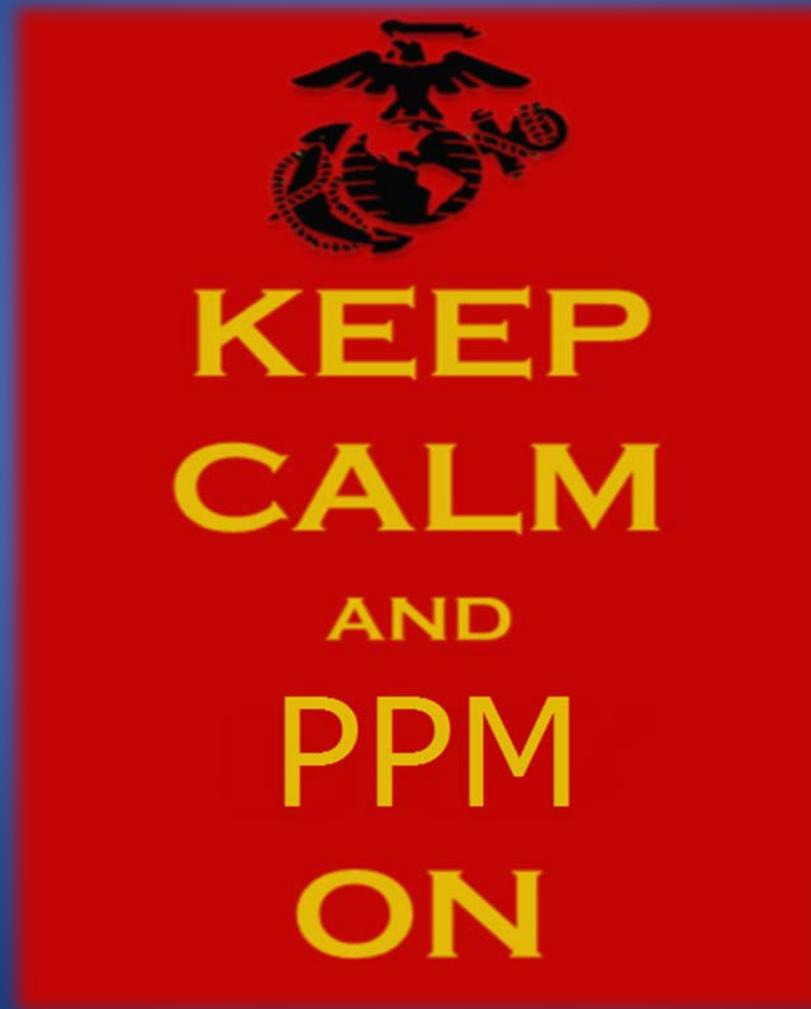




Transportation Voucher Certification Branch (TVCB) Personally Procured Move (PPM)

How to correctly assemble and submit your PPM Claim

18 Jul 16





INTRODUCTION

The following slides will show:

- the correct way to assemble/submit a PPM claim
- documents/information required to process a claim for payment
- provide you with important dos and don'ts
- help you receive your PPM incentive payment in an accurate and timely manner

PPM claims received without required documents/information WILL lead to payments being delayed.



REQUIRED DOCUMENTS

(SUBMIT IN THIS ORDER)

- ❖ Direct Deposit form (Optional): ONLY Marines who are retiring/separating can change banking information with this form-all others contact IPAC
- ❖ DD form 2278
- ❖ Paid rental contract(s)/Privately Owned Vehicle/Trailer (POV/POT) registration(s) *be sure to include all pages of rental contracts
- ❖ DD form 1351-2
- ❖ Voucher for advance payment (if received)
- ❖ Weight tickets (certified/legible/adequately descriptive) **weight tickets must list what is on scale, including what is being towed
- ❖ Personally Procured Move (PPM) checklist and certification of expenses
- ❖ Separation or Web Orders (with travel SDN)
- ❖ Receipts (fuel, tolls, weight tickets, packing supplies, etc. LABELED)
- ❖ Power of Attorney (POA) – if applicable



DIRECT DEPOSIT FORM

(OPTIONAL*)

* ONLY Marines who are retiring/separating can change banking information with this form included with their PPM claim

All other Marines contact your IPAC for guidance – DO NOT SUBMIT THIS FORM WITH YOUR CLAIM- Your claim cannot be processed for payment until the new banking information has been changed through IPAC/DFAS

Members are advised to not make changes to their banking account until all payments have been received

<http://www.gsa.gov/portal/getFormFormatPortalData.action?mediaId=18294>

Standard Form 1199A (EG)
 (Rev. June 1987)
 Prescribed by Treasury
 Department
 Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

<p>A NAME OF PAYEE (last, first, middle initial)</p> <p>ADDRESS (street, route, P.O. Box, APO/FPO)</p> <p>CITY STATE ZIP CODE</p> <p>TELEPHONE NUMBER AREA CODE</p> <p>B NAME OF PERSON(S) ENTITLED TO PAYMENT</p> <p>C CLAIM OR PAYROLL ID NUMBER</p> <p>Prefix Suffix</p> <p>PAYEE/JOINT PAYEE CERTIFICATION</p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	<p>D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p>E DEPOSITOR ACCOUNT NUMBER</p> <p>F TYPE OF PAYMENT (Check only one)</p> <p><input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify)</p> <p>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">TYPE</th> <th style="width: 50%;">AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</p> <p>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	TYPE	AMOUNT		
TYPE	AMOUNT				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td> </tr> </table>	
DEPOSITOR ACCOUNT TITLE													

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
-------------------------------------	-----------------------------	------------------	------

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-056-0224
1199-207
PAYEE COPY
Designed using Perform Pro, VHS/DIOR, Mar 97



DD FORM 2278

Obtained via www.move.mil Official DPS Portal

DD Form 2278

- Be sure highlighted fields are completed
- Block 5 – needs to be your current mailing address incase we need to contact you; your payment will be direct deposit, no checks are issued
- Block 9 – these cost computations are ESTIMATES ONLY based on the ESTIMATED WEIGHT and the origin & destination listed in Block 7.a.
- Block 10 – MUST have your signature and the signature of the DMO Counselor – ONLY EXCEPTION-DMO is other than USMC and utilize electronic signatures
- DO NOT PEN CHANGE THIS FORM

APPLICATION FOR DO IT YOURSELF MOVE AND COUNSELING CHECKLIST <small>(Read Privacy Act Statement on back before completing form.)</small>				1. DATE PREPARED <small>(YYYYMMDD)</small>	2. SHIPMENT NUMBER
3. MEMBER OR EMPLOYEE INFORMATION					
a. NAME (Last, First, Middle Initial)		b. RANK/GRADE	c. SSN	d. AGENCY	
4. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING ORDERS:					
a. TYPE ORDERS (X one)		b. DATE OF ORDERS (YYYYMMDD)		c. ISSUED BY	
LOCAL		d. NEW DUTY ASSIGNMENT		e. ORDERS NO.	
PERMANENT					
TEMPORARY					
g. NAME OF PREPARING OFFICE			h. PAYING (AFO/P&AO) NAVY AND MARINE CORPS		
5. SEND CHECK TO: <small>(Complete address)</small>				6. STATE OF LEGAL RESIDENCE	
7. ENTITLEMENTS (X and complete as applicable)			8. MEMBER RESPONSIBILITY (X and complete as applicable)		
a. Option of GBL (Van) and/or DITY move (nontemporary storage).			a. Operating allowance (amount):		
b. DITY move authorized from to			b. Pick up rental vehicle and ensure safe operation. Pick up date (YYYYMMDD):		
c. ITO/TMO provided with accurate estimate weight of HHGs.			c. Empty/loaded weight tickets required for each trip made. Use government, public, commercial scales.		
d. Maximum authorized weight.			d. Name, rank, Social Security Number, Weighmaster's signature required on each weight ticket.		
e. Unauthorized items (POV's, flammables, etc.).			e. Trailers weighed attached to prime mover (no passengers aboard - weigh entire unit at same time).		
f. Power of Attorney, if required.			f. DITY moves require DD Form 1351-2.		
g. Type of vehicle authorized (POV).			g. DD Form 2278 and weight tickets must be submitted to paying office/TMO/ITO to receive incentive payment. Provide Rental Contract (not required for Air Force and Army.)		
h. Loss or damage - maximum government liability.					
i. Temporary storage.					
9. COST COMPUTATION					
a. ESTIMATED CONSTRUCTIVE COSTS			b. PAID BY DSSN		
(1) MTMC RATE SOLICITATIONS PLUS \$5.00 PER CWT X EST. WT. OR WT. ALLOWANCE		\$	c. VOUCHER NO.		d. DATE (YYYYMMDD)
(2) LOCAL RATE PER CWT X EST. WT. OR WT. ALLOW.		\$	e. I agree to furnish two weight tickets within 45 days from the start of this move. If I fail to do so, I voluntarily consent to collection of all government costs of this move from my pay. I also voluntarily consent to collection of any unearned advance operating allowance up to a maximum of \$ _____ from my pay.		
(3) ESTIMATED GROSS INCENTIVE		\$			
(4) ADVANCE OPERATING ALLOWANCE		\$			
NO INCENTIVES WILL BE PAID WITHOUT ACCEPTABLE WEIGHT TICKETS AND OTHER REQUIRED DOCUMENTS.					
10. I CERTIFY THAT I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AND CONDITIONS PRINTED ON THIS FORM.					
a. SIGNATURE OF MEMBER/AGENT		b. DATE SIGNED	c. SIGNATURE OF COUNSELOR		d. DATE SIGNED
11. CERTIFICATION OF ITO/TMO					
a. ACTUAL CONSTRUCTIVE COSTS					
(1) RATE PER CWT PLUS \$5.00 x _____ ACTUAL WT. OR WT. ALLOW. = \$ 0.00			(2) LOCAL RATE PER CWT X ACTUAL WT. OR WT. ALLOW. = \$ 0.00		
b. CONSTRUCTIVE COST OF _____ GBL OR _____ LOCAL MOVE IS \$ _____ <small>(Attach copies of acceptable tare and gross tickets.)</small>					
12. TMO ACCT. DATA:					
a. TYPED OR PRINTED NAME		b. SIGNATURE		c. DATE SIGNED	

DD FORM 2278, SEP 1998

REPLACES AF 417, MAY 62, AND PREVIOUS EDITIONS OF DD 2278, WHICH ARE OBSOLETE.

Adobe Professional 8.0



POV REGISTRATION



Illinois Vehicle Registration Renewal Notice

Vehicle Year 2009	Vehicle Make DODGE	VIN	
Expiration Date 02/28/2013	Plate Number B1234567	County O90 TAZEWELL	Renewal Fee \$99.00

REGISTRATION ID: 12345 678 PIN: 1234 IF PAID AFTER 03/31/13 FEE IS \$119.00

If mailing return to:
Secretary of State, License Renewal
3701 Winchester Rd., Springfield, IL 62707-9700



1P234567 ++12345P !+++ !+++0099000

Your Name
1234 Any Street
Anytown, IL 12345-6789

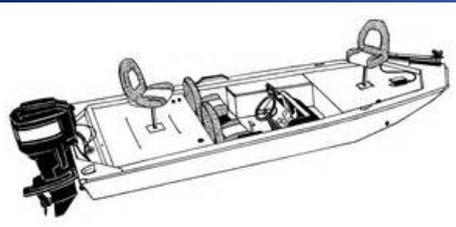


PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
SPRINGFIELD, IL
PERMIT NO. 93

- Must submit POV registration
- If anything is borrowed, include signed statement of permission from the owner.



Note: Registration is needed if moving a boat, motorcycle or ATV (etc.)



SAMPLE STATEMENT OF PERMISSION

I, _____, give _____ permission to use my _____ to move their household goods from _____ to _____.

Owner Signature

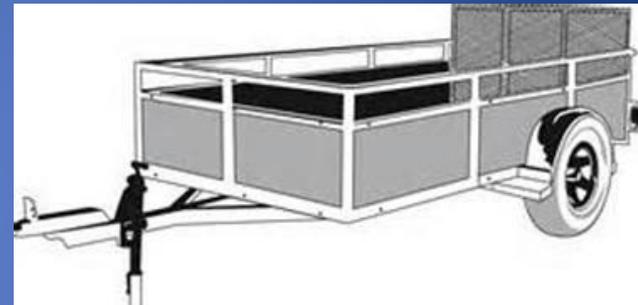


PRIVATELY OWNED TRAILER (POT) REGISTRATION

MEMBER CAN RECEIVE THE WEIGHT OF THE UTILITY TRAILER USED IN A PPM AS DEFINED BY THE JTR: utility trailers, with or without tilt beds, with a single axel, and an overall length of no more than 12 feet (from rear to trailer hitch), and no wider than 8 feet (outside tire to outside tire). Side rails/body no higher than 28 inches (unless detachable) and ramp/gate for the utility trailer no higher than 4 feet (unless detachable).

**Claim must include a copy of the trailer registration/
title/bill of sale to show ownership**

*If trailer is borrowed, include signed
statement from the owner giving you
permission to use*



Can use to move

Note: Member CAN utilize an enclosed trailer but weight of the trailer **WILL NOT be counted towards your weight allowance. Empty weight ticket **MUST** include trailer**

*If state does not require trailers to be registered, include a signed written
statement to that effect*



DO NOT GET WEIGHT



Rental Expenses

Make sure that all pertinent information is legible:

- Name
- Date of rental period
- Description of rental
- Amount billed/paid
- Pick up/Drop off locations

If the contract you are assembling is faint/light
When you have written info on the doc

RENTAL AGREEMENT:
Customer Information
ATTN: WILLIAM FEATHERS

Rental Period
Dues: 08/22/14
Out: 08/13/14

Odometer
Outs: 14496
Free: 0
Extras: 0

Employees: KLIND

Destination Dealer
RAPID RENTAL
1890 NORTH 200 WEST
ANGOLA, IN 46703
(260) 665-7383
Dealer Number: 467038
Fuel or Optional Refueling Service Avail

Comments:
| Save 15% Off Your Next Truck Rental!
| For reservations,
| call 1-800-462-8343 and mention coupon code RA152 or
| visit us at budgettruck.com and enter promotion code RA152
| *For terms and conditions go to www.budgettruck.com/RA152
| #This discount does not apply to
| commercial accounts / contracted rates.

Vehicle Information
Veh. No: 338342
Towing: 2012 CHEVROLET
EQUINOX

Driver's Information
Name: [REDACTED]
License: [REDACTED]
Exp: 04, USA

Rental Information
OPEN | 08/13/14 11:00 AM | CUST. REF. # 1808196401366

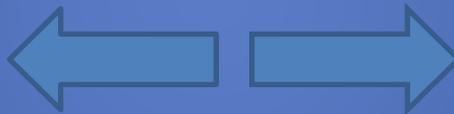
Description	Rate and Charges	Total Amt
DISCOUNT (15.00%)	Incl. 9 Days/2769 Mi.	2731.98*
PHYSICAL DAMAGE WAIVER @ RESP	9 Days @ Flat Rate	243.00*
STD STATE LIABILITY	9 Days @ Flat Rate	8.00*
AUTO TRAILER #: 122536	9 Days @ Flat Rate	377.00*
HAND TRUCK	9 Days @ Flat Rate	37.00*
Moving Supplies Total		8.00*
COST RECOVERY FEE — 9 DAY(S) @ 3.50		31.50*
ENERGY RECOVERY FEE — 9 DAY(S) @ 0.13		1.17*
(*)Sales Tax @ 9.00%, (H)Rental Tax @ 0.00%		387.94
Furniture Pads		45.00
Rental Total		3729.51
Deposit Amount		8.00
Less: Deposit/Previous Payments		8.00
Amount Due Budget		3729.51

Payments Approval
VI [REDACTED]



RENTAL EXPENSES

Rental Examples



CUSTOMER COPY
Rental Agreement Cover Sheet

Entered At: [REDACTED] Batch: 3030
Status: COMPLETED Batch Date: 09/05/14

CUSTOMER INFORMATION
PICK UP LOCATION: [REDACTED]
DROP OFF LOCATION: [REDACTED]
USA

DRIVER NAME(S): [REDACTED]
TRAVEL SCOPE: Interstate
This lessee cooperates with all Federal, State, and local law enforcement officials nationwide to provide the identity of customers who operate this rental CMV.

UNIT INFORMATION
Unit #: 9142070
6015 - 15FT SAG LIGHT HICUBE
License #: 2096993
License State: IN
License Exp: 01/31/2015
Owning Location: 0723-10
Days Allowed: 4
Max. Payload: 4,700 lbs.
Height: 10 ft 6 in.
Rented With Damage: NO
Mileage Out: \$1,892
Fuel Out: FULL
Unlimited Miles
NO HAZARDOUS MATERIAL BEING TRANSPORTED

Please verify the above fuel level is correct. Customers who return vehicles with less fuel than when rented will be charged \$8.00/gallon to refill vehicle. Also, Customers will be assessed a \$100 per day late fee for every day beyond the agreed return date.

TOWING INFORMATION
Unit #: [REDACTED] Location: 072310
9000 - SIA TOWDOLLY TRAILER Vehicle Make/Model: 2013 FORD FUSION HYBRID SE
Days Allowed: 4
Rented With Damage: NO

OPTIONAL PROTECTION PLANS

Limited Damage Waiver/LDW \$0 Responsibility	"DECLINED"
Supplemental Liability	"DECLINED"
Personal Accident Insurance	"DECLINED"
Cargo Insurance	"DECLINED"
Towing Insurance	"DECLINED"

THIS CONTRACT OFFERS, FOR ADDITIONAL CHARGE OPTIONAL VEHICLE PROTECTION TO COVER YOUR FINANCIAL RESPONSIBILITY FOR DAMAGE OR LOSS TO THE RENTAL VEHICLE. THE PURCHASE OF OPTIONAL VEHICLE PROTECTION IS OPTIONAL AND MAY BE DECLINED. YOU ARE ADVISED TO CAREFULLY CONSIDER WHETHER TO PURCHASE THIS PROTECTION IF YOU HAVE A RENTAL VEHICLE COLLISION COVERAGE PROVIDED BY YOUR CREDIT CARD OR AUTOMOBILE INSURANCE POLICY. BEFORE DECIDING WHETHER TO PURCHASE OPTIONAL VEHICLE PROTECTION, YOU MAY WISH TO DETERMINE WHETHER YOUR CREDIT CARD OR VEHICLE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF DEDUCTIBLE UNDER SUCH COVERAGE.

Page 1

Rental Agreement Cover Sheet

Rental Agreement #: [REDACTED] HOUSEHOLD ONEWAY
Created by: [REDACTED] Pick Up Date: 09/05/14 07:35 PM
Completed by: [REDACTED] Expected Return Date: 09/10/14 07:35 PM
Entered At: [REDACTED]
Status: COMPLETED
Customer Name: [REDACTED]
Created On: 09/05/14 02:29 PM Changed On: 09/05/14 02:29 PM

247 Roadside Assistance:
1-800-526-0795

BILLING INFORMATION
Invoice #: [REDACTED] PO #: [REDACTED] Billing Cycle: Weekly
Bill Start Date: 09/05/14 07:35 PM
Remit To: [REDACTED] P.O. BOX 7429 PASADENA, CA 91109-7429 USA

CHARGES

Type	Quantity	Unit of Meas	Rate	Charge	
Unit # 9262215		Trip	\$1,729.00	\$1,729.00	
Special Discount: 10.0%				(172.90)	
Web Discount: 10.0%				(165.61)	
Unit # 9987052		Trip	\$327.00	\$327.00	
Special Discount: 10.0%				(32.70)	
LDW \$0 Responsibility		Trip	\$102.00	\$102.00	
Hand Truck	1	EA	\$20.00	\$20.00	
Special Discount(100.0%)				(20.00)	
Extra Days @ \$100.00/day	1	EA	\$50.00	\$50.00	
Special Discount(100.0%)				(50.00)	
environmental fee	1	DY	\$9.00	\$9.00	
SUBTOTAL:				\$1,636.73	
TAXES					
CA SALES TAX				\$130.30	
TOTAL DUE:				\$1,942.09	
Pay Type	Trans	Date	Card #	Approval Code	Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	(\$1,942.09)
PAYMENT:					(\$1,942.09)
NET DUE:					\$0.00

Some rental contracts are more than one page – be sure to include all pages of your contract that list the description of what was rented, amount billed/ paid etc.



Rental Expenses

Example



TRANSACTION SUMMARY

Customer ID [Redacted]
 Name [Redacted]
 Address [Redacted]

Credit card [Redacted]
 Expires 02/16
 Auto Pay Yes
 04/16/14 1,182.20 charged
 05/05/14 1,337.80 charged

Scheduled moves
No scheduled moves at this time

Qty	Terms	Description	Amount	Tax	Total
1	Monthly recurring	Contents Protection \$ 10,000	49.95	0.00	49.95
1	One time charge	Contents Protection Transit Fee	50.00	0.00	0.00
1	Monthly recurring	Contents Protection \$ 10,000	49.95	0.00	49.95
1	Monthly recurring	Monthly rental of 16' container #1	219.99	14.00	703.98
1	One time charge	Local Handling Fee #1	199.99	0.00	0.00
1	One time charge	Delivery to 28540 #1	200.00	0.00	0.00
1	One time charge	Corporate discount (admin) #1	-10.00	0.00	0.00
1	One time charge	Weight Ticket Empty #1	40.00	0.00	0.00
1	One time charge	Weight Ticket Full #1	40.00	0.00	0.00
1,264	Per mile	Transportation mileage of 16' container, 213.44	96.55		1,337.80
1	One time charge	Corporate discount (mileage) #1	-60.67	0.00	0.00
1,264	One time charge	Fuel Subsidy #1	88.48	0.00	0.00
1	One time charge	Delivery to 74804 #1	99.84	8.49	108.33
1	Monthly recurring	Monthly rental of 16' container #1	219.99	0.00	219.99
TOTAL CHARGES					2,520.00

Tenant acknowledges that it is the Tenant and agrees that unless Tenant contracts that the Tenant deems adequate from with full responsibility for all losses.

lity to insure the contents stored in a container se liability of damage, will either secure insurance f Tenant's choosing or, alternatively, accept

This Transaction Summary is hereby incor; Tenant and Lessor.

de a part of the Rental Agreement between

Tenant's signature

Date

* SHOULD YOUR DESTINATION LOCATION CHANG

SUBJECT TO CHANGE

Example

If PODS/You-Pack/We-drive company is used, be sure all charges are listed as shown in the example.

Make sure all pertinent information is legible:

Name, rental location, destination, date, amount billed and paid, etc.

Reservation cannot be accepted in lieu of paid invoice



DD Form 1351-2

All of the highlighted fields are required.

Be sure to sign block 20a.

DD Form 1351-2

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 <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
2. NAME (Last, First, Middle Initial) (Print or Type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (Check as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Member/Employee <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA			
6. ADDRESS, a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			
7. DAY TIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (Check and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS			
12. DEPENDENT(S) (Check and complete as applicable) a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY a. DATE 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	16. POC TRAVEL (Check one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER	
City, ST (Origin) City, ST (Dest.)						17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS	
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED		19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS		4. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due			
20. a. CLAIMANT SIGNATURE		b. DATE		0.00 0.00			
c. REVIEWER'S PRINTED NAME		d. SIGNATURE		e. TELEPHONE NUMBER			
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER			
22. ACCOUNTING CLASSIFICATION		23. COLLECTION DATA		24. COMPUTED BY			
25. AUDITED BY		26. TRAVEL ORDER AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)			
28. AMOUNT PAID							



VOUCHER FOR ADVANCE PAYMENT

 **UNITED STATES MARINE CORPS**

IN REPLY REFER TO
4050
Code 470

MEMBERS RESPONSIBILITY

From: [REDACTED] SSN# [REDACTED]
To: Marine Corps Logistics Base, Albany GA, DITY move section

Subj: RECEIPT OF ADVANCE PAYMENT FOR DITY MOVE

1. I [REDACTED] did [REDACTED] or didn't [REDACTED] receive advance payment in the amount of \$ [REDACTED] for my Do-It-Yourself move (DITY).

[REDACTED]
Signature / Date

2. Submit this letter with the rest of the paperwork in an 8-1/2" by 11" envelope for DITY move to:

Transportation Voucher Certification Division (TVCD)
Code 470
814 Radford Blvd - Suite 20318
Albany, GA 31704-0318

- If advance was listed on DD Form 2278 [9(a)(4)], whether it was received or not, the Advance Voucher Sheet, or an alternative confirmation/denial of receipt of the Advance Operation Allowance is required.
- If an advance was neither received nor noted on DD Form 2278, this form is not required.
- <http://www.logcom.marines.mil/portals/184/docs/sites/tvcd/files/Advance-pay-receipt.pdf>

CAMP PENDLETON TRAVEL VOUCHER VOUCHER NO.: [REDACTED]
1 MEF PAID BY [REDACTED]
MARFORPAC, BOX #555002
CAMP PENDLETON, CA 92055-5002 DATE VOUCHER PREPARED: 07/30/14
PAID BY DSSN: 6187
PAYMENT FOR TRAVEL SETTLEMENT

Section 1: Personal Information

PAYEE'S NAME [REDACTED]
AND [REDACTED]
ADDRESS [REDACTED]

PAYEE (LAST NAME, FIRST, MI) [REDACTED] RANK OR GRADE [REDACTED] SOCIAL SECURITY NUMBER [REDACTED]

This is your travel voucher for the travel period indicated below. Questions or comments that you have regarding this voucher can be addressed by calling: Travel issues or CIV PCS issues, please call 1-888-332-7366. For DTS vouchers, please contact your local DTS Administrator.

Section 2: Summary of Entitlements - Includes all allowed reimbursements net of any previous government payments/advances.

TRAVEL ORDER	ORDER DATE	TRAVEL PERIOD
[REDACTED]		06/19/14 - 07/22/14
ENTITLEMENTS		
PER DIEM		0.00
REIMBURSABLE EXPENSES		0.00
TOTAL ENTITLEMENTS		\$ 0.00
LESS: PARTIAL PAYMENT DEDUCTED		0.00
TRAVEL ADVANCE DEDUCTED		0.00
GOVT CHARGE CARD PAYMENT		0.00
WCD: 6798		
CHECK NUMBER [REDACTED]	DATE PAID: 07/30/14	AMOUNT PAID TO TRAVELER: \$940.31

REMARKS

LOCATION	FROM	TO	PER DIEM #DAYS	M&IE	LODGING	AMOUNT
*FIRST AND LAST DAY OF TRAVEL @ 75% OF M&IE						
					0.00 *	0.00 0.00
					TOTAL	\$0.00

EXPENSES	REIMBURSEMENT REQUESTED	ALLOWED
	0.00	0.00

Travel Voucher showing advance may be substituted for confirmation of advance payment.



VOUCHER FOR ADVANCE PAYMENT

Travel Voucher from myPay

myPay 

Help | Main | Exit

Click On The Voucher Number below to View your Travel Voucher.

Voucher Number	Travel Order Number	Date Paid	Amount Paid	DSSN
852234	TB1KYQ	04/07/16	2932.49	6187

LAST 30 DAYS
 LAST 60 DAYS
 LAST 90 DAYS
 LAST 180 DAYS

SS-180

Travel Voucher View is available for Vouchers paid by all DFAS sites within the last six (6) months.

EXAMPLE

This document may also be substituted for confirmation of advance payment



WEIGHT TICKETS

Legible copies of certified empty and full weight tickets

THIS FORM IS SUBJECT TO THE PRIVACY ACT (NAVMC 11000)

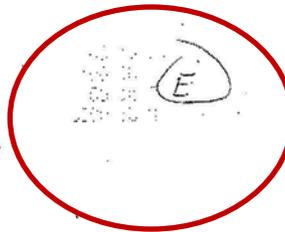
WEIGHT CERTIFICATE

John A. Doe Cpl

CUSTOMER 123454321	RANK USMC
SSN UHAUL	AGENCY
CARRIER/VEHICLE TYPE V678967	
VEHICLE # 665784	
VEHICLE ID # QUANTICO, VA	
DESTINATION/BLDG. #	
GBL/DOC # P.O. #	
COMMODITY 'JOHN A DOE'	
SHIPPER 'WEIGHMASTER'	
WEIGHMASTER	

MCBCL 4600/2 (REV 2-95)

TRAFFIC MANAGEMENT OFFICE
MARINE CORPS BASE
CAMP LEJEUNE



Weight tickets not adequately descriptive is the biggest issues resulting in delay of processing claims for payment

GOOD

DISTRIBUTION MANAGEMENT OFFICE
Marine Air Ground Task Force Training Command
Twentynine Palms, California 92278-8151
Ph: 760-830-6119

4687

Member: JANE A. DOE Rank: SSGT SSN: 987656789

Destination City/State: JACKSONVILLE, NC

Driver's Signature: 'JANE A. DOE' Date/Time: 2/23/15, 3:15pm

COMMODITY: HHG Personally Procured Move (PPM)	
AUTO LICENSE: LMK5532	
TRUCK LICENSE: 426MDVB	
RENTAL LICENSE: ADJ213 PENSKE	
TRAILER OR OTHER LICENSE:	WEIGHMASTER: LCPL MIKE
TRAILER: YES / NO	SIGNATURE: 'LCPL MIKE'
Gas: 1/2 3/4 Full Spare tire: Yes No	

BAD

NOTE:

- **Provide Empty AND Full weight tickets for each vehicle/trailer/moving company truck/etc. used to transport HHGs
- **List what is being weighed at the time the ticket is printed to include anything in tow: trailers, auto trailer with/without POV
- **If weight is not legible, write the weights, date, ticket number, to the side of the weight stamped- DO NOT WRITE OVER STAMPED WEIGHT



CONVEYANCE & WEIGHT TICS

Here are several examples of how members move their HHGs. Keep in mind some things you move or use to move your HHGs are not considered HHGs.

weighed full



weighed empty



weight tickets should list:

2012 Honda, rental trailer, motorcycle - Full

2012 Honda, rental trailer - Empty

Include POV & motorcycle registrations and paid rental contract for trailer in claim – THE MOTORCYCLE IS CONSIDERED HHGS

weighed full



weighed empty



weight tickets should list:

ABC Moving Company trk # 8675309 - Full

ABC Moving Company trk # 8675309 - Empty

Include paid contract from moving company

These items are NOT considered HHGs (weight of these items will NOT be considered HHGs)

- *tow dolly
- *auto transport
- *rental trailer
- *personally owned trailer (other than POT defined in JTR)
- *POV

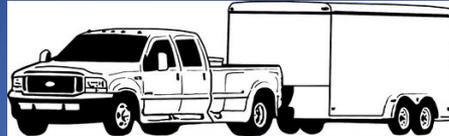


CONVEYANCE & WEIGHT TICS cont.

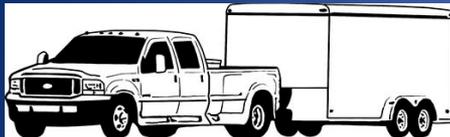
weighed full



weighed empty



IF YOU USE A POV AND CARGO TRAILER weight tickets should list
2010 Chevy truck & POT Full
2010 Chevy truck & POT Empty
Include POV & POT registrations in claim



IF YOU DO NOT WEIGH POV WITH CARGO TRAILER EMPTY
2010 Chevy truck & POT Full
2010 Chevy truck Empty
Include POV & POT registrations in claim – IF WEIGHT OF POT IS NOT LISTED ON REGISTRATION; SUBMIT AN EMPTY WEIGHT TICKET FOR TRAILER-**CARGO TRAILER NOT CONSIDERED HHGS**

weighed full



weighed empty



IF YOU USE A RENTAL TRUCK AUTO TRAILER FOR YOUR POV weight tickets should list
26' rental truck; auto trailer w/2010 Honda Civic Full
26' rental truck; auto trailer w/2010 Honda Civic Empty
Include paid rental contract for truck, auto trailer and registration of POV in tow (POV in tow should also be listed on the rental contract)



IF YOU DO NOT WEIGH RENTAL TRUCK WITH POV ON AUTO TRAILER weight tickets should list
26' rental truck; auto trailer w/2010 Honda Civic Full
26' rental truck; auto trailer without POV Empty
Include paid rental contract for truck, auto trailer and registration of POV in tow –if registration does not list weight of POV, submit empty weight for POV – **POV IS NOT CONSIDERED HHGS**

BOTTOM LINE: in order to get the weight of your HHGs, the conveyance must be weighed empty and full *if there is anything in tow when you weigh the rental truck/POV full – be sure rental truck/POV along with what is in tow is weighed empty



Authorized Expenses

(Expenses are NOT reimbursed)

Purchased consumable boxes and packing material (can be thrown away) less sales tax.



Rented
Equipment



Rented Equipment





PPM CHECKLIST/EXPENSE CERTIFICATION

PERSONALLY - PROCURED MOVE (PPM) CHECKLIST AND EXPENSE CERTIFICATION

All documents submitted MUST be LEGIBLE and COMPLETE. Illegible or incomplete submissions will be returned for corrective action.

NAME: _____

A COMPLETE PPM CLAIM PACKAGE WILL INCLUDE THE FOLLOWING DOCUMENTS (if Applicable):

- This "PPM Checklist and Expense Certification" - completed, signed and dated.
- DD Form 1351-2, properly completed
- Advice of Payment (AOP) for PPM advance operating allowance requested AND received (available at https://myPay.dfas.mil)
- Completed DD Form 2278 - to include: blocks 10a/b customer signed/dated, blocks 10c/d counselor signed/dated
- Official Travel Orders - include all amendments and/or endorsements issued. **USN:** Enlistment Contract or Officer Home of Record report
- Power of Attorney (POA) or Letter of Authorization
- Weight tickets **MUST** meet Service specific requirement (See ** Below) and be Certified, Legible, Unaltered, and Adequately descriptive (i.e. FULL/EMPTY 2008 Dodge Ram Pickup with Privately Owned Trailer (POT) etc.)
 - Include customer identification: Last Name, EEMPLID/SSN (last 4)
 - EACH conveyance (trip/vehicle) used to haul property must be supported by a FULL and EMPTY weight ticket

**** Service Specific Requirements for Weight Tickets: USAF require a FULL and EMPTY weight ticket obtained at either Origin, Destination or a combination thereof. USMC, USCG require both EMPTY and FULL weight tickets to be obtained at Origin within 50 miles of the pickup point (at a Base Scale if available). USA, USN requires EMPTY and FULL weight tickets at Origin plus a FULL weight ticket at Destination. (3-Tickets)**

- Copy of Contract(s) - Identifies: Customer/Family Member; Detailed equipment description; Payment in full
- Copy of paid receipts for eligible expense claimed below - receipts must reflect customers last name, EEMPLID/SSN (last 4), item description, unit price, quantity, date, name and address of store, etc. (i.e. fuel receipts that reflect only a pre-paid dollar amount do **NOT** qualify)
- Copy of privately-owned vehicle (POV) or trailer (POT), Boat, or Motorcycle registration(s) used for hauling personal property; borrowed POV or POT additionally requires a signed, dated statement by registered owner authorizing use of POV/POT for your HHG movement

> Ensure documents requiring signature and date are signed and dated by the customer and/or PPSO as required.
 > Keep a complete copy of your submitted PPM packet - to include receipts (IRS can audit tax records up to 6 years).
 > The PPM incentive payment is taxable income. Eligible operating expenses (see notes below) can reduce the taxed portion of your incentive.

NOTE 1: ELIGIBLE PPM operating expenses include: rental trucks, trailers, hand/appliance dollies, and furniture pads; weighing fees; authorized moving company services; purchase of consumable packing materials (i.e. boxes, wrapping paper, tape); gas, tolls, and oil for rental vehicles.
NOTE 2: Expenses NOT ELIGIBLE as PPM operating expenses include, but are not limited to: auto tow dollies, auto tow bars/hitches, auto transports; rental equipment insurance, sales tax, purchased moving equipment, plastic totes, locks, oil service, meals and lodging, POV gas and/or tolls that will be reimbursed in conjunction with customer/dependent personal travel (i.e. mileage allowance for travel), are not eligible to be claimed as PPM operating expenses.

ENSURE ALL OPERATING EXPENSES LISTED BELOW ARE SUPPORTED BY PAID RECEIPTS AND/OR CONTRACTS (EXPENSES WHICH DO NOT MEET ELIGIBILITY REQUIREMENTS WILL BE DEDUCTED)

Contracted expenses (rental truck, trailer, moving services, etc.):	
Rental equipment/materials (hand/appliance dolly, furniture pads, etc.):	
Consumable packing materials (boxes, wrapping paper, tape etc.):	
Weighing fees:	
Gas (label receipt to identify vehicle(s) fueled):	
Tolls (label receipt to identify vehicle):	
Oil (excludes oil change or service):	
Other (list):	
TOTAL:	

I CERTIFY THE ABOVE EXPENSES WERE LEGITIMATELY INCURRED DURING MY PERSONALLY-PROCURED MOVE AS IDENTIFIED BELOW:
 Move Date: _____ From: _____ To: _____

Authority: 5 U.S.C. 5701-5742, 37 U.S.C. 404-427, and E.O. 9297. ROUTINE USES: To substantiate Incentive payment claims for movement of household goods. DISCLOSURE: Voluntary failure to furnish data may result in partial or total denial of claim and/or improper tax application. NOTE: Expenses verified on this statement reduce taxable income reported on Form W-2 and may not be claimed again as moving expenses. Federal tax withholding will be 25% of profit (entitlement less eligible operating expenses).

I UNDERSTAND THE PENALTY FOR WILLFULLY MAKING A FALSE STATEMENT OF CLAIM IS A MAXIMUM FINE OF \$10,000, MAXIMUM IMPRISONMENT OF FIVE YEARS, OR BOTH (U.S.C., TITLE 18, SECTION 287).

Signature: _____

The PPM Checklist is:

- ✓ reminder of documents/information required
 - ✓ to consolidate your authorized expenses
- Receipts for authorized expenses must be included in your claim:

- rental truck, trailer, etc.
- rental equipment (hand dolly, furniture pads, etc.)
- boxes, wrapping paper, tape, etc., (will be discarded after move)
- weight tickets fees
- fuel (label receipt to identify vehicle(s) for which the fuel was purchased)
- tolls (label receipt to identify vehicle(s))
- oil/additives (for rental truck)
- [View the PPM Checklist](#)

➤ If receipts are not legible or descriptive – write to the side the amount/description of item purchased. **DO NOT WRITE OVER OR HIGHLIGHT ANY INFORMATION IN YOUR CLAIM**



POWER OF ATTORNEY

OPTIONAL

- ❑ Submit a POA with your claim if someone other than you, the member, will be contacting TVCB for information regarding your PPM claim.
- ❑ We will only speak to you or the person that is designated by a POA.

Power of Attorney for Financial Management
by Occomoco Legal Forms Inc.

NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY

A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

Your agent has no duty to act unless you and your agent agree otherwise in writing.

This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.

This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy (also known as a health care or medical power of attorney) to do this.

Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney. The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.

You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.

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INFO

DO NOT LOAD YOUR POV, POT, RENTAL VEHICLES OR TRAILERS WITH UNAUTHORIZED ITEMS TO INCREASE YOUR WEIGHT. HERE ARE A FEW EXAMPLES OF WAYS MEMBERS ATTEMPTED TO DEFRAUD THE GOVERNMENT.



Is it worth it??

NO!





HOW TO SUBMIT CLAIM

- ❑ Local USMC DMO via DTMS
- ❑ For retiring or separating members, scan and email to logcom.tvcbclaims@usmc.mil in pdf file not to exceed 5MB. If more than 5MB, submit claim in multiple emails. Be sure your last name and the last 4 of your SSN is listed in the submit line – look over your claim after scanned and before you press send to be sure it is legible. We cannot access documents attached using GOOGLE DRIVE or ICLOUD.
- ❑ For supplemental documents: scan and email-address above or Fax (229) 639-7367 ATTN: TVCB Customer Service
- ❑ Mail (USPS)** , FedEx, or UPS to:
 - COMMANDING GENERAL*
 - TRANSPORTATION VOUCHER CERTIFICATION BRANCH (TVCB)*
 - BLDG 3700 RM 315*
 - 814 RADFORD BLVD SUITE 20262*
 - ALBANY GA 31704-0262*
- ❑ TVCB PPM/DITY Line: (229) 639-6575 M-W-F 8 am – 4 pm EST T & TH 8 am – 12pm EST
Note: Please allow 45 days from submission date before inquiring on status-when leaving a message we need your name, last 4 of SSN, contact number, and a brief message. Please speak clearly.

**NOTE: It is recommended to send Return Receipt Requested with regular USPS mail.



HOW TO SUBMIT NAVY CLAIMS

- ❑ For Navy members: HHG-Audit_PPM_Claims.fct@navy.mil
- ❑ Mail option: Via regular mail (USPS), FedEx, or UPS to:
BUSINESS SUPPORT DEPARTMENT
FISCN IN HHG AUDIT TEAM DIVISION CODE 302
1968 GILBERT STREET SUITE 600
NORFOLK VA 23511-3392



Personally Procured Move PPM Section

Thank you

for your
Service

Semper Fi