

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 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 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

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