

TRANSFER INFORMATION SHEET

Rate:		Date:
Name:	SSN:	
Command:		

A. INDIVIDUAL CONCERNED COMPLETE SECTION "A" OF THIS FORM AND DELIVER TO YOUR DIVISION OFFICER

Work Phone:	Home Phone:	E-mail Address:
Primary Next Of Kin: Name and Relationship:		Secondary Next Of Kin: Name and Relationship:
Address:		Address:
Telephone (including Area Code):		Telephone (including Area Code):
Requested Transfer Date:		
Requesting Leave (No. of Days):	Leave Address and Phone Number:	
Incur Obligated Service by: <input type="checkbox"/> Extension <input type="checkbox"/> Reenlistment <input type="checkbox"/> Page 13 (if approved)	Advance Pay Desired: <input type="checkbox"/> Yes (Complete attached form) <input type="checkbox"/> No	Advance DLA Desired: <input type="checkbox"/> Yes <input type="checkbox"/> No (married pers. & single E7 & above only)
Will your dependents accompany you on transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you using your COT entitlement? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Eligible	Home of Record: (CITY, STATE)
Will TLA Claim be submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No (COMPLETE TLA PACKAGE, MUST BE TURNED IN PRIOR TO MEMBER'S DEPARTURE)		
Final PSD Pearl Out Process Appointment will be arranged by CPC/Leading Yeoman to be scheduled within five (5) days prior to transfer date.		
Signature of Member:		Date:

B. DIVISION OFFICER complete Section "B" and check the box if task has been completed

<input type="checkbox"/> Indicate Member's Transfer Date if other than requested:
<input type="checkbox"/> Inform individual that transfer departure date will not be changed once it is determined except for emergency reasons, as orders and records will be processed upon return of this form to the Transfers Section.
<input type="checkbox"/> Transfer Information Sheet and required enclosures have been reviewed and verified. PACKAGE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS.
<input type="checkbox"/> Copy of PCS Orders <input type="checkbox"/> Request for Advance PCS/TDY Travel Request <input type="checkbox"/> Passenger Reservation Request 4650/5 <input type="checkbox"/> Temporary Lodging Allowance (TLA) <input type="checkbox"/> Application For Transportation of Dependents <input type="checkbox"/> Information Sheet and Worksheet <input type="checkbox"/> Family Entry Approval (FEA) Worksheet Req. <input type="checkbox"/> Advance Pay Certification/Authorization <input type="checkbox"/> Other: _____
Required obligated service: <input type="checkbox"/> has been completed or <input type="checkbox"/> will be completed on _____
<input type="checkbox"/> Required screening(s) has/have been completed. Copies attached.
<input type="checkbox"/> Transfer Evaluation (E6 and below)/FITREP (E7-E9 only) will be forwarded to PERS 311.
<input type="checkbox"/> CPC/Leading Yeoman informed to make Final PSD out-processing arrangements.
<input type="checkbox"/> Inform member to pick up Medical and Dental records if member is transferring off island.
I certify that I have taken or initiated action on all items listed in Section "B".
Signature of Division Officer:
Date:

C. APPROVING AUTHORITY FOR COMMAND complete Section "C"

I certify that I have reviewed the above information and recommend: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	Date:
Signature:	

PRIVACY ACT STATEMENT

The information requested on this form is to provide a means of making Permanent Change of Station (PCS) arrangements. This form is used as a guide for processing for an accurate transfer and remains part of the retain file. Disclosure of requested information is voluntary; however completion of this form is necessary before the Transfer can be processed. Failure to provide any of the requested information may result in Transfer not being processed.

REVISED JUL 2011

PASSENGER RESERVATION REQUEST – PCS TRAVEL

INITIAL

CHANGE

***** THIS FORM MUST BE TYPED *****

1. MEMBER'S NAME (LAST, FIRST, M.I.) NAME ENTERED MUST MATCH NAME ON VALID PHOTO I.D. CARD		2. RANK/RATE 2A.GENDER	3. SSN 3A. DOB	4. COMMAND	5. DETACH DATE
6. CPC/TRAVEL COORDINATOR		7. PHONE		8. EMAIL	
9. MEMBER'S LOCAL PHONE: AREA CODE: PHONE NUMBER:		10. EMAIL ADDRESS-WORK		11. EMAIL ADDRESS-HOME	
12. MEMBER'S TRAVEL (INCLUDING LEAVE STOPS, WHICH MEMBER WILL PAY FOR, IF APPLICABLE) DATE FROM TO					
13. FAMILY MEMBER(s) TRAVEL *****NAME(S) ENTERED ON DD-884 MUST MATCH NAMES ON VALID PHOTO I.D. CARD***** <input type="checkbox"/> TRAVELING WITH SPONSOR OR... <input type="checkbox"/> TRANSPORTATION REQUESTED AS FOLLOWS:					
DATE FROM TO GENDER DOB SSN NO-FEE PASSPORT # ISSUE DATE NON US CITIZEN					
14. TYPE SEAT REQUESTED <input type="checkbox"/> WINDOW <input type="checkbox"/> AISLE			15. FLIGHT TIME REQUEST <input type="checkbox"/> 0700 - 1200 <input type="checkbox"/> 1200 - 1800 <input type="checkbox"/> 1800 - 2400		
16. PRIVATELY OWNED VEHICLE (POV) <input type="checkbox"/> NOT SHIPPING A POV <input type="checkbox"/> SHIPPING PRIMARY POV TO:			17. LEAVE INFORMATION ADDRESS: CITY/STATE: AREA CODE: PHONE NUMBER: 17a. EMERGENCY CONTACT: NAME: AREA CODE: PHONE NUMBER:		
18. PET SHIPMENT REQUEST <input type="checkbox"/> YES <input type="checkbox"/> NO PET #1 <input type="checkbox"/> CAT <input type="checkbox"/> DOG-BREED/AGE CAGE SIZE L W H PET WT KENNEL WT PET #2 <input type="checkbox"/> CAT <input type="checkbox"/> DOG-BREED/AGE CAGE SIZE L W H PET WT KENNEL WT					
NOTE: AMC LIMITS 2 PETS, CATS OR DOGS ONLY, WITH MAXIMUM WEIGHT (PET & KENNEL) OF 100 POUNDS EACH. OTHER:					
19. REMARKS					
NOTE: PLAN YOUR TRIP CAREFULLY BEFORE SUBMISSION OF THIS REQUEST. CHANGES TO CONFIRMED FLIGHTS MAY BE MADE ONLY AS A RESULT OF ORDER MODIFICATION OR DUE TO MISSION REQUIREMENTS.					
PRIVACY ACT STATEMENT: THE INFORMATION REQUESTED ON THIS FORM IS PROTECTED UNDER AUTHORITY OF T U.S.C. 552a AND THE JOINT TRAVEL REGULATIONS TO PROVIDE A MEANS OF MAKING PERMANENT CHANGE OF STATION (PCS) TRAVEL ARRANGEMENTS. THE FORM IS USED AS A GUIDE FOR PREPARING AN ACCURATE TRAVEL ITINERARY AND REMAINS PART OF THE RETAIN FILE. DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY, HOWEVER COMPLETION OF THIS FORM IS NECESSARY BEFORE TRANSPORTATION CAN BE AUTHORIZED. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION MAY RESULT IN DISAPPROVAL OF TRAVEL REQUEST.					
20. MEMBER'S SIGNATURE			21. DATE		
PSD/PERSONNEL OFFICE USE ONLY					
22. PCS ORDERS <input type="checkbox"/> ATTACHED		23. SIGNED DD 884 <input type="checkbox"/> ATTACHED <input type="checkbox"/> NOT APPLICABLE		24. OVERSEAS SCREENING COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> IN PROGRESS <input type="checkbox"/> NOT APPLICABLE	
25. PASSPORT REQUIREMENTS: <input type="checkbox"/> DD1056 COMPLETED/ISSUED		26. AUTHORIZED TO TRAVEL VIA NEW HOMEPORT OF SHIP (U5120.F3) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		27. DEPENDENT ENTRY REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING IF PENDING, DTG OF FEA MSG REQUEST	
28. HOR TRAVEL <input type="checkbox"/> ENTITLED <input type="checkbox"/> DEFERRED <input type="checkbox"/> NOT ENTITLED			29. TYPE TRAVEL <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <input type="checkbox"/> PCS <input type="checkbox"/> COT <input type="checkbox"/> DEFERRED COT <input type="checkbox"/> OTEIPO <input type="checkbox"/> SEPARATION/RETIREMENTS		
30. NAME OF SUBMITTING CLERK			31. EMAIL ADDRESS		
32. DATE			33. SIGNATURE		

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS	DOD COMPONENT
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THE PRIVACY ACT OF 1974. AUTHORITY: 37 U.S.C. 406 (Military); 5 U.S.C. 5724 (Civilian). THE PRINCIPAL PURPOSE: Application for transportation-in-kind of dependents with CONUS used as an authority to issue transportation requests in absence of dependent travel orders. ROUTINE USES: Used in lieu of dependent travel orders by transportation offices to issue transportation requests within CONUS. VOLUNTARY: However, if information is not furnished, transportation would not be furnished.

NAME OF APPLICANT <i>(Last, First, MI)</i>	RANK	GRADE	FILE or SERVICE NO./SSN
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SHIP OR STATION

NAME OF DEPENDENT FOR WHOM TRANSPORTATION IS REQUESTED <i>(Last, First, MI)</i>	RELATIONSHIP* <i>(Adopted son, step-dau., etc.)</i>	DATE OF BIRTH <i>(Children) (YYMMDD)</i>	LOCATION AT TIME OF RECEIPT OF ORDERS** <i>(City, State)</i>

***If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.*

PRESENT ADDRESS OF DEPENDENTS *(Street Address, City, State and ZIP Code)*

OLD PERMANENT STATION	NEW PERMANENT STATION	DATE OF ORDERS <i>(YYMMDD)</i>
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TRANSPORTATION REQUESTED <i>(FROM) (City, State)</i>	TO <i>(City, State)</i>	VIA <i>(ROUTE) (City, State)</i>
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DATE OF DEPARTURE <i>(YYMMDD)</i>	BY <i>(Air, Rail, etc.)</i>	FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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***If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.*

I CERTIFY THAT TRANSPORTATION FOR PERSONS LISTED ABOVE, WHO WERE MY DEPENDENTS ON THE EFFECTIVE DATE OF APPLICABLE ORDERS, IS BEING REQUESTED WITH THE INTENT OF ESTABLISHING A BONA-FIDE RESIDENCE. I FURTHER CERTIFY THAT I HAVE NOT MADE APPLICATION OR SUBMITTED CLAIM FOR TRANSPORTATION OF MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT AS FOLLOWS:

I CERTIFICATE OF PROOF OF DEPENDENCY	<p style="text-align: center;"><i>(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, NAMED ABOVE, IS/ARE IN FACT DEPENDENT UPON ME AND THAT A CERTIFICATE OF DEPENDENCY WAS APPROVED BY THE APPROPRIATE AGENCY, I FURTHER CERTIFY THAT THERE HAS BEEN NO CHANGE IN THE CONDITIONS OF DEPENDENCY SINCE THE CERTIFICATE WAS APPROVED.</p> <p style="text-align: center;"><i>(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)</i></p>
II CERTIFICATE OF RESIDENCE OF PARENT	<p style="text-align: center;"><i>(Required for a dependent parent in addition to I.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, IS/ARE RESIDING AS A MEMBER OF MY HOUSEHOLD AND WILL RESIDE AS A MEMBER OF MY HOUSEHOLD ESTABLISHED INCIDENT TO THIS CHANGE OF STATION.</p>
III CERTIFICATE FOR STEPCHILD	<p style="text-align: center;"><i>(Required for a step child in addition to I.)</i></p> <p>I CERTIFY THAT <i>(Name of child's other parent)</i> _____, THE MOTHER/FATHER OF THE STEPCHILD/STEPCHILDREN NAMED ABOVE, WAS MY LEGAL SPOUSE ON THE EFFECTIVE DATE OF APPLICABLE ORDERS.</p>

DATE <i>(YYMMDD)</i>	SIGNATURE OF APPLICANT
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ADVANCE PAY CERTIFICATION/AUTHORIZATION

PART I - PURPOSE

The purpose of an advance of pay incident to a PCS is to provide a service member with funds to meet the extraordinary expenses of a Government-ordered relocation.

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

- | | |
|--|--|
| a. Overseas stations housing allowance | c. Service member and/or dependent travel allowances and per diem. |
| b. Dislocation allowance | d. Basic allowance for quarters and/or variable housing allowance |

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

An advance of pay is not intended to provide funds for such items as investments, vacations or the purchase of consumer goods that are not the result of direct expenses resulting from the service member's PCS orders.

PART II – MEMBER CERTIFICATION

PENALTY: The penalty for willfully making a false claim/statement is: A MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT OF FIVE YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

I have read and understand the Navy's policy on advance pay incident to a PCS. I hereby certify that the intended use of these funds is in accordance with the stated purpose.

a. NAME (Last, First, Middle Initial)	b. SOCIAL SECURITY NUMBER	c. RANK/RATE
d. SIGNATURE		

PART III – REQUEST

a. I request: <input type="checkbox"/> One-month advance pay (Part VI must be completed if member is pay grade E-3 and below) <input type="checkbox"/> Two-months advance pay (Parts IV and VI must be complete. <input type="checkbox"/> Three-months advance pay (Parts IV and VI must be completed.)	b. I request a repayment schedule* of: <input type="checkbox"/> 1-12 months (part VI must be completed if member is in pay grade E-3 and below) <input type="checkbox"/> 13-24 months (Parts V and VI must be completed) regardless of pay grade. *Repayment schedule cannot exceed member's PRD or EAOS.	c. I request payment of the advance pay: <input type="checkbox"/> 1-30 days before detaching and 60 days after reporting to my next PDS. <input type="checkbox"/> 31-90 days before my PCS transfer (Parts IV and VI must be completed). <input type="checkbox"/> 61-180 days after arrival at my PDS (Parts IV and VI must be completed.)
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PART IV – CERTIFICATION OF EXPENSES (Attach extra sheets if necessary.)

EXPENSE (actual or anticipated)			
a.	\$	d.	\$
b.	\$	e.	\$
c.	\$	f.	\$

EXPLAIN CIRCUMSTANCES WHERE GREATER THAN NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY

PART V – JUSTIFICATION FOR OVER 12 MONTHS PAYBACK (Justification must Demonstrate that severe hardship would result for a liquidation period of 12 months.)	a. NUMBER OF DEPENDENTS
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PSD PEARL HARBOR HI ADVANCE PCS/TDY TRAVEL REQUEST

Name: _____ Rank/Rate: _____ SSN: _____
 Current Duty Station: _____ Date reported: _____
 Next Duty Station: _____ Date detaching: _____

Temporary Duty Per Diem at Next Intermediate Duty Station

Where will you reside? BEQ/BOQ Off-base (CNA) required) CNA # _____
 Daily cost of lodging: \$ _____ For period _____ through _____

Service Member PCS Entitlements

Traveling from _____ to _____
 (City/State or Country) (City/State or Country)

How do you plan to travel? POV from _____ to _____

Govt.-procured Air (GTR) Other: _____

Do you desire Advance Dislocation Allowance (DLA)? Yes (With Dependents) No Advance desired
 Single E7 and above Yes (Single) No Advance desired

I hereby request advance payment of dislocation allowance due to my transfer on _____. I certify that it is my intention not to occupy Government quarters permanently upon arrival at my new permanent duty station. If I am permanently assigned Government quarters, I understand I will be required to repay the advance dislocation allowance.
 Note: Do not pay Advance DLA for Single E6 and below without a statement from the gaining command that the member is not required to use government quarters. DODFMR Vol 9 para 0606.

Family Member PCS Entitlements

Will your dependent(s) be traveling with you? Yes No

When will your dependent(s) travel? _____ through _____
 (Start date) (Completion date)

Where will your dependent(s) travel from? _____ to _____
 (City/State or Country) (City/State or Country)

How does/do your dependent(s) plan to travel? POV GTR Number of POVs to be used: _____

Electronic Funds Transfer Information:

Account Type: Checking Savings
 Account Number: _____
 Bank Routing Number: _____
 Address
 Street: _____
 City/State/Zip: _____

Dependents traveling	
Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Signature/date: _____

PSDPH 7220/1 November 2006

PRIVACY ACT STATEMENT: The information requested on this form is required under the provision of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

**DEPARTURE
TEMPORARY LODGING ALLOWANCE (TLA)
INFORMATION SHEET**

NAME (Last, First, MI):	RANK/RATE:	LAST 4 DIGIT OF SSN:
COMMAND/UIC:	CONTACT PHONE #:	
DETACHING DATE: (NOTE: TLA ENTITLEMENT WILL END DAY PRIOR TO MEMBER'S DETACHING DATE)		TLA HOTEL:

INITIALS	
	The purpose of TLA is to PARTIALLY reimburse a member for more than normal expenses incurred while occupying temporary lodging accommodations.
	FAMILY MEMBERS MUST BE COMMAND-SPONSORED prior to the effective date of orders (Report date to new command minus authorized travel days).
	TLA is payable up to the last five days PRIOR to detaching date from Hawaii. Under emergency situation beyond member's control, Extension request may be requested to COMNAVREG Pearl Harbor via member's command.
	TLA is not payable to the member upon detachment. TLA may be paid only for family members who remain on island if approved by the Secretary of the Navy.
	TLA is payable when staying with friends/relatives (meal allowance only) or in temporary lodging on the island of Oahu only.
	Single and geographical bachelors must check-in with the BOQ/BEQ to obtain lodging. If lodging is not available, the member will be issued a non-availability of government quarters stamp on their original orders and/or a TLA authorization letter from the BOQ/BEQ. Single and geographical bachelors attached to an Afloat command may NOT be eligible to receive TLA.
	The Navy Aloha Center is located at 4825 Bouganville Drive, Honolulu HI 96818 (Bldg 2652) adjacent to Moanaloa Navy Services Center and can be contacted at 474-1800..
	All payments are made via EFT to the bank account where regular pay is deposited. EFT payments normally post to the bank account within 10 working days after claim submission.
	Documentation required for TLA payment for members residing on the economy (to include PPV Quarters): 1. Termination of lease statement 2. Copy of bill of lading from Personal Property Office 3. TLA Worksheet 4. DETAILED Hotel Receipt showing paid in full
	Document required for TLA payment for members staying with friends or relatives: 1. Termination of lease. 2. Copy of Bill of Lading from Personal Property Office. 3. TLA worksheet. 4. Statement indicating staying with friends or relatives and providing address of residences and period of stay.

"I have been briefed and understand the provisions regarding entitlement to Departure TLA and my responsibilities as contained in COMNAVBASEPEARLINST 7220.2d and will promptly notify the command of any change in statutes affecting entitlement thereto."

(Member's signature/Date)

TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET

NAME (Last, First, MI)	RANK/RATE	SSN
COMMAND REPORTING TO/FROM	NAME OF HOTEL	

FAMILY MEMBERS ON STATION

NAME (Last, First, MI)	RELATIONSHIP	DATE OF BIRTH

FOR ARRIVAL TLA:

DATE MEMBER REPORTED TO PRESENT COMMAND: _____

DATE FAMILY MEMBER(S) REPORTED TO PRESENT COMMAND: _____

THIS IS THE _____ CLAIM

MEMBER MUST PRESENT TLA AUTHORIZATION FROM THE HOUSING OFFICE AND A PAID LODGING RECEIPT. A FAMILY MEMBER WHO IS FILING TLA DUE TO THE ABSENCE OF THE SPONSOR MUST HAVE A GENERAL OR SPECIAL POWER OF ATTORNEY SPECIFICALLY STATING TLA IS AUTHORIZED FOR PROCESSING.

FOR DEPARTURE TLA:

ACTUAL DATE OF DETACHMENT: _____

MEMBERS LIVING OFF-BASE MUST PRESENT A RENTAL RELEASE FROM THE LANDLORD OR REALTOR.

MEMBER LIVING ON-BASE MUST PRESENT A SIGNED STATEMENT FROM THE HOUSING OFFICE CERTIFYING THE DATE GOVERNMENT QUARTERS WERE VACATED.

MEMBER'S STATEMENT:

I HAVE INCLUDED HEREIN ALL LODGING RECEIPTS FOR TLA. I CERTIFY THAT I AM / AM NOT IN A PER DIEM STATUS. I UNDERSTAND

THAT IF I AM IN A TEMPORARY DUTY PER DIEM STATUS, ONLY MY FAMILY MEMBERS ARE ENTITLED TO TLA. I FURTHER CERTIFY THAT MY FAMILY MEMBERS AND I DID / DID NOT UTILIZE GOVERNMENT MESS FOR ANY MEALS DURING THIS PERIOD. MY TEMPORARY QUARTERS DO / DO NOT CONTAIN FACILITIES FOR PREPARING AND CONSUMING MEALS.

WARNING:

THE PENALTY FOR WILLFULLY MAKING FALSE CLAIM IS: MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT FOR FIVE YEARS, OR BOTH (U.S. CODE, TITLE 18, SECTION 287). BE ADVISED THAT ALL CLAIMS ARE SCREENED AND THOSE SUSPECTED OF BEING FRAUDULENT ARE TURNED OVER TO THE NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS).

PRIVACY ACT STATEMENT:

THIS STATEMENT IS PROVIDED IN COMPLIANCE WITH THE PROVISIONS OF THE PRIVACY ACT OF 1974 (PL 93-579) WHICH REQUIRES THAT FEDERAL AGENCIES MUST INFORM INDIVIDUALS WHO ARE REQUESTED TO FURNISH INFORMATION ABOUT THEMSELVES AS TO THE FOLLOWING FACTS CONCERNING THE INFORMATION REQUESTED.

1. AUTHORITY: 37 USC 1006
2. PRINCIPAL PURPOSE: TO PROVIDE INFORMATION REQUIRED TO LEGALLY PAY TEMPORARY LODGING ALLOWANCE (TLA).
3. ROUTINE USE: THE MEMBER PROVIDES INFORMATION ON COST AND TYPE OF LODGING WHICH IS USED TO COMPUTE ENTITLEMENT TO TLA. SUPPORTING DOCUMENTS ARE USED TO DETERMINE ELIGIBILITY AND AMOUNT OF ENTITLEMENT.
4. MANDATORY OR VOLUNTARY DISCLOSURE: VOLUNTARY. IF MEMBER DOES NOT PROVIDE INFORMATION, TLA CANNOT BE PAID.

MEMBER SIGNATURE	DATE
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TLA CHART FOR OAHU JULY 1, 2011

PERCENT	NUMBER OF FAMILY MEMBERS	MAX RATE	MEALS	LODGING
65%	MEMBER OR 1 DEPENDENT	\$190.45	\$75.40	\$115.05
100%	MEMBER AND 1 DEPENDENT	\$293.00	\$116.00	\$177.00
125%	MEMBER AND 1 DEPENDENT WITH 1 CHILD UNDER 12 YRS	\$366.25	\$145.00	\$221.25
135%	MEMBER AND 1 DEPENDENT WITH 1 CHILD OVER 12 YRS	\$395.55	\$156.60	\$238.95
150%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN UNDER 12 YRS	\$439.50	\$174.00	\$265.50
160%	MEMBER AND 1 DEPENDENT WITH 1 CHILD UNDER 12 AND 1 OVER 12 YRS	\$468.80	\$185.60	\$283.20
170%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN OVER 12 YRS	\$498.10	\$197.20	\$300.90
175%	MEMBER AND 1 DEPENDENT WITH 3 CHILDREN UNDER 12 YRS	\$512.75	\$203.00	\$309.75
185%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN UNDER 12 AND 1 CHILD OVER 12 YRS	\$542.05	\$214.60	\$327.45
195%	MEMBER AND 1 DEPENDENT WITH 1 CHILD UNDER 12 AND 2 CHILDREN OVER 12 YRS	\$571.35	\$226.20	\$345.15
200%	MEMBER AND 1 DEPENDENT WITH 4 CHILDREN UNDER 12 YRS	\$586.00	\$232.00	\$354.00
205%	MEMBER AND 1 DEPENDENT WITH 3 CHILDREN OVER 12 YRS	\$600.65	\$237.80	\$362.85
220%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN UNDER 12 AND 2 CHILDREN OVER 12 YRS	\$644.60	\$255.20	\$389.40

SECTION I. YOUR ITINERARY (CONT'D)

NAME/LOCATION:	MDTVL:	NATURE OF DUTY:	CLCVN DATE:	DURATION TD/TDI:	LEAVE PERIODS:
6					
7					
8					
9					
10					

SECTION II/III MEMBER/DEPENDENTS' ITINERARY (ADDITIONAL INSTRUCTIONS)

TWO-LETTER MODES OF TRAVEL		(MDTVL)
(a) 1st letter		(b) 2nd letter
T - TRANSPORTATION REQUEST		A - AUTO
G - GOVERNMENT TRANSPORTATION		B - BUS
C - COMMERCIAL TRANSPORTATION		R - RAIL
P - PRIVATE VEHICLE		V - VESSEL
		P - PLANE

SECTION III. HOUSEHOLD GOODS (ADDITIONAL INSTRUCTIONS)

METHOD: Use "C" for Commercial Shipments or "D" for Do It Yourself Shipments (DITY).
 SHIP FROM: Use "R" if shipped from Residence or "S" if shipped from Storage
 ESTIMATED WEIGHT: Estimate 1000 lbs per room or estimate weight from previous shipments. Your transportation officer can help you with shipping and storage entitlements.
 SHIPMENT CODE: Use "HHG" for Household Goods or "EXP" for Express Shipments

ABBREVIATIONS:

CLCVN:	Class Convening Date	PCSVAD:	Permanent Change of Station Variance Analysis Department
CNTRY:	Country	PDS:	Permanent Duty Station
DITY:	Do It Yourself Shipments	POV:	Privately Owned Vehicle
EST:	Estimated/Estimation	SHIP::	Shipment
EXP:	Express Shipments	SSN:	Social Security Number
HHG:	Household Goods	TD:	Temporary Duty
LOC:	Location	TDI:	Temporary Duty Under Instruction
MDTVL:	Mode of Travel	WT:	Weight
MED:	Mediterranean		
MOS:	Months		
NATURE OF DUTY:	Reason for Intermediate Duty Station, e.g. TEMDUINS, TEMDU		
ORDER NO./AUTH:	Authority for Permanent Change of Station Transfer - Order Number		
PCS:	Permanent Change of Station		

PRIVACY ACT STATEMENT: As the member, you must submit this form. If you don't, administrative action may result. Authority to require this information comes from 5 United States Code 301, Department Regulations, which deals with estimating cost for PCS travel.

Mail to: *(window envelope may be used)*

Director
 Permanent Change of Station
 Variance Component
 1240 East 9th Street, Suite 967
 Cleveland, Ohio 44199-2088

Signature of Member

ADDITIONAL INFORMATION REGARDING YOUR PCS TRANSFER

ATTEND THE PCS TRANSFER BRIEFING

PCS Transfer briefings are held every FIRST and THIRD Tuesdays of each month in the PSD classroom No. 143 from 0800-1000 hours. This is the starting point for your transfer, so attendance is highly encouraged. Questions regarding transfers are welcomed. Personnel who show up other than designated schedule will be referred back to their Command Personnel Coordinator (CPC) or to the next PCS transfer brief.

KEEP YOUR CPC IN THE LOOP

Your CPC is the primary point of contact. All questions are to be directed to him or her. Likewise, all documents pertaining to your transfer are to be delivered to the CPC for further delivery to PSD. The CPC will upload the documents electronically via the Transaction Online Processing (TOPS).

PERSONAL PROPERTY

The Joint Personal Property Shipping Office (JPPSO) is located in the Navy Aloha Center at 4825 Bougainville Drive, Honolulu, HI 96818.

Their office hours are:

0730-1500 (M, T, Th, F)

0900-1500 (W)

Walk-in Hours until 1200 (emergencies only)

Entitlements & Appointments: 473-7702

Inbound and Outbound Information: 473-7750

Quality Assurance: 473-7775

Smooth Move Briefs: 474-1999 xtn 0. (Given by Family Services)

Highly recommend to apply online, www.move.mil (DPS or Smart Web Move). If you are traveling overseas, you may need a Family Entry Approval (FEA).

IN CLOSING....

We are emphasizing use of the CPC in an effort to streamline in-house processes and enhance customer service. If for any reason you are having difficult dealings with your CPC, please contact the Transfers Section LPO at 471-2405 xtn 5521 or Division Officer at ext 5506.