



Transportation Voucher Certification Branch Personally Procured Move (PPM) Packaging





INTRODUCTION

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

(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 res...
...put your initials in the bottom right corner.

RENTAL AGREEMENT
Customer: [REDACTED]
ATTN: [REDACTED]

Origin Dealer
THE MOVING STORE
1840 8TH ST EAST
LANCASTER, CA 93535
(661) 942-0510
Dealer Number: 935321

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

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

Approval Code: N/A

Supplies
Total = 8.80

Destination Dealer
RAPID RENTAL
1890 NORTH 200 WEST
ANGOLA, IN 46783
(260) 665-7383
Dealer Number: 467838
Fuel or Optional Refueling Service

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.

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

Rental Information	Rate and Charges	Total Amt
267 DIESEL RAMP.....	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....	8.80*
AUTO TRAILER #: 122536...	9 Days @ Flat Rate....	377.00*
HAND TRUCK : 1.....	9 Days @ Flat Rate....	37.00*
Moving Supplies Total....		8.80*
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		8.80
Less: Deposit/Previous Payments....		8.80
Amount Due Budget		3729.51

Payments Approval
VI [REDACTED]



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)

<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</p> <p><input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active</p> <p><input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.</p> <p><input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor</p> <p><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> <p>TYPE AMOUNT</p> <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>
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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
	<input type="text"/>	<input type="text"/> <input type="text"/>
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.

Reset

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
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/F&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.			(2) LOCAL RATE PER CWT X ACTUAL WT. OR WT. ALLOW.		
= \$ _____ 0.00			= \$ _____ 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 TAEWELL	Renewal Fee \$99.00

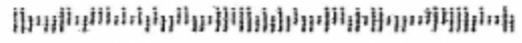
PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
SPRINGFIELD, IL
PERMIT NO. 93

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

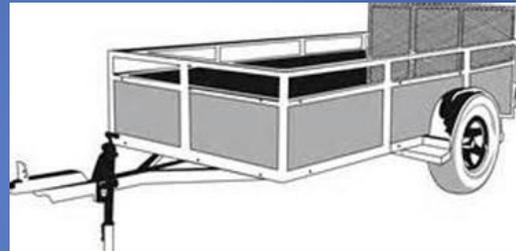
I, _____, give _____ permission to use my _____ to move their household goods from _____ to _____.

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.)



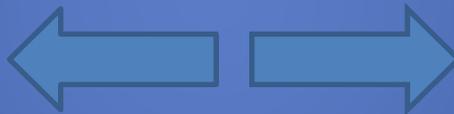
Note: Member can utilize an enclosed trailer but weight of the trailer will not be counted towards your weight allowance. Empty weight ticket must include trailer.

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

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

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

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 that the vehicle is returned after the original return date.

TOWING INFORMATION
Unit #: [REDACTED] Location: 072310 Days Allowed: 4
9000 - SIA 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

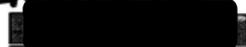
CHARGES

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	
SUBTOTAL:				\$1,626.73	
TAXES					
CA SALES TAX				\$130.30	
TOTAL DUE:				\$1,942.09	
Pay Type	Trans	Date	Card #	Approval Code	Amount
[REDACTED]	[REDACTED]	09/05/2014	[REDACTED]	[REDACTED]	(\$1,942.09)
PAYMENT:					(\$1,942.09)
NET DUE:					\$0.00



Rental Expenses

Example



TRANSACTION SUMMARY

Customer ID [Redacted]
 Name [Redacted] Credit card [Redacted]
 Address [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	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
TOTAL CHARGES					2,520.00

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 a 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 <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																																																																																
10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS		11. ORGANIZATION AND STATION		12. DEPENDENT(S) (Check and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED 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 <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. PLACE (Home, Office, 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>AR</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>AR</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>AR</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>AR</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> <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 (Home, Office, 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)					AR						DE	City, ST (Dest.)					AR						DE						AR						DE						AR						DEP						ARR						DEP						ARR					
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16. POC TRAVEL (Check one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		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 <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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d. SIGNATURE		e. TELEPHONE NUMBER		f. DATE																																																																																
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d. DATE		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																																																																																

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

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.

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.



WEIGHT TICKETS

Legible copies of certified empty and full weight tickets

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

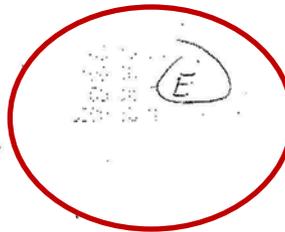
WEIGHT CERTIFICATE

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



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, EMLID/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, EMLID/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 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





ORDERS

Travel SDN must be on orders in order to process claim.

Original Orders

USMC WEB ORDERS

NAVMC 11060

ORIGINAL ORDERS



UNITED STATES MARINE CORPS
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION
PARRIS ISLAND, SC 29905

IN REPLY REFER TO
1320
RAC
12 Nov 13

From: Commanding General, [REDACTED]
To: Private [REDACTED]

Subj: RECRUIT TRANSFER

1. Delivered. Effective 1100, 13 December 2013, you will stand detached from your present station and duties and are directed to report by 1300, 24 December 2013, to the Commanding Officer (CO), School of Infantry (SOI), Camp Geiger Bldg #6644, MCB, Camp Lejeune, NC 28542 (MCC JA4) for TEMINS. Your dependents and privately owned vehicles are not authorized at this temporary duty station.

2. You will notify the CO, SOI of your new duty station of any changes to your address. Any request for leave extensions will be made to the CO, ephonically. During working hours contact (910) 449-0441/2/3 or after hours, weekends and holidays contact (910) 449-0179.

are directed to submit your orders to the disbursing officer within working days after completion of travel to settle travel expenses.

All listed transportation account code (TAC) Standard Document Numbers applicable to this order due to tour length and location. Please refer appropriate transportation orders for the application entitlements.

Travel and Per Diem:

SDN: M7000214CTA16Y7 LQA: 1741105.2750 217 41690 067443 2D 000000 000000000000

CIC: 67000214CTA16Y7

House Hold Goods:

SDN: M7000114CB0M7C4 LQA: 1741105.2750 220 41690 067443 2D 000000 M7C400000000

L. E. Reynolds
L. E. REYNOLDS
Commanding General

Generated by TailPDF.NET Evaluation

USMC WEB ORDERS

PERSONAL ORDERS INFORMATION

NAME: [REDACTED]
RANK: [REDACTED]
SSN: [REDACTED]
FMOS: [REDACTED]
FUTURE MCC: [REDACTED]
ESTIMATED DATE OF DEPARTURE: [REDACTED]
ESTIMATED DATE OF ARRIVAL: [REDACTED]
ISSUED DATE: [REDACTED]
PRESENT MCC: [REDACTED]
PRESENT MCC DESCRIPTION: [REDACTED]

E

MCTS TRANSACTION INFORMATION

TRANSACTION DATE
30/09/14 2:05:00 PM

TRANSACTION TYPE
010

PCS CONUS TO CONUS (DFOP) 1. DIR SNO RPT NLT 25 JUL 2014 TO CO MCG 26 20MAW NEW RIVER NC (MCC L43), DUTY IN FLYING STATUS INVOLVING OPERATIONAL FLIGHTS (DFOP); 2. INCLUDE IN ORDERS ISSUED: EXECUTION OF THESE ORDERS INCLUDES A TWO-YEAR SERVICE OBLIGATION UPON ARRIVAL AT GAINES COMMAND. REQUEST FOR RETIREMENT/RESIGNATION WILL BE IN ACCORDANCE WITH MARINE CORPS ORDER P1900.16 3. DELAY AUTHORIZED AW MCO P1050.3 PAR 2009. CURRENT EDITIONS OF MCO P1900.16 PAR 400, MCO P11000.22 AND MCO P1300.3 APPLY. #TR CHAP 3 APPLIES. 4. MARINES ARE ENCOURAGED TO ACCESS THE MOST CURRENT INFORMATION ON FAMILY MEMBER TRICARE PRIME AND TRANSFER ENROLLMENT TO THE NEW REGION VIA THE ONLINE WEBSITE AT WWW.TRICARE.MIL/ENROLLMENT/

MARINE CORPS ACTIVE DUTY PERMANENT CHANGE OF STATION (PCS) ORDERS HAVE BEEN ASSIGNED A STANDARD DOCUMENT NUMBER (SDN), CUSTOMER IDENTIFICATION CODE (CIC) AND LINES OF ACCOUNTING CONTAINING FISCAL YEAR, CDS ASSOCIATED TO THIS ORDER IS TO BE RECORDED AND TRACKED UTILIZING THE SDN, CIC AND LQWS ASSIGNED.

CUSTOMER IDENTIFICATION CODE														
ETITLE	TAC	ACRN	DC	FY	APPR	SUBH	OSC	RCN	SA	AAA	TTC	FAA	COST CODE	SDN
MIG	M694	AA	17	4	1105	2750	220	41690	067443	2D	000000	M69400000000	M7000114CB0M694	
ITCBL Trans	M694													
Mobile Home	M694													
Non Temp Storage	M824	AA	17	4	1105	2750	220	41690	067443	2D	000000	M82400000000	M7000114CB0M824	
POV/Storage	M574													
POV/Storage	M204													
Travel	0000	AA	17	4	1105	2750	217	41690	067443	2D	000000	000000000000	M7000214CTB1WVK	
Unaccompanied Baggage	M604													

Traffic Management Officers should refer to Marine Corps Bulletin 4610 for the assignment of the appropriate Transportation Account Code (TAC) and Marine Corps Bulletin 4637 when arranging transportation for the movement of personnel. *** End of Orders ***

SEPARATION/TRAVEL PAY CERTIFICATE

NAVMC 11060 (REV 10-11) (Previous editions will not be used)
REV: 2100-CP-045-0700 S/N: FORM OF 103

DTMS Document ID: [REDACTED]

PART I - COMMANDING OFFICER

UNIT: [REDACTED] DATE: 20140716
 NAME (Last, First, Middle Initial): [REDACTED] RANK: SGT SSN: [REDACTED]
 EDIPI: [REDACTED] 20060805

ACTE FOR SEPARATION AND PROGRAM DESIGNATOR CODE: [REDACTED] EFFECTIVE DATE OF SEPARATION FROM ACTIVE DUTY: 20140714
 REASON: RELACED DISCHARGE RETIREMENT DESIGNATOR TRANSFER TO FMCS TRANSFER TO TDRL/PSRL

TYPE OF DISCHARGE: HONORABLE GENERAL OTHER THAN HONORABLE BAD CONDUCT DISHONORABLE

REASON FOR SEPARATION: [REDACTED] LEAVE FROM ORDERED TO ACTIVE DUTY

PAY INFORMATION

RECORD: NET BONDS: YES NO RECOUP REIMBURSEMENT BONDS: YES NO
 ADVANCE PAY: YES NO HALF ACTIVE SERVICE: _____ YEARS _____ MONTHS
 UNPAID: _____ READJUSTMENT PAY
 MILITARY SEVERANCE PAY: RESERVE OF COMBAT: YES NO ACTIVE SERVICE: _____ YEARS _____ MONTHS
 CURRENT MOBILIZATION RESERVE ABSENCE (FORMA) FROM (LINE AND DATE): _____
 DATE: _____
 LEAVE SEPARATION (NUMBER OF DAYS 25.0) FROM (TIME AND DATE) 1201 20140619
 DATE: 2309 20140714
 IF NAVY RELIEF SERVICE LOAN: _____ YES NO
 IF SELLING BACK 40.0 DAYS OF LEAVE MBR LOST 14 DAYS OF LEAVE

ACCOUNTING/APPROPRIATION DATA - ACCOUNTING CLASSIFICATION FOR SEPARATION

APPROPRIATION SYMBOL	OBJECT	FUND	SUB	ACTIVITY	TYPE	PROPERTY	CODE
1741105.2750 M7000114CB0M694	217	41690	067443	2D	000000	000000000000	
1741105.2750 M7000114CB0M824	220	41690	067443	2D	000000	M7C400000000	

DATA CONTAINED IN NOTES IS CORRECT AND MAY BE USED TO SUBstantiate DEPENDENCY FOR TRAVEL CLAIM

SIGNATURE OF COMMANDING OFFICER/CERTIFYING OFFICER: [REDACTED]

PART II - MARINE

APPELLATE LEAVE ACTION (IF APPLICABLE)

A. I DO NOT elect payment _____ days RLE and _____ days SLE in connection with involuntary appellate leave.
 B. In connection with voluntary appellate leave, I understand that I will remain in a pay status until my current leave balance of _____ days is used, and will enter an excess leave status thereafter.
 C. I understand that my leave balance is _____ days excess leave and that I will be charged pay and allowances for each day of excess leave.

TRAVEL ELECTION

I DO NOT ELECT to be paid an advance separation travel allowance.
 I ELECT to be issued a Government Transportation Request(s) for travel for myself and my dependents from _____ to _____ (City, State)
 I ELECT to be paid advance travel allowances for myself and my _____ dependant(s) from _____ to _____ (City, State)
 to _____ (Complete mailing address for travel allowance) by _____ (date of travel) on _____ (date of departure)

Permanent Mailing Address after separation: [REDACTED]
 Phone Number after separation: [REDACTED]
 E-MAIL Address after separation: [REDACTED]

The amount advanced is a partial advance and the remaining amount due will not be paid unless and until a travel claim is submitted for travel actually performed. Subject to _____ (Complete address of the disbursing office paying the advance)

I UNDERSTAND that in the event I or my dependents do not perform the travel as indicated above, or travel is performed for a lesser distance, an adjustment of the final amount due will be required. In the event I fail to file a travel claim upon completion of travel, the entire amount of the advance becomes due and payable to the United States Government.

I UNDERSTAND that adjustments to my Master Military Pay Account (MMPA) may be processed after my separation and that any additional pay on indebtedness notification caused by adjustments will be provided to me. Allowance and pay checks or direct deposit payments received after separating must be returned to the Defense Finance & Accounting Service (DFAS), Cleveland, OH. I should contact the DFAS (SFP) if I have any questions.

SIGNATURE OF MARINE: [REDACTED] DATE: _____



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

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

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

Thank you
for helping us
support the Marines