



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

How to correctly assemble and submit your PPM Claim

*Revised 9/3/15*





# INTRODUCTION

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The following slides will show the correct way to assemble a PPM/DITY move claim and list necessary information/documents required to process a claim for payment.

PPM claims received without this information WILL lead to payments being delayed.



# REQUIRED DOCUMENTS

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(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
- ✓ Privately Owned Vehicle/Trailer (POV/POT) registration and/or paid in full rental agreement
- ✓ DD form 1351-2
- ✓ Voucher for advance payment (if received)
- ✓ Weight tickets (certified/legible)
- ✓ 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 someone other than the member will be inquiring about PPM)



# Rental Expenses

Make sure that all pertinent information is legible:

- q Name
- q Date of rental period
- q Description of rental
- q Amount billed/paid
- q 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**  
Out: 14496  
Free: 0  
Extra: 0

**Employees:** KLIND

**Destination Dealer**  
RAPID RENTAL  
1898 NORTH 200 WEST  
ANGOLA, IN 46783  
(260) 665-7383  
Dealer Number: 467838  
Fuel or Optional Refueling Service Available

**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](http://budgettruck.com) and enter promotion code RA152  
| \*For terms and conditions go to [www.budgettruck.com/RA152](http://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

**OPEN | 08/13/14 11:00 AM | CUST. REF. # 1888196401366**

Rental Information	Rate and Charges	Total Amt
2EP DIESEL RAPP	Incl. 9 Days/2769 Mi.	2731.98*
DISCOUNT (15.00%)		
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
<b>Rental Total</b>		<b>3729.51</b>
Deposit Amount		8.00
Less: Deposit/Previous Payments		8.00
<b>Amount Due Budget</b>		<b>3729.51</b>

**Payments Approval**  
VI [REDACTED]



# DIRECT DEPOSIT FORM

(OPTIONAL)

Standard Form 1184 (EQ)  
Rev. April 1987  
 Prescribed by Treasury  
 Department  
 Treasury Dept. Cr. 1078

OMB No. 1518-0007

## 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/pension 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)**

<b>A NAME OF PAYEE (last, first, middle initial)</b>  ADDRESS (street, route, P.O. Box, APO/FPO)  CITY STATE ZIP CODE  TELEPHONE NUMBER AREA CODE	<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  <b>E DEPOSITOR ACCOUNT NUMBER</b> _____  <b>F TYPE OF PAYMENT (Check only one)</b> <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)
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b>  <b>C CLAIM OR PAYROLL ID NUMBER</b> Prefix Suffix  <b>PAYEE/JOINT PAYEE CERTIFICATION</b> 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.	<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b> TYPE AMOUNT  <b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
SIGNATURE DATE	SIGNATURE DATE
SIGNATURE DATE	SIGNATURE DATE

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	<input type="text"/>	<input type="text"/>
DEPOSITOR ACCOUNT TITLE		
<b>FINANCIAL INSTITUTION CERTIFICATION</b>		
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 246, 205, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER DATE
<small>Financial institutions should refer to the GREEN BOOK for further instructions.</small>		SIGN
<b>THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.</b>		SIGN

NIN 7500-01-005-0224 1184-207

PAYEE COPY Designed Using Perfomax Plus, WEDGICOR, Mar 87

ONLY Marines who are retiring/separating can change banking information with this form

All other Marines contact your IPAC for guidance – DO NOT SUBMIT THIS FORM WITH YOUR CLAIM



# DD FORM 2278

Obtainable via [move.mil](http://move.mil) (DPS)

## Completed DD Form 2278

Fill in the following:

q 1-3(a-d)

q please include middle initial in 3(a)

q 4(a-h)

q Input the following for 4(h):

COMPT TRAN VOUCH

CERT DIVISION(TVCB)

814 RADFORD BLVD., STE 20318

ALBANY, GA 31704-0318

q 5-7(b-d)(f-h)

q 8(a-b)

q 9(a,e)

q 10(a-b) always required.

q 10(c-d) if prepared by a USMC office. If not prepared by USMC personnel, signature not required.

q 11(a)

q 12

APPLICATION FOR DO IT YOURSELF MOVE AND COUNSELING CHECKLIST <small>(Read Privacy Act Statement on back before completing form.)</small>				1. DATE PREPARED (YYYYMMDD)	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.		f. NUMBER OF MILES
PERMANENT			g. CRACKS NO.		
TEMPORARY					
g. NAME OF PREPARING OFFICE			h. PAYING (APO/FAO): 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 (temporary storage).			a. Operating allowance (amount):		
b. DITY move authorized from SS			b. Pick up rental vehicle and ensure safe operation. Pick up date (YYYYMMDD):		
c. ITO/TMO provided with accurate estimate weight of 1802s.			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, Removables, 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 GSSN		
(1) MTMC RATE SOLICITATIONS PLUS \$5.00 PER CWT X EST. WT. OR WT. ALLOWANCE \$			c. VOUCHER NO.		
(2) LOCAL RATE PER CWT X EST. WT. OR WT. ALLOW. \$			d. DATE (YYYYMMDD)		
(3) ESTIMATED GROSS INCENTIVE \$			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 my unearned advance operating allowance up to a maximum of \$ from my pay.		
(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 = _____ 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>(Match 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 411, MAY 81, AND PREVIOUS EDITIONS OF DD 2278, WHICH ARE OBSOLETE.

Adobe Professional 8.0



# POV REGISTRATION



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



**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

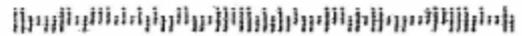
REGISTRATION ID: 12345 678 PIN: 1234 IF PAID AFTER 03/31/13 FEE IS \$119.00

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



## SAMPLE STATEMENT OF PERMISSION

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

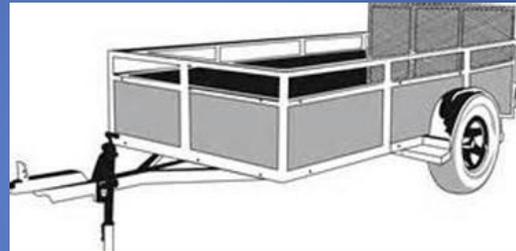
Owner Signature





# POT REGISTRATION

MEMBER CAN RECEIVE THE WEIGHT OF THE UTILITY TRAILER USED IN A PPM AS DEFINED BY THE JFTR: 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.)



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







# RENTAL EXPENSES

## Rental Examples

**CUSTOMER COPY**  
**Rental Agreement Cover Sheet**

Entered At: [REDACTED] Status: **COMPLETED** Batch: 3030 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  
 Owing 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 the vehicle is returned after the original return date.

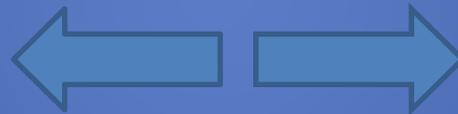
**TOWING INFORMATION**  
 Unit: [REDACTED] Location: 072310 Days Allowed 4  
 9000 - SA TOWDOLLY TRAILER Vehicle Make/Model: 2013 FORD FUSION HYBRID SE  
 Rented With Damage: NO

**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 AN 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**

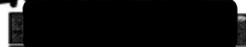
Type	Quantity	Unit of Meas	Rate	Charge
Unit # 9262215		Trip	\$1,729.00	\$1,729.00
Special Discount: 10.0%				(172.90)
Web Discount: 10.0%				(165.61)
Unit # 9987052		Trip	\$327.00	\$327.00
Special Discount: 10.0%				(32.70)
LDW \$0 Responsibility		Trip	\$102.00	\$102.00
Hand Truck	1	EA	\$20.00	\$20.00
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
<b>SUBTOTAL:</b>				<b>\$1,626.73</b>
<b>TAXES</b>				
CA SALES TAX				\$130.30
<b>TOTAL DUE:</b>				<b>\$1,942.09</b>
<b>PAYMENTS AND REFUNDS</b>				
Pay Type	Trans	Date	Card #	Approval Code
[REDACTED]	[REDACTED]	09/05/2014	[REDACTED]	[REDACTED]
<b>PAYMENT:</b>				<b>(\$1,942.09)</b>
<b>NET DUE:</b>				<b>\$0.00</b>

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# 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	99.95
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
<b>TOTAL CHARGES</b>					<b>2,520.00</b>

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

This Transaction Summary is hereby incorporated as part of the Rental Agreement between Tenant and Lessor.

Tenant's signature

Date

\* SHOULD YOUR DESTINATION LOCATION CHANGE

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, expenses, amount charged and paid, etc.



# 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**  
 **DESTROY FUDGE**  
Transfer of FJ  
 Payment by Check  
**SPLIT DISBURSEMENT:** The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement (excluding travel charges for transportation, lodging, and rental car) if you are a contract 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, Suffix, etc.)** **3. GRADE** **4. SSN** **5. TYPE OF PAYMENT (check appropriate):**  
TDF  Member/Employee  
PCS  Other  
Demotion/ES  DLA

**6. ADDRESS & NUMBER AND STREET** **6. CITY** **6. STATE** **6. ZIP CODE**

**7. E-MAIL ADDRESS** **8. TRAVEL ORDER/AUTHORIZATION NUMBER**

**9. PREVIOUS GOVERNMENT PAYMENT/ADVANCES** **10. FOR D.O. USE ONLY**  
a. D.O. VOUCHER NUMBER  
b. SUBVOUCHER NUMBER

**11. ORGANIZATION AND STATION** **12. DEPENDENT(S) (Last and Suffix in all instances)**  
a. UNEMPLOYED  b. EMPLOYED   
c. NAME (Last, First, Middle Initial, Suffix, etc.) **13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (include Zip Code)**

**14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?** **15. COMPUTATIONS**  
a. YES  b. NO (Explain in Remarks)

**16. ITINERARY**  
a. DATE **b. PLACE (Home, Office, Club, Activity, Cultural Event, etc.) (Use one check box only)**  
c. MEANS OF MODE OF TRAVEL **d. REASON FOR TRAVEL** **e. LOCATION CODE** **f. POC CODE**

**17. SUMMARY OF PAYMENT**  
(1) Per Diem  
(2) Actual Expense Allowance  
(3) Mileage  
(4) Dependent Travel  
(5) DLA  
(6) Reimbursable Expense  
(7) Total  
(8) Less Advance  
(9) Amount Owed  
(10) Amount Due

**18. REIMBURSABLE EXPENSES**  
a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED  
12 HOURS OR LESS  
MORE THAN 12 HOURS BUT 24 HOURS OR LESS  
MORE THAN 24 HOURS

**19. GOVERNMENT/REDUCIBLE MEALS**  
a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS

**20. CLAIMANT SIGNATURE** **20a. DATE**

**21. REVIEWER'S PRINTED NAME** **21a. SIGNATURE** **21b. TELEPHONE NUMBER** **21c. DATE**

**22. APPROVING OFFICIAL'S PRINTED NAME** **22a. SIGNATURE** **22b. TELEPHONE NUMBER** **22c. DATE**

**23. ACCOUNTING CLASSIFICATION**

**24. COLLECTION DATA**

**24. COMPUTED BY** **24. ALIQUOT BY** **24. TRAVEL ORDER AUTHORIZATION FORWARDED BY** **25. RECEIVED (Place signature and date or check box)** **26. AMOUNT PAID**

**DD FORM 1351-2, MAY 2011** PREVIOUS EDITION IS OBSOLETE. Exception to GP 101-3 approved by OASD/M&E 15-01 Adobe Professional 8.0

All of the highlighted fields are required. The form can be found at the link below.

<http://www.logcom.marines.mil/Capabilities/DITYMoves/Forms.aspx>

Form must be signed by the member in block 20a.



# VOUCHER FOR ADVANCE PAYMENT

 UNITED STATES MARINE CORPS

IF REPLY REFER TO  
455  
Code 470

YOUR 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

q 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.

q If an advance was neither received nor noted on DD Form 2278, this form is not required.

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 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.



# WEIGHT TICKETS

Legible copies of certified empty and full weight tickets

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

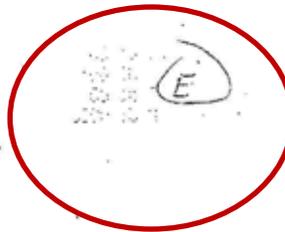
**WEIGHT CERTIFICATE**

John A. Doe Cpl

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

MCBCL 4600/2 (REV 2-95)

TRAFFIC MANAGEMENT OFFICE  
MARINE CORPS BASE  
CAMP LEJEUNE



**BAD**

**GOOD**

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

4687

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

Destination City/State: JACKSONVILLE, NC

Driver's Signature: 'JANE A. DOB' 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: \_\_\_\_\_

TRAILER: YES /  NO

Gas:  1/2  3/4  Full Spare tire:  Yes  No

WEIGHMASTER: LCPL MIKE

SIGNATURE: 'LCPL MIKE'

Weight-in: full 56  
ID#: 4687  
03:47 PM 02/06/15  
29460 lb

**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.
- \*\*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

If truck is weighed by itself empty - weigh the truck by itself full.

Empty



Full



If truck, trailer and POV is weighed empty - weigh the truck, trailer and POV full.

Empty (truck & auto trailer with POV)



Full (truck & auto trailer with POV)



Label each weight ticket with make, model, license plate number and full/empty.

If empty weight is without POV on trailer and full is with POV on trailer, an empty weight ticket for the POV is required along with the registration.



# 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 (ADP) for PPM advance operating allowance requested AND received (available at <https://my.pay.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:** Enrollment 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, EMPLID/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, EMPLID/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 RECEIPTS**  
(EXPENSES WHICH DO NOT MEET ELIGIBILITY REQUIREMENTS WILL BE DEDUCTED)

Contracted expense (rental truck, trailer, moving services, etc.):	
Rental equipment/materials (hand-appliance dolly, furniture pads, etc.):	
Consumable packing materials (boxes, wrapping paper, tape, etc.):	
Weighting fees:	
Gas (label receipt to identify vehicle's fuel):	
Tolls (label receipt to identify vehicle):	
Oil (includes oil change or service):	
Other (list):	
<b>TOTAL:</b>	

I CERTIFY THE ABOVE EXPENSES WERE LEGITIMATELY INCURRED DURING MY PERSONALLY-PROCURED MOVE AS IDENTIFIED BELOW:

Month/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 (nettlement 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 used to list all the expenses incurred during the move.

- q Rental truck, trailer, etc.
- q Rental equipment (hand dolly, furniture pads, etc.)
- q Boxes, wrapping paper, tape, (will be discarded after move) etc.
- q Weight tickets fees
- q Gas (label receipt to identify vehicle(s) fueled)
- q Tolls (label receipt to identify vehicle(s))
- q Oil (excludes oil change services)



# Authorized Expenses

(Expenses are not reimbursed)

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



## Rental Equipment



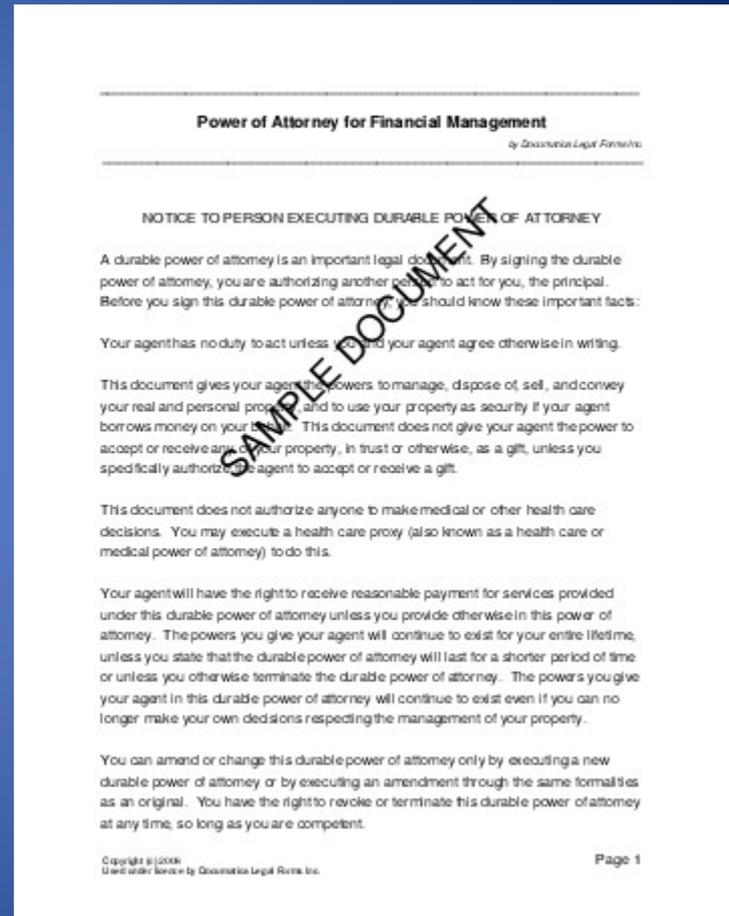




# POWER OF ATTORNEY

## OPTIONAL

- q Must submit a POA if someone other than the member will be contacting TVCB for information regarding the PPM claim.
- q We will only speak to the member or person that is designated by a POA.





# 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!**





# TVCB

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## Where to submit USMC PPM claims:

- q Local USMC DMO via DTMS
  - q For retiring or separating members, scan and email to [logcom.tvcbclaims@usmc.mil](mailto: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
  - q For supplemental documents: scan and email-address above or Fax (229) 639-5704  
ATTN: TVCB Customer Service
  - q Mail (USPS)\*\* , FedEx, or UPS to:
    - Commanding General*
    - Marine Corps Logistics Command*
    - Transportation Voucher Certification Branch (TVCB)*
    - Bldg 3700 Rm 315*
    - 814 Radford BLVD, Suite 20262*
    - Albany, GA 31704-0262*
- \*\*NOTE: It is recommended to send Return Receipt Requested with regular USPS mail.
- q 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.
  - q Website: <http://www.logcom.marines.mil/Capabilities/DITYMoves.aspx>



# NAVY Claims

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Where to submit the NAVY PPM claims:

q For Navy members: **HHG-Audit\_PPM\_Claims.fct@navy.mil**

q 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*



# QUESTIONS

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Thank you  
for helping us  
support the Marines