

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

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

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

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

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

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

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

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

Disclosure: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed

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

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

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

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

PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

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

- 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 Base Housing Off-base Billeting/Temp Ldg
Effective Date: _____ NOTE: * Billeting/TLF is not classified as "Gov't Base Housing".

4. Dependent certification:

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

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

Name: _____ SSN: _____ - _____ - _____ Duty Location: _____

PART B: DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS

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, EQ 9397

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 personnel housing.

ROUTINE USE(S): 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.

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

PART A - IDENTIFICATION & DUTY LOCATION			LODGING OFFICIAL																													
1. NAME (Last, First, MI)			NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS																													
2. SSN	3. GRADE	4. PHONE	QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:																													
5A. DUTY LOCATION (Base, State, ZIP Code or Country)			ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____																													
5B. E-MAIL ADDRESS			INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____																													
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 type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____ _____ _____ <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPARATED _____ (Date) (Date)			TRANSIENT QUARTERS OCCUPIED - UNIT # _____																													
			EFFECTIVE DATES FROM: _____ TO: _____																													
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ .00 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			TITLE _____																													
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): _____ <i>Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).</i>			SIGNATURE _____																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">(a) NAME (Last, First, MI)</th> <th style="width:33%;">(b) ADDRESS, CITY, STATE, ZIP or COUNTRY</th> <th style="width:17%;">(c) RELATIONSHIP</th> <th style="width:17%;">(d) DOB</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB																									DATE _____	
(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		SSN		BRANCH OF SERVICE																												
STATION																																
PART C - MEMBER'S CERTIFICATION (For members with dependents)																																
<input type="checkbox"/> I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport																																
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).																																
(Parents, parents-in-law, stepparents, parents-by-adoption, 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																												

ADDITIONAL INFORMATION

OFFICIAL USE ONLY - FINANCE

<input type="checkbox"/>	START	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	CANCEL	<input type="checkbox"/>	REPORT	<input type="checkbox"/>	STOP	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	WITHOUT DEPENDENT	<input type="checkbox"/>	WITH DEPENDENT
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PRIMARY DEPENDENT CERTIFICATION: I have determined that the above named individual is dependent on the member based on being

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

SECONDARY DEPENDENT DETERMINATION/REDETERMINATION

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

I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here

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

TITLE OF CERTIFYING OFFICIAL	SIGNATURE	OFFICE ADDRESS	DATE
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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 predesignated 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 predesignated 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.

12. (cont'd) Additional Dependents:

NAME _____	RELATIONSHIP _____	DOB: _____
NAME _____	RELATIONSHIP _____	DOB: _____
NAME _____	RELATIONSHIP _____	DOB: _____
NAME _____	RELATIONSHIP _____	DOB: _____