QUARTERS OCCUPIED - UNIT #
		EFFECTIVE DATES FROM: _____ TO: _____
		TITLE
		SIGNATURE
		DATE
PART B - MARITAL/DEPENDENT STATUS		
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY MEMBER		
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: Doe, Jane B, 111-11-1111, USAF, Ramstein AB, 1/1/12		
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPERATED _____ (Date)		

- Part A – Self explanatory
- Leave "Housing Office" section blank
- Part B - Check block for military member spouse
- Complete all required information for military spouse

# Dependent Validation

## Member Married Mil-to-Mil and Claiming Child

(Date) \_\_\_\_\_ (Date) \_\_\_\_\_

7. NON-CUSTODIAL PARENTS: I PAY  THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR  \$ \_\_\_\_\_ .00 PRE 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 BAQ FOR THE DEPENDENT  IN  NOT IN MY CUSTODY LISTED BELOW (Effective Date): 9/1/2012

Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent 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
Doe, Suzie	Strausse 12, Ramstein Miesenbach, 66584	Child	9/1/2012

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION
Doe, Jane B	111-11-1111	USAF	Ramstein AB

- Block 8 – Check boxes as shown above and fill in effective date of dependency (i.e. child's birthday, date of adoption, etc)
- Youngest child's information in blocks 8a-d
- Block 9 - If the child you are claiming is also the child or spouse of another military member, provide that member's information. This is required even if it is the same member as you listed in Part B as your spouse.

# Dependent Validation

## Member Married Mil-to-Mil and Claiming Child

### PART C- MEMBERS CERTIFICATION (For members with dependents)

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

#### **CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)**

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 BAQ. 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 Accounting and Finance Office (AFO). 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

SIGNATURE

DATE

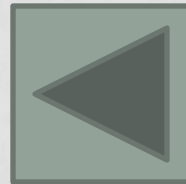
- Part C – check block next to “I certify...”

# Dependent Validation



YOU ARE DONE!!

CLICK BELOW TO RETURN TO BEGINNING



# Dependent Validation

## Member Claiming Child

- Bring with you:
  - Command Sponsorship Letter
  - DAF 594
  - Youngest Child's Birth Certificate (**ORIGINAL ONLY**)
  - Custodial agreement (if applicable)

# Dependent Validation

## Member Claiming Child



**DISCLOSURE:** Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of DAQ

PART A - IDENTIFICATION & DUTY LOCATION			HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
1. NAME (Last, First, MI) Doe, John A			QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
2. SSN 123-11-1111	3. GRADE E-5	4. PHONE 480-1234	ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: UNIT #	
5. DUTY LOCATION (Base, State, ZIP Code or Country) Ramstein AB, Germany			INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: UNIT #	
<b>PART B - MARITAL/DEPENDENT STATUS</b>			TRANSIENT QUARTERS OCCUPIED - UNIT #	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			EFFECTIVE DATES FROM: TO:	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER			TITLE	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			SIGNATURE	
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPERATED _____ (Date)			DATE	

**Leave this section blank**

- Part A – Self explanatory
- Leave “Housing Office” section blank
- Part B - Check block for Single Claiming Dependents

# Dependent Validation

## Member Claiming Child

7. NON-CUSTODIAL PARENTS: I PAY  THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR  \$ \_\_\_\_\_ .00 PRE 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 BAQ FOR THE DEPENDENT  IN  NOT IN MY CUSTODY LISTED BELOW (Effective Date): 9/1/2012

Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent 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
Doe, Suzie	Strausse 12, Ramstein Miesenbach, 66584	Child	9/1/2012

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

### PART C- MEMBERS CERTIFICATION (For members with dependents)

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

**CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)**

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 BAQ. 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 Accounting and Finance Office (AFO). 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

SIGNATURE

DATE

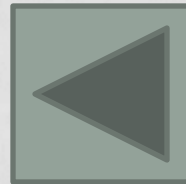
- Block 8 – Check boxes as shown above and fill in effective date of dependency (i.e. date of birth)
- Youngest child's information in blocks 8a-d
- Part C – check block next to “I certify...”

# Dependent Validation



YOU ARE DONE!!

CLICK BELOW TO RETURN TO BEGINNING





# Dependent Validation

## Member Pays Child Support

- Bring with you:
  - Command Sponsorship Letter
  - DAF 594
  - Proof of Child Support Agreement(**ORIGINAL ONLY**)
    - i.e. Divorce decree, legal separation agreement, court order, etc.

# Dependent Validation

## Member Pays Child Support



**DISCLOSURE:** Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of DAQ

PART A - IDENTIFICATION & DUTY LOCATION			HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
1. NAME (Last, First, MI) Doe, John A			QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
2. SSN 123-11-1111	3. GRADE E-5	4. PHONE 480-1234	ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
5. DUTY LOCATION (Base, State, ZIP Code or Country) Ramstein AB, Germany			INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
<b>PART B - MARITAL/DEPENDENT STATUS</b>			TRANSIENT QUARTERS OCCUPIED - UNIT #	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			EFFECTIVE DATES FROM: <b>Leave this</b> TO: <b>section</b>	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER			TITLE <b>blank</b>	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			SIGNATURE	
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPERATED _____ (Date)			DATE	

**Leave this  
section  
blank**

- Part A – Self explanatory
- Leave “Housing Office” section blank
- Part B - Check block for Single Claiming Dependents

# Dependent Validation

## Member Pays Child Support

7. NON-CUSTODIAL PARENTS: I PAY  THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR  \$ 900 .00 PRE 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 BAQ FOR THE DEPENDENT  IN  NOT IN MY CUSTODY LISTED BELOW (Effective Date): 1 January 2013

Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent 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
Doe, Suzie	4 Main Street, Sacramento, CA 95840	Child	9/1/2012

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

- Block 7 – Check all boxes that apply and fill in the amount of dependent support
- Block 8 – Check boxes as shown above and fill in effective date of dependency
- Youngest child's information in blocks 8a-d
- Block 9 - If the child you are claiming is also the child or spouse of another military member, provide that member's information.

# Dependent Validation

## Member Pays Child Support

### PART C- MEMBERS CERTIFICATION (For members with dependents)

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

#### CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)

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 BAQ. 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 Accounting and Finance Office (AFO). 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

SIGNATURE

DATE

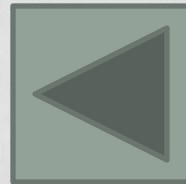
- Part C – check block next to “I certify...”

# Dependent Validation



YOU ARE DONE!!

CLICK BELOW TO RETURN TO BEGINNING



# Dependent Validation

## Member Claiming Child With Two Military Parents

- Bring with you:
  - Command Sponsorship Letter
  - DAF 594
  - Youngest Child's Birth Certificate (**ORIGINAL ONLY**)



# Dependent Validation

## Member Claiming Child With Two Military Parents

**DISCLOSURE:** *Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of DAQ*

PART A - IDENTIFICATION & DUTY LOCATION			HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
1. NAME (Last, First, MI) Doe, John A			QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
2. SSN 123-11-1111	3. GRADE E-5	4. PHONE 480-1234	ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
5. DUTY LOCATION (Base, State, ZIP Code or Country) Ramstein AB, Germany			INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
<b>PART B - MARITAL/DEPENDENT STATUS</b>			TRANSIENT QUARTERS OCCUPIED - UNIT #	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			EFFECTIVE DATES FROM: <b>Leave this</b> TO: <b>section</b>	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER			TITLE <b>blank</b>	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			SIGNATURE	
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPERATED _____ (Date)			DATE	

**Leave this  
section  
blank**

- Part A – Self explanatory
- Leave “Housing Office” section blank
- Part B - Check block for Single Claiming Dependents

# Dependent Validation

## Member Claiming Child With Two Military Parents

(Date) (Date)

7. NON-CUSTODIAL PARENTS: I PAY  THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR  \$ \_\_\_\_ .00 PRE 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 BAQ FOR THE DEPENDENT  IN  NOT IN MY CUSTODY LISTED BELOW (Effective Date): 9/1/2012  
*Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent 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
Doe, Suzie	Strausse 12, Ramstein Miesenbach, 66584	Child	9/1/2012

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION
Doe, Jane B	111-11-1111	USAF	Ramstein AB

- Block 8 – Check boxes as shown above and fill in effective date of dependency (i.e. child's birthday, date of adoption, etc)
- Youngest child's information in blocks 8a-d
- Block 9 - If the child you are claiming is also the child or spouse of another military member, provide that member's information.



# Dependent Validation

## Member Claiming Child With Two Military Parents

### PART C- MEMBERS CERTIFICATION (For members with dependents)

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

#### CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)

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 BAQ. 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 Accounting and Finance Office (AFO). 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

SIGNATURE

DATE

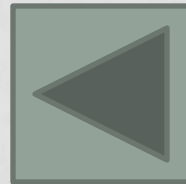
- Part C – check block next to “I certify...”

# Dependent Validation



YOU ARE DONE!!

CLICK BELOW TO RETURN TO BEGINNING



# Dependent Validation

## Member Claiming Secondary Dependent

- Bring with you:
  - Command Sponsorship Letter
  - DAF 594
  - DFAS Determination Memorandum

# Dependent Validation

## Member Claiming Secondary Dependent



**DISCLOSURE:** Voluntary, however, failure to provide all information including Social Security Number (SSN) may result in nonpayment of DAQ

PART A - IDENTIFICATION & DUTY LOCATION			HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
1. NAME (Last, First, MI) Doe, John A			QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
2. SSN 123-11-1111	3. GRADE E-5	4. PHONE 480-1234	ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
5. DUTY LOCATION (Base, State, ZIP Code or Country) Ramstein AB, Germany			INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
<b>PART B - MARITAL/DEPENDENT STATUS</b>			TRANSIENT QUARTERS OCCUPIED - UNIT #	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			EFFECTIVE DATES FROM: <b>Leave this</b> TO: <b>section</b>	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER			TITLE <b>blank</b>	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			SIGNATURE	
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPERATED _____ (Date)			DATE	

**Leave this  
section  
blank**

- Part A – Self explanatory
- Leave “Housing Office” section blank
- Part B - Check block for Single Claiming Dependents

# Dependent Validation

## Member Claiming Secondary Dependent

7. NON-CUSTODIAL PARENTS: I PAY  THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR  \$ \_\_\_\_\_ .00 PRE 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 BAQ FOR THE DEPENDENT  IN  NOT IN MY CUSTODY LISTED BELOW (*Effective Date*): 1 Jan 2011  
*Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent 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
Doe, Cheryl	4 Main Street, Sacramento, CA 95840	Parent	

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

- Block 8 – Check boxes as shown above and fill in effective date of dependency (Based on DFAS Approval Memo)
- Dependent's information in blocks 8a-c. If the dependent is a child, put date of birth in 8d.

# Dependent Validation

## Member Claiming Secondary Dependent

### PART C - MEMBERS CERTIFICATION (For members with dependents)

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

#### CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, illegitimated child or step-child)

I certify that this is my first application.  YES  NO If no, give date your last application was filed. 1 Jan 2014

I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. 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 Accounting and Finance Office (AFO). 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

SIGNATURE

DATE

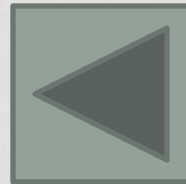
- Part C – check block next to “I certify...”
- Check “No” that this is not your first application and put date of your last application/re-certification

# Dependent Validation



YOU ARE DONE!!

CLICK BELOW TO RETURN TO BEGINNING



# Meal Deductions

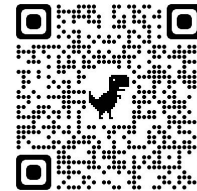
**Enlisted members who are subsisted-in-kind must pay for their meals via payroll deduction referred to as ESM.**

## Regulations:

- **DoDFMR Vol. 7A, Ch 25**
- **AFMAN 65-116V1, Ch 25**

## Meal Rate:

<https://www.travel.dod.mil/Travel-Transportation-Rates/Meal-Rates/>



## FAQs

- 1. Who should be receiving meal deductions?**
  - E1 to E4 airmen who live in the base dorms
- 2. Who should not be receiving meal deductions?**
  - Members who are in emergency squadrons i.e Firefighters, Ambulance, etc.
  - Any member not living in the dorms (i.e. Gov. Housing and OHA), have dependents, or ranked E5 and higher
- 3. How much are meal deductions?**
  - As of 1 January 2023, the daily rate is \$12.90.
- 4. When should the meal deductions be effective?**
  - DFAC open date (1 August 2022) or the date the dorm airman arrived on station
- 5. How can I request to stop meal deductions?**
  - Airmen need to work with their 1st Sgt. to complete an AF 220 that must be signed by their squadron commander with valid reasoning
- 6. What if my CAC did not work at the DFAC?**
  - Airmen can fill out an DD 1475 (Missed Meals Form)
- 7. Why is my COLA lower?**
  - Airmen receiving ESM must have dorm-rate COLA to go with it (# of Dep = 9 from 0)
  - Before the DFAC opened, airmen had to buy groceries, so off-base COLA rate was given to offset the additional costs. Now, dorm-rate COLA is given for dorm necessities.



# Starting ESM

**If you are a dorm airman with no dependents, you should be on ESM. To start this process, you must be sure that you have been in-processed with finance. You can then coordinate with your 1st Sergeant or simply submit a CSP case indicating that you do not have ESM to resolve this issue! For meal cards, please contact your CSS.**

## **Why is my meal deduction less than usual?**

- ❖ When a member takes leave, the daily rate is reimbursed for each day of leave taken

## **Meal deduction total amount different than last month's LES?**

- ❖ The amount of days in each month determine the amount of meal deduction taken out

# AF FORM 220

The AF Form 220 is a form utilized by the Ramstein Dining Facility to gain Essential Station Messing (ESM) members to the meal card system. The AF Form 220 is strictly a requirement for the Ramstein DFAC please follow the below instructions to be added to the system in order to utilize the ESM meal card entitlement.

## 1) Fill out Section I

1. Member Name (Self Explanatory)
2. Grade (Self Explanatory)
3. SSN (Add your DOD ID number NOT your SSN)
4. Organization (Unit and Office Symbol)
5. Marital Status (Self Explanatory)
6. Request Authority to Ration Separate (Leave Blank)
7. Reason For Request (Leave Blank)
8. Signature of Member (Self Explanatory)
9. Signature of Commander (ESM Monitor will sign/Ask 1<sup>st</sup> Sgt who monitor is. Usually is Commander, 1<sup>st</sup> Sgt or CSS)
10. Recommend Approval/Disapprove (Leave Blank)

## 2) Fill Out Section II

1. Start/Stop Rations Affective (Day member moved in the dorms)
2. Place on Sims Effective Date (Day member moved in dorms)
3. Removed from SIMS (Leave Blank)
4. Voco Date (Leave Blank)
5. Type Name And Grade of Commander or Designated Rep (Same member from Section I, #9)
6. Signature (Same member from Section I, #9)
7. Date Signed (Self Explanatory)

Once you have all of the above information filled out please submit the form to the cashier, the DFAC Manager, or the DFAC Secretary at the Ramstein DFAC and you will be immediately added to the meal card system. The AF Form does not need to be routed anywhere past the Ramstein DFAC.

AFI 65-116 V1 25.2.7

⊕

AFI 65-116 V2 chapter 6

(6.8.2)

ESM Office Provides



<b>REQUEST, AUTHORIZATION, AND PAY ORDER BASIC ALLOWANCE FOR SUBSISTENCE (BAS)</b>	<b>DATE</b>	<b>MPO NO.</b>
<b>PRIVACY ACT STATEMENT</b>		
<p><b>AUTHORITY:</b> 10. U.S.C., chapter 40; 37 U.S.C., chapter 9; E0 9397, November 1943.  <b>PRINCIPAL PURPOSE(S):</b> To start, adjust, or terminate a military member's Basic Allowance for Subsistence (BAS).  <b>ROUTINE USES:</b> Information may be disclosed to the Department of Justice and to federal, state, local, and foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; and the American Red Cross for information concerning the needs of the member or dependents and relatives in emergency situations.  <b>DISCLOSURE:</b> Disclosure of the SSN is voluntary. However, this form will not be processed without your SSN, since the Air Force identifies members by SSN for pay and leave purposes.</p>		
<b>SECTION I - APPLICATION FOR SEPARATE RATIONS (Member)</b>		
1. MEMBER'S NAME (Last, First, Middle Initial)	2. GRADE	3. SSN
4. ORGANIZATION AND DUTY LOCATION (Squadron and Base)		5. MARITAL STATUS (Check one) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
6. REQUEST AUTHORITY TO RATION SEPARATE FROM MY ORGANIZATION EFFECTIVE (DATE)	7. REASON FOR REQUEST	
8. SIGNATURE OF MEMBER	9. SIGNATURE OF UNIT COMMANDER	10. <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVED
* Attach reason for approval to Unit Copy, if other than reason stated above.		
<b>SECTION II - TO BE COMPLETED BY UNIT, BASE, OR WING COMMANDER (UNIT)</b>		
1. <input type="checkbox"/> START/STOP RATIONS EFFECTIVE (DATE)	2. <input type="checkbox"/> PLACE ON SIMS EFFECTIVE (DATE)	3. <input type="checkbox"/> REMOVED FROM SIMS EFFECTIVE (DATE)
I have verified the information above and approve this request. Unless specifically terminated before that time, authorizations to ration separately remain in effect after discharge and reenlistment, or retirement and recall to active duty at the same station the day following date of discharge or retirement.		
4. <input type="checkbox"/> THE VOCO DATE OF _____ IS HEREBY CONFIRMED.		
5. TYPED NAME AND GRADE OF COMMANDER (Or Authorized Representative)	6. SIGNATURE	7. DATE SIGNED
<b>SECTION III - ACCOUNTING AND FINANCE OFFICER'S AUTHORITY TO ADJUST ACCOUNT (ESM)</b>		
<b>YOU ARE AUTHORIZED TO ADJUST THE ACCOUNT OF THE AIRMAN NAMED IN SECTION I AS INDICATED BELOW:</b>		
<input type="checkbox"/>	1. CREDIT BAS (Separate Rations) EFFECTIVE FROM (Date) _____ TO FURTHER ORDERS.	
<input type="checkbox"/>	2. COLLECT BAS DUE UNITED STATES FROM (Date) _____ TO (Date) _____.	
2a. REASON FOR COLLECTION		
<input type="checkbox"/>	3. TERMINATE BAS EFFECTIVE (Date) _____.	
3a. REASON FOR TERMINATION		
4. TYPED NAME AND GRADE OF CERTIFYING OFFICER	5. SIGNATURE	6. DATE SIGNED
<b>SECTION IV - ACCOUNTING AND FINANCE OFFICER'S ACTION (FINANCE)</b>		
<input type="checkbox"/>	1. THE ACCOUNT OF THE AIRMAN NAMED IN SECTION I HAS BEEN ADJUSTED AS INDICATED ABOVE.	3. DATE
<input type="checkbox"/>	2. RETURN WITHOUT ACTION.	4. A & DS NO.
2a. REASON FOR RETURN WITHOUT ACTION		

# BASIC ALLOWANCE FOR SUBSISTENCE - CERTIFICATION

WHEN COMPLETED, THIS FORM CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974.

PRESCRIBING DOCUMENT: DoD Financial Management Regulation, Volume 7A, Chapter 25 "Subsistence Allowances"

4015 for Ramstein

<b>1. ORGANIZATION AND STATION</b> <div style="border: 1px solid red; padding: 2px; display: inline-block;">Mark this</div> <input type="checkbox"/> <b>2. SUPPLEMENTAL</b> <input type="checkbox"/> <b>3. PRORATED</b>	<b>4. FOR MONTH OF</b>	<b>5. STATION SYMBOL</b>	<b>6. MPO NUMBER</b>	<b>7. DATE</b>
---	------------------------	--------------------------	----------------------	----------------

8. SERVICE MEMBER	M E A L	DAYS																														TOTAL		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31	
NAME	B																																	
DOD ID NUMBER	D																																	
RANK	S																																	
NAME	B																																	
DOD ID NUMBER	D																																	
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DOD ID NUMBER	D																																	
RANK	S																																	
NAME	B																																	
DOD ID NUMBER	D																																	
RANK	S																																	

Mark all applicable days of the specified month above

I certify that the members listed above are entitled to the payment of supplemental and or prorated subsistence allowance for meals on dates indicated.

<b>9. DATE</b>	<b>10. NAME AND RANK OF APPROVING AUTHORITY</b> <div style="border: 1px solid red; padding: 2px; display: inline-block;">This must be filled out by the Squadron Commander</div>	<b>11. SIGNATURE OF APPROVING AUTHORITY</b>
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**DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT**

<b>ID</b>	<b>NAME (Last, First,MI)</b>	<b>SOC. SEC. NO.</b>	<b>GRADE</b>	<b>PAY DATE</b>	<b>YRS SVC</b>	<b>ETS</b>	<b>BRANCH</b>	<b>ADSN/DSSN</b>	<b>PERIOD COVERED</b>				
	JOHN DOE J.	999-99-9999	E3	210817	01	270816	AF	4015	1-30 SEP 22				
<b>ENTITLEMENTS</b>			<b>DEDUCTIONS</b>			<b>ALLOTMENTS</b>			<b>SUMMARY</b>				
<b>Type</b>	<b>Amount</b>	<b>Type</b>	<b>Amount</b>	<b>Type</b>	<b>Amount</b>				<b>+Amt Fwd</b>	.00			
A	BASE PAY 2160.60	FEDERAL TAXES 100.67		BAH should be 7.80, not .30 if you are getting ESM. If you are a dorm airman that is still getting .30 for BAH, please let us know so we can correct your pay!					+TOT ENT	2679.96			
B	BAS 406.98	FICA-SOC SECURITY 127.76							-TOT DED	1888.84			
C	BAH 7.80	FICA-MEDICARE 29.88							-TOT ALMT	.00			
D	COLA 104.58	SGLI 25.00							=NET AMT	791.12			
E		STATE TAXES 41.36							-CR FWR	.00			
F		AFRH .50							=EOM PAY	791.12			
G		MGIB 100.00							DIEMS	201120			
H	Meal Deduction daily rate changes each year.	MEAL DEDUCTION 348.00							RET PLAN	BLENDE			
I	When leave is taken, \$12.9 (2023 rate) is given back to the member for each day of leave taken	ROTH TSP 324.09											
J		MID-MONTH-PAY 791.58											
K													
L													
M													
N													
O													
	<b>TOTAL</b>		2679.96		1888.84			.00					
<b>FED TAXES</b>	Wage Period 2060.60	Wage YTD 19052.61	M/S/H S	Mult Jobs N	Dep 17 Under 00	Other Dep 00	Add'l Tax .00	Other Deds .00	Other Income .00	Tax YTD 970.93			
<b>FICA TAXES</b>	Wage Period 2060.60	Soc Wage YTD 19052.61	Soc Tax YTD 1181.28	Med Wage YTD 19052.61	Med Tax YTD 276.27	<b>STATE TAXES</b>	St CA	Wage Period 2060.60	Wage YTD 19052.61	M/S S	Ex 00	Tax YTD 405.62	
<b>PAY DATA</b>	BAQ Type PARTIAL	BAQ Depn	VHA Zip 00000	Rent Amt .00	Share 0	Stat	JFTR DE700	Depns 9	2D JFTR	BAS Type	Charity YTD .00	TPC	PACIDN
<b>TRADITIONAL PLAN (TSP)</b>	Base Pay Rate 0	Base Pay Current .00	Spec Pay Rate 0	Spec Pay Current .00	Inc Pay Rate 0	Inc Pay Current .00	Bonus Pay Rate 0	Bonus Pay Current .00					
<b>ROTH PLAN</b>	Base Pay Rate 15	Base Pay Current .00	Spec Pay Rate 5	Spec Pay Current .00	Inc Pay Rate 5	Inc Pay Current .00	Bonus Pay Rate 5	Bonus Pay Current .00					
<b>CONTRIBUTIONS TOTALS</b>	YTD Deductions 2901.23	YTD TSP Deferred .00	YTD TSP Exempt .00	YTD ROTH 2901.23	YTD TSP AGCY-AUTO 199.55	YTD TSP AGCY-MATCH .00							
<b>CM AGCY CONTR</b>	AGCY-AUTO 21.61	AGC-MATCH .00	<b>LEAVE</b>	BF Bal 4.0	Ernd 30.0	Used 12	Cr Bal 22.0	ETS Bal 168.5	Lv Lost .0	Lv Paid .0	Use/Lose .0		
<b>REMARKS:</b>													
YTD ENTITLE 29523.82			YTD DEDUCT 7721.52										
IF TSP ELECTION AMT EXCEEDS NET AMT DUE, TSP WILL NOT BE DEDUCTED.						MEMBER'S SGLI COVERAGE AMOUNT IS \$400,000							
-REVIEW YOUR LES EVERY MONTH TO ENSURE YOU ARE RECEIVING THE CORRECT PAY AND ENTITLEMENTS. IF NOT, SEE YOUR COMMANDER OR PAY OFFICE TODAY!						RATE CHG COLA 220901(244)							
						BANK WELLS FARGO BANK NA							
						COLA LOCATION -							
						KAISERSLAUTERN MILITARY COMMUNITY (RP)							

# Debt

Debt Org Box: [86CPTS.FMF.DebtManagement@us.af.mil](mailto:86CPTS.FMF.DebtManagement@us.af.mil)

**If you received a debt notification from finance via email, please respond within 30 days of receiving the letter. Failure to do so will result in an automatic repayment for your debt.**

## Common Causes of Debts:

### **Late In-Processing with Finance**

Typically a PCS debt is caused by a delay in entitlements; for example the difference in BAH rates from the old PDS and new PDS. The dollar amount of the debt is determined by the date you arrive on station and the date you in-process with Finance.

### **Overpayment of entitlements due to a late stoppage**

For example, debt for OHA is common for this reason because members may turn in their OHA stop documents to housing later than the effective date written on the bottom of the DD 2367.

### **How to Pay Debts:**

Simply reply to the debt notification email with your repayment plan which can be paid with these options:

- a) **full payment**
- b) **total amount divided over 12 months**
- c) **15% of your maximum deduction via payroll**
- d) **via cash / check / money order at the cash cage during finance's customer service hours**

## USAF USAFE 86 CPTS/FMF

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**From:** 86 CPTS/FMF Debt Management  
**Sent:** Tuesday, March 14, 2023 9:27 AM  
**To:** TSGT JOHN DOE JR  
**Subject:** (CUI) Notification of Indebtedness (Suspense 13-Apr-2023) - JOHN DOE JR  
**Signed By:** A1C LIAM NEESON

**Importance:** High

CUI

This e-mail contains CONTROLLED UNCLASSIFIED INFORMATION (CUI) which must be protected under the Freedom of Information Act (5 U.S.C. 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties. Further distribution is prohibited without the approval of the author of this message unless the recipient has a need to know in the performance of official duties. If you have received this message in error, please notify the sender and delete all copies of this message.

DEPARTMENT OF THE AIR FORCE

86 COMPROLLER SQUADRON

RAMSTEIN AB

MEMORANDUM FOR RECORD

THRU: 86 CPTS/FMF

FOR: Technical Sergeant JOHN DOE JR  
SUBJECT: Notification of Indebtedness

1. Notification: This is to inform you that you are indebted to the United States Air Force. The gross amount of your overpayment is \$693.33. The overpayment is a result of Hardship Duty Pay. This transaction was audited by our debt technicians to ensure accuracy of the indebtedness.

2. Payment of Your Debt: Please reply to this email by 4/13/2023, which is 30 days from the date of this letter, to concur with paying this debt in full from your next paycheck. If the debt exceeds the amount of one paycheck, you may visit the Finance Customer Service section to repay the debt by check. If you are unable to pay the debt in one lump sum, you may agree in writing to pay the debt in regular installments by completing the enclosed Voluntary Repayment Agreement and attaching it in a CSP inquiry. If you are completing the Voluntary Repayment Agreement, it must be returned before 4/13/2023 or collection action will be started automatically.

3. If You are Unable to Pay Your Debt: If you do not repay the debt in full, or do not submit a Voluntary Repayment Agreement (enclosed) within 30 days from the date of this letter, our office must collect the debt using other collection procedures. Beginning on day 31, our office will initiate collection of the debt involuntarily from your pay by using salary

offset procedures (payroll deductions). A maximum of 15 percent of your net disposable pay (\$562.71) will be deducted each month until your debt is paid in full. The salary offset amount may fluctuate each pay period depending on your available net disposable pay. If you retire or resign before your debt is paid in full, the entire amount of your final pay (salary, allowances, lump-sum payments, and leave sell) will be withheld from you and applied to pay off your debt. If you file for bankruptcy, you are required to notify our office as soon as possible. Failure to notify our office will result in further collection of pay until we are officially notified.

#### 4. Opportunities Available to You:

- a. You have the right to inspect and/or receive copies of the record related to your debt by contacting our office at the address listed above.
- b. You may request a review by Finance if you question the validity or amount of the debt or contest the involuntary repayment schedule. Finance will provide you with a written response to your request for a review of the debt within 60 calendar days.
- c. You may contact our office to request corrections, or changes, to your pay record if you have additional documents to support the payment you received.
- d. You may file for a Waiver using DD Form 2789, Waiver/Remission of Indebtedness Application. Please submit completed waiver application to the local Finance Office for review and submission. By submitting an application for a Waiver, you acknowledge that you do not intend to dispute the validity or amount of the debt. This process is for Active Duty Military, Civilians and Military members not on Title 10 at the time the debt was incurred.
- e. You may file for a Remission, using DD Form 2789, Waiver/Remission of Indebtedness Application, from the Secretary of the Air Force through the SAFRB process. Submit your remission application to the local Finance Office for review and submission. IAW AFI 36-3034, Remission of Indebtedness, the SecAF is authorized to remit or cancel any part of the indebtedness of a person to the United States Air Force incurred while serving on Title 10 active duty as a member of the Air Force, if the SecAF considers such action to be in the best interest of the United States. You may request that your debt be remitted or canceled on the basis of hardship, injustice or both. Applicants who have previously applied for a waiver and received a decision on the merits of the waiver, are not eligible for a remission.

You will be refunded any amounts you have previously paid or that were deducted for your debt which are later waived/remitted or found not to be owed to the United States.

5. Questions about Your Debt: Please see the enclosed "Collection of Your Debt" for additional information regarding debt collection. The Department of Defense Financial Management Regulation (DoD FMR) contains general information concerning debt collection authority at Volume 16, Chapters 1-4 and is available at <http://comptroller.defense.gov/fmr.aspx> <<http://comptroller.defense.gov/fmr.aspx>> .

6. Point of contact: Please complete and return the enclosed Voluntary Repayment Agreement to the office who issued this debt notification. You may contact our office in person or at [86CPTS.FMF.DebtManagement@us.af.mil](mailto:86CPTS.FMF.DebtManagement@us.af.mil) if you have questions regarding this debt. Due to the Privacy Act we are not authorized to discuss certain information over the phone.

Sincerely,

//SIGNED//

86 CPTS/FMF



Enclosures: As stated

## COLLECTION OF YOUR DEBT

Please be aware of the following additional information concerning the collection of your debt:

**Interest and Additional Charges.** If you are unable to pay the debt in full by 30 days from the date of this notification, any unpaid portion of the debt will be considered delinquent. The U.S. Air Force is authorized by law to add interest, penalties, and administrative costs to your debt if it is not paid within 30 days from the date of this letter. The rate of interest charged is at the U.S. Treasury Tax and Loan Rate and will commence on the date your debt becomes delinquent and continue until the debt is paid in full. Additional penalties may be imposed at the rate of up to 6 percent a year, as well as an administrative charge of \$25, on any unpaid portion of your debt that is delinquent for more than 90 days, commencing on the date your debt becomes delinquent and continuing until the debt is paid in full.

**Collection Action on Delinquent Debts.** If the U.S. Air Force is unable to collect your debt by salary offset, they may enforce repayment of your debt by using other available collection remedies such as referring your debt to a private collection agency, reporting your debt to a credit bureau, garnishing your non-Federal employment wages, or referring your debt to the U.S. Department of Justice for litigation. Debts delinquent for more than 120 days may be transferred to the U.S. Department of Treasury for collection. Treasury may offset your Federal Income Tax refunds or other Federal benefit payments, such as Social Security and Federal employee retirement benefits, in order to collect this debt. You may also be prohibited from being approved for a Federal loan if you do not resolve this outstanding delinquent debt.

**Penalties for False or Frivolous Statements.** Please be advised that if you make or provide any knowingly false or frivolous statement, representations or evidence with respect to your debt, you may be liable for penalties under the False Claims Act (31 U.S.C. § 3729-3733) or other applicable statutes, and/or criminal penalties under 18 U.S.C. § 286, 287, 1001, and 1002, and other applicable statutes. A Federal employee may also be subject to disciplinary procedures under 5 U.S.C. Chapter 75 or any other applicable statutes or regulations.

**Tax Considerations.** Per Internal Revenue Service (IRS) Publication 15, income tax withheld by a paying office in a prior calendar year cannot be adjusted. Therefore, if your overpayment occurred in a prior calendar year, you must pay back the gross amount of your debt, including any taxes previously withheld and paid on your behalf to the IRS. You may be entitled to a deduction (or credit in some cases) for the repaid wages on your income tax return for the year of repayment of your debt. If your overpayment and repayment both occur in the same calendar year, the paying office will be able to adjust your tax withholding and you will be responsible for repaying only the net overpaid amount. Upon repayment in the same calendar year, your W-2 will be adjusted to reflect your income and the associated taxes. Finally, please be aware that should your debt repayment ever become delinquent and collected by the offset of your tax refund, your spouse may file Form 8379, Injured Spouse Allocation, with the IRS to claim his or her share of the tax refund.

**Bankruptcy.** If you file for bankruptcy, you must notify the paying office as soon as possible. See DoD FMR Volume 16, Chapter 4.

## REQUESTING A WAIVER

What is a waiver?

Under 5 U.S.C. § 5584, the United States may waive its right to collect the debt you owe if collection would be against equity and good conscience and not in the best interest of the United States. The debt must be the result of an erroneous payment of pay or allowances (including travel, transportation, or relocation expenses and allowances). A debt may be waived in whole or in part. Collection of your debt generally will not be suspended during the waiver review process.

May I apply for a waiver and simultaneously request a review?

No. By submitting an application for a waiver, you acknowledge that you do not intend to dispute the validity or amount of the debt. Waiver is not the proper forum to contest the validity or amount of your debt. If your waiver application includes arguments concerning the validity or amount of your debt, your application may be denied. In order to contest the validity or amount of your debt, you must file a petition for a review, see number 4.b. on the notification letter.

Is there a time limit for filing a waiver application?

You must file a waiver application within 3 years after the erroneous payment was discovered. Reminder, your debt will begin collection 30 days after date of this letter.

What must be included in a waiver application and where should the application be submitted?

You must complete and sign DD Form 2789, Waiver/Remission of Indebtedness Application, available at:<http://www.dtic.mil/whs/directives/forms/eforms/dd2789.pdf>.

<<http://www.dtic.mil/whs/directives/forms/eforms/dd2789.pdf>> Send the application and all supporting documents to your local Finance office. If your waiver application is missing information, you will receive a request to submit additional information. Failure to submit the additional information within 10 calendar days of notification will result in your request for waiver being closed with no action. Collection of your debt will not be suspended.

Supporting Documents:

You must include supporting documents with your waiver application. Supporting documents include, but are not limited to:

- Copies of all supporting documentation referred to in DD Form 2789 (i.e. LESs, SF50s, vouchers, receipts, orders)
- Any statement from you or any other persons in support of your application. Statements must be attested to be true and correct to the best of the individual's knowledge and belief.

Right to a refund: You will be refunded any amounts you have paid or that were deducted to satisfy your debt which are later waived or found to not be owed to the United States.

Where Do I Find Additional Information? See DoD FMR Volume 16, Chapter 4.

## REQUESTING A REMISSION

What is a Remission? Generally, any indebtedness may be considered for remission. The debt must be a debt over which the United States Air Force has jurisdiction. IAW AFI 36-3034, Remission of Indebtedness, the SecAF is authorized to

remit or cancel any part of the indebtedness of a person to the United States Air Force incurred while serving on Title 10 active duty as a member of the Air Force, if the SecAF considers such action to be in the best interest of the United States. Your debt may be suspended from collection during the remission process. If you are retiring or separating the debt will not be suspended.

How to apply: The requesting member must complete the DD Form 2789, page 1, the member's Commander will complete block 20, 21 and 22 on page 2 of the form. Turn the completed form and any supporting documents into your local Finance office within 30 days of the date of your debt notification letter.

If you are claiming hardship as part of your remission you must complete AF Form 2451, Financial Statement- Remission of Indebtedness. Documentation of monthly expenses must be included in order to process the AF Form 2451. Monthly receipts shall cover the period within 60 days of the accepted remission application. Outdated or incomplete documentation will cause the application to be return. Failure to submit the additional information within 10 calendar days of notification will result in your request for remission being closed with no action. You may resubmit a remission request if your case is closed with no action. The involuntary debt collection will start on the 11th day.

You may request that your debt be remitted or canceled on the basis of hardship, injustice or both. Applicants who have previously applied for a waiver and received a decision on the merits of the waiver, are not eligible for a remission.

Right to a refund: You will be refunded any amounts you have paid or that were deducted to satisfy your debt which are later remitted or found to not be owed to the United States.

#### Voluntary Repayment Agreement for Employee Indebtedness

##### Debt Information:

Member/Employee Name: JOHN DOE JR

EDIPI: \_\_\_\_\_

Debt Reason: Hardship Duty Pay

Gross Amount Owed: \$693.33

Estimated Deduction Amount (15% of net disposable per pay period): \$562.71

Debt Dates: 230313 - 230313

Debt Creation Date: 3/13/2023

Start Collection Date: 4/13/2023

LOA: Military Pay

Acknowledgement. I acknowledge that I owe the total amount indicated above due to an overpayment, improper payment, or the like and that I am obligated to repay the debt to the United States. I understand that in the event I take no further action, 15 percent of my disposable pay will be deducted automatically as stated above.

I also understand that if I decide to repay the amount owed by any method other than in a single lump-sum payment, interest at the Treasury Tax and Loan rate may be charged on the unpaid balance every month until the debt is paid in full.

Payment Obligation. I agree to repay the debt in the manner I have indicated below. Please choose one of the following repayment plans (check one):

Payment in Full by Check. I will repay my debt in a lump sum by check. My payment in the amount of \$693.33 is enclosed. Bring payment to local Finance office.

Payment by Salary Offset. I will repay my debt by having the payment offset from my salary. USAF will accept the total payment amount as full and final payment of the debt, payable as follows (check one below):

Single Payment. I wish to pay the total amount of the debt by salary offset in one payment. Please deduct the total amount of the debt from my salary during the month of \_\_\_\_\_.

Multiple Payments at 15% of Disposable Pay. I do not want to pay the debt all at once. I authorize USAF to deduct the amount listed above (estimated to be 15% of my disposable pay per pay period) until the debt is paid in full.

Multiple Payments at More than 15% of Disposable Pay. I do not want to pay the debt all at once. I authorize USAF to deduct \$\_\_\_\_\_ each pay period, which is more than 15% of my disposable pay, until the debt is paid in full.

In the Event of Default. In the event I default on my obligation under this agreement, the USAF is entitled to terminate this agreement without notice. Upon termination, the USAF will retain all amounts paid. Any unpaid balance of the debt will be automatically reinstated and shall become immediately due and payable pursuant to law. The USAF is entitled to take any lawful action it deems appropriate to collect the debt without duplicating notices and opportunities for review previously provided to me, whether before or after the date of this agreement.

I have read and fully understand and agree to the terms of this agreement.

Signature of Member/Employee:  
Number:        -        -

Date:

Daytime Telephone

Submitting Your Signed Agreement. Please sign and return this repayment agreement to our office.

Rejection of an Unacceptable Agreement by the USAF. The USAF maintains the discretion to reject an unacceptable proposed repayment agreement and proceed with collection by salary offset. The USAF will notify the member/employee in writing in the event the repayment plan submitted is unacceptable.

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

# How to Read a Debt Letter

- 1. This notification paragraph shows the debt amount with the reason that caused the debt.**
- 2. Payment of the debt or actions to take must be determined within 30 days from the debt letter receipt date. The determination can be sent in the form of an email reply or a voluntary repayment agreement at the very end of the debt email. Note that it is much easier to reply with your course of action than it is to have to fill out the agreement.**
- 3. Failure to reply with your determination within those 30 days will result in an automatic repayment using 15% of your disposable pay on day 31. The amount in the email is auto-generated and inaccurate.**
- 4. The actions members may ask for instead of starting a repayment includes: Evidence of debt, breakdown / calculation, waiver to collect the debt you owe if collection would be against equity and good conscience and not in the best interest of the United States, or remission on the basis of hardship, injustice, or both.**
- 5. This Voluntary Repayment Agreement may be used as a response, but it is not required. We accept any response indicating your repayment option (see How To Pay Debts) via email as supporting documentation.**

# FINANCE SEPARATIONS/RETIREMENT INFO

## Mandatory Docs and Actions NEEDED prior to the SEP / RET Briefing

- Orders
- Port Call/Flight Itinerary
- If you are staying local up until DOS we do not need Port Call/Flight Itinerary just your orders)
- Leave approved by commander

**YOU MUST HAVE AN APPOINTMENT SCHEDULED TO ATTEND THE BRIEFING**

Separations/Retirement sign up link:

<https://www.signupgenius.com/go/8050d45abac2fa7f49-retirementseparat>



## Things to Know Before Attending the SEPRET Briefing:

- Terminal Leave MUST end on DOS
- Approving leave and Authorizing leave are 2 separate things. Approval is done by commander. Authorization gives you your leave number
- Commander approves Terminal Leave and Permissive Leave
- Commander can both approve and authorize Permissive Leave
- Finance must authorize your Terminal leave
- Finance needs your port call/ flight itinerary and orders to authorize Terminal Leave(give leave#)
- Make sure you have enough leave to cover your Terminal Leave
- You will accrue leave up until your DOS. (See leave calculator)

## FAQ's

How do I get my port call/flight itinerary without a Terminal leave number?

- Show a screenshot of your leave approved by your supervisor and commander to SATO

How do I sell my leave when I separate?

- Leave is automatically sold when your separate and is included in your Final Paycheck

Why do I need my port call/flight itinerary to attend the briefing?

- Finance can not approve your leave or correctly start/stop your entitlements without knowing your fly out date



**DEPARTMENT OF THE AIR FORCE  
86TH AIRLIFT WING (USAF)**

MEMORANDUM FOR RETIRING & SEPARATING MEMBERS

FROM: 86 CPTS/FMF

SUBJECT: Retirement and Separations Pay and Entitlements Information

**1. FINANCE RETIREMENT/SEPARATION CONTACT INFORMATION:**

A. Email: [86cpts.specialactions@us.af.mil](mailto:86cpts.specialactions@us.af.mil)

B. Comptroller Service Portal: [USAF.DPS.MIL/TEAMS/saffmCSP/portal](http://USAF.DPS.MIL/TEAMS/saffmCSP/portal)

\*You are exempt from using this once your DOS/DOR has expired

\*This can be reached through your personal email

**\*THIS IS THE ONLY WAY TO CONTACT US ONCE SEPARATED!**

Per the Superintendent of the Finance Office, emails sent to personal emails do **NOT** have to be answered. Customers are **REQUIRED** to use the org box or they may not receive a response!

**2. FINAL PAY:** This is the last paycheck you will receive for your active duty service, and it will include all of your unpaid pay and allowances and accrued, unused leave, minus any outstanding debts, taxes, etc. Your final pay will be computed manually and paid via EFT. Since it is processed manually, your LES should reflect \$0.00 for your last paycheck (if you receive your last paycheck you may be overpaid and have an out-of-service debt). **YOU WILL NOT RECEIVE YOUR FINAL PAY ON YOUR DATE OF SEPARATION.** Final pay will be processed after your DOS; please expect 5-7 Business days after your DOS for it to be deposited into your bank account. However, payment may be even later if there are pending corrections that need to be made to your record (posted leave, BAH, etc.).

**3. TLA: You MUST coordinate with the HOUSING OFFICE** to receive this entitlement. If you are departing OCONUS prior to your date of separation you are normally authorized **UP TO 10** days TLA if you live off base, and between 3-5 days if you live on base (again, actual entitlement will be determined by the Housing Office so always verify with them first). You will count back the number of days from your port call and this will be the first day you are eligible for TLA. The Housing Office will bring your TLA paperwork to Finance for processing on your record for reimbursement. **Pay out of pocket for TLA, do not use your GTC.**

Housing Office number: 489-6672

Email: [KMCHousing@us.af.mil](mailto:KMCHousing@us.af.mil)

**4. CALCULATE MAX TLA RATES:** See DoDFMR, para. 680602

Your maximum lodging rate is calculated by taking the below percentages on the max rate. Per diem rates will vary based on the use of cooking and food storage facilities available (determined by the Housing Office, so Finance is unable to provide an estimate until we receive your paperwork from Housing).

DoDFMR, Table 68-11. Daily M&IE and Lodging Percentages:

Number of Eligible Persons Occupying Temporary Lodging		Percentage Applicable
1	Service member or one dependent (total one person)	100
2	Service member and one dependent, or two dependents (total 2 persons)	100
3	Each additional dependent age 12 and older	35
4	Each additional dependent under age 12	25

As a reminder, **REQUIRED ITEMS for TLA reimbursement are:**

- a) **TLA Memorandum (signed by technician at the Housing Office)**
- b) **Orders**
- c) **Itemized lodging receipts (can be pre-paid to submit TLA request)**
- d) **Statement of Non-Availability (if lodged off-base)**

**TO NOTE:**

**You are NOT authorized TLA after your DOS. (DoDFMR, para. 680509) and will not be reimbursed until you turn in your documents to housing FIRST.**

**5. ALLOTMENTS:**

- a) **Retiring members:** All of your allotments, with the exception of charity, TSP, SGLI, and Dental allotments, will transfer to your retired pay. TSP does not deduct from your pay for your last month of active duty. Changes to your allotments must be made NLT 30 days prior to your retirement date to affect your active duty pay. After you retire, you may start, stop, or make changes to your allotments by contacting DFAS or using MyPay. Insurance allotments cannot be started after retirement.
- b) **Separating members:** All of your allotments will stop AT THE END OF THE MONTH PRIOR TO THE MONTH OF SEPARATION.



**6. PERMISSIVE TDY (PTDY) LEAVE:** Per the AFI36-3003, Table 3.6, Rule 2, PTDY is only authorized in regards to separation/retirement for: (1) Voluntary separation incentive separatee; (2) Special separation benefit separatee; (3) Involuntary separatee (including for cause separatees eligible under AFI36-3009); (4) Retiree.

- a) **Retiring members:** You are entitled up to 30 days of PTDY when you retire, and this may or may not be in conjunction with your terminal leave. If it is in conjunction with your terminal leave, your **PTDY will occur FIRST** and the Finance Office will authorize the leave (assign a leave number). If you do not take your PTDY in conjunction with your terminal leave it will be authorized by your unit.
- b) **Separation Members:** for those who are separating under the Voluntary Separation Incentive- you must provide this table rule/ explanation on what you are separating for in leave-web. We will not authorize the permissive without this.

**\* This is 30 Days of Non-Chargeable leave\***

**PTDY AND TERMINAL LEAVE MUST BE TWO DIFFERENT LEAVE REQUESTS**

- b) **Separating members:** Members who are separating are **RARELY** entitled to PTDY. If you are separating at your normal DOS you are **NOT** entitled to PTDY. If you are unsure if you are entitled to it please ask, but most likely PTDY will not be authorized.

**7. TERMINAL LEAVE:** Terminal leave is called such because it ends on your DOS (or last day of active duty), and you are not required to “Return” from the leave. Retirees, your last chargeable day is the last day of the month, **NOT** the first. If your leave does not end on your DOS it is not terminal leave and will be denied IAW AFI36-3003 para. 2.5.3. You are not authorized to go on leave until you are issued a leave authorization number.

- a) **You MUST submit your SATO provided itinerary to Finance** before your terminal leave will be authorized. IAW AFMAN65-116, Vol 1, para. 52.8.1.1, your terminal leave will start NLT the day **AFTER** your port call (but it can start at any time before your port call).
- b) Terminal leave days will be calculated based on the number of days of leave you will have accrued by your DOS. You accrue 2.5 days per month, or about .5 days about every 6 days. Reference the chart below (AFI36-3003, Figure 3.2) to determine how many days you will get in your last month of active duty service.

LAST MONTH OF ACTIVE DUTY SERVICE – Determine number of days that will accrue					
If your DOS occurs between the:	1 - 6	7 - 12	13 - 18	19 - 24	25 - 31
Then you will accrue this many days that month:	0.5	1.0	1.5	2.0	2.5

**Example**

Amn Snuffy has 30 days of leave. They are separating on 20 Sept. If they take 30 days of terminal leave they will accrue an additional 2 days of leave. This can be factored in when requesting terminal leave. If they request 32 days of terminal they will separate with 0 days of excess leave. If they request 30 days of terminal, they will separate with 2 days of leave sell back.

- c) You may **NOT** take a half day of leave. If your leave balance by your DOS is 30.5 days and you take 31 days of leave, you will be considered to be in an excess leave status (because you did not accrue that .5 day) and will be indebted to the government for that time (reference AFI36-3003, para. 4.1.5.5.6).
- d) If you are going back stateside, you **MUST use the location you will be traveling to in LeaveWeb to receive stateside BAH while on terminal leave.** Reference para. 9 of this packet for more information.

e) Leave requests **MUST** be processed via LeaveWeb; there are **NO** exceptions. When preparing your leave request in LeaveWeb, do **NOT** change your supervisor to your commander. **Your supervisor must concur the request**, and then it will automatically route to your commander for approval, and then to Finance for authorization. If your commander concurs the request s/he will not be able to approve it and you will have to submit a new request. **Finance cannot edit leave request**, they must be canceled and re-routed through your commander for corrections Ex: Terminal ending on the incorrect day

f) Skillbridge is a commander/unit run and AFPC program, finance **DOES NOT** authorize this leave.

**8. LEAVE SETTLEMENT:** Any leave balance remaining after your terminal leave will be automatically sold back and calculated into your final pay (federal taxes will deduct at a rate of 22%, plus state taxes, if applicable). Leave is payable at the daily rate of your basic pay (take your monthly basic pay entitlement and divide it by 30 to get your daily rate).

You are only authorized to sell a **TOTAL** of 60 days of leave through the entire course of your military career. If you have already sold back 60 days of leave then any leave balance remaining at your DOS will be **LOST**.

\*If you wish to **transfer leave** to another branch/guard reserve, contact **MPF regarding the form AF Form 1089** . This form must be signed before DOS/DOR.

**9. IMPACT OF PORT CALL ON PAY/ENTITLEMENTS:** AFMAN65-116, Vol 1, para. 52.8.2: All overseas station allowances are manually stopped prior to departure from the overseas area. COLA will be stopped effective the day before your port call, and OHA will be stopped effective the date on your DD Form 2367 (determined by the Housing Office). You are authorized the BAH rate for the leave address (zip code) provided on your terminal leave form (AF Form 988) effective your port call date if you are not receiving a with-dependent housing allowance for dependents residing separately. If you are being paid a with-dependent rate BAH for dependents residing separately, that BAH rate continues until your DOS. Those **staying local** will continue to receive entitlements until DOS/DOR (as long as lease stays going). Another OCONUS location, will only receive COLA for that location unless you can provide a lease through the embassy or another housing office.

**10. OUTSTANDING DEBTS:** **Every effort must be made to collect all debts on your record prior to your DOS**. This may include accelerating the collection rate of any current debts, and taking it from your final pay and/or final travel voucher. If you anticipate having a debt that may not be satisfied by your DOS, you are advised to make arrangements to satisfy the debt now. Once a debt becomes an Out-of-Service debt, no Finance Office can help you arrange a repayment schedule; it will have to be done with DFAS.

**11. RETIRED PAY INQUIRIES:** **Retired pay inquiries must be directed to DFAS**. The Finance Office does not compute your retired pay, and is unable to view/make any changes to your retired pay. A retired pay estimate can be obtained via the AFPC Retired Pay Calculator located at <http://www.dfas.mil/retiredmilitary/plan/estimate.html>. You should also create a MyPay pin and password so that you can access your retiree LESs, W-2s, and 1099-Rs. You should be able to see the shell of your retired MyPay account before your DOS. If not, ensure you filed your Survivor Benefit Plan (SBP) paperwork with the AFRC counselor. If it was properly filled out and filed with their office, contact us so that we may assist you to resolve the issue.

The Air Force Retiree Services site is located at: <http://www.retirees.af.mil/>  
Retired and Annuity Pay Contact Center: 1-800-321-1080, (216) 522-5955, or (216) 522-5096

Defense Finance and Accounting Service  
U.S. Military Retired Pay  
8899 B 56th Street  
Indianapolis, IN 46249-1200

## **\*OPTIONAL ENTITLEMENT for PCS/ VPC Travel\***

### **12. RETIREMENTS AND SEPARATIONS TRAVEL ALLOWANCE INFORMATION:**

**Retiring Members:** Travel is authorized from your permanent duty station to your home of selection. You have one year from your DOR to complete a move to your home of selection.

**Separating members:** Travel is authorized from your permanent duty station to your home of record (HOR). You may elect to travel somewhere else, but you will only receive reimbursement for what it would have cost the government to send you to your HOR. You have six months from your DOS to complete your move.

If you need an extension to the above time constraints to complete your move and receive reimbursement, contact the Traffic Management Office (TMO) for guidance.

**\*Please submit via PDF to our org box.\***

**\*If you are not relocating you DO NOT need to fill out a travel voucher\***

#### **If you are relocating:**

- a) You are **NOT** authorized travel days in addition to your PTDY/terminal leave.
- b) Travel time for POV is determined by the official distance between the ordered points. One day of travel is allowed for each 350 miles of the official distance with an extra day allowed if there is a remainder of 51 or more miles. The use of two POVs is authorized for military personnel whose authorized dependent operates the second vehicle; this must be annotated on the travel voucher.
- c) If a commercial carrier is used (i.e. airplane, rail, or bus), the actual fare paid must be claimed in block #18 of the travel voucher and the paid, zero-balance receipt provided. Please make sure to have correct documents to be reimbursed (amended orders, etc).
- d) You are authorized per diem of \$129/day when driving. If you have dependents, you will receive an additional 75% of the per diem rate for each depending aged 12 and older, and 50% for each dependent under age 12.
- e) Authorized expenses will be reimbursed, not to exceed the government rate for the same mode of transportation. Lodging is only reimbursable at the port of embarkation (airport overseas, i.e. Frankfurt) **OR** the port of debarkation (airport stateside, i.e. Baltimore), but **NOT both**.

- f) Unlike a regular PCS, members who are retiring/separating are NOT authorized travel days, Dislocation Allowance (DLA), Temporary Lodging Expense (TLE), or fees incurred due to having pets. If you rent a car you are only authorized mileage reimbursement (same as with a POV).
- g) It is HIGHLY RECOMMENDED that you type your travel voucher. Handwritten forms are sometimes illegible, and it will delay you receiving your reimbursement. You can Google the form (DD Form 1351-2) and fill it out online, if you choose. Your travel voucher will NOT be paid until after your DOS.

### **13. SHIPPING/PICKING UP A POV:**

If you pick up your vehicle **CONCURRENTLY** (en-route), you will be reimbursed PCS mileage (~\$0.20/mile). This will need to be reflected on your travel voucher (DD Form 1351-2) from your last permanent duty station.

If you pick up your vehicle **NON-CONCURRENTLY** (after you have completed your travel to your HOR/HOS), **YOU WILL DO A SECOND TRAVEL VOUCHER**. Round-trip mileage for one vehicle between your home and the VPC is the **ONLY** item that is eligible for reimbursement. Lodging, per diem, airfare, taxi, etc. are **NOT** reimbursable.

#### **Required documents to submit with your travel voucher:**

- a) DD Form 1172-2, DEERS form (only if ALL dependents are not listed on orders)
- b) DD Form 1351-2, Travel Voucher (use May 2011 version; previous editions are obsolete)
- c) DD Form 1351-2C, Continuation Sheet (only if itinerary will not fit in block 15)
- d) Orders and ALL amendments (front and back sides)
- e) SATO provided airfare receipt (NOT itinerary)
- f) Port lodging receipt, if applicable
- g) Receipts for expenses over \$75

### **14. INSTRUCTIONS TO PULL DD FORM 1172-2 (DEERS form):**

1. Go to: [https://www.dmdc.osd.inillself\\_service/rapids/unauthenticated?execution=e4s1](https://www.dmdc.osd.inillself_service/rapids/unauthenticated?execution=e4s1)
2. Click on "Print Family List"
3. Select all family members
4. Review privacy act statement, then select "I agree"
5. Review the Summary page, then select "Proceed"
6. Select "Display Form" and then print DD Form 1172-2
7. LEGIBLE vehicle shipment form, both front and back sides

## **Separation/Retirement Travel Voucher Guidance**

**Please direct any questions or concerns regarding your final travel voucher to: [86cpts.specialactions@us.af.mil](mailto:86cpts.specialactions@us.af.mil)**

### **Required Documents**

- 1351-2, Travel Voucher (must be MAY 2011 form, previous editions not accepted).
- 1351-2C, Travel Voucher Continuation Sheet (if your itinerary will not fit in block 15).
- Orders (front and backside).
- Provided SATO/CTO Airfare Itinerary.
- Lodging receipt (Required all lodging) (will only receive one lodging night).
- Receipts for expenses \$75 dollars and over.
- Lost Receipt Form (if provided receipts are not sufficient or available)
- **All Shuttles from Ramstein AB, DE to Frankfurt, DE Must be filed on lost receipt form.**
- **WET SIGN and date after travel on all documents.**
- Please take your time when filling out your voucher, this will eliminate unnecessary back and forth with corrections to your voucher.
- If you do not provide all these documents when you submit the vouchers, please expect longer delays in the processing of the voucher as we must manually upload these.

### **Voucher Forms**

- **<https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1351-2.pdf>**
- **<https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd1351-2c.pdf>**

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.				
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00						
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> DOE, JOHN A		<b>3. GRADE</b> E-7	<b>4. SSN</b> 123-45-7890		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA			
<b>6. ADDRESS. a. NUMBER AND STREET</b> 123 MAIN STREET NEWADDRESS		<b>b. CITY</b> DREAM CITY	<b>c. STATE</b> TX	<b>d. ZIP CODE</b> 12345				
<b>e. E-MAIL ADDRESS</b> JOHN.DOE@GMAIL.COM							<b>10. FOR D.O. USE ONLY</b>	
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> (111) 555-6789		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> AC999		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b> 0.00			<b>a. D.O. VOUCHER NUMBER</b>	
<b>11. ORGANIZATION AND STATION</b> 86 CPTS/RAMSTEIN AB, GERMANY				<b>b. SUBVOUCHER NUMBER</b>			<b>c. PAID BY</b>	
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b> 123 DELAWARE AVE RAMSTEIN AB, GERMANY 09012 German Address			<b>d. COMPUTATIONS</b>	
<b>a. NAME (Last, First, Middle Initial)</b> DOE, MARY		<b>b. RELATIONSHIP</b> SPOUSE	<b>c. DATE OF BIRTH OR MARRIAGE</b> 01/01/96		<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
<b>16. ITINERARY</b>				<b>c. MEANS/MODE OF TRAVEL</b>	<b>d. REASON FOR STOP</b>	<b>e. LODGING COST</b>	<b>f. POC MILES</b>	
<b>a. DATE</b> 2015	<b>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</b>							
1 JAN	DEP	RAMSTEIN AB, GERMANY			TP			
1 JAN	ARR	BWI, MD			AD			
2 JAN	DEP				CP			
2 JAN	ARR	DALLAS/FT. WORTH, TX			AT			
2 JAN	DEP				PA			
2 JAN	ARR	DREAM CITY, TX			MC		75	
	DEP							
	ARR	This should be either your HOR or HOS. Put full physical address. Should be the same as block 6.						
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS				<b>e. SUMMARY OF PAYMENT</b> (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed 0.00 (10) Amount Due
<b>18. REIMBURSABLE EXPENSES</b>				<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>				
<b>a. DATE</b> 01 JAN	<b>b. NATURE OF EXPENSE</b> LODGING	<b>c. AMOUNT</b> 110.00	<b>d. ALLOWED</b>	<b>a. DATE</b>	<b>b. NO. OF MEALS</b>	<b>a. DATE</b>	<b>b. NO. OF MEALS</b>	
<b>Keep in the currency you bought in-either Euro or USD.</b>								
<b>20.a. CLAIMANT SIGNATURE</b> WET OR CAC SIGNATURE/ DATE AFTER TRAVEL				<b>b. DATE</b>				
<b>c. REVIEWER'S PRINTED NAME</b>		<b>d. SIGNATURE</b>		<b>e. TELEPHONE NUMBER</b>		<b>f. DATE</b>		
<b>21.a. APPROVING OFFICIAL'S PRINTED NAME</b>		<b>b. SIGNATURE</b>		<b>c. TELEPHONE NUMBER</b>		<b>d. DATE</b>		
<b>22. ACCOUNTING CLASSIFICATION</b>								
<b>23. COLLECTION DATA</b>								
<b>24. COMPUTED BY</b>	<b>25. AUDITED BY</b>	<b>26. TRAVEL ORDER/AUTHORIZATION POSTED BY</b>	<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>			<b>28. AMOUNT PAID</b>		

## **1351-2 – Travel Voucher**

Please review each item to verify the accuracy of your voucher. Each numbered item coincides with the numbered blocks of the 1351-2.

- 1
  - Select EFT Payment
  - To the right, annotate \$0.00 to be paid to the GTC
- 2
  - List your name. (last, first, middle initial)
- 3
  - List your grade (ex. E-5, O-5)
- 4
  - List your complete SSN
- 5
  - Check Member, Dependent(s) (if applicable) and Other
- 6
  - List your physical address in sections a, b, c, and d
  - List your email address in section e
- 7
  - List your phone number (DSN or commercial)
- 8
  - List your order number (found in block 30 of separation orders, and top left corner of retirement orders)
- 9
  - List \$0.00
- 10
  - Leave sections a, b, c, and d blank.
- 11
  - List your current organization and station (ex. 86 AMXS / Ramstein Air Base)
- 12
  - Check unaccompanied/accompanied (whichever applies)
    - If dependent's traveled concurrently, following same travel itinerary as the member, choose accompanied
    - If no dependent's traveled on orders, or if dependent's traveled non-concurrently, using a different itinerary than member, choose unaccompanied
  - Column a - List the name of your dependent
  - Column b - List the relationship of your dependent
  - Column c - List the birth date of your dependent
    - If dependent traveled non-concurrently, and member is filing voucher for dependent, dependent's information must still be completed in block 12, even if unaccompanied block is checked.
- 13
  - List your dependent's address (must be physical address when orders were received, no PSC boxes)
- 14
  - Check "YES" for household goods shipment
- 15
  - Notes
    - Date the itinerary, including year
    - Voucher must start at duty station as listed on orders, i.e. Ramstein, Vogelweh, Kapaun etc.
    - Mode of travel from Ramstein AB to BWI, if rotator was used will be TP
    - Mode of travel, from airport to airport, will be CP, if tickets were provided by CTO
    - Reason for stop at first CONUS airport will be AD, all others will be AT
    - Include all airports
    - Voucher must end at physical address, do not end at last airport, must show drive from airport to HOS/HOR address
    - If you cannot fit your itinerary in block 15, please use the attached 1351-2C

**Modes of Travel**

PA = Private automobile  
CA = Commercial automobile (Taxi)  
TP = Rotator  
CP = Commercial plane (From any airport  
outside of Ramstein)

**Reasons for Stop**

AT = Airports (within country)  
AD = Airports used to change countries (to/from)  
LV = Stops en-route to final ending point  
MC = Final stop on itinerary

16

- If a private automobile was used for any portion of this travel, check owner, operator, or passenger

17

- Check the appropriate box, depending on the time span of your itinerary

18

- Column a - List the date(s) you paid for your expense(s)
- Column b - List the name(s) of the expense(s) you are claiming
- Column c - List the cost of the expense(s) in the currency paid

19

- Leave this block blank

20

- Section a - Sign your voucher
- Section b - Date your signature
- Sections c, d, e, and f - leave blank

21 – 28

- Leave these blocks blank

**Please email a copy of completed voucher, and  
all required documents to  
86cpts.specialactions@us.af.mil**



## POV Pick-up Travel Voucher Guidance

**Please direct any questions or concerns regarding your final travel voucher to: [86cpts.specialactions@us.af.mil](mailto:86cpts.specialactions@us.af.mil)**

### Required Documents

- 1351-2, Travel Voucher (must be MAY 2011 form, previous editions not accepted)
- Orders (front and backside)
- **POV Shipment Document (front AND backside)**
  - The specific form that is required is the scratch and dent form that was completed during drop-off and pick-up of POV. The backside of this form is required for payment of POV pick-up. If a backside is not available, please contact IAL to obtain the backside of this form. Please see below for example.

# VPC SCRATCH AND DENT FORM REQUIRED FOR REIMBURSEMENT

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.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>					
		<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> DOE, JOHN A		<b>3. GRADE</b> E-7	<b>4. SSN</b> 123-45-7890		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
<b>6. ADDRESS. a. NUMBER AND STREET</b> 123 MAIN STREET		<b>b. CITY</b> DREAM CITY		<b>c. STATE</b> TX	<b>d. ZIP CODE</b> 12345		
<b>e. E-MAIL ADDRESS</b> JOHN.DOE@GMAIL.COM		<b>10. FOR D.O. USE ONLY</b>					
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> (111) 555-6789		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> AC999		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b> 0.00		<b>a. D.O. VOUCHER NUMBER</b>	
<b>11. ORGANIZATION AND STATION</b> 86 CPTS/RAMSTEIN AB, GERMANY						<b>b. SUBVOUCHER NUMBER</b>	
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b> 123 DELAWARE AVE RAMSTEIN AB, GERMANY 09012				<b>c. PAID BY</b>	
<b>a. NAME (Last, First, Middle Initial)</b> DOE, MARY		<b>b. RELATIONSHIP</b> SPOUSE	<b>c. DATE OF BIRTH OR MARRIAGE</b> 01/01/96	<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		<b>d. COMPUTATIONS</b>	
<b>15. ITINERARY</b>							
<b>a. DATE</b> 2015	<b>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</b>			<b>c. MEANS/ MODE OF TRAVEL</b>	<b>d. REASON FOR STOP</b>	<b>e. LODGING COST</b>	<b>f. POC MILES</b>
1 JAN	DEP	123 MAIN STREET DREAM CITY, TX 12345			PA		
1 JAN	ARR	DALLAS VPC, TX				DV	75
1 JAN	DEP				PA		
1 JAN	ARR	123 MAIN STREET DREAM CITY, TX 12345				MC	75
	DEP						
	ARR	MC-should be either					
	DEP	HOR or HOS.					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TRAVEL</b> <input checked="" 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			
<b>18. REIMBURSABLE EXPENSES</b>				<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>			
<b>a. DATE</b>	<b>b. NATURE OF EXPENSE</b>	<b>c. AMOUNT</b>	<b>d. ALLOWED</b>	<b>a. DATE</b>	<b>b. NO. OF MEALS</b>	<b>a. DATE</b>	<b>b. NO. OF MEALS</b>
<b>20. a. CLAIMANT SIGNATURE</b> WET or CAC Signature/ Date after travel				<b>b. DATE</b>			
<b>c. REVIEWER'S PRINTED NAME</b>		<b>d. SIGNATURE</b>		<b>e. TELEPHONE NUMBER</b>		<b>f. DATE</b>	
<b>21. a. APPROVING OFFICIAL'S PRINTED NAME</b>		<b>b. SIGNATURE</b>		<b>c. TELEPHONE NUMBER</b>		<b>d. DATE</b>	
<b>22. ACCOUNTING CLASSIFICATION</b>							
<b>23. COLLECTION DATA</b>							
<b>24. COMPUTED BY</b>	<b>25. AUDITED BY</b>	<b>26. TRAVEL ORDER/ AUTHORIZATION POSTED BY</b>	<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>	<b>28. AMOUNT PAID</b>			

## **1351-2 – Travel Voucher**

Please review each item to verify the accuracy of your voucher. Each numbered item coincides with the numbered blocks of the 1351-2.

- 1
  - Select EFT Payment
  - To the right, annotate \$0.00 to be paid to the GTC
- 2
  - List your name. (last, first, middle initial)
- 3
  - List your grade (ex. E-5, O-5)
- 4
  - List your complete SSN
- 5
  - Check Member, Dependent(s) (if applicable) and Other
- 6
  - List your physical address in sections a, b, c, and d
  - List your email address in section e
- 7
  - List your phone number (DSN or commercial)
- 8
  - List your order number (found in block 30 of separation orders, and top left corner of retirement orders)
- 9
  - List \$0.00
- 10
  - Leave sections a, b, c, and d blank.
- 11
  - List your current organization and station (ex. 86 AMXS / Ramstein Air Base)
- 12
  - Check unaccompanied/accompanied (whichever applies)
  - Column a - List the name of your dependent
  - Column b - List the relationship of your dependent
  - Column c - List the birth date of your dependent
- 13
  - List your dependent's address (must be physical address when orders were received, no PSC boxes)
- 14
  - Check "YES" for household goods shipment
- 15
  - Notes
    - Date the itinerary, including year
    - Voucher must start at home of selection/home of record address (whichever applies)
      - This address must be the same address where your final travel voucher ended
    - Mode of travel from HOS/HOR to VPC, will be PA
    - Reason for stop at VPC will be DV
    - Mode of travel, from VPC to HOS/HOR, will be PA
    - Voucher must end at physical address

### **Modes of Travel**

PA = Private automobile  
CA = Commercial automobile (Taxi)  
TP = Rotator  
CP = Commercial Plane (From any airport outside of Ramstein)

### **Reasons for Stop**

AT = Airports (within country)  
AD = Airports used to change countries (to/from)  
LV = Stops en-route to final ending point  
MC = Final stop on itinerary  
DV = VPC Vehicle Drop-off

16

- Check owner, operator, or passenger

17

- Check the appropriate box, depending on the time span of your itinerary

18

- **ONLY ROUND-TRIP MILEAGE IS REIMBURSABLE FOR POV PICK-UP**
  - (please reference JTR Chap 5 Part A6B 5354 Part B)
  - Do not list any expenses in this block
- **EXCEPTION:**
  - If claiming a rental car due to late POV delivery, please claim in this block

19

- Leave this block blank

20

- Section a - Sign your voucher
- Section b - Date your signature
- Sections c, d, e, and f - leave blank

21 – 28

- Leave these blocks blank

**Please email a copy of completed voucher, and all required documents to [86cpts.specialactions@us.af.mil](mailto:86cpts.specialactions@us.af.mil)**

<b>TRAVEL VOUCHER OR SUBVOUCHER</b>				<b>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.</b>			
<b>1. PAYMENT</b>		<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
<input type="checkbox"/> Payment by Check		<b>2. NAME</b> (Last, First, Middle Initial) (Print or type)		<b>3. GRADE</b>		<b>4. SSN</b>	
<b>6. ADDRESS.</b> a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE	
e. E-MAIL ADDRESS		<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>	
<b>11. ORGANIZATION AND STATION</b> /Ramstein AB, Germany		<b>12. DEPENDENT(S)</b> (X and complete as applicable)		<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)		<b>10. FOR D.O. USE ONLY</b>	
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED		<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one)		a. D.O. VOUCHER NUMBER	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		b. SUBVOUCHER NUMBER	
<input type="checkbox"/> YES		<input type="checkbox"/> NO (Explain in Remarks)		<b>15. ITINERARY</b>		c. PAID BY	
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		<b>16. POC TRAVEL</b> (X one)		d. COMPUTATIONS	
<input type="checkbox"/> OWN/OPERATE		<input type="checkbox"/> PASSENGER		<b>17. DURATION OF TRAVEL</b>		e. SUMMARY OF PAYMENT	
<b>18. REIMBURSABLE EXPENSES</b>		<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>		12 HOURS OR LESS		(1) Per Diem	
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED	
						(2) Actual Expense Allowance	
						(3) Mileage	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total <b>0.00</b>	
						(8) Less Advance	
						(9) Amount Owed <b>0.00</b>	
						(10) Amount Due	
<b>20.a. CLAIMANT SIGNATURE</b>		<b>21.a. APPROVING OFFICIAL'S PRINTED NAME</b>		<b>22. ACCOUNTING CLASSIFICATION</b>		<b>23. COLLECTION DATA</b>	
		<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER/ AUTHORIZATION POSTED BY</b>	
		<b>27. RECEIVED</b> (Payee Signature and Date or Check No.)		<b>28. AMOUNT PAID</b>			

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.  
Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

**ROUTINE USE(S):** Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNS/component/dfas/preamble.html>.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

## PENALTY STATEMENT

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).

## INSTRUCTIONS

### ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your pre-designated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your pre-designated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

### ITEM 15 - ITINERARY - SYMBOLS

#### 15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

#### 15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

#### ITEM 15e. LODGING COST

Enter the total cost for lodging.

#### ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

### 29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

### IPICOT ORDER

## 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. <b>LODGING</b> (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. <b>AIRFARE</b> (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. <b>RENTAL CAR</b> (Company Name)	Date Vehicle Rented:	Date Vehicle Returned:	Basic Rental Rate: \$	Taxes: \$	Insurance: (OCONUS only) \$	Fuel Paid In Advance: \$	Total Cost: \$
4. <b>TAXI/LIMOUSINE/VAN</b> Company Name	Travel From: City & State/Country	Travel To: City & State/Country	Basic Fare: \$		Tip: \$	Total Cost: \$	
5. <b>OTHER TRANSPORTATION</b> (Carrier Name)	Travel From: City & State/Country	Travel To: City & State/Country	Type (bus, train, etc):	Base Cost: \$	Taxes: \$	Tip: \$	Total Cost: \$
6. <b>REGISTRATION / CONFERENCE FEE</b> (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. <b>OTHER EXPENSE</b> (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
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# Printable Leave and Earnings Statement (LES)

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT													
ID	NAME (Last, First,MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED				
			E2	200225	00	240224	AF	4052	1-31 DEC 20				
ENTITLEMENTS			DEDUCTIONS			ALLOTMENTS			SUMMARY				
Type	Amount	Type	Amount	Type	Amount	+Amt Fwd			.00				
A	BASE PAY	1942.50	FEDERAL TAXES	159.61		+TOT ENT			2260.11				
B	BAS	372.71	FICA-MEDICARE	26.72		-TOT DED			1481.76				
C	BAH	-1666.56	SGLI	25.00		-TOT ALMT			.00				
D	ADVANCE DEBT	1611.46	AFRH	.50		=NET AMT			778.35				
E			MGIB	100.00		-CR FWR			.00				
F			MEAL DEDUCTION	453.15		=EOM PAY			778.35				
G			TRADITIONAL TSP	58.28		DIEMS			191025				
H			DEBT	522.31		RET PLAN			BLENDE				
I			DEBT	136.19									
J													
K													
L													
M													
N													
O													
	TOTAL	2260.11		1481.76		.00							
FED TAXES	Wage Period	Wage YTD	M/S/H	Mult Jobs	Dep 17 Under	Other Dep	Add'l Tax	Other Deds	Other Income	Tax YTD			
	1784.22	16702.86	S		00	00	.00	.00	.00	1448.46			
FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St FL	Wage Period	Wage YTD	M/S	Ex	Tax YTD	
	1842.50	17138.26	603.02	17138.26	248.51			.00	.00	S	.00	.00	
PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN
	PARTIAL		00000	.00	0			0			.00		
TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current					
	3	.00	0	.00	0	.00	0	.00	0	.00	.00	.00	.00
ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current					
	0	.00	0	.00	0	.00	0	.00	0	.00	.00	.00	.00
CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH							
	435.40	435.40	.00	00	145.14	.00							
CM AGCY CONTR	AGCY-AUTO	AGC-MATCH	LEAVE	BF Bal	Ernd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose		
	19.43	.00		18.0	7.5	0	25.5	120.0	.0	.0	.0		
REMARKS:	YTD ENTITLE 22947.27					YTD DEDUCT 6469.14							
<p>IF TSP ELECTION AMT EXCEEDS NET AMT DUE, TSP WILL NOT BE DEDUCTED.</p> <p>-FROM SEP THROUGH DEC 2020 THE WITHHOLDING OF YOUR SOCIAL SECURITY (FICA-SOC SECURIT) TAX WILL BE DEFERRED IF YOUR MONTHLY BASIC PAY RATE IS LESS THAN \$8,666.66. BEGINNING IN JANUARY 2021, THE DEFERRED TAXES WILL BE COLLECTED THRU APR 30, 2021. FOR MORE INFO VISIT <a href="https://www.dfas.mil/taxes/social-security-deferral/military-faqs">HTTPS://WWW.DFAS.MIL/TAXES/SOCIAL-SECURITY-DEFERRAL/MILITARY-FAQS</a>.</p> <p>-2021 TSP LIMITS: ELECTIVE DEFERRAL \$19,500; CATCH UP \$6,500; ANNUAL ADDL LIMIT IF IN CZTE IS \$58,000 FOR MORE INFO VISIT <a href="http://WWW.TSP.GOV">WWW.TSP.GOV</a></p> <p>-LOOK FORWARD TO 2021 FOR THE INITIAL RELEASE OF THE AIR FORCE INTEGRATED PERSONNEL AND PAY SYSTEM (AFIPPS)! FOR MORE INFORMATION ON THE</p> <p>AND SELF-SERVICE CAPABILITIES, GO TO <a href="https://WWW.AFPC.AF.MIL/SUPPORT/AFIPPS/">HTTPS://WWW.AFPC.AF.MIL/SUPPORT/AFIPPS/</a>.</p> <p>-SERVICE MEMBERS INVITED TO THE DOD'S MILLENNIUM COHORT STUDY CAN NOW ENROLL AT <a href="http://MILLENNIUMCOHORT.ORG">MILLENNIUMCOHORT.ORG</a>.</p> <p>MEMBER'S SGLI COVERAGE AMOUNT IS \$400,000</p> <p>TOTAL INDEBTEDNESS [REDACTED]</p> <p>MEAL DEDUCTION [REDACTED]</p> <p>CHANGE AGENCY CONTRBTN [REDACTED]</p> <p>MEAL DEDUCTION 20111 [REDACTED]</p> <p>INDEBTEDNESS DUE US [REDACTED]</p> <p>PCS [REDACTED]</p> <p>FICA RATE CHANGE [REDACTED]</p> <p>START INDEBTEDNESS [REDACTED]</p> <p>STOP INDEBTEDNESS [REDACTED]</p> <p>FICA RATE CHANGE [REDACTED]</p>													

5  
6  
7  
8

4

1

2

3

Always read the 'Remarks' section for important information!



# Understanding the Leave and Earnings Statement (LES)

**1**

ENTITLEMENTS	
Type	Amount
BASE PAY	1942.50
BAS	372.71
BAH	-1666.55
ADVANCE DEBT	1611.46
TOTAL	2260.11

Entitlements will include the members base pay and associated Basic Allowance for Housing (BAH). If members are in the dorms they will receive \$7.80 for BAH. Everyone will have basic allowance for subsistence on their entitlements. If a member has a pending debt or debt balance, it will appear in this column as 'ADVANCE DEBT'. For more information regarding entitlements visit: <https://www.dfas.mil/militarymembers/payentitlements/Pay-Tables/>

DEDUCTIONS	
Type	Amount
FEDERAL TAXES	159.61
FICA-MEDICARE	26.72
SGLI	25.00
AFRH	.50
MGIB	100.00
MEAL DEDUCTION	453.15
TRADITIONAL TSP	58.28
DEBT	522.31
DEBT	136.19

- Deductions will include life insurance for the member and dependents.
- Airmen who utilize the dining facility will have a meal deduction in this category.
- FICA - Soc Security:** All employees are taxed at 6.2% of their income for the first \$118,500 each year.
- FICA - Medicare:** All employees are taxed 1.45% of their income each year.
- For more information about deductions visit: <https://www.dfas.mil/MilitaryMembers/paydeductions/deductions/>

**3**

ALLOTMENTS	
Type	Amount
COMB FED CAMPAIGN	5.00
TRICARE DENTAL	30.15

Allotments will provide specific options that members have selected to pay for. This will include dental plans for their dependents. This also includes discretionary and non-discretionary allotments for savings and/or checking accounts, insurance, bonds, etc.

The ADSN should always say **4015** while stationed at **Ramstein AB**. If you see '9999' this means you have not been gained to the base.

ADSN/DSSN	PERIOD COVERED
4052	1-31 DEC 20
SUMMARY	
+Amt Fwd	.00
+TOT ENT	2260.11
-TOT DED	1481.76
-TOT ALMT	.00
=NET AMT	778.35
-CR FWR	.00
=EOM PAY	778.35
DIEMS	RET PLAN
191025	BLENDE

- AMT FWD:** The amount of all unpaid pay and allowances due from the prior LES.
- TOT ENT:** The total of all entitlements and/or allowances listed.
- TOT DED:** The total of all deductions.
- TOT ALMT:** The total of all allotments.
- NET AMT =** AMT FWD + TOT ENT - TOT DED - TOT ALMT
- CR FWD:** The dollar value of unpaid pay and allowances that will reflect on the next LES as AMT FWD.
- EOM PAY:** The actual amount of the payment to be paid to the member on end-of-month payday.
- DIEMS:** The Date Initially Entered Military Service. This date is used to indicate current retirement plan.

**5**

FED TAXES	Wage Period	Wage YTD	M/S/H	Mult Jobs	Dep 17 Under	Other Dep	Add'l Tax	Other Deds	Other Income	Tax YTD		
	1784.22	16702.86	S		.00	.00	.00	.00	.00	1448.46		
FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St	Wage Period	Wage YTD	M/S	Ex	Tax YTD
	1842.50	17138.26	603.02	17138.26	248.51	FL		.00	.00	S	.00	.00

This section displays the summary of federal and state taxes. Always check to make sure 'M/S/H' status is correct. If members need to update this, go to 'Federal Withholding' under 'Pay Changes' on MyPay.

- BAQ DEPN:** The code that indicates the type of dependent.
- A** - Spouse
- C** - Child
- L** - Member married to member with no dependents
- K** - Ward of the court
- L** - Parents in Law
- R** - Ownright
- S** - Student (age 21-22)
- T** - Handicapped child over age 21
- W** - Member married to member, child under 21

**6**

PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN
	PARTIAL		00000	.00	0			0			.00		

VHA Zip: This should be the zip code where members currently reside. Always ensure this is accurate for housing allowance purposes.

**7**

TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	3	.00	0	.00	0	.00	0	.00
ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	0	.00	0	.00	0	.00	0	.00
CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH		
	435.40	435.40	.00	.00	145.14	.00		

Check all rate boxes to ensure the correct percentage is going to TSP. To change TSP contributions go to: <https://mypay.dfas.mil/#/> and select 'TSP' under 'Pay Changes' to change contribution percentage.

**8**

LEAVE	BF Bal	Ernd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose
	18.0	7.5	0	25.5	120.0	.0	.0	.0

- BF BAL:** The brought forward leave balance.
- ERND:** The cumulative amount of leave earned in the current fiscal year or current term of enlistment.
- CR BAL:** The current leave balance as of the end of the period covered by the LES.
- ETS BAL:** The projected leave balance to the member's Expiration Term of Service (ETS).
- USE/LOSE:** The projected number of days of leave that will be lost if not taken in the current fiscal year.

# SOCIAL SECURITY TAX DEFERRAL

In order to provide relief during the COVID-19 pandemic, a Presidential Memorandum was issued on August 8, 2020 and followed by further guidance from the Internal Revenue Service on August 28, 2020, to temporarily defer Social Security Old Age, Survivors, and Disability Insurance (OASDI) tax withholdings.

## Military Members

For active duty military members, the 2020 deferred Social Security taxes will be collected in 24 installments, from your mid-month and end-of-month pay between January 1<sup>st</sup> and December 31, 2021.

For reservists and guardsmen performing intermittent duty in 2021, the amount collected may not be the same every pay period. DFAS will collect 2% of net available from each weekly, mid-month and end-of-month pay, and will continue until the deferred taxes have been repaid in full.

Beginning in January 2021, your MyPay LES will reflect the monthly collection amount and contain a note in the 'Remarks' section that shows the remaining balance of deferred Social Security taxes.

If you separate or retire prior to the deferred Social Security tax being collected in full, the unpaid balance will either be collected from your final pay or you may receive a debt letter with instructions for repayment.

### DEDUCTIONS

Type	Amount
FEDERAL TAXES	478.53
FICA-SOC SECURITY	255.10
FICA-MEDICARE	59.66
SGLI	25.00
AFRH	.50
SGLI FAM/SPOUSE	4.50
ROTH TSP	205.73
MISCELLANEOUS DEBT	74.84
MID-MONTH-PAY	1933.25

## Civilian Employees

The amount of Social Security taxes deferred in 2020 will be collected in 24 installments between pay periods ending January 16<sup>th</sup> and December 4, 2021.

Beginning in January 2021, your MyPay LES 'Remarks' section will include the 2020 deferred OASDI collection amount in that pay period, as well as, the remaining balance to be collected.

Amount	Type	Amount	Type
483.40	FEDERAL TAXES	63.37	TSP/LO
368.29	FICA-SOC SECURITY	153.97	TRICAR
2040.00	FICA-MEDICARE	36.01	BANK A
	SGLI	29.00	PRIVATE
	STATE TAXES		
	AFRH	.50	
	PAY RELEASED	381.25	
	SUPPORT/COMM DEBT	305.00	

The highlighted line above is the FICA-Social Security tax that stopped, starting September 2020. Members will not see this line on their September - December 2020 LES. They will see this line reappear starting on their January 2021 LES.

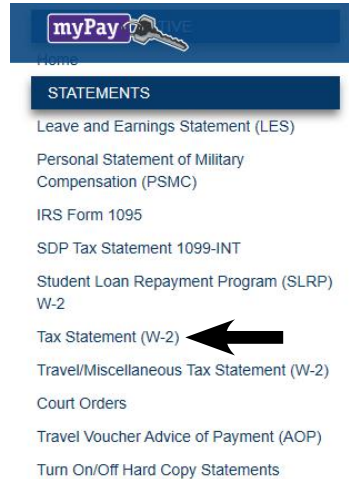
The highlighted line to the left is the repayment deduction for FICA-Social Security tax. Members can find the remaining balance of the debt at the bottom of their LES in the 'Remarks' section.

For additional questions on the temporary deferral of the 6.2% OASDI withholding visit:  
MyPay: <https://www.dfas.mil/taxes/Social-Security-Deferral/>  
IRS: <https://www.irs.gov>

# How To Pull a W-2

1. Follow this link to access MyPay:  
<https://mypay.dfas.mil/#/>

2. Select 'Tax Statement (W-2)' under the statements tab.



3. Use the drop down menu to find the current or previous W-2. Click 'Printer Friendly W-2' to view the entire document. Below is an example of a 'Printer Friendly W-2' and a 'Travel/Miscellaneous Tax Statement (W-2)'. A 'Travel/Miscellaneous Tax Statement (W-2)' will be available if you PCS'd in the current year.

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury - Internal Revenue Service  
 Copy B To Be Filed With Employee's FEDERAL Tax Return  
 This information is being furnished to the Internal Revenue Service

OMB No. 1545-0048 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a. Employee's Social Security Number		1 Wages, tips, other compensation		2 Federal income tax withheld	
b. Employer's Identification Number (EIN)		3 Social Security Wages		4 Social Security tax withheld	
c. Employer's Name, Address, and ZIP Code		5 Medicare Wages and Tips		6 Medicare tax withheld	
		7 Social Security tips		8 Allocated tips	
d. Employer's Name, Address, and ZIP Code		9		10 Dependent care benefits	
		12 See instructions for box 12		14 See instructions for box 14	
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay			
15 State Employer's state ID number	16 State Wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

myPay

TRAVEL / MISCELLANEOUS TAX STATEMENT (W-2)

Printer Friendly W-2

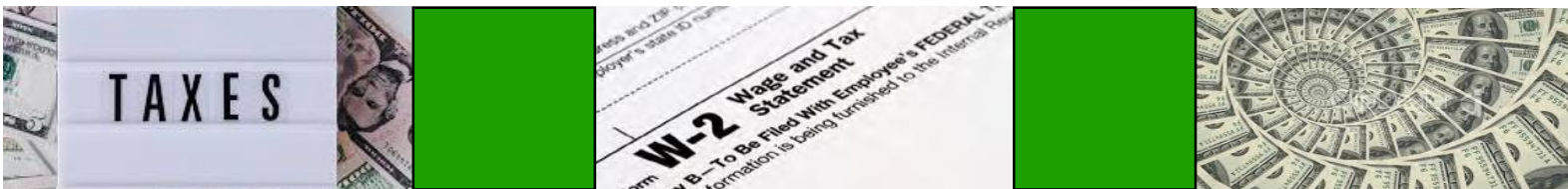
2016 Travel Miscellaneous W-2

Summary

Wages, Tips, and Other Compensation	\$1,133.22
Federal Income Tax Withheld	\$283.31

Form **W-2** Wage and Tax Statement **2016**

Department of the Treasury - Internal Revenue Service  
 Copy B To Be Filed With Employee's FEDERAL Tax Return  
 This information is being furnished to the Internal Revenue Service



# DTS

**BASE POLICY:** For any DTS assistance, please contact your unit ODTA. If the unit ODTA cannot assist with the issue, they should contact Finance's DTS Team via email: [86CPTSDTSHelpDesk@us.af.mil](mailto:86CPTSDTSHelpDesk@us.af.mil)

## Regulations:

- DODI 5154.31, Volume 3, DTS Regulations
- DOD 7000.14-R, FMR Volume 9, Travel Policy
- Joint Travel Regulation (Updated Monthly)

## Helpful Links:

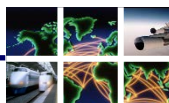
- CitiBank: <https://home.cards.citidirect.com>
- Per Diem Query: <https://www.defensetravel.dod.mil/site/perdiemCalc.cfm>
- Airline City Pairs: <https://cpsearch.fas.gsa.gov/cpsearch/search.do?method=enter>
- State Tax Information: <https://smartpay.gsa.gov/content/state-tax-information>
- Passport/Trax for DTS Training: <https://www.defensetravel.dod.mil/Passport/bin/Passport.html?CFID=217705904&CFTOKEN=fcbd70248cd0e009-B876377C-A74C-BFDA-69F28A95608E3AE7#>
- DTMO Lodging Information: <https://www.defensetravel.dod.mil/site/lodging.cfm>
- Online Currency Converter: <https://www.oanda.com/currency-converter/>  
(you can attach a screen shot to your receipts that are not in USD instead of writing on the receipt the conversion)

## Must Knows:

- Receipts are required for any claims over \$75. These receipts must have the name of the person or place providing the goods or service, date, price and tax, total amount due, and form of payment. **Lodging receipts must be itemized.**
- Valid SATO receipts will say "THIS IS YOUR OFFICIAL RECEIPT FOR TRAVEL" with the form of payment on the very last page. Confirmation emails and boarding passes are NOT VALID.
- If you do not have a valid receipt, you can fill out the "Statement in Lieu of Lodging" for lodging and "Certification of Missing or Lost Receipt" for all other expenses. These forms can be found on: <https://www.dfas.mil/MilitaryMembers/travelpay/Travel-Forms-Resources-and-Regulations/>
- Per diem will be specified on the CED orders. The first and last day of travel will have 75% of the local per diem rate. If government lodging and meals are directed, per diem rate will be \$3.50 / day unless orders state otherwise

# How to Create a DTS Voucher

DEFENSE TRAVEL  
MANAGEMENT OFFICE



## Create a Voucher: Traveler Instructions

December 01, 2020

*A voucher is a request for the reimbursement of expenses incurred and payment of allowances earned during official travel. You create a voucher from a DTS authorization and update the estimates with actual trip costs.*

For more information, see DTS Guide 3: Vouchers at [https://www.defensetravel.dod.mil/Docs/DTS\\_Guide\\_3\\_Voucher.pdf](https://www.defensetravel.dod.mil/Docs/DTS_Guide_3_Voucher.pdf).

### Log On to DTS

1. Access the DTS Home page at <https://www.defensetravel.osd.mil>.
2. Select **Log In**.
3. Read and **Accept** the DoD Privacy & Ethics Policy.
4. Enter your CAC PIN, and then select **OK**.

1

### Create a Voucher

1. On the **DTS Dashboard**, select **Create New Document**, then **Voucher**.



2. Select **Create Voucher** next to an authorization. DTS creates the voucher using the information in the authorization and opens it on the **Review Trip Voucher** screen. You must update the information in the voucher to reflect actual events.

2



### Update Itinerary

If any trip dates or locations changed, select **Edit Itinerary** from the **Progress Bar** and use the tools on the **Edit Itinerary** screen to:

1. Change **Arriving** and/or **Departing** dates. The overall **Leaving On** and **Departing On** dates update automatically, but you can change them if necessary.
2. Add, remove, or change **TDY Locations**.

**Note:** You must update each changed TDY location or dates. Always read and acknowledge all pop-ups.



To ensure your per diem allowances are accurate, enter the correct TDY location. For example, for a TDY to an installation (Ft. Lee, VA), don't enter a nearby city (Petersburg, VA).

3



### Enter Expenses

#### Update Flight & Rental Car Expenses

You can't change reservations after the trip, so if your flight or rental car information changed, you must update them in the **Expenses** module. Select **Expenses** from the **Progress Bar**, then:

To update a flight or rental car cost:

1. Locate the reservation expense.
2. Select **Details** and the window opens.
3. Update the cost for changes to air or rental car costs.
4. (Optional) Add **Notes**.
5. Select **Update** to save the changes.

To add the cost of a new flight or rental car, see the next sub-section.

#### Update Expenses & Mileage Allowances

To view or update expenses, select **Expenses** from the **Progress Bar**, and the **Enter Expenses** page opens.

To enter a new expense:

1. Select **Add**. The **Add New** screen appears.
2. Select the correct **Expense** category and type.
3. On the **Add New** screen, enter all required fields.
4. (Optional) Add **Notes**.
5. Select **Add** to save the entry.

To import a transaction from your Government Travel Charge Card (GTCC) data:

1. Select **Add** from the **Enter Expenses** screen.
2. On the **Add New** screen, choose **Add Expense from GTCC**.
3. On the **Import Expense** screen, check the box for the **Transaction**.
4. Select the expense category and type.
5. Select **Import**. The expense displays along with the other expenses on the **Enter Expenses** screen.

To update an existing expense:

1. Select **Details** and the window opens.
2. Enter the correct data.
3. (Optional) Add **Notes**.
4. Select **Update** to save the change.

To delete an expense:

1. Select options (3-dots icon). The screen provides the removal option.
2. Select **Delete Expense** next to an entry and acknowledge the pop-up.

To duplicate an expense when you have a re-occurring expense:

1. Select the options (3-dots icon). The **Duplicate Expense** window opens.
2. Add the date range for the replication.
3. Select **Duplicate Expense**. The results appear on the **Enter Expenses** screen.

4



## Receipts & Documents

You can attach a receipt to an expense in a few ways. Each method begins on the **Expenses** screen.

### Attach Receipt using Expense Details

1. After adding an expense, select **Details**. The window opens.
2. Add images by choosing **Browse** and uploading them, dragging them from another location or selecting the +sign (Add) to attach receipts.
3. Select **Attach** and the **Attachment** with number displays.
4. (Optional) Add **Notes**.
5. Select **Update** to save changes.
6. Select **Details** to close the window.
7. The **Enter Expenses** screen updates reflecting the attachment as a paper clip.

## Upload Electronic Images

1. Select the **Import PDF** icon. The window opens.
2. **Browse** for the file to upload, attach the file and choose **Select**.
3. You can either **Attach to Existing** (expense) or **Create New** (expense) and attach files.
4. Follow the prompts and on the last screen select **Done**.
5. The **Enter Expenses** screen updates reflecting the attachment as a paper clip.



You must attach each finished image to an expense or attach it to **Documents** option in the **Add New** screen.

5



## Update Per Diem

If your per diem allowances changed, including lodging costs, select **Per Diem** from the **Progress Bar**, then:

1. Select **Adjust Per Diem Costs**.
2. Enter a date (or a date range if **all** per diem allowances are the same on consecutive days).
3. Make changes to the per diem allowances. The **Lodging Cost** information is at the bottom of the screen.
4. Select **Save Adjustments**.

**Note:** Add CONUS hotel tax under **Expenses** (see Section 2).

6



## Update Accounting



If a LOA funded a payment (e.g., a partial payment), do not remove or change it. Contact your Defense Travel Administrator (DTA) for guidance.

If you need to change an LOA, select **Accounting** from the **Progress Bar**, then:

1. To add a LOA, select **Add LOA**, and then select the new LOA from one of the drop-down lists.
2. To delete a LOA, select the options (3-dot icon) next to a LOA, then select **Remove** and acknowledge the pop-up.
3. If you have multiple LOAs, use **Edit LOA Allocations** to divide the expenses between the LOAs.

**7****Financial Summary****Review Trip Totals & Split Disbursement**

If you need to view reimbursable and non-reimbursable expenses, Due US balance, prior payments or update your split disbursement totals, select **Financial Summary** from the **Progress Bar**:

1. The **Review Financial Summary** screen opens.
2. Select **Adjust Disbursements** to open the screen to redirect your split disbursement amounts.
  - a. **Additional Payment Paid to GTCC** or **GTCC ATM Withdrawal** fields allows you to send more money to the GTCC vendor.
  - b. **Overpaid GTCC** field permits you to send more money to your personal bank account.
  - c. Select **Save**.
3. Select **Continue**.

**8****Review Profile & Voucher**

1. Select **Review Profile** from the **Progress Bar**. Make sure your payment data (GTCC and EFT) in the profile are valid.
2. Select **Voucher** to review the entire trip record.
3. You can **Add Comments** to the AO.
4. Once you finish the review, select **Continue**.

**9****Pre-Audit**

1. Select **Pre-Audit** to verify flagged information prior to signing. Then screen opens to display any flagged entries or **Advisories**.
2. For all flagged items, you must select **Add Justification** and provide an explanation to the AO to justify the expense or entry.
3. Below any flags are the **Advisories**. These are informational only and require no action.
4. Select **Continue**.

**10****Sign and Submit**

After selecting the **Sign and Submit** link, the **Digital Signature** window appears. It provides details for **Document History**, and the **Document Status**.

1. Check the **I agree to SIGN this document** box.
2. Use the drop-down menu to change the routing (if required).
3. **Add Comment** if needed.
4. Select **Submit Completed Document**. A **Confirm Submission** box appears informing you of the legal responsibility of your claim.
5. Select **Confirm and Continue**. The **Confirmation** window opens and document routing begins.

To exit the window, select **Go To Homepage** at the bottom of the screen.

**11****Change an Existing Voucher**

- Adjust a voucher the AO has not yet **APPROVED**.
- Amend a voucher the AO has **APPROVED**.

On the **DTS Dashboard**, select **Vouchers** to see your vouchers, then:

To adjust a voucher:

1. Select **Edit** next to a voucher.
2. If any pop-ups or the View Only window appears:
  - a. Acknowledge all pop-ups.
  - b. Uncheck the **Open Document VIEW-ONLY** box.
  - c. If asked for it, enter your CAC **PIN**, then select **OK**.
3. Make all necessary changes.
4. Sign the voucher (See Section 6).

To amend a voucher:

1. Select **Create Amendment** under the options (3-dot icon) next to a voucher.
2. Enter **Comments** and then select **Amend Document**.
3. Follow Steps 2-4 under “**adjust**” (above).

# CIVILIAN IN-PROCESSING AT FINANCE

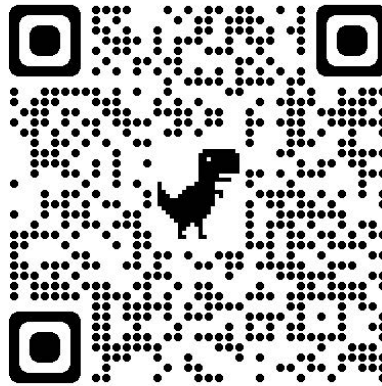
This briefing is for Civilian Employees who have recently PCSed to Ramstein. This briefing provides face to face assistance with travel and RITA vouchers ONLY. Any pay related in-processing will be processed through the Civilian Personnel Office, to include allowances (Post Allowance etc.). To do this, simply make an appointment here:

<https://www.signupgenius.com/go/8050d45abac2fa7f49-86cpts1#/>

For additional CivPay information or assistance, you may email:

[86CPTS.Civ.Pay@us.af.mil](mailto:86CPTS.Civ.Pay@us.af.mil)

Civilian Voucher-Processing QR Code



**READ ALL OF THE INFORMATION ON THIS WEBSITE TO  
KNOW WHAT DOCUMENTS ARE REQUIRED FOR PROCESSING**



# HELPFUL LINKS

## MilPay Regulations:

<https://static.e-publishing.af.mil/etc/AFMAN65-116V1.pdf>

[https://comptroller.defense.gov/portals/45/documents/fmr/volume\\_07a.pdf](https://comptroller.defense.gov/portals/45/documents/fmr/volume_07a.pdf)

## DTS Regulations:

<https://www.travel.dod.mil/Portals/119/Documents/DTS/DTS%20Regulations%2020210812.pdf?ver=VfpoSUpC5RkeYkAX8zsH9A%3d%3d>

<https://media.defense.gov/2022/Jan/04/2002917147/-1/-1/0/JTR.PDF>

## Link to all Forms:

<https://www.e-publishing.af.mil/Product-Index/#/?view=org&orgID=10141&catID=8&isForm=null&modID=449&tabID=131>

## DTS Forms:

<https://www.dfas.mil/MilitaryMembers/travelpay/Travel-Forms-Resources-and-Regulations/>

## Defense Travel Management Office (DTMO) for Rates of Allowances:

<https://www.travel.dod.mil/>

## CSP

<https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/Home.aspx>

## In-Processing (Military):

<https://www.signupgenius.com/go/8050d45abac2fa7f49-finance>

## In-Processing (Civilian):

<https://www.signupgenius.com/go/8050d45abac2fa7f49-86cpts1#/>

**Separations and Retirements:**

<https://www.signupgenius.com/go/8050d45abac2fa7f49-retirementseparat>

**MyPay:**

<https://mypay.dfas.mil/#/>

**TSP:**

<https://www.tsp.gov/>

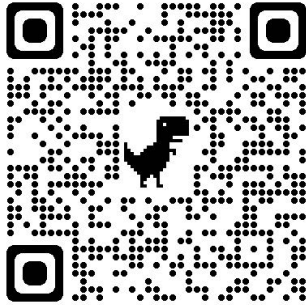
**Currency Conversions:**

<https://www.oanda.com/currency-converter/en/?from=EUR&to=USD&amount=1>

<https://servicecu.org/bank/international-services/exchange-rates/>

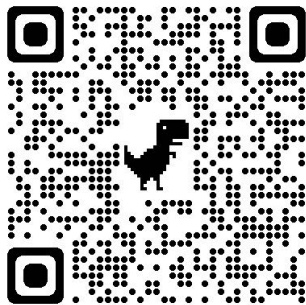
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fa=card&sp=128320&s=10&dep=\\*DoD&sc=31](https://ice.disa.mil/index.cfm?fa=card&sp=128320&s=10&dep=*DoD&sc=31)

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