

Army Military Pay Office (AMPO) Separations/Retirement Instructions

Step 1 - Attend the Mandatory Separations/Retirement Brief located in the Soldier Support Center classroom 228C. Briefings are held every Thursday from 0900-1000. Ensure to bring a copy of your orders/amendments, a copy of your DA Form 31 if taking leave, and the Leave Verification Form listed below. **Effective 7 November 2022, Soldiers that arrive to this brief without documentation listed above will not be allowed to stay. Those Soldiers will have to obtain documentation listed and return on the following Thursday.**

Step 2 - Review Army Military Pay Office (AMPO) Brief/Fact sheet

Step 3 - Complete the Finance Separation/Retirement Information Sheet

Step 4 - Submit all of the documentation listed below (if applicable) with the exception of your clearing papers to the group mailbox listed below **at least 5 days prior** to your final out date

usarmy.campbell.fin-mgt-cmd.mbx.AMPO-separations@army.mil

- **Finance Separation/Retirement Information Worksheet (attachment #1)**
- **Leave Form/DA 31 (if not provided at the Separation Brief)**
 - Only applicable if you are taking Terminal Leave or Permissive TDY (PTDY)
 - Please ensure the DA Form 31 has all the appropriate signatures to include a control number
 - If you are requesting PTDY (Permissive TDY) ensure block 13 is signed by a LTC or higher. Must include signature and signature block. PTDY dates and leave dates must be annotated in block 17 (Remarks) on the DA Form 31
- **Leave Verification Form (attachment #2 if not provided at the Separations Brief)**
 - Your unit S1 will complete the Leave Verification Form annotating any leave that has been taken within **6 months** of your separation date including Terminal/PTDY Leave
 - Ensure block #12 is signed by your 1SG/CDR to include their signature block
- **DA Form 5960 (attachment #3)**
 - Complete the DA Form 5960 (applicable for Single Soldiers residing in the barracks or if your dependency status has recently changed)
 - Single Soldiers residing in the barracks must submit Barracks Termination Memo once barracks are cleared
 - Ensure block #16 on the DA Form 5960 is signed by your Commander to include signature block/title
- **Retirement/Separation Orders to include any amendments (if not provided at the Separations Brief)**
- **DD Form 214 Worksheet**
- **Barracks Termination Memorandum**
 - Only applicable for Soldiers residing in the barracks

- **DA Form 7783 Written Service Agreement and Mandatory Disclosure Statement for Involuntary Separation Pay**
 - Only applicable if you are receiving Full/Half Involuntary Separation Pay per your separation orders
 - Must be signed **before** the Soldier's release from Active Duty

Document Submission

- To prevent a delay in your Separation/Retirement, please ensure to submit all applicable documentation to the group mailbox below **at least 10 days prior** to your final out date or as soon as you obtain your orders (if less than 10 days)
- Please submit documentation in a PDF format
- Documentation needed are as follows:
 - **DA 31 (if taking leave)**
 - **Finance Separation/Retirement Information Worksheet**
 - **Leave Verification Form**
 - **Retirement/Separation Orders to include any amendments**
 - **DD Form 214 Worksheet**
 - **DA Form 7783 Written Service Agreement and Mandatory Disclosure Statement for Involuntary Separation Pay (if applicable)**
 - **DA 5960 (if applicable)**
 - **Barracks Termination Memorandum (if applicable)**
- Ensure to submit all documentation in a single PDF, please do not send each document as an individual PDF
- Once we receive a completed packet, we will review the documentation and respond with further guidance/instructions within 3 business days.

usarmy.campbell.fin-mgt-cmd.mbx.AMPO-Separations@army.mil

Army Military Pay Office (AMPO) Separation/Retirement Brief/Fact Sheet

Leave

- The maximum amount of leave you are authorized to sell in your entire military career is 60 days
- You cannot take a ½ day of leave. When computing your terminal leave **do not round UP**, if you have a ½ a day, please round down
- Any combat zone leave balance remaining at separation will result in part of the accrued leave being nontaxable.
- Any leave days that you do not take will automatically be cashed in if eligible and added to your final pay
- PDMRA leave is authorized to take in conjunction with terminal leave
- Permissive TDY must be signed by a LTC/O5 or higher. PTDY is charged/taken first, then terminal leave

Basic Allowance for Housing (BAH)

- All single Soldiers that are currently living in the barracks and taking terminal leave, Permissive TDY, or PDMRA leave will receive BAH at the without dependent rate based on your current grade for Fort Campbell effective the day your leave starts
- Single Soldiers will complete a DA Form 5960 (attached), have their Commander sign, and return with the rest of the requested supporting documentation
- All single Soldiers residing in the barracks must provide a copy of their Barracks Termination Memorandum (issued by Housing) in order to receive BAH
- All other Soldiers will continue to receive BAH as normal
- If you have recently been married, divorced, or had other changes to your BAH proper documentation must be provided in order to make the appropriate changes

Debts

- All debts will be accelerated to ensure collection before date of separation. If necessary discretionary allotments will be adjusted in order to ensure full collection prior to separation

Allotments

- ETSing Soldiers: Allotments will stop the month prior to your date of separation (E.g. you separate in April then your allotments will stop in March)
- Retiring Soldiers: The AMPO can only process allotment stops or changes the month prior to retirement. Therefore, retirees should be advised to process documents requesting these changes at least two months prior. Otherwise, if sufficient funds are available, discretionary and non-discretionary allotments will continue through month of retirement and transfer to the retired pay account.

Personally Procured Move (PPM/DITY)

- Please direct all questions to the Transportation Office at (270) 798-7151

Types of Pays that are NOT authorized for Separating Soldiers

- Advance Pay
- Temporary Lodging Expense (TLE)
- Temporary Lodging Allowance (TLA)
- Dislocation Allowance (DLA)

Per Diem & Mileage Rates

- Per Diem is computed as follows:
 - 400 miles for the first day of travel
 - 350 miles for every travel day after that

| Official Travel Time - Driving Miles Per Day | |
|---|-------------------------------|
| Miles | Authorized Travel Days |
| 1-400 | 1 Day |
| 401-750 | 2 Days |
| 751-1100 | 3 Days |
| 1101-1450 | 4 Days |
| 1451-1800 | 5 Days |
| 1801-2150 | 6 Days |
| 2151-2500 | 7 Days |
| 2501-2850 | 8 Days |
| 2851-3200 | 9 Days |
| 3201-3550 | 10 Days |

Mileage Rates

Service Member - \$0.22 per mile
Spouse (if driving 2nd vehicle) - \$0.22 per mile

Per Diem

Service Member - \$157.00 per day
Spouse (if driving 2nd vehicle) - \$117.75 per day
Spouse (if riding in same vehicle as SM) - \$117.75 per day
Dependents (12 years and older) - \$117.75 per day
Dependents (under 12 years) - \$78.50 per day

myPay

- Soldiers who have MyPay access prior to separation will have “read only” access for 12 months after date of separation
- Ensure you update your Login and Password for myPay, your email (non-military), and your Travel Net Pay/Direct Deposit
- Ensure you log in myPay at least every 30 days to ensure you do not get locked out
- You will need access to myPay to obtain your W2, it's very important you maintain access
- You can also obtain your W2 by contacting AskDFAS at the below link
 - <https://corpweb1.dfas.mil/askDFAS/ticketInput.action?subCategoryID=9724>

United States Savings Bonds

- Effective October 1, 2010, the Department of the Treasury discontinued the payroll savings plans for the purchase of paper United States (U.S.) Savings Bonds. U.S. Savings Bonds are now purchased through the Treasury's *TreasuryDirect*® accounts. U.S. Savings Bonds purchased prior to October 1, 2010, and held in safekeeping will remain there until service members either request them or leave active duty. See link below for request. [Defense Finance and Accounting Service > MilitaryMembers > bondretrieval \(dfas.mil\)](#)

Safekeeping Savings Bonds

- The Federal Reserve Bank printed and mailed all U.S. Savings Bonds previously stored in safekeeping by the Defense Finance and Accounting Service to members. Members who did not receive all their savings bonds will need to file a claim with the U.S. Treasury Bureau of Fiscal Services through TreasuryDirect. To file a claim, members need to follow the instructions found on the TreasuryDirect website. Members must create a TreasuryDirect account, as the reissued bonds will be deposited to the account electronically

Thrift Savings Program (TSP)

- Contributions terminate one month prior to date of separation. When a member separates there are four TSP options:
 - Receive a single payment, monthly payments or, for amounts of \$3,500 or more, a life annuity
 - Receive a partial payment and leave the rest in TSP until a later date
 - Leave funds in TSP to collect payment(s) at retirement
 - Have funds transferred to IRA or eligible retirement plan. Any funds not accepted will be paid directly to the member
- All TSP Separation matters are handled through the TSP Service Office and when possible should be conducted online. Go to www.tsp.gov and view your options under TSP Features for Uniformed Services for your options.

Disability Severance Pay (DSP) Tax Refunds based on VA Compensation

- In order to process a tax refund of DSP based on VA Compensation, the following documents will be required:
 - Separation Orders
 - DD Form 214 (with correct gross dollar amount documented in Block 18)
 - DD Form 215 (when applicable)
 - Proof of Veteran Administration (VA) Compensation either via the Proposed Rating created through the Integrated Disability Evaluation System (IDES) process or the VA Award Letter
- All the above documents will be submitted by the Soldier utilizing the online tool AskDFAS at the below link
 - <https://corpweb1.dfas.mil/askDFAS/ticketInput.action?subCategoryID=18024>

Final Separation Pay

- The final payment for Disability Severance Pay, Retirees, Soldiers not receiving a bonus payment and taking ten (10) or more days of transitional leave, and Basic Training Soldiers separating from initial entry training 90 days or less will be paid one hundred percent (100%) 7-10 days after your date of separation
- Soldiers receiving a bonus payment, taking nine (9) or less days of transitional leave, Chaptered Soldiers with more than 90 days of service, or any separation with an active CMS case which has an effect on final pay will be paid eighty percent (80%) of the total amount due 7-10 days after your date of separation.
- The remaining twenty percent (20%) will be used to satisfy any debts not identified at separation and paid 30 days after your date of separation
- Soldiers who do not properly clear the installation will be paid one hundred percent (100%) of the total amount due 30 days after your date of separation
- Please do not close your bank account **for at least 1 year** following your date of separation in case of any residual payments that may arise

Lump Sum Payments

- Any leave sold, separation pay, disability severance pay, or unpaid bonus money is considered a lump sum payment and will have federal taxes taken at 22% plus any state taxes if applicable. Some exceptions may apply for disability severance pay

Final LES

- Your final LES that reflects on myPay **will not be correct**. A final LES will be sent to you approximately 45-60 days following your date of separation. This will be mailed to the address you listed on your DD 214

Retired Pay

- Retired pay will be established when the active duty pay account displays a release from active duty
- The initial deposit of retired pay will occur on the first workday following the first month of retirement. Direct deposit is mandatory for retired pay
- Deductions from retired pay will include federal withholding tax, allotments (optional), and the cost of a survivor benefit plan (optional). Soldiers must specifically request withholding of state tax. Retired pay is also subject to garnishment deductions

Survivor Benefit Plan

- Soldiers are required to complete Data for Payment of Retired Personnel (DD Form 2656) to identify beneficiary to whom unpaid retired pay will be paid at the time of death
- A Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage (DD Form 2656-1) is required if Soldiers would like to elect coverage for a former spouse
- These documents must be submitted to the Transitions Office prior to your final out appointment

Final Travel Voucher

- Soldiers who ETS have **six months** to file their travel claim
- Retirees have **one year** to file their travel claim and can extend up to five years if need be
- Upon completion of travel to your final destination you must complete and file a settlement voucher (DD Form 1351-2, **attachment #4**)
- You may complete the DD Form 1351-2 manually or via the SmartVoucher tool
- Attach a copy of your orders to include any amendments

The logo for SmartVoucher, featuring the word "SmartVoucher" in a white, stylized, outlined font against a dark blue rectangular background.

<https://smartvoucher.dfas.mil/voucher/>

The SmartVoucher populates the DD Form 1351-2 based on your answers to the questions about your final move. It makes sure all required fields are populated. Once finished, submit through the SMART VOUCHER tool or print, sign and send via one of the below options:

Fax: (317)275-0277

Mail: DFAS Rome
ATTN: Travel
325 Brooks Rd.
Rome, NY 13441-4527

Online Payment Status Tool

- Check the status of your travel voucher at the link below
 - <http://www.dfas.mil/militarymembers/travelpay/checkvoucherstatus.html>

www.dfas.mil ► MilitaryMembers ► Travel Pay ► CheckVoucherStatus

Finance Separation/Retirement Information Worksheet

Last, First Name _____ SSN _____ Rank _____

Separation Date _____ SPD Code on Orders _____

Email Address _____

Unit Phone _____ Phone # (Home or Cell) _____

Future Mailing Address _____

Nearest Relative _____ Phone # (Home or Cell) _____

Are You Taking Permissive TDY? Yes No (Circle One)

From: _____ To: _____ Total days requested _____

Are you taking Transition Leave? Yes No (Circle One)

From: _____ To: _____ Total days requested _____

Have you taken any Leave that you have not been charged for? Yes No (Circle One)

From: _____ To: _____

Will you be promoted before you separate? Yes No (Circle One) Please provide orders if applicable

Marital/Dependency Status (circle any that apply): Single Married Divorced Legally Separated

If divorced, date of divorce: _____

Child in Custody of: Member Spouse Former Spouse Other _____

Are you married to a Civilian? Yes No Date of Marriage: _____

Are you married to another Soldier who is on Active Duty? Yes No

Date of Marriage: _____ Spouse SSN required ONLY if on Active Duty: _____

If yes, where are they currently stationed? _____

I certify that the information listed above is accurate and correct to the best of my knowledge

Soldiers Signature _____ Date _____

LEAVE VERIFICATION FORM

TO: S1's. The below Soldier is scheduled to separate or retire from the active Army. In order to properly compute the Soldier's final leave authorization, our office requires the below to be completed. Please list any and all leaves taken within the last 6 months to include any terminal leave. This information must be provided and confirmed by the Soldier. The Soldier must submit this form at the Separation Brief. Failure to provide this information may cause the withholding of the Soldier's final pay at separation or retirement as well as an out of service debt.

| | | |
|--|-----------------------|--------|
| 1. SOLDIER'S NAME | 2. RANK | 3. SSN |
| 4. UNIT | 5. DATE OF SEPARATION | |
| 6. NAME AND TITLE OF FINANCE OFFICER FTCKY AMPO IN AND OUT PROCESSING SEPARATIONS SECTION | 7. DATE | |

8. FOR S1 TO COMPLETE:

According to unit records, the above soldier took the following leave: ***S1 WILL NEED TO COMPLETE**

| LV CONTROLL # | DEPARTURE DATE | RETURN DATE | TYPE OF LEAVE | SOLDIER'S INITIALS |
|---------------|----------------|-------------|---------------|--------------------|
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|--|------------------|
| 8. POINT OF CONTACT | 10. S1 PHONE NO. |
| 11. SIGNATURE/SIGNATURE BLOCK OF COMMANDER/1SG | 12. DATE |

**BASIC ALLOWANCE FOR HOUSING (BAH)
AUTHORIZATION AND DEPENDENCY DECLARATION**

Attachment #3

For use of this form, see AR 637-1. The proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403, Basic allowance housing; Army Regulation 637-1, Army Military Compensation and Entitlement Policy.

PRINCIPAL PURPOSE: To start, adjust or terminate a Soldier's entitlement to basic allowance for housing (BAH) and to verify a Soldier's dependency status. For additional information see the System of Records Notice A0600-8-104 APS <http://www.federalregister.gov/documents/2019/07/18/2019-15242/privacy-act-of-1974-system-of-records>.

ROUTINE USES: To the Internal Revenue Service for tax purposes. To the U.S. Government Accountability Office for statistical management To the members of Congress for inquiries. To U.S. state courts and various law enforcement agencies by subpoena only.

DISCLOSURE: Voluntary; however, form will not be processed without your DoD ID for pay purposes and nondisclosure may result in discrepancies with your BAH.

| | | | |
|---|--|---|---|
| 1. Name (Last, First, MI) | | 2. DOD ID Number | 3. Grade |
| 4. Member's Physical Address (Street, City, State, and Zip Code) | | 5. Duty Location (Unit Location or City, State, and Zip Code) | |
| 6. Effective Date Of Action | 7. Type Of Action (Select Only One) <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop <input type="checkbox"/> Recertify | | 8. BAH Type (Select Only One) <input type="checkbox"/> With Dependents <input type="checkbox"/> Without Dependents <input type="checkbox"/> Differential |
| 9. Marital Status (Select Only One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed | | Has your spouse or former spouse ever served in a branch of the Uniformed Services? (If Yes, complete blocks a, b, c & d) <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 10. Spouse's Name (Last, First, MI) | | a. Spouse's DOD ID Number | |
| 11. Spouse's Physical Address (Street, City, State, and Zip Code) | | b. Spouse's Branch Of Service | |
| | | c. Date Spouse Last Entered Service | |
| | | d. Date Spouse Last Separated Service | |

12. Other Dependent Information (Children and Secondary Dependents). Additional Dependents Will Be Listed On Additional Forms

| Name | Physical Address | Relationship | Date Of Birth | Custody | |
|------|------------------|--------------|---------------|----------|-------|
| | | | | Physical | Legal |
| | | | | | |
| | | | | | |
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13. Certification of Dependent Support

_____ Read and Initial: I understand that the legal purpose of a housing allowance on behalf of a dependent is to partially reimburse a Service Member for the expense of providing a private sector residence for the dependents when Government Quarters are not provided. I further understand that a housing allowance for a dependent is not a bonus merely for the technical status of being married or a parent.

_____ Read and Initial: I understand that I am required to provide adequate support to those dependents on whose behalf I am receiving a housing allowance and if I fail to provide adequate support, the housing allowance that I received for that dependent will be recouped for nonsupport or inadequate support periods.

_____ Read and Initial: I understand that a legal separation agreement, court decree, judgment, or order that does not state the dependent support amount, or absolves me of my dependent support responsibility, does not of itself affect my housing allowance. I further understand that if I am authorized a housing allowance on behalf of a dependent that I must contribute to my dependent's support in an amount that is not less than the applicable BAH-DIFF rate.

_____ Read and Initial: I understand that if there is a court order or legal separation agreement stating the support amount, I must contribute to the dependent's support the amount specified therein, but in no case may the support payments be less than the applicable BAH-DIFF rate.

_____ Read and Initial: I certify that I provide or am willing to provide adequate support to the above named dependents.

I certify ALL information regarding this authorization is correct. I will immediately notify the servicing Finance/Personnel Office of any changes in the information above, due to divorce, marriage, death, living in government quarters etc., which could affect my BAH entitlement.

IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.

| | | | |
|------------------------|----------|---------------------------|----------|
| 14. Member's Signature | 15. Date | 16. Commander's Signature | 17. Date |
|------------------------|----------|---------------------------|----------|

THRIFT SAVINGS PLAN INFORMATION SHEET

Withdrawal Options: You are eligible to withdraw from your account when you separate from the uniformed services. You can also leave all or a portion of your account in TSP and withdraw it later.

You can request either a partial (\$1,000.00 or more) or full withdrawal through the Account Access section on the TSP's website at <https://www.tsp.gov>.

You can also request a withdrawal through paper form, also available on the website.

Send Check: Your withdrawal check will be mailed to you unless you elect an electronic transfer.

Taxes: Generally, all of the money from your TSP deferred contribution paid directly to you will be taxed as ordinary income for Federal tax purposes in the year (or years) in which you receive it.

Rollover Option: If you choose to select this option, complete the form, which is also available on the website.

Fax: 1-866-458-1452 (toll free) or (205) 439-4501 (not toll free)

Mailing:

TSP Rollover & Transfer Processing Unit

PO Box 385200

Birmingham, AL 35238-5200

Contact Information: Phone: 1-877-968-3778 (toll free) or (404) 233-4400 (not toll free)

Fax: 1-866-817-5023

Mailing:

Thrift Savings Plan

PO Box 385021

Birmingham, AL 35238

<https://www.tsp.gov>

| 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 checked="" 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 (X as applicable) | |
| 6. ADDRESS. a. NUMBER AND STREET b. CITY c. STATE d. ZIP CODE e. E-MAIL ADDRESS | | <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) | | <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA | | |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | | 8. TRAVEL ORDER/AUTHORIZATION NUMBER | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES | | |
| 11. ORGANIZATION AND STATION | | 10. FOR D.O. USE ONLY | | | | |
| 12. DEPENDENT(S) (X and complete as applicable) | | <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) | | | | |
| <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) | | a. D.O. VOUCHER NUMBER | | |
| 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | | | b. SUBVOUCHER NUMBER | | |
| 15. ITINERARY | | a. DATE 2016 | | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | | |
| | | c. MEANS/MODE OF TRAVEL | | d. REASON FOR STOP | | |
| e. LODGING COST f. POC MILES | | 10. FOR D.O. USE ONLY c. PAID BY | | d. COMPUTATIONS | | |
| a. DATE 2016 b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) c. MEANS/MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES | | 10. FOR D.O. USE ONLY c. PAID BY | | | | |
| 16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | 17. DURATION OF TRAVEL | | e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due | | |
| 18. REIMBURSABLE EXPENSES | | 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS | | | | |
| a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED | | 19. GOVERNMENT/DEDUCTIBLE MEALS | | a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS | | |
| 20.a. CLAIMANT SIGNATURE | | c. REVIEWER'S PRINTED NAME d. REVIEWER SIGNATURE | | e. TELEPHONE NUMBER f. DATE | | |
| 21.a. APPROVING OFFICIAL'S PRINTED NAME | | b. SIGNATURE | | c. TELEPHONE NUMBER 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 | | | | |