

Finance Retirement/Separation Checklist

Customer Use

Name (Last, First, MI)	Grade	SSN	DOS
Email Work Private	Duty Location (Base, State, Zip)	Telephone Work Private	

Leave

- I Please confirm projected leave balance with your servicing Finance. _____ days. (N/A if you're not taking any terminal/permissive)
- II All Permissive and Terminal Leave requests are processed and approved in LeaveWeb before departure. G Series Commander approved, finance authorized.
- III Permissive leave will be done under "**Type T, Rule 2.**" to be correctly routed in LeaveWeb.
- IV If you take any portion of your Permissive leave in conjunction with Terminal Leave, please check the box "In conjunction with Terminal Leave."
- V Leave numbers will be assigned after all leave is approved and final out documents are returned to the Finance office.
- VI If you take ordinary leave instead of terminal leave, return 15 days before scheduled separation date to prevent pay problems.
- VII Per AFI 36-3003 table 3.6, rule 2, CONUS locations are authorized 20 days of permissive leave to the following authorized members: incentive separatees, special benefits separatees, and retirees.

Type	Start Date	End Date
<i>Permissive</i>		
<i>Terminal</i>		

Checklist & Instructions

Read each line and insert your full initials to confirm understanding

1. **For Retirees ONLY:** As my dependents are not listed on my orders, I understand that I must retrieve a copy of my DD Form 1172-2 per the instructions on the SOU, block 8 to claim civilian dependents on a final travel voucher.
2. My unit APC has confiscated or destroyed my GTC and provided me with a GTC deactivation memo.
3. I understand that all DTS authorizations/vouchers must be completely filed and paid prior to separating/retiring.
4. I plan on taking permissive leave in conjunction with terminal and will input through LeaveWeb. Please refer to VII above.
5. I plan on taking terminal leave up to my date or separation and will input through LeaveWeb.
6. I understand that I am only authorized to sell a maximum of 60 days of leave in my military career.
7. I understand that if I am under a different base's hierarchy in LeaveWeb, I must contact the LA AFB FSO to have leave authorized.
8. **For AGR Members ONLY:** I do not wish to sell my leave and would like to have it transferred. If not, N/A.
9. I understand that separate travel time is not granted and I must be on leave or separated to depart the PDS IAW AFMAN 65-114, para 6.7.5.
10. I am able access MyPay with login ID and password in order to retrieve final LES's, W-2's, and future 1099-R's for retiree's.
11. To be signed off on my vMPF checklist and have my leave authorized I will return a copy of my orders, GTC deactivation memo, this checklist, the statement of understanding, AF Form 594, Direct Deposit form, and the address change form.
12. **For Retirees ONLY:** I understand that selecting a home outside the 50 states, I must select a HOS within the CONUS for comparison purposes (JTR 051003 B.3). If Home of Record (HOR) or Place from Which Called or Ordered to Active Duty (PLEAD) is OCONUS then travel entitlements to that locations are authorized.

Member's Name & Rank	Signature	Date
----------------------	-----------	------

OFFICIAL USE ONLY

Finance Technician's Name & Rank	Signature	Date
----------------------------------	-----------	------



Travis AFB
60 CPTS/FMF
RETIREMENT/
SEPARATIONS

MEMORANDUM FOR RETIREE/SEPARATEE
FROM: 60 CPTS/FMF
540 Airlift Dr Building 381 Travis AFB, CA 94535
707-816-3012
SUBJECT: Retirement and Separations Information

1. FINAL PAY: This is the last paycheck you will receive for your active duty service and it will include unpaid pay and allowances and accrued leave, if applicable. Final pay is processed manually through the base Finance Office, not DFAS. Since it is processed manually, your LES will reflect a \$0.00 for your last paycheck. You will receive your final pay within a month after your retirement or separation date. The payment will be sent to the same account where you normally receive your Active Duty pay. If you would like the payment to go to a different account, please provide us with an updated SF 1199A (direct deposit).

2. BAH: You will continue to receive the local rate of BAH through your DOS even if you relocate while on your final leave. If you are *mil-to-mil*, your spouse will need to update their BAH with their servicing finance office to claim you as a civilian dependent. They will need to provide a AF 594, your DD 214, and a copy of your marriage certificate.

3. LEAVE SETTLEMENT: You can only be paid a TOTAL of 60 days of leave during your military career. Leave is payable at the daily rate of your basic pay. To get this rate, divide your monthly basic pay by 30 days to get the daily rate; multiply the daily rate by the number of leave days you are eligible to sell back to get the total amount of your leave settlement. Federal Taxes will deduct at a rate of 22% plus any additional state taxes, if applicable.

4. PERMISSIVE TDY: All members retiring are authorized permissive TDY. The only separatees eligible PTDY are voluntary separation incentive, special separation benefits and involuntary separatee. Permissive TDY is only used for house and/or job search per AFI 36-3003, Table 3.6, Rule 2. A member is authorized up to twenty days of permissive TDY for CONUS members and up to thirty days is authorized for overseas retirees.

5. TAXES: Your regular pay during the last month of active duty will be taxed as normal from the tax tables provided by the IRS. State tax will be taken out for the entire month, regardless of your DOS (if applicable). Accrued leave is considered a one-time payment and is taxed at 22% for federal and any applicable state tax percentage.

6. ALLOTMENTS:

Separatees: Your allotments will be paid through your last **FULL** month of active duty. If you separate after the 15th of the month, your mid-month pay will indicate a deduction for your allotments, however, the amount will be refunded in your final pay.

Retirees: All of your allotments, with the exception of charity, TSP, SGLI, and Met Life allotments, will transfer to your retired pay. TSP does not deduct from your pay the last month on 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.

7. OUTSTANDING DEBTS: All debts on your record at the time of separation will be satisfied with any available funds on your military pay account. If the FSO is aware of a debt, the repayment will be accelerated to satisfy as much of the debt as possible before your DOS. If you anticipate having a debt(s) that may not be satisfied by your DOS, you are advised to make arrangements to satisfy the debt(s). Once a debt becomes Out of Service debt, Active duty finance office cannot arrange any options.

8. FINANCE RETIREMENT/SEPARATION OUT-PROCESSING

For information please see: <https://travis.usaf.afpims.mil/Units/60th-Comptroller-Squadron/>

9. RETIRED PAY INQUIRIES: For any questions concerning your AD Pay up until your last AD paycheck, please contact the local Finance Office. Retired pay inquiries should be directed to DFAS. The CPTS does not compute retirement 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 ensure that you have created a myPay pin and password so that you can access your final LES, W-2, 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 A&FRC counselor. If it was properly filled out and filed with their office, contact us so that we may establish a CMS case for AFPC and DFAS 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 or (216) 522-5955
Defense Finance and Accounting Service
U.S. Military Retired Pay
8899 E 56th Street
Indianapolis, IN 46249-1200

10. RETIREMENTS AND SEPARATIONS TRAVEL ALLOWANCE INFORMATION: 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 from a remainder of 51 or more miles. 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. Expenses will be reimbursed not to exceed the government rate for the same mode of transportation. 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. Unlike a regular PCS move, Retirees/ Separatees are **not authorized additional travel time, Dislocation Allowance (DLA) or Temporary Lodging Expense (TLE)**. In accordance with AFMAN 65-114 para 6.7.5, a member may depart the PDS **on or after the START DATE** of permissive TDY/ Terminal Leave. Departing **prior** will cause excess travel time charge. Separatees serving less than **90%** of their initial active duty enlistment or service commitment receives no per diem for travel (applies to dependents too). Reimbursement of transportation allowances for services members and dependents is limited to the least expensive mode of transportation available. If transportation is personally procured reimbursement is limited to the amount the Government would have paid for the least costly mode of transportation (normally a bus ticket).

Retirees: Travel is authorized from the permanent duty station to the home of selection for retirement. Retiring members have one year from the date of Retirement for completing a move to your home of selection.

Separatees: Travel is authorized to the place of enlistment or home of record (indicated on orders) for separatees. Separatees have six months to complete your move limited to the cost to return to your PLEAD or Home of Record.

Contact your nearest Traffic Management Office (TMO) for guidance of a possible extension.

Effective September 1, 2016 members will need to provide their DD Form 1172-2 DEERS printout to substantiate the dependents claimed on their final travel voucher.

- How to pull your 1172:
 1. Go to this link: <https://idco.dmdc.osd.mil/idco>
 2. *Click Continue* Family ID Cards
 3. Log in using CAC/DS Logon user id and password
 4. Click "Print Family Roster" then select dependent/s
 5. Review privacy act statement then select "I Agree"
 6. Review the Summary page then select "Confirm"
 7. Select "Display Form" and then Print DD Form 1172-2

I acknowledge all of the above about final payments & fully understand the estimated timeframe of when my final payment will be made.

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)			NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____ ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # EFFECTIVE DATE: _____ INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED 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				
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 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	
MEMBER'S CERTIFICATION (Required for members claiming dependents)				
<input type="checkbox"/> I certify that I provide adequate support (see DoD FMR Vol 7A, Chapter 26) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport				
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be approved by AFPC-OL, Indianapolis).				
(Parents, parents-in-law, stepparents, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21 or Ward of a Court)				
I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. _____				
I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.				
MEMBER'S SIGNATURE			DATE	

ADDITIONAL INFORMATION

OFFICIAL USE ONLY - FINANCE

START STOP CANCEL REPORT CHANGE PARTIAL WITHOUT DEPENDENT WITH DEPENDENT

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

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

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

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

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

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

NAME / RANK / TITLE OF CERTIFYING OFFICIAL

SIGNATURE

UNIT NAME / BASE

DATE



INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)
(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

Checking
 Savings

TYPE OF PAYMENT

Net Pay
 Travel
 Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)
A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT NUMBER Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE _____
(Account Holder's Name)

FINANCIAL INSTITUTION NAME _____

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
<input type="checkbox"/> Savings (whole dollar amounts only)	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> START	<input type="checkbox"/> INCREASE TO:
<input type="checkbox"/> Discretionary or Third Party	<input type="checkbox"/> CHECKING	<input type="checkbox"/> CANCEL	<input type="checkbox"/> DECREASE TO:
		<input type="checkbox"/> CHANGE	New Total \$ _____

ALLOTTEE NAME (person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name) _____

FINANCIAL INSTITUTION NAME _____

5. AUTHORIZATION

* _____
EMPLOYEE'S SIGNATURE DATE

6. AGENCY USE:

ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:

1. **AUTHORITY:** 37 U.S.C. 101 et seq. 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67.71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943
2. **PRINCIPAL PURPOSES:** To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.
3. **ROUTINE USES:** Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.
4. **DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.

Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.

SECTION 1

NAME	Social Security #	CHECK ONE: AD <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/>
------	-------------------	---

NEW MAILING ADDRESS

NUMBER, STREET, PO BOX

CITY, STATE, ZIP, APO/FPO

NEW ORGANIZATIONAL ADDRESS

UNIT/OFFICE SYMBOL	DUTY PHONE	BOX NO	RNLTD	DEPARTURE DATE	EST ARR DATE
GRADE	LOCAL ADDRESS			HOME PHONE	

FORWARDING ADDRESS

SECTION 2

ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS

B O N D #1	<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #2	<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO
B O N D #3	<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #4	<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO

SIGNATURE OF MEMBER/EMPLOYEE	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		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.					
<input checked="" type="checkbox"/> 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		2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE		4. SSN	
6. ADDRESS a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE	
e. E-MAIL ADDRESS		5. TYPE OF PAYMENT (X as applicable)		<input type="checkbox"/> TDY		<input type="checkbox"/> Member/Employee	
				<input type="checkbox"/> PCS		<input type="checkbox"/> Other	
				<input type="checkbox"/> Dependent(s)		<input type="checkbox"/> DLA	
7. DAYTIME TELEPHONE NUMBER & AREA CODE				8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	
11. ORGANIZATION AND STATION				10. FOR D.O. USE ONLY		a. D.O. VOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		b. SUBVOUCHER NUMBER	
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED				c. PAID BY	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE			
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		d. COMPUTATIONS	
				<input type="checkbox"/> YES		<input type="checkbox"/> NO (Explain in Remarks)	
15. ITINERARY				c. MEANS/MODE OF TRAVEL		d. REASON FOR STOP	
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		e. LODGING COST		f. POC MILES	
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							

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 <i>(See Note)</i>	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
<i>(Own expense)</i>	- 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.

Travel Voucher Instructions

- **Block 2 - Block 4:** Self-explanatory.
- **Block 5:** This block is for who traveled.
 - If you do not have dependents, check “Member/Employee.”
 - If you have dependents that traveled concurrently, check “Member/Employee” and “Dependent(s).”
 - If you have dependents that traveled separately, you will need to file two separate travel vouchers. One, mark only “Member/Employee” and the other mark only “Dependent(s).”
- **Block 6:** This is the address that you are relocating to, NOT your previous address.
- **Block 8:** Order number.
 - This will be found at the top left corner of retirement orders or block 30 of separation orders. Annotate the order number as the first two letters and last four numbers (AL-123456 = AL3456)
- **Block 9:** Previous government advances.
 - Annotate the type and amount (ex. DITY Adv.) or write “N/A.”
- **Block 10c:**
 - Mark the number of Privately Owned Vehicles (POVs) were driven in conjunction with this move.
 - Initial the line indicating the account you wish to use is the same as where your AD pay was sent.
- **Block 11:** The organization that you separated from (ex. 11 CES / JB Andrews).
- **Block 12:** Dependent(s).
 - If you have no dependents, mark unaccompanied.
 - If you have dependents that traveled concurrently with you, mark “accompanied” and list them below.
 - If you have dependents that traveled separately, mark unaccompanied on both vouchers. On the member’s voucher, do not list their information. On the dependents’ voucher, list their information.
- **Block 13:** Dependents’ address when you received your orders.
 - If you have dependents that traveled, this will be the address where they lived prior to moving.
- **Block 14:** Have your household goods been shipped?
 - Yes or no. If no, explain in the blank space in block 10d.
- **Block 15:** Itinerary.
 - The departure location in the first block **must match the duty location on your orders.**
 - Driving: The next block will be the address listed above in block 6.
 - Flying: The next block will be your departure airport (ex. Reagan National Airport). Layovers are NOT annotated, the next block will be your arrival airport. The final block will be the address listed above in block 6.
 - Block 15a: “Date,” you will write the year you completed your travel in this large block “20XX” (blocks underneath will only be day and month).
 - Dates: Ensure dates are formatted as “1 Aug.” This ensures no confusion when processing your voucher.
 - Means/Mode of Travel: “PA” for personal auto, “CA” for commercial auto, and “CP” for commercial plane.
 - Reason for Stop: “AT” (awaiting transportation) for stops at airports and “MC” for mission complete.
 - Lodging costs do not need to be annotated, as they will be reimbursed by per diem.
- **Block 16:** Check whether you were the operator or passenger in the vehicle used for travel.
- **Block 17:** Check the applicable duration of travel for your entire trip.
- **Block 18:** Reimbursable expenses.
 - You will claim Airfare, Taxi or Tolls here, as applicable.
- **Block 22:** Applies only to Retirees.

Please sign and date blocks 20a/20b and 22 once you have completed the voucher email it to the org box: travis.finance@us.af.mil with a copy of your orders, applicable receipts, and DD Form 1172-2 for retirees (if you are claiming dependent travel). 707-816-3012

**FILING A RETIREMENT/SEPARATION
VOUCHER READ EVERYTHING BEFORE CALLING**

- BLOCK 1: All payments will be EFT.
BLOCK 2-4: Always use the member's information.
BLOCK 5: Check PCS, check member and/or dependent, according to who traveled by this itinerary.
BLOCK 6: This is the address that you live at after you have completed traveling.
BLOCK 6E: This is your personal e-mail address.
BLOCK 7: Your new personal phone number.
BLOCK 8: Travel order number (Block 30 of Separation orders, TOP of Retirement orders)
BLOCK 9: Yes or NO
BLOCK 10D: # OF POVS USED/DRIVEN
BLOCK 12: List all dependents that traveled according to this itinerary.
BLOCK 13: Dependent's address when you received your orders.
BLOCK 15: If traveling by private auto for the entire distance, you will need to put Travis AFB, CA as the starting point and your final destination(same address in block 6) as the stopping point(box below Travis AFB, CA)

DO NOT FORGET THE DATES.

DO NOT ANNOTATE STOPS/LAY-OVERS. (NO lodging/gas receipts required!)

You are only authorized to start your travel after your date of separation/retirement, or during your permissive/terminal leave.

You must fill in all dates and mode of transportation! (mode/method codes: PA-private auto, CA-commercial auto, CP-commercial plane)

- BLOCK 16: If you drove, you must check own/operate.
BLOCK 17: Select duration of your travel.

BLOCK 18: You can claim items such as road tolls, travelers check fees, and commercial transportation. We only need receipts if you are claiming \$75.00 or more, except in the case of commercial transportation, we will need the receipts regardless of the cost.

BLOCK 20: You the member must always sign the voucher and the sign date. **NOTE: PLEASE BE SURE TO INCLUDE BOTH THE FRONT AND BACK OF YOUR ORDERS! RETIREES:** Also include the **CERTIFICATION OF HOME OF SELECTION** (at the end of this packet) as well as TMO extension letter, if applicable.

YOU DO NOT NEED TO COMPLETE ANY BLOCKS THAT ARE NOT MENTIONED. THIS TRAVEL VOUCHER WILL NOT BE PAID UNTIL AFTER THE DATE OF SEPARATION OR THE EFFECTIVE DATE OF THE RETIREMENT. IF INFORMATION ON THE VOUCHER IS INCOMPLETE OR YOUR ORDERS ARE MISSING WE WILL NOT BE ABLE TO PAY YOUR VOUCHER. YOU CAN EITHER CERTIFY MAIL OR EMAIL THE VOUCHER (PDF) TO FINANCE.

CERTIFY MAIL TO:

**60 CPTS/FMF
ATTN: RETIREMENTS/SEPARATIONS
540 AIRLIFT DRIVE BLDG 381/F1
TRAVIS AFB, CA 94535
707-816-3012**

EMAIL TO:

TRAVIS.FINANCE@US.AF.MIL*

*** Scan documents as PDF format files**

**SUBMIT THE FOLLOWING
DOCUMENTS TO FINANCE:**

1. Orders (Front and back)
2. 1351-2 (Voucher)
3. Voucher Checklist
4. AF 988s (Leave Forms)
5. Certification of Home of Selection (Only if Retiring)
6. DD 1172-2, DEERS
*Only if Retiring with dependents.
*Dependents address on this form should be your address in Travis AFB CA local area.