



DEPARTMENT OF THE AIR FORCE
Air University (AETC)

28 Jun 2010

MEMORANDUM FOR ACTIVE DUTY AIR FORCE, AIR NATIONAL GUARD AND AIR FORCE RESERVE PERSONNEL ASSIGNED TO MAXWELL/GUNTER

FROM: HQ AU/FM

SUBJECT: Finance In-processing Package

1. Welcome to Maxwell Air Force Base! Our goal is to provide world-class financial service so you can focus on your new job and not your pay. If you are attending one of our Air University schools in a permanent party status, a mass in-processing (including all base support agencies) will be scheduled for your class. Contact your orderly room for more times/locations.
2. To expedite your in-processing and ensure your pay/entitlements are accurately updated, we need your help. Various forms will be collected during in-processing including your travel voucher, copies of orders, and other documents. I highly encourage you to complete as much information as possible prior to the in-processing briefing due to the large number of attendees.
3. As applicable, please bring the following information to in-processing:
 - a. Two copies of orders and amendments (Front side and back side)
 - b. One copy of the Basic Allowance for Housing (BAH) waiver (if applicable)
 - c. One copy of all receipts
 - d. FSM Form 2231, Faststart Direct Deposit or HQ AU EFT Memorandum
 - e. DD Form 1351-2, Travel Voucher or Subvoucher
 - f. PCS Arrival Worksheet
 - g. AETC IMT 180, Statement in Absence of Receipt
 - h. Temporary Living Expense (TLE) Certification Statement
 - i. AF Form 594, Application and Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ) or Dependency Redetermination
 - j. Financial Management Customer Service Survey

The attached package was developed to assist you in filling out these forms. We will also have an on-site finance team to answer questions and collect all required documents.

4. Again, welcome to the "Intellectual and Leadership Center of the Air Force!" If you have any questions, please contact MSgt Corina Carrillo at 953-8157 or TSgt Azzoline at 953-7710.

// signed -atd/28 Jun 10//
ANTONIO T. DOUGLAS, Colonel, USAF
Director, Financial Management

Attachment:
Instructions for Finance Inprocessing

INSTRUCTIONS FOR COMPLETING:

Direct Deposit (FSM Form 2231)

PURPOSE: You have the option of sending your travel payments to the same account as your military pay or to a different account. This form is used to designate where your travel payments are sent. If you want your travel pay to continue going to the same account as your military pay, you may skip this form and simply fill out the HQ AU Travel Pay Electronic Funds Transfer (EFT) Memorandum outlined in the next section.

1. **EMPLOYEE INFORMATION** (Self-explanatory. Always complete this section)

2. **TYPE OF ACCOUNT/PAYMENT** (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)

3. **DIRECT DEPOSIT ACCOUNT INFORMATION**

ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)

ACCOUNT NUMBER (your account number at your financial institution)

ACCOUNT TITLE (the depositor's name on the account at the financial institution)

FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The routing number must consist of 9 digits.

PAUL MAPLE LILIAN MAPLE 123 Main Street Anyplace, NY 10000	1234
PAY TO THE ORDER OF	20
Anyplace Bank Anyplace, NY 10000	15-000000000
For	1:1234567891: 0029516 11 1234

RTN SAMPLE

4. **AUTHORIZATION** (Sign and date the request form after you have carefully read the instructions and Privacy Act Statement)

INSTRUCTIONS FOR COMPLETING:

**HQ AU TRAVEL PAY ELECTRONIC FUNDS TRANSFER (EFT)
MEMORANDUM**

PURPOSE: If you do not submit an updated Direct Deposit form (see previous step), then this form authorizes us to send travel payments to the same account where your Military Pay is sent.

FROM: *(Enter name. Always complete this section)*

SSN: *(Self-explanatory. Always complete this section)*

SIGNATURE *(Self-explanatory. Always complete this section)*

DATE *(Self-explanatory. Always complete this section)*

INSTRUCTIONS FOR COMPLETING:

DD Form 1351-2, *Travel Voucher or Subvoucher*

PURPOSE: *Form is used to pay and document travel and travel related expenses.*

1. **PAYMENT** *(payment method already indicated)*
SPLIT DISBURSEMENT *(indicate amount to be split disbursed to the Government Travel Card, if none enter zero)*
2. **NAME** *(always complete this section)*
3. **GRADE** *(always complete this section)*
4. **SSN** *(always complete this section)*
5. **TYPE OF PAYMENT** *(indicate payment type)*
6. **ADDRESS** *(always complete this section)*
 - a. **CITY** *(always complete this section)*
 - b. **STATE** *(always complete this section)*
 - c. **ZIP CODE** *(always complete this section)*
 - d. **E-MAIL ADDRESS** *(always complete this section)*
7. **DAYTIME TELEPHONE NUMBER AND AREA CODE** *(always complete this section)*
8. **TRAVEL ORDER AUTHORIZATION NUMBER** *(found on block 29 of PCS orders)*
9. **PREVIOUS GOVERNMENT PAYMENTS ADVANCES** *(enter the amount any travel advance payments, if not sure leave blank otherwise enter "NONE")*
10. **FOR D.O. USE ONLY** *(leave blank)*
- 10d. **COMPUTATION** *(select the number of POV used)*
11. **ORGANIZATION AND STATION** *(enter unit/office symbol and Maxwell AFB, AL 36112)*
12. **DEPENDENTS** *(select "ACCOMPANIED" if dependents travel with you and provide dependent information on section 12a, 12c and 12cts. Select "UNACCOMPANIED" if dependents did not travel.)*
13. **DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS** *(always complete this section)*
14. **HAVE HOUSEHOLD GOODS BEEN SHIPPED?** *(always complete this section)*

15. ITINERARY (Complete only if last PDS was stateside and mode of travel was private auto or rental car, otherwise leave blank and a Finance technician will assist you completing the itinerary)

15a. DATE (enter year travel began)

FIRST BLOCK: Enter last PDS departure date on the left hand side of **DEP**

SECOND BLOCK: Enter arrival date at new PDS on the left hand side of **ARR**

15b. PLACE

FIRST BLOCK: Enter last PDS on the right hand side of **DEP**

SECOND BLOCK: Enter Maxwell AFB, AL on the right hand side of **ARR**

15c. MEANS/MODE OF TRAVEL (enter "PA" when mode of travel was private vehicle or rental vehicle)

15d. REASON FOR STOP (Enter "MC" for Mission Complete)

The diagram shows a table with the following structure:

15. ITINERARY		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		MEANS/MODE OF TRAVEL	REASON FOR STOP	e. LODGING COST	f. POC MILES
3. DATE	2007						
10 Jul	DEP	Peterson AFB, CO		PA			
20 Jul	ARR				MC		
	DEP	Maxwell AFB, AL					
	ARR						
	DEP						

Callouts and instructions:

- 15a. DATE** Enter year travel began (points to 2007)
- 15a. DEP** Enter departure date from last PDS (points to 10 Jul)
- 15a. ARR** Enter arrival date at new PDS (points to 20 Jul)
- Enter last PDS (points to Peterson AFB, CO)
- Enter Maxwell AFB, AL (points to Maxwell AFB, AL)
- c. MEANS/MODE OF TRAVEL** Enter "PA" when mode of travel was private auto rental car. (points to PA)
- d. REASON FOR STOP** Enter "MC" for Mission Complete (points to MC)

16. POC TRAVEL (select corresponding block)

17. DURATION OF TDY TRAVEL (leave blank)

18. REIMBURSABLE EXPENSES (list expenses incurred during PCS, i.e., tolls, Travelers check,)

19. GOVERNMENT/DEDUCTABLE MEALS (leave blank)

20a. CLAIMANT SIGNATURE (always complete this section)

20b. DATE (always complete this section)

INSTRUCTION FOR COMPLETING:

PCS ARRIVAL WORKSHEET

PURPOSE. Form is use to certify PCS arrival entitlements. This information is used to reflect your travel times, leave days, update your housing location/status, determine leave dates, dependents certification, and dislocation allowance. This information is critical for ensuring your new duty location is updated accurately --- and avoid over/under-payments from your last duty station.

SSN (always complete this section)

Name (always complete this section)

Grade (always complete this section)

Unit (always complete this section)

Office Symbol (always complete this section)

Duty/Home Phone (always complete this section)

Date Final Out-Processed Last Base (always complete this section)

Port Call Date (applicable only if previous assignment was overseas)

Date Departed Last Duty Station (DDLDS) (always complete this section)

Date Arrived New Duty Station (always complete this section)

Was leave taken upon arrival? (Yes or No)

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

PART A. BAH/OHA/FSH CERTIFICATION STATEMENT

1. My dependent(s) traveled: **With me/Separately/Did not travel/To another location (if yes, where)** (check applicable box)

2. My dependent(s) is/are residing in Gov Family Quarters (Note: Privatized Housing is not Gov Quarters) (fill in the blank) My dependent(s) was/were assigned to quarters on (fill in the blank otherwise enter "N/A")

3. I have a unique situation not mentioned (e.g. Dependents are in various locations, moved to unauthorized location at personal expense, etc) (enter initials if applicable and provide explanation on space provided, otherwise enter "N/A")

4. I certify I currently reside in: **Dorms/Base Housing/Off-base/Billeting/Temp Lodging effective:** (check the applicable box and fill in date)

5. **I am a married to another military member** (check yes or no if applicable and enter military spouse information on space provide, otherwise enter "N/A")

6. **The following information is true and correct:**
(enter information if applicable, otherwise enter "N/A")

PART B: TRAVEL CERTIFICATION STATEMENTS

I certify that (Please initial beside the applicable items or N/A)

I received my overseas air ticket from an on-base CTO (NOTE: If not, need Non availability Statement) (initials needed)

PART C: MILITARY MARRIED TO MILITARY COUPLE DISLOCATION ALLOWANCE CERTIFICATION (DLA)

NOTE:

- * E4-and-below without Dependents require a letter signed by the Commander or designee
- * DLA is **not** payable to **first duty assignment** for single members and members whose dependents do not relocate
- * Members whose dependent(s) have/will not relocate are "Single" for DLA purposes, until dependent(s) travel is completed.

(Please initial beside the applicable items or N/A)

1. **I am married to another military member and we relocated at (same time/separate times)**
(circle applicable item and enter initials if applicable, otherwise enter "N/A")

- a) **We lived in the (Same/ Different) household at old PDS**
(circle applicable item and enter initials if applicable, otherwise enter "N/A")
- b) **We live in the (Same | Different) household at new PDS**
(circle applicable item and enter initials if applicable, otherwise enter "N/A")
- c) **We were stationed at different PDSs before relocating to new PDS**
(circle applicable item and enter initials if applicable, otherwise enter "N/A")
- d) **We married en route to new PDS (not married at last PDS)**
(circle applicable item and enter initials if applicable, otherwise enter "N/A")

Signature _____ **Date** _____

(always complete this section on the applicable form)

INSTRUCTION FOR COMPLETING:

Instruction for completing *Statement in Absence of Receipt*

PURPOSE: *Use this form in lieu of any lost/missing receipts claimed on your settlement voucher*

1. FULL EXPLANATION AS TO WHY RECEIPT IS NOT AVAILABLE

(always complete this section)

**2. NAME AND LOCATION OF AGENCY, COMPANY, OR ESTABLISHMENT
WHICH FURNISHED SERVICES OR ITEMS CLAIMED**

(always complete this section)

3. OTHER

(be specific)

4. TOTAL AMOUNT(S) PAID

(always complete this section)

5. SIGNATURE OF TRAVELER

(always complete this section)

INSTRUCTION FOR COMPLETING:
**TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION
STATEMENT**

PURPOSE. *Use this form to claim lodging reimbursement at last PDS (only if CONUS PDS), designated location last PDS*

1. **SPLIT DISBURSMENT** *(enter amount to be split disbursed)*
2. **NAME** *(always complete this section)*
3. **GRADE** *(always complete this section)*
4. **SSN** *(always complete this section)*
5. **LOSING CONUS PERMANENT DUTY STATION** *(always complete this section)*
6. **DATE CLEARED GOVERNMENT QUARTERS** *(always complete this section)*
7. **DATE OF DEPARTURE** *(always complete this section)*
8. **DATE HOUSEHOLD GOODS PICKED UP** *(always complete this section)*
9. **DATES OF LODGING** *(always complete this section)*
TLE CLAIM FOR *(always complete this section)*
PLACE OF LODGING *(always complete this section)*
COST PER NIGHT *(always complete this section)*
- 10-18 *(complete for each every different occurrence)*
19. **ARE MARRIED TO ANOTHER MILITARY MEMBER?** *(always complete this section if applicable)*
20. **CLAIMANT SIGNATURE** *(always complete this section)*
21. **FSO USE ONLY – DATE RECEIVED** *(leave blank)*

INSTRUCTION FOR COMPLETING:

AF Form 594, *Application and Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ) or Dependency Redetermination*

PURPOSE. *Form is use to certify BAH entitlement*

PART A – IDENTIFICATION & DUTY LOCATION

1. **NAME** *(always complete this section)*
2. **SSN** *(always complete this section)*
3. **GRADE** *(always complete this section)*
4. **PHONE** *(enter duty phone)*
5. **DUTY LOCATION** *(enter Maxwell AFB, AL 36112)*

PART B- MARITAL/DEPENDENTS STATUS

6. *(select applicable item(s))*
7. *Complete if applicable*
8. *Complete if applicable, list dependents*
9. *Complete if applicable*

PART C- MARITAL/DEPENDENTS STATUS

Complete if receiving with dependent rate BAH, otherwise leave blank

MEMBER'S SIGNATURE *(always complete this section)*

DATE *(always complete this section)*

FAST START

DIRECT DEPOSIT

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 <input style="width: 150px; height: 20px;" type="text"/> EMPLOYEE NAME (as on payroll records) <input style="width: 300px; height: 25px;" type="text"/> (Last, First, Initials) TELEPHONE NUMBER (WORK) <input style="width: 150px; height: 25px;" type="text"/> (HOME) <input style="width: 150px; height: 25px;" type="text"/>			
2. TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	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 <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Check Digit ACCOUNT NUMBER <input style="width: 250px; height: 25px;" type="text"/> ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____		
TYPE OF PAYMENT <input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments			
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) <input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party	TYPE OF ACCOUNT (Check One) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	ACTION (Check One) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	AMOUNT (Check One) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ _____
ALLOTTEE NAME (person/company who will receive allotment) <input style="width: 300px; height: 25px;" type="text"/> ALLOTTEE'S ROUTING NUMBER <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Check Digit ALLOTTEE'S ACCOUNT NUMBER <input style="width: 250px; height: 25px;" type="text"/> ALLOTTEE'S ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____			
5. AUTHORIZATION <div style="display: flex; justify-content: space-between; align-items: center;"> * _____ </div> EMPLOYEE'S SIGNATURE DATE _____			
6. AGENCY USE:			

MEMORANDUM

To: HQ AU/FM MAXWELL AFB, AL 36112

From: PRINT NAME: _____

SSN: _____

RE: Travel Pay EFT

I certify that I wish to have my PCS Travel Pay disbursed to the same account currently used for my Military Pay Electronic Funds Transfer. This account may also be used for all future Travel Pay disbursements and will remain in effect until changed via myPay or the Maxwell Finance Customer Service Office.

Signature

Date

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000 14-R, Vol. 9, and E.O. 9397

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service 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.

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 (Own expense)	- C	Bus	- B
Privately Owned		Plane	- P
Conveyance (POC)	- P	Rail	- R
		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 I/O OR C/O.

PCS ARRIVAL WORKSHEET MBR 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 _____ Grade _____
Unit _____ Office Symbol _____ Duty/Home Phone _____
Final out date _____ Port call date _____ Date departed last duty station _____
Date I notified unit that I was available for duty _____ Was leave taken upon arrival? Yes No
Were 2 POVs utilized concurrently? Yes No
If applicable, explain delays between final-out and port call / DDLDS (e.g. mass out processing, leave taken prior to departure, holidays, TDY dates changed etc.): _____

PART A. BAH/OHA/FSH CERTIFICATION STATEMENT

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

- 1. My dependent(s) traveled With me Separately Did not travel To another location (if yes where) _____
- 2. 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..... _____
- 3. I have a **unique situation** not mentioned
(e.g. Dependents are in various locations, moved to unauthorized location at personal expense, etc.):
Please explain **unique situation** here, if applicable:

- 4. I certify I currently reside in: (Dorms Base Housing Off-base Billeting/Temp Lodging) effective .. _____
- 5. I am married to another military member Yes No (If 'yes' please complete the next line)
Name: _____ SSN: _____ - _____ - _____ Duty Location: _____
- 6. The following information is true and correct:

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 former Military member, please provide his/her Name, SSN, and duty location below).

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

PART B: TRAVEL CERTIFICATION STATEMENTS

I certify that (Please initial beside the applicable items or N/A)

- 1. I received my overseas air ticket from an on-base CTO (NOTE: If not, need Non-Availability Statement)..... _____

PART C: MILITARY MARRIED TO MILITARY COUPLE DISLOCATION ALLOWANCE CERTIFICATION (DLA)

NOTE: * E4-and-below without Dependents require a letter signed by the Commander or designee
* DLA is **not** payable to **first duty assignment** for single members and members whose dependents do not relocate
* Members whose dependent(s) have/will not relocate are "Single" for DLA purposes, until dependent(s) travel is completed.

(Please initial beside the applicable items or N/A)

- 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) _____

PART D: ***OCONUS ONLY*******

Date Arrived in Country:..... _____

JTR Location... _____ Servicing FSO... _____ Servicing MPF... _____

Signature _____ Date _____

STATEMENT OF ABSENSE OF RECEIPT

NOTE: When using this form in place of a receipt, the traveler is responsible for fully reading, understanding and completing this form.

In accordance with Joint Federal Travel Regulation, paragraph U2510 (Military) and Joint Travel Regulation, Vol. II, Part E, paragraph C1310, and AFI 65-114, Chapter 8, paragraph 8.6.4. "Attach all supporting documentation including the original or legible copies of orders and receipts for all lodging expenses as well as claimed reimbursable expense of \$75 or more." Failure to furnish receipts must be fully explained and inadvertence or inconvenience to the traveler will not be accepted as a satisfactory explanation.

1. Full explanation as to why receipt is not available.

2. Name and location of agency/company/establishment, which furnished the goods/services, claimed.

QUARTERS	
Dates used	
Daily ROOM Rate	
Daily TAX Rate	

TAXI/BUS/LIMO	\$
Basic Fare	
Tip	
Points TO/FROM and WHERE	

RENTAL CAR	\$
Date Checked Out	
Date Checked In	

REGISTRATION FEE	\$
Purpose	
List all meals and lodging costs included in the fee	
# of Breakfasts	
# of Lunches	
# of Dinners	
# of nights of Lodging	

OTHER (transportation)	
Type	
Carrier	
Route	

3. OTHER (*Be Specific*).

4. Total amount(s) paid _____, and total amount(s) claimed _____, ***do not include*** the following:

- a. Optional insurance on rentals (Collision Damage Waiver, Personal Auto Ins, etc....)
- 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. Expenses incurred while on leave or other non-per-diem status.

5. Travelers must consent/agree/affirm to the above statements and fill out the blanks below:

Signature of Traveler: _____ Date: _____

Printed Name: _____ SSN: _____

TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION STATEMENT

This document contains information that is subject to the Privacy Act of 1974 and is for official use only (FOUO).

1. SPLIT DISBURSEMENT: Pay the following amount directly to the Government Travel Card contractor: \$ _____
 (Note: Any current balance on your GTC will be split-disbursed up to & including the total amount of the TLE payment.)

2. NAME (Last, First, Middle Initial) 3. GRADE 4. SSN

5. LOSING CONUS PERMANENT DUTY STATION 12. GAINING CONUS PERMANENT DUTY STATION

6. DATE CLEARED GOVERNMENT QUARTERS: 13. DATE OF ARRIVAL:

7. DATE OF DEPARTURE: 14. DATE ASSIGNED GOVERNMENT QUARTERS:

8. DATE HOUSEHOLD GOODS PICKED UP: 15. DATE HOUSEHOLD GOODS DELIVERED:

For blocks 9-11, fill out one for every different occurrence

9. DATES OF LODGING: _____ TO _____
 TLE CLAIM FOR:
 MEMBER ONLY
 MEMBER & DEPENDENTS-# DEPS: _____
 DEPENDENTS ONLY-# DEPS: _____
 PLACE OF LODGING:
 BILLETING
 OFF-BASE
 (Non-Availability Statement required)
 WITH FRIENDS OR FAMILY
 COST PER NIGHT: \$ _____

For blocks 16-18, fill out one for each different occurrence

16. DATES OF LODGING: _____ TO _____
 TLE CLAIM FOR:
 MEMBER ONLY
 MEMBER & DEPENDENTS - # DEPS: _____
 DEPENDENTS ONLY-# DPES: _____
 PLACE OF LODGING:
 BILLETING
 OFF-BASE
 (Non-Availability Statement required)
 WITH FRIENDS OR FAMILY
 COST PER NIGHT: \$ _____

10. DATES OF LODGING: _____ TO _____
 TLE CLAIM FOR:
 MEMBER ONLY
 MEMBER & DEPENDENTS-# DEPS: _____
 DEPENDENTS ONLY-# DEPS: _____
 PLACE OF LODGING:
 BILLETING
 OFF-BASE
 (Non-Availability Statement required)
 WITH FRIENDS OR FAMILY
 COST PER NIGHT: \$ _____

17. DATES OF LODGING: _____ TO _____
 TLE CLAIM FOR:
 MEMBER ONLY
 MEMBER & DEPENDENTS - # DEPS: _____
 DEPENDENTS ONLY-# DPES: _____
 PLACE OF LODGING:
 BILLETING
 OFF-BASE
 (Non-Availability Statement required)
 WITH FRIENDS OR FAMILY
 COST PER NIGHT: \$ _____

11. DATES OF LODGING: _____ TO _____
 TLE CLAIM FOR:
 MEMBER ONLY
 MEMBER & DEPENDENTS-# DEPS: _____
 DEPENDENTS ONLY-# DEPS: _____
 PLACE OF LODGING:
 BILLETING
 OFF-BASE
 (Non-Availability Statement required)
 WITH FRIENDS OR FAMILY
 COST PER NIGHT: \$ _____

18. DATES OF LODGING: _____ TO _____
 TLE CLAIM FOR:
 MEMBER ONLY
 MEMBER & DEPENDENTS - # DEPS: _____
 DEPENDENTS ONLY-# DPES: _____
 PLACE OF LODGING:
 BILLETING
 OFF-BASE
 (Non-Availability Statement required)
 WITH FRIENDS OR FAMILY
 COST PER NIGHT: \$ _____

19. ARE MARRIED TO ANOTHER MILITARY MEMBER? Y / N
 IF YES, NAME OF MILITARY SPOUSE: _____

SSN OF MILITARY SPOUSE: _____
 CLAIMANT SIGNATURE DATE

20. NOTES:
 * If gaining station is OCONUS, reimbursement is limited to 5 days.
 * Reimbursement at or between CONUS stations is limited to 10 days.
 * Any off-base lodging receipt submitted without a Non-A will be limited to the available billeting room rate for member & number of dependents.

21. CLAIMANT SIGNATURE DATE
 22. FSO USE ONLY - DATE RECEIVED: _____

**APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE
FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION**

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's entitlement to BAQ

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 BAQ

PART A - IDENTIFICATION & DUTY LOCATION

1. NAME (Last, First, MI) _____

2. SSN _____ 3. GRADE _____ 4. PHONE _____

5. DUTY LOCATION (Base, State, ZIP Code or Country) _____

**HOUSING OFFICE or BILLETING OFFICIAL
NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS**

QUARTERS ARE NOT ASSIGNED DATE: _____

ADEQUATE QUARTERS ASSIGNED TERMINATED
EFFECTIVE DATE: _____ UNIT # _____

INADEQUATE QUARTERS ASSIGNED TERMINATED
EFFECTIVE DATE: _____ UNIT # _____

TRANSIENT QUARTERS OCCUPIED - UNIT # _____
EFFECTIVE DATE S FROM: _____ TO: _____

TITLE _____

SIGNATURE _____

DATE _____

PART B - MARITAL/DEPENDENT STATUS

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

MARRIED - SPOUSE IS A CIVILIAN MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____

DIVORCED _____ LEGALLY SEPERATED _____
(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): _____
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

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 _____

OFFICIAL USE ONLY

START CHANGE CANCEL REPORT STOP PARTIAL WITHOUT DEPENDENT WITH DEPENDENT

DEPENDENCY DETERMINATION: 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 members custody Parents Stepchild

Adopted Child Incapacitated Child Illegitimate child or Child, member to member marriage

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 reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base.

TITLE OF CERTIFYING OFFICIAL _____ SIGNATURE _____ OFFICE ADDRESS _____ DATE _____

SIGNATURE



**FINANCIAL MANAGEMENT (COMPTROLLER)
CUSTOMER SERVICE SURVEY**

We believe the benchmarks for superior customer service are Attitude, Aptitude, and Teamwork. We solicit your feedback to help us reach and maintain GREAT SERVICE TO YOU, THE CUSTOMER. Whether you visited our office in person or handled your transactions by phone or e-mail, please take a moment to complete this form.

Briefing Attended:

BOT/COT/OTS In-processing Briefing _____ PCS In-Processing Briefing _____

Please place an "X" in the appropriate block below.

SCALE:

5-Outstanding; 4-Excellent; 3-Satisfactory; 2-Marginal; 1-Unsatisfactory; N/A-not applicable

ATTITUDE		5	4	3	2	1	N/A
-	Appearance of personnel						
-	Courtesy/friendliness of personnel						
-	Professional environment (cleanliness, neatness, etc.)						
APTITUDE							
-	Knowledge of personnel						
-	Accuracy of service provided						
-	Information was understandable						
TEAMWORK							
-	Promptness of service						
-	Timely follow-up						
Overall Evaluation							
COMMENTS/RECOMMENDATIONS FOR IMPROVEMENTS:							
WOULD YOU LIKE TO BE CONTACTED TO FURTHER DISCUSS OUR SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/>							
NAME (OPTIONAL)		GRADE			DUTY PHONE		