



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





# INTRODUCTION

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

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



# REQUIRED DOCUMENTS

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(In this order)

- ❖ Direct Deposit form (OPTIONAL)
- ❖ 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)
- ❖ Power of Attorney (POA) (if someone other than the member will be inquiring about PPM)



# Expenses

Make sure that all pertinent information is legible.

If the contract you...  
When you have...  
...information in so it can be...  
...not your initials in the bottom right corner.

**RENTAL AGREEMENT**  
Customer: [Redacted]  
ATTN: [Redacted]

**Destination Dealer**  
RAPID RENTAL  
1898 NORTH 208 WEST  
ANGOLA, IN 46783  
(260) 665-7383  
Dealer Number: 467838  
Fuel or Optional Refueling Service

**Personal**  
Rental Information  
DATE: 08/13/14 11:00 AM / CUST. REF. # 1888196401366  
Rental Information Rates and Charges Total Amt  
DIESEL RAMP ..... (Incl. 9 Days/2769 Mi.) 2731.90#  
DISCOUNT (15.00#) .....  
PHYSICAL DAMAGE WAIVER @ RESP 9 Days @ Flat Rate .... 243.00#  
STD STATE LIABILITY..... 9 Days @ Flat Rate .... 8.00#  
AUTO TRAILER #: 123536... 9 Days @ Flat Rate .... 377.00#  
RAMP 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% 307.94  
Furniture Pads..... 45.00  
Rental Total ..... 3729.51  
Deposit Amount ..... 8.00  
Less: Deposit/Previous Payments .... 8.00  
Amount Due Budget ..... 3729.51

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

**Driver's Information**  
Name: [Redacted]  
License #: [Redacted]  
State: OH, USA

**Supplies**  
Total = 8.00

**Comments:**  
I 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.



# DIRECT DEPOSIT FORM (OPTIONAL)

Submit completed direct deposit form only if banking account information has changed.

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)**

<b>A NAME OF PAYEE (last, first, middle initial)</b>		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		<b>E DEPOSITOR ACCOUNT NUMBER</b>	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		<b>F TYPE OF PAYMENT (Check only one)</b>	
AREA CODE		<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>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
<b>C CLAIM OR PAYROLL ID NUMBER</b>		TYPE	
Prefix	Suffix	AMOUNT	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</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.		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
	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
			Reset

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 7540-01-095-0224      PAYEE COPY      1199-207  
Designed using Perform Pro, VMS/DIOR, Mar 97



# DD FORM 2278

Obtainable via move.mil (DPS)

## Completed DD Form 2278

Fill in the following:

- 1-3(a-d)
  - please include middle initial in 3(a)
- 4(a-h)
  - Input the following for 4(h):  
COMPT TRAN VOUCH  
CERT DIVISION(TVCB)  
814 RADFORD BLVD., STE 20318  
ALBANY, GA 31704-0318
- 5-7(b-d)(f-h)
- 8(a-b)
- 9(a,e)
- 10(a-b) always required.
- 10(c-d) if prepared by a USMC office. If not prepared by USMC personnel, signature not required.
- 11(a)
- 12

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
<b>3. MEMBER OR EMPLOYEE INFORMATION</b>					
a. NAME <small>(Last, First, Middle Initial)</small>		b. RANK/GRADE	c. SSN	d. AGENCY	
<b>4. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING ORDERS:</b>					
a. TYPE ORDERS <small>(X one)</small>		b. DATE OF ORDERS <small>(YYYYMMDD)</small>	c. ISSUED BY		
LOCAL		d. NEW DUTY ASSIGNMENT		e. ORDERS NO.	f. NUMBER OF MILES
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 <small>(X and complete as applicable)</small>			8. MEMBER RESPONSIBILITY <small>(X and complete as applicable)</small>		
a. Option of GBL (Van) and/or DITY move <small>(nontemporary storage)</small> .			a. Operating allowance <small>(amount)</small> :		
b. DITY move authorized from _____ to _____			b. Pick up rental vehicle and ensure safe operation. Pick up date <small>(YYYYMMDD)</small> :		
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 <small>(POV's, flammables, etc.)</small> .			e. Trailers weighed attached to prime mover <small>(no passengers aboard - weigh entire unit at same time)</small> .		
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 <small>(not required for Air Force and Army)</small> .		
h. Loss or damage - maximum government liability.					
i. Temporary storage.					
<b>9. COST COMPUTATION</b>					
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 <small>(YYYYMMDD)</small>
(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		\$			
<b>NO INCENTIVES WILL BE PAID WITHOUT ACCEPTABLE WEIGHT TICKETS AND OTHER REQUIRED DOCUMENTS.</b>					
<b>10. I CERTIFY THAT I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AND CONDITIONS PRINTED ON THIS FORM.</b>					
a. SIGNATURE OF MEMBER/AGENT		b. DATE SIGNED	c. SIGNATURE OF COUNSELOR		d. DATE SIGNED
<b>11. CERTIFICATION OF ITO/TMO</b>					
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>					
<b>12. TMO ACCT. DATA:</b>					
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 TAEWELL	Renewal Fee \$99.00

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

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



- 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

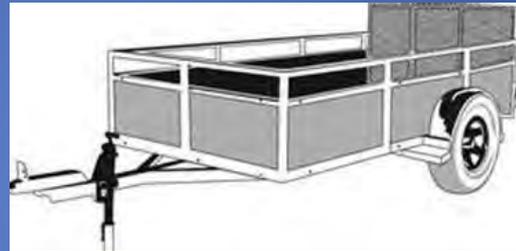
I, \_\_\_\_\_, give \_\_\_\_\_ permission to use my \_\_\_\_\_ to move their household goods from \_\_\_\_\_ to \_\_\_\_\_.

Owner Signature



# 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 by the owner to that effect.





# RENTAL EXPENSES

## Rental Examples

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

Customer Information: [Redacted]  
 Status: COMPLETED  
 Date: 09/24/14  
 Pick Up Location: [Redacted]  
 Drop Off Location: [Redacted]  
 Driver Name: [Redacted]  
 License #: 2088963  
 License State: IN  
 License Exp: 01/31/2018  
 Driving License: 0723-10  
 Days Allowed: 4

Unit Information:  
 Unit #: 89140270  
 6015 - 19FT SAG LIGHT HOCUBE  
 License #: 2088963  
 License State: IN  
 License Exp: 01/31/2018  
 Driving License: 0723-10  
 Days Allowed: 4

Towing Information:  
 Unit #: 8902 - SA TOWDOLLY TRAILER  
 Location: 072210  
 Vehicle Make/Model: 2018 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: 09/04/14 07:35 PM  
 Completed by: [Redacted] Expected Return Date: 09/10/14 07:35 PM  
 Status: COMPLETED  
 Customer Name: [Redacted]  
 Created On: 09/04/14 02:25 PM Changed On: 09/04/14 02:58 PM

3MT Roadside Assistance: 1-800-228-0795

Bill Start Date: 09/04/14 07:35 PM  
 Remit To: [Redacted] P.O. BOX 7429 PASADENA, CA 91109-7429 USA

CHARGES

Type	Quantity	Unit of Measure	Rate	Charge	
Unit # 89022215		Tip	\$1,729.00	\$1,729.00	
Special Discount: 10.0%				(172.90)	
Web Discount: 10.0%				(168.61)	
Unit # 8907052		Tip	\$327.00	\$327.00	
Special Discount: 10.0%				(32.70)	
LDW \$0 Responsibility		Tri	\$102.00	\$102.00	
Hand Truck		EA	\$20.00	\$20.00	
Special Discount: 100.0%				(20.00)	
Extra Days @ \$100.00/day		EA	\$0.00	\$0.00	
Special Discount: 100.0%				(0.00)	
environmental fee		DY	\$0.00	\$0.00	
<b>SUBTOTAL:</b>				<b>\$1,836.78</b>	
<b>TAXES</b>					
CA SALES TAX				\$130.30	
<b>TOTAL DUE:</b>				<b>\$1,967.08</b>	
Pay Type	Trans	Date	Card #	Approval Code	Amount
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	(\$1,967.08)
<b>PAYMENT:</b>					<b>(\$1,967.08)</b>
<b>NET DUE:</b>					<b>\$0.00</b>





# Rental Expenses

Example



### TRANSACTION SUMMARY

Customer ID  
Name  
Address



Credit card  
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	50.00
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.

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, 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.																																																																				
<b>1. PAYMENT</b> <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$																																																																						
<b>2. NAME (Last, First, Middle, Initial) (Print in NYS)</b>		<b>3. GRADE</b>	<b>4. SSN</b>	<b>5. TYPE OF PAYMENT</b> (Check as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA <input type="checkbox"/> Dependent(s)																																																																				
<b>6. ADDRESS: a. NUMBER AND STREET</b>		<b>b. CITY</b>	<b>c. STATE</b>	<b>d. ZIP CODE</b>																																																																				
<b>7. EMAIL ADDRESS</b>		<b>8. TRAVEL ORDER AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>																																																																				
<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS		<b>11. ORGANIZATION AND STATION</b>		<b>12. DEPENDENT(S)</b> (List and establish appropriate) a. ACCOMPANIED b. NAME (Last, First, Middle, Initial) c. RELATIONSHIP d. QUALIFYING DEPENDENT NUMBER																																																																				
<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)		<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (If only YES, NO (Explain in Remarks))		<b>15. ITINERARY</b> <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. PLACE (Include DPO, Base Activity, City and State, City and Country, etc.)</th> <th>MEANS/MODE OF TRAVEL</th> <th>REASON FOR STOP</th> <th>e. LODGING COST</th> <th>f. POC MILES</th> </tr> </thead> <tbody> <tr> <td>DE</td> <td>City, ST (Origin)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DE</td> <td>City, ST (Dest.)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			a. DATE	b. PLACE (Include DPO, Base Activity, City and State, City and Country, etc.)	MEANS/MODE OF TRAVEL	REASON FOR STOP	e. LODGING COST	f. POC MILES	DE	City, ST (Origin)					ARR						DE						ARR						DE						ARR						DE	City, ST (Dest.)					ARR						DEP						ARR					
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<b>16. POC TRAVEL</b> (X one) <input type="checkbox"/> COVINOOPERATE <input type="checkbox"/> PASSENGER		<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 34 HOURS OR LESS <input type="checkbox"/> MORE THAN 34 HOURS		<b>18. REIMBURSABLE EXPENSES</b> <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED																																																														
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<b>19. GOVERNMENT/DIREDUCTIBLE MEALS</b> <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NO. OF MEALS</th> <th>a. DATE</th> <th>b. NO. OF MEALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS									<b>20. CLAIMANT SIGNATURE</b> a. SIGNATURE b. DATE																																																										
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS																																																																					
<b>21. APPROVING OFFICIAL'S PRINTED NAME</b>		<b>22. ACCOUNTING CLASSIFICATION</b>		<b>23. COLLECTION DATA</b>																																																																				
<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER AUTHORIZATION POSTED BY</b>		<b>27. RECEIVED</b> (Print Signature and Date or Check No.)																																																																		
<b>28. AMOUNT PAID</b>																																																																								

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  
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.

CAMP PENDLETON TRAVEL VOUCHER VOUCHER NO.: [Redacted]  
1 MEF PAID BY  
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 AND ADDRESS [Redacted]

PAYEE (LAST NAME, FIRST, MI) RANK OR GRADE 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: 6796		
CHECK NUMBER [Redacted]	DATE PAID 07/30/14	AMOUNT PAID TO TRAVELER \$940.31

REMARKS:

LOCATION	FROM	TO	PER DIEM #DAYS	MAILE	LOGGING	AMOUNT
*FIRST AND LAST DAY OF TRAVEL @ 75% OF MAILE						
					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)

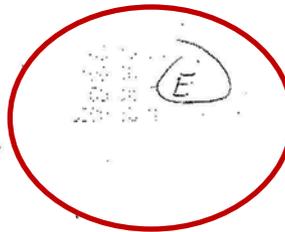
**WEIGHT CERTIFICATE**

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. 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: NO

TRAILER: YES / NO

Gas: 1/2 3/4 Full Spare tire: YES NO

WEIGHMASTER: LCPL MIKE

SIGNATURE: 'LCPL MIKE'

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

full 56

**NOTE:**

- \*\*Provide Empty AND Full weight tickets for each vehicle/trailer/moving company truck/etc. used to transport household goods (HHG).
- \*\*Be sure to specify on the weight ticket what is being weighed at the time the ticket is printed.
- \*\*If weight is not legible, please write in the weights listed, date, ticket number, and indicate empty or full off to the side of the weight ticket.



# 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 no 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 (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, 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 FULL 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 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.):	
Weighting fees:	
Gas (label receipt to identify vehicle(s) fueled):	
Tolls (label receipt to identify vehicle(s)):	
Oil (excludes 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:  
 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 used to list all the expenses incurred during the move.

- Rental truck, trailer, etc
- Rental equipment (hand dolly, furniture pads, etc)
- Boxes, wrapping paper, tape, etc
- Weight tickets fees
- Gas (label receipt to identify vehicle(s) fueled)
- Tolls (label receipt to identify vehicle(s))
- 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

- ❑ If someone other than the member will be contacting TVCB to get an update on the PPM claim, please include a POA with the claim.
- ❑ We will only speak to the member or 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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Page 1



# 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 the Marine Corps funded claims:

- Local DMO via DTMS
- For retiring or separating members: **Logcom.tvcbclaims@usmc.mil**
- For supplemental documents: DMO, email address above or Fax (229) 639-5704
- Last resort: Via regular mail (USPS)\*\* , FedEx, or UPS to:  
*Commanding General  
Marine Corps Logistics Command  
Transportation Voucher Certification Branch (TVCB)  
814 Radford BLVD, Suite 20262  
Albany, GA 31704-0262*

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

- TVCB PPM/DITY Line: (229) 639-6575 8 am – 3 pm Eastern Standard Time  
Note: Please allow 45 days from submission before inquiring on status
- Website: <http://www.logcom.marines.mil/Capabilities/DITYMoves.aspx>



# NAVY Claims

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Where to submit the NAVY funded 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*



# QUESTIONS

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Thank you  
for helping us  
support the Marines