SmartVoucher Guide

Senior Soldiers 2021



Army Military Pay Office, Fort Drum New York

FT. DRUM AMPO INPROCESSING PACKET

You will complete your in-processing via the Smart Voucher program which can be accessed on the MyPay website under Quick Links.

To further assist you we have attached information: Finance Information Brief, how to complete Smart Voucher, and how to complete TLE.

Utilize the below checklist to ensure that all documents are attached to your travel voucher via Smart Voucher Program.

- Υ Travel Voucher (DD-1351-2) (must be submitted through *Smart Voucher*).
- Y *PCS Orders* (including all amendments, DD 1610 for TDY, and recruiter's dutyassignment order).
- Y PCS Leave Form (DA-31) Ensure blocks 1-16 are completed.
- Y Temporary Lodging Expense (TLE DFAS 9098 attached) for 10 days of hotel lodging to include a zero balance itemized receipt. For all members with dependents or single Staff Sergeants and above who lodged in empty house/apartment/stayed with family or friends within 50 miles of the losing or gaining installation, you will receive 10 days paid for meals and incidentals only.
- Y Temporary Lodging Allowance Housing approval, zero balance receipt (ifcoming from oversea location)
- Y Any orders for specialty pay (if applicable)

QUESTIONS? Please call between 1000-1500 hours Mon, Wed & Fri DSN 772-5421/7832 / CIV 315-772-5421/7832

Finance In processing Brief Sheet Army Military Pay Office (AMPO) Fort Drum, New York

SEE ATTACHED INPROCESSING PCS SMARTVOUCHER TO START AND SUBMIT YOUR PACKET TO FINANCE

- 1. Location or Duty Specific Pay: If you were receiving any location or duty specific pays (Assignment Incentive Pay, Cost Of Living Allowance, Demolition Duty Pay, Family Separation Allowance, Hardship Duty Pay, Hostile Fire Pay, Parachute Duty Pay, Save Pay, Special Duty Assignment Pay) and they were not stopped upon your departure they will be stopped when you are in- processed; they may cause a debt, please review your next LES and let your S-1 know if there are any questions.
- 2. Foreign Language Proficiency Bonus (FLPB): If you are receiving FLPB and are to continue receiving it, you must provide the AMPO with the current orders and corresponding DA 330 through the Unit S1.

3. Advance Pay:

- a. An advance pay is intended to provide funds to a member to meet extraordinary expenses incident to a government-ordered relocation. It is intended to assist with the out-of-pocket expenses, not typical of day-to-day military living, that precede or exceed reimbursements incurred in a member's change of duty locations. (If the Soldier doesn't have a government issued travel card GTC).
- b. Soldiers that did not request an Advance Pay prior to PCS, have 180 days after arrival to new duty station to request an Advance Pay. Advance Pays are requested on a DD2560 and submitted along with a copy of the PCS order and DA31.

4. BAH Changes incident to a PCS:

- a. You may have been/be overpaid BAH at the old location due to the military pay system cut-off (update) schedule. If you are overpaid, your LES will have an "Advance Debt" in the entitlements column of your LES. This isn't necessarily the total amount of the debt, just the amount of overpayment at the old rate. The new location entitlement will be effective the date you sign into Fort Drum. This entitlement may be "back-paid" based on the cut-off (update) schedule. If the amount of the Advance Debt in the Entitlements column and the amount of the "Debt" in the Deductions column equal then no further action is required. If there is not a corresponding "Debt" amount then the Advance Debt is suspended for 60 days. Collection will automatically resume unless a repayment plan is agreed upon by you and our office.
 - b. If you PCS'd from Overseas, BAH Type II will be paid effective the day your PCS leave started.
- c. An example of how the Advance Debt and deduction will appear on your LES if the deduction is made in the same month as the overpayment/advance debt:

	ENTITLEMENT	S	DEDUCTIONS		
TYPE		AMOUNT	TYPE	AMOUNT	
Ā	BASE PAY	4752.60	FEDERAL TAXES	420.01	
В	BAS	372.71	FICA-SOC SECURITY	294.66	
С	BAH	1524.00	FICA-MEDICARE	68.91	
D	FSH	25.00	STATE TAXES	51.12	
E۷	ADVANCE DEBT	281.00	ggli	25.00	
F			AFRH	0.50	
G			SGLI-FAM/SPOUSE -	7.00	
Н			DEBT	281.00	
Ι			MID-MONTH PAY	2903.56	

d. An example of how the Advance Debt and deduction will appear on your LES if the deduction is not made in the same month as the overpayment/advance debt:

Month #1 (After Arrival To Fort Drum)

	ENTITLEMENT	S	DEDUCTIONS		
	TYPE	AMOUNT	TYPE	AMOUNT	
Α	BASE PAY	4752.60	FEDERAL TAXES	420.01	
В	BAS	372.71	FICA-SOC SECURITY	294.66	
С	BAH	1524.00	FICA-MEDICARE	68.91	
D	FSH	<u>25.0</u> 0	STATE TAXES	51.12	
E	ADVANCE DEBT	281.00	SGLI	25.00	
F			AFRH	0.50	
G			SGLI FAM/SPOUSE	7.00	
Η			MID-MONTH PAY	2903.56	

Month #3 (After Arrival To Fort Drum)

ENTITLEMENTS		DEDUCTIONS		
L	TYPE	AMOUNT	TYPE	AMOUNT
A	BASE PAY	4752.60	FEDERAL TAXES	420.01
В	BAS	372.71	FICA-SOC SECURITY	294.66
C	ВАН	1524.00	FICA-MEDICARE	68.91
D	FSH	25.00	STATE TAXES	51.12
Е			SGLI	25.00
F	,		AFRH	0.50
G			SGLI-FAM/SPOUSE -	-7.00
Н			DEBT	281.00
I		,	MID-MONTH PAY	2903.56

Note: BAH rates can be found here: https://www.defensetravel.dod.mil/site/search.cfm?keywords=BAH&x=0&y=0

5. If you are residing in the barracks and have a meal card an example of how your LES will look is:

	ENTITLEMENT	S	DEDUCTIONS		
L	TYPE	AMOUNT	TYPE	AMOUNT	
Α	BASE PAY-	-2378.40	FEDERAL TAXES	216.94	
E	BAS	372.71	FICA-SOC SECURITY	147.46	
С	BAH ———	8.10	FICA-MEDICARE	34.49	
D			STATE TAXES	78.49	
E			SGLI	25.00	
F			AFRH	0.50	
G			MEAL DEDUCTION	307.40	
н			MID-MONTH PAY	949.22	

6. Enlistment Bonus: If you are entitled to a bonus submit the following documents through your S1: DD 4/1, DD 4/2, DD 4/3, DA 3286Annex B, MOS Order or AIT graduation certificate including the MOS. Once submitted and processed, the bonus will becredited to your next LES and sent as a separate deposit to your financial institution a few days after processing is complete. If the amount of the bonus exceeds \$10,000.00 the remaining balance will be paid in annual installments on theenlistment anniversary date.

- 7. Travel EFT: Ensure you update your Travel EFT information on MyPay, this is where your Travel Settlement will be deposited. You will also receive an Advice of Payment (AOP) e-mailed to the address you provided on the Travel Voucher once your voucher has been processed. If dependents are traveling separately at a later date ensure you complete a voucher for them once they have arrived to Fort Drum. If you elected a split disbursement to your Government Travel Card the payment will be sent at the same time the deposit is sent to your financial institution.
- 8. Per Diem: Is established to assist with payment of lodging and meals for Member and their authorized Dependents. The rate when driving a POV for the Member is \$151.00 per day, Dependents 12 and over is \$113.25 per day, Dependents under 12 is \$75.50 per day.

POV Miles/Travel Days Authorized

<u>Miles</u>	Travel Days	<u>Miles</u>	Travel Days	Miles	<u>Travel</u> <u>Days</u>
1-400	1	1451-1800	5	2851-3200	9
401-750	2	1801-2150	6	3201-3550	10
751-1100	3	2151-2500	7	3551-3900	11
1101-1450	4	2501-2850	8	3901-4250	12

Note: Per Diem rates can be found here: https://www.defensetravel.dod.mil/site/perdiem.cfm

9. Mileage (MALT): Covers the movement of Member as well as their Dependents. When driving a POV, the mileage reimbursement rates are as follows:

1 Vehicle	\$0.16	per mile	2 Vehi	cles \$0.32	per mile

Note: Mileage rates can be found here: https://www.defensetravel.dod.mil/site/Mileage.cfm

- 10. Temporary Lodging Expense (TLE): Is a partial reimbursement for temporary lodging expenses incurred during a PCS. The maximum reimbursement is 10 days for a move to CONUS. TLE cannot be used at gaining installation prior tosigning out of your losing installation. Single Soldiers reimbursement is limited to 65% of the lodging and Per Diem rates. Additional information may be found in Joint Travel Regulation, Chapter 5, Part A, Section 9 and here: https://www.defensetravel.dod.mil/site/faqtle.cfm
- 11. Temporary Lodging Allowance (TLA): Is a partial reimbursement for temporary lodging expenses incurred at an OCONUS duty location (to include Alaska & Hawaii). If TLA has not been paid and was submitted to our office it will be credited to your next LES and the next available payday. Additional information can be found here:

 https://www.defensetravel.dod.mil/site/faqtle.cfm
- 12. Dislocation Allowance (DLA): Is to partially reimburse a member for the expenses incurred in relocating the member's household on a PCS. The eligibility for DLA is found in the Joint Travel Regulation, Chapter 5, Part A, Section 10:
- a. Member with Dependents. A member with dependents is entitled to DLA when dependents relocate in conjunction with a PCS.
- b. Member without Dependents. A member without dependents is authorized DLA when relocated in conjunction with a PCS to a PDS where government quarters are not assigned.

Primary DLA Rates

Grade	Without-Dependent	With-Dependent	_	Grade	Without-Dependent	With-Dependent
O-7+	\$4,231.68	\$5,209.17		W-3	\$2,627.66	\$3,231.09
0-6	\$3,882.23	\$4,690.38		W-2	\$2,333.67	\$2,972.47
O-5	\$3,739.09	\$4,521.05		W-1	\$1,953.41	\$2,570.75
0-4	\$3,465.07	\$3,985.38		E-9	\$2,567.67	\$3,385.04
O-3	\$2,776.98	\$3,297.24		E-8	\$2,356.74	\$3,120.27
0-2	\$2,202.83	\$2,815.45		E-7	\$2,013.49	\$2,897.06
O-1	\$1,854.92	\$2,516.85		E-6	\$1,822.56	\$2,676.91
O-3E	\$2,998.64	\$3,543.55		E-5	\$1,680.96	\$2,407.52
O-2E	\$2,549.17	\$3,197.23		E-4	\$1,462.37	\$2,407.52
O-IE	\$2,192.04	\$2,954.00		E-3	\$1,434.67	\$2,407.52
W-5	\$3,520.47	\$3,846.84		E-2	\$1,165.30	\$2,407.52
W-4	\$3,126.41	\$3,526.67		E-1	\$1,039.11	\$2,407.52

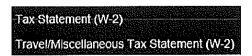
Note: Single E6 and above are authorized DLA at the without rate upon arrival to Fort Drum. Rates can also be found here: https://www.defensetravel.dod.mil/site/DLA.cfm

13. Personally Procured Moves (PPM/DITY): Handled by Transportation Office. They are located in Clark Hall BLDG 10720 Mount Belvedere Blvd, Room A2-42.

14. Spouse State License/Certification Reimbursement:

- a. Reimbursement is eligible when a soldier is reassigned, either as a permanent change of station or permanent change of assignment, from a duty station in one state to a duty station in another state; and, the movement of the soldier's dependents is authorized at the expense of the United States as part of the reassignment.
- b. The spouse is not required to have held the license in the immediately preceding duty station state. So long as the spouse, while married to the soldier, held the license at any prior duty station state, reimbursement eligibility requirements are met upon pcs to the new duty station state. Thus, for example, a soldier PCSing from OCONUS to CONUS may meet eligibility requirements for spousal licensure reimbursement; likewise, a soldier's spouse who, upon pcs to a new state, renews his/her license after a lapse between duty stations may meet eligibility requirements.
- c. Authorized movement of the soldier's dependents includes authorized movement of the soldier's dependents to the Soldier's PCS duty station, and authorized movement of the soldier's dependents to another designated location as part of the soldier's reassignment.
 - d. Qualified relicensing costs provided to a soldier may not exceed the amount established by applicable law.
- 1) When the request for reimbursement was adjudicated on or prior to 19 December 2019, the reimbursable amount is the lesser amount between fees paid and \$500.
- 2) When the request for reimbursement was adjudicated on or after 20 December 2019, the reimbursable amount is the lesser amount between fees paid and \$1,000.

- e. Documents Required:
- 1) SF1034 signed by the unit Commander as the Approving Officer and signed by the S-1 as the Certifying Official.
- 2) Supporting documents depicting payment of fees for new state license (receipts, money orders, credit card payments, etc.)
 - 3) Copy of current PCS order
 - 4) Copy of new State License or Certification
 - 5) Previous State License or Certification Number, License Type, and Issue Date.
 - f. Payment is taxable income, tax rate of 22%.
 - g. A W-2 will be available on MyPay under Travel/Miscellaneous Tax Statement, also in Tax Statement (W-2).



15. Inquiries: All inquiries are to be submitted through your S-1. Our office is located in Clark Hall BLDG 10720 Mount Belvedere Blvd, Room A2-06. In and Out Processing / Travel can be reached at 772-5421/772-7832 during our hours of operation are Monday through Friday, 1000-1500 hours.



PCS SmartVoucher Inprocessing

Defense Finance and Accounting Service

Army Military Pay Office Fort Drum New York





Walk Through:
Instructions for completing
PCS Travel Voucher
via SmartVoucher
https://mypay.dfas.mil/#/



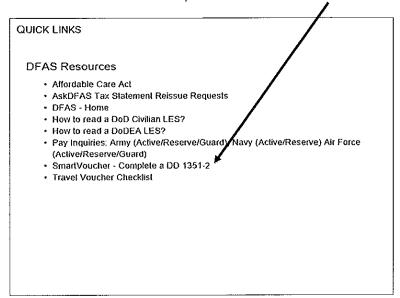
- Once on the myPay homepage, do NOT log in
- · Select "Quick Links"



Smart Voucher Instructions



 Under DFAS Resources, second from the bottom of the list, select "Smart Voucher – Complete a DD Form 1351-2"





- · Log in with your credentials
- · Click "I Agree" twice
- Click "Login with CAC"
 - ✓ Make sure it is NOT your email certificate



SmartVoucher



Welcome to Travel Pay Service's SmartVoucher!

some allumiteral communications and sections and sections are sections.	kogmannise og præke,
Fields are case-sensitive: Login ID Game as myPay, NOT your Social Security Number) Password Game as myPay, NOT interactive Voice Response System (NVRS) Personal Metalication Number (PRY) Login Forgot your Login ID or Password, click HEREF To enter your Password more securely, click on the On-Screen Keyboard button below.	You may also log in with YOUR own personal Common Access Card (CAC). You cannot use someone else's CAC. Please select your NON-Email certificate. Login with CAC
On-Screen Keyboard	

Smart Voucher Instructions

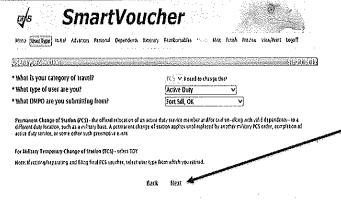


Bed Control and Asset on the Same State of the S
Maintenance Locking Reviewing DMFO: [Fort Sill, OK V] Search Reporting
Create New Youther Create Supplemental Youther Create Dependent Youther
Create Travel Advance
GS (No. M. 1965) (1) (1965). No. PCS Transi Vocabina to Review.
ID A CUP) (). BO TUY world Voesbern have been entered through Smar debroke.
(C-X-(C)) (TC) (Show help): No PCS used Youth as have be professed drawph Search/outher.
[EVITE (EVITE) 180 Tay AGAZOES have been entered through Sensitivolvies.
Create New YouGher Create Supplemental YouCher Create Dependent Youther Create Travel Advance

Smart Voucher homepage

- Can view old vouchers and create new vouchers
- Move through the voucher using the menu at the top of the page
 - Click on "Create New Voucher"
 - Click on "Create Dependent Voucher" if your dependents traveled <u>separately</u>
- Click on "Create Travel Advance" to request advanced travel or DLA payments.





- Category of travel will be "PCS"
- Type of user is "Active Duty"
- Select "Fort Drum, NY" as your AMPO
 Select "Next"

Smart Voucher Instructions



•	04/01/2019 MM/DD/YYYY Direct Deposit V
myty &	Direct Deposit V
myly (Direct Deposit ✓
 ` _	
NOTEs Aron 24 to 45 hours for the change to register throughout the system.	
* Did you ship your house hold goods?	Yes V
* Are you claiming Dislocation Allowance (DLA)?	Yes Y
Hote: Select Ho if this is your first more without dependents, if you are residing in the barracks, or if this is a retirement t Note: <u>Circle bere</u> to Fish to the ITR to review OLA entirement. Once at the ITR, go to Chapter 5 (FITH), then Section 053104	sgaration dDLA) for details
* Are you married?	Yes V
* Is your spouse active duty military?	No V
Are you claiming a Temporary Lodging Expense (TLE)?	Yes 🗸
Notes if you select Yes' then you are required to 63 out a <u>THE form.</u> *** For additional information on THE, <u>Cick here.</u>	
* Did you perform temporary duty en route?	No V
* How many vehicles did you drive?	□ ∨
NOTE: Fer ITA, Remensement for the use of more than two yeardes, within the same household for FRT, must be author	nized/approved through the Secretarial Process
Back Next	_

Travel Order # - found in the top left corner of your orders

Issue date of orders is found in the top right corner

Did your household goods move?

You can claim DLA if your dependents traveled with you and are here now <u>OR</u> if you are a single E6 and above <u>OR</u> traveling from an unaccompanied PCS and your family is here

Are you married?

Is your spouse active duty military?

- ✓ You will need your spouse's information
- ✓ Detailed instructions are on next slide Are you claiming TLE?
 - ✓ If you are still in the hotel you will claim TLE when you check out, You will need to complete the attached DD Form 9098

Did you go TDY enroute?

- ✓ Did you go to a school on your way here?
- How many vehicles did you drive?
- Select "Next"



fs your spouse active duty military?	Yes V		
* Please put in your spouse's ssn:	PALFARPA		
* Please put in your spouse's first name:	Jane		
Please put in your spouse's middle initial:	H		
* Please put in your spouse's last name:	Smith		
* Please put in your spouse's branch of military they are in:	Army x		

- If your spouse is active duty military, select "Yes"
- Fill in using your spouse's information:
 - ✓ Social Security Number
 - ✓ First name
 - ✓ Last name
 - ✓ Branch of service



Lean UserType Indial And Percent Capation trans, Ventura			
Myanes lifemation			Moderal
* Did you receive any previous government payments/partial payment/advances for this travel order? Note Constitute Advances to the Hadra Will addess for you comment to Alley Will addess for your comment to Alley Will addess f	K60 √		
* Did you receive any payments from Defense Travel System (DTS) during this travel period?	No V		:
Back Next			

- If you have a GTCC, you will answer "No" to both questions
- You will answer "Yes" only if you took a travel advance
 - Does not include a Pay Advance or DITY Move Advance



[zasatumonedon		Company Company	
Instructions: Please provide your current address and phone m	umber so we may contact you If necessary.		
* First Name: Middle Initial:	john		Use your personal information
* Last Name: Social Security Number: Grade/Rank: Current Street: Current Street2: Current City: Current State: Current Country: Current Country: Phone Number:(Daytime) Note Fasse profice the Stat phone number where we nity contact you.	Smith	•	Use current address if you have one; if none, use an address you will be able to receive your mail! You can now opt to receive updates on your travel via text. Answer all questions if you would like to receive updates. Email address can be military or civilian
I agree to opt-in to receive text messaging alerts I accept that data rates may apply Provider Carrier Email Address: Note: Provide the email address you read most consistently. Do you have a Government Travel Charge Card? Note: If you say no you will not be able to request spit disburstments Unit of Assignment: {Add City/State or Post/State} Note: If you do not know the Unit of Assignment put in Unknown.	Yes V Yes V AT&T John.smith.mil@mail.mil Yes V 3/2 Fort Sill OK 73508	•	 ✓ Use an email that you use often Do you have GTCC? – "Yes" or "No" Unit of Assignment: ✓ New unit you are going to ✓ Make sure to include: "Fort Drum NY 13602" OR AREA DUTY LOCATION IF DIFFERENT



(23) antignts Site Instructions: Please provide dependent information. You must use the "Save" button before going to the "Next" button. Separate vouc needed for any dependent that traveled to/from a separate location or during a different timeframe. You may use the "Create Dependent Voucher" feature found on the Menu screen to begin a dependent travel claim.	
* On this wonther, are you claiming dependents? Yes V The dependent actions should be the address upon receipt of orders.	 If your dependents traveled with you and they are here, select "Yes" for claiming dependents.
NOTE for PCS used turken CONIS locations orders must authorize dependents. For PCS transit tenth an an OCCARS location, dependents must be Command Sponsored O hay dependents left the previous duty station with me and arrived at my new duty station on the same day. O hay dependents traveled separately from me to my current duty station. O hay dependents traveled to designated location authorized on my PCS orders.	If your dependents traveled separately or are arriving at a later date, this voucher will be for your travel only. Another voucher for your dependents will be completed upon their arrival.
Back	Separate vouchers are needed for any dependent that traveled to/from a separate location or during a different timeframe. You may use the "Create Dependent Voucher" feature found on the Menu screen to begin a dependent travel claim.



Notes if your dependents have different permanent addresses then you will have to complete a	s separate itinerary (b'ock; 15a-15f) on a DO form 1351-2 for eac	h depende	ñt.
Note: SmartVoucher currently only allo	as for sixteen (16) dependents to be added.		
Dependent First Name:	Jane	•	Each dependent who traveled
Dependent Middle Initial:			with you will be entered on
* Dependent Last Name:	Smith		separate pages
* Dependent Relationship:	SPOUSE V	•	Dependent Street, City, State
Note: Children over 21, wards and parents require approval memorandum from Depend	ency Entitlements (DFAS).		Country and Zip Code is your
* Date of Marrîage:	12/15/2011 MM/DD/YYYY		OLD address (address at last
Dependent Street: Note Use dependent address upon receipt of orders.	1234 Main ST		duty station) OR your
note: use deperment appress upon receipt or growts.			dependent's address when
Dependent City:	Fort Hood		you received your orders
* Dependent State:	Texas ✓	•	Don't forget to mark off "Yes" if
• Dependent Country:	U\$A ∨		your dependent completed
Dependent Zip Code:	Zip Code Łookup 76542		travel
Dependent completed travel?	Ma^	•	Click "Save" to add another
Back	Save		dependent



Edit Delete First Name Mi Last Name A	ddress Date of Birth/Marriage Traveled	
Edit Delete fane Smith 1234 Main ST Fol	r Hood TX, 76542 USA 12/15/2011 🗹	
* Dependent First Name:	James	Click "Add Dependent"
Dependent Middle Initial:	Smith	Address will automatically populate
* Dependent Relationship: **Dependent Relationship: **Note: Critism over 21, marks and parents require approach measuration from Dependents.	DEPENDENT	Again, don't forget to mark "Yes" for completed travel
* Date of Birth: * Dependent Street: Hote Use dependent address upon receipt of crozers.	02/17/2015 MM/DD/YYYY •	In order to get reimbursed for all dependent travel, you need to list ALL dependents that moved
* Dependent City:	Fort Hood	with you
* Dependent State: * Dependent Country:	Texas □USA □USA	Once they are all listed and saved, select "Next"
* Dependent Zip Code:	Zio Code Lootup 76542	If you are claiming a secondary dependent, the approval memo
Dependent completed travel? Cancel	Yes V Save	from DFAS is required



linerary/hiomistion

instructions:

I. Begin your travel interary with the date that you officially began traveling, as well as from the location (installation/Base/City) that you officially started from under the applicable travel order.

Hote: When going TOY your itinerary should start with the location (Installation/Base/City) which you are located at prior to going to the official TDY

2. List ALL locations where authorized travel was performed and any overnight stops.

Note: Any deviations from your travel orders such as non-government travel, seturn trips home while in a travel claim status, or any Leave taken should

Note: Travelers who have been provided with new wavef orders to travel to a new temporary duty location (TDY) while they are will on travel orders at another TDY location must show each location/stop in their librerary and attach all applicable wavel orders with the travel package. (This applies to TDY within a TDY).

Example: John Doe receives orders to go TDY to Fort Carson from January 1st through January 31st. While as Fort Carson, John Ooe receives another set of order to go TDY from Fort Carson to Fort Knox and return to Fort Carson from January 12 through January 34th, John Doe should submit one basel souther package shoxing his time at Fort Carson and reflecting his TDY to Fort Knox as well. If John Doe has already been paid for the trip to Fort Knox (such as through another system), then John Doe needs to attach copies of the payment vouchers and orders for the Fort Knox interim TDY.

3. Any lodging expenses incurred at each travel location must be shown.

Note: Please do your best to complete the itinerary acturately. If one of the two errors below are made on the itinerary then you may be required to delete all the proceeding entries until you are back at the entry that needs to be amended.

- Missing a stop (forgot to include a leg of the travel)
 incorrect arrival or depart dates

4. In order to claim mileage, you must include the location to which you drove as a stop in your itinerary.

Example: A traveler's orders directs him/her to travel to Fort Blass. The traveler is Thing to Trot Blass. The hidwidual is fearing from home, dining to the airport, and then living to their TDY focation. In the interest pine traveler must show the method of travel to the airport, and include the stop at the airport as available transportation, in order to claim mileage to the airport.

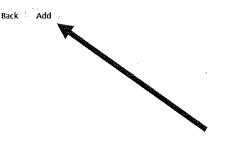
Ci-mave read the instructions for the literary, and I understand that to receive accurate and timely payments of all travel entitlements, the itinerary must be complete and exact.

- This is how you get reimbursed for your travels
- We need to know every time you changed modes of transportation
 - ✓ i.e. Cab to the airport then got on a plane
- You will need your leave form for the dates that you signed in and out (blocks 14 &16)
- Select the box in the bottom left
- Select "Add" on the next screen

Smart Voucher Instructions



Click to Show Instructions linerity/information Currently, you have not entered any stops for this travel voucher.



CLICK ADD



Pieco Bill lact 1251/ Piecotte Lettory Deceasion South	Fesch
(intering the constraint Currently, you have not entered any stops	ALCO SALDS STATE S
AND Zills Degrees says	
Departure Informat	101)
What day did your travel begin? Hour Othe of disputation in grant leave from.	07/21/2020 MM/DD/YYYY
What country did you depart from?	ÚSA
What is the zip code of your departure location? Zio Code Lookup	73503
Installation/Base/City	Fort SIII
State	Oklahoma V
What was your mode of travel?	Automobile V
Did you own or were you personally responsible for the operating expenses of the motorcycle? **Note if you drove a mention Kids, Index Yes**	¥es ₩
How many vehicles did you drive? NOTE for St. Sciebznement for the use of more than brevehicles, with a pre cure o household for 201, NOTE from the time of the for use of more than to be a shicked must be accordance.	Mand the soft-amount of the cough the Legislatural Disposes
Were you the operator of the vehicle? ************************************	ĭœ⊽
Particular and a second	nn.

- Travel began on the day that you signed out on leave
 - ✓ This must match your DA 31 block 14

CONUS/HI/AK

- Enter USA
- Use last duty location
- Zip code form your orders
- Mode of travel: "Automobile"
- Were you personally responsible for the operating expenses? "Yes"
- Were you the owner/operator? "Yes"



Aut/Editionary/reg	
What day did your travel begin? Note: Date of departer conjour least form.	01/02/2020 MM/DD/YYYY
What country did you depart from?	KOREA (SOUTH)
What installation/Base/City did you depart from?	CAMP HUMPHREYS
What was your mode of travel?	Automabile V
Did you own or were you personally responsible for the operating expenses of the automobile? Note: १९०४ वरण अस्ताम प्रकटन, अस्त निवः	No_V
Did the government own the vehicle?	No Y
Did you have to personally pay for the Automobile? Note: If you gued your GICC to pay, select Yes'	
. Next-stup infor	matlon,

- Travel began on the day that you signed out on leave
 - ✓ This must match your DA 31 block 14
- oconus
- Enter country departing from
- Use last duty station



Departur Informati	on.
What day did your travel begin?	07/21/2020 MM/DD/YYYY
Name Day of departure 50 year 160 of 150 of	WITH THE PARTY OF
What country did you depart from?	USA
What is the zip code of your departure location? Zio Cost tockyo	73503
Installation/8ase/City	Fort Sill
State	Oklahoma
What was your mode of stavel?	Automobile V
Old you own or viere you personally responsible for the operating expenses of the motorcycle? Relact the frame metals the own Tist	Yes ♥
How many vehicles did you drive? ROID FUTE, Link borness (for he are elemented so rebells, with a case absorbed for FUT, = ROID for a south a teller de un of their dras to a vehicle mett be approved.	as the surface of legacines distributed the Secondarial Francia.
Were you the operator of the vehicle? Rate State horizon as a pastinger	Yes ~
Next Stop Informatio	00.00
What date did you arrive?	07/21/2020 MM/DD/YYYY
Was this leg of travel to or from a terminal? Rate Tennals votols also as you say the speed out on the proof of the following the speed of	No 🗸
What country did you arrive in?	ŪSA
What is the kip code? <u>The Code Looking</u> Administration in Macen Congress, earnings and his period on play of the	76544
City	Fort Hood
State	Texas V
What was your reason for stopping?	Mission Complete >
Deficiency (Str.) of Str.) a proof of two what a work is a subscript, by any deliciency of play of the compact Accessed (Str.) of Str.) of the Str. and the subscript of Str. and Str.	t gan by give PCS paint g all yright (i.m., an dynigaddad daity utah tah
Did you drop off/store, or pick up a vehicle at this location?	ИВ
Cancel Save	:

- · Enter arrival date
- Did you drive to/from terminal? "No"
- Arrival country: USA
- Arrival city: is always "Fort Drum" unless other area duty location and zip code
- State: New York Zip: 13602
- Reason for stopping: "Mission Complete"
- Did you drop off, pick up, or store a vehicle is for VPC pick up or drop off
- Arrival Date is the day you signed in (from DA 31 block 16)
- Did you incur any lodging? This is separate from TLE
 - ✓ We will fill out a different form for your TLE stay
- · Click "Save"

Smart Voucher Instructions



Messy	nternation				200						- (3)(9)	(5)(0)(a)(2)
Edjit Delete	Departure Date	Departure City	Departure State	Departure Country		Arrival City	Arrival State			Reason for Stop	POC Miles	trodging
Edit	08/13/2019	Camp		KOREA (SOUTH)	08/13/2019	Osan Air Base		KOREA (SOUTH)	G8	AT	0	\$0.00
<u>Edit</u>	08/13/2019	Osan Air Base		KOREA (SOUTH)	08/13/2019	Seattle	WA	USA	CP	ΑT	0	\$0.00
Edit	08/13/2019	Seattle	₩A	USA	08/13/2019	Dallas	ΤX	U\$A	CP	ΑT	0	\$0.00
<u>Edit</u>	08/13/2019	Dallas	TΧ	USA	08/13/2019	Lawton	OΚ	USA	СР	AT	0	50.00
Edit Delete	08/13/2019	Lawton	OK	USA	08/13/2019	Fort Sill	oĸ	USA	PA	MC	0	\$0.00

Back Next

- Check your itinerary for completeness
- Remember, we need to know every time you change modes of transportation
 - Select "Next"



netro (dene	
· Click the "Add Expenses" button below to add a reimbursable expense.	
[(3)Unit(\$50)(3)23050575	
Currently, you have not entered any expenses for this travel youther.	
	Total: \$0.00 \$0.00

Back Add Next

- Reimbursable expenses include:
 - ✓ Tolls
 - ✓ Airfare
 - ✓ Excess Baggage
 - ✓ Authorized Delay at Airport
 - ✓ Taxi Cabs
- If you have a reimbursable expenses, select "Add"



(instruction) Chick the "Add Expenses" button below to add a reimbursable expense.	
Seligibite biologica	
Currently, you have not entered any expenses for this travel worke	
	Tent: 50:00 \$0:00
[15](1)[3](1)[3](1)[4] • You can add one time expenses or daily expenses incurred during a specific time	e frame.
* Was this a One-Time Expense or a Daily Expense?	
* What was the date of this expense?	01/01/2019 MM/0D/YYYY
* Type of expense?	TOLLS (HICHWAYS, BRIDGES, ETC.)
* What was the amount of the one-time expense?	5.00
* Was this expense charged to your Government Travel Charge Card?	⊕No ⊖Yes
Cancel Save	

- Select "One Time Expense" or "Daily Expense"
- Select date of expense
- Select type of expense
- Insert the amount
 - ✓ Remember, a receipt is needed for anything over \$75
- Select "No" or "Yes" if it was charged to you GTCC
- Click "Save"
- If you have other Reimbursable Expenses, select "Add"
- If no others, select "Next"



llowed file types: bmp.gif.jpeg.pdf,pj lle size Limit: 2 mb	VoydhadAtteChments. peg.png	-	
elect a file to upload:		Browse Uploa	d
	Unused Tickets		
a have unused tickets from this to	rip: 🛘 If yes, turn those tickets into the Tra	nsportation Office (T/O) or Co	mmercial Travel
ice (CTO).	The Early Services and the tree	4	
ice (CTO).	ontiochole a neuightegrafess of amount. All other expenses o	•	
ice (CTO). Billody og vasteglind sspanolobis vig your	ourtinchée a nesightegardies of arrôum. Al orber expenses o Romal És	•	
ice (CTO). B Ylody og was seg sind se part of this trip, you or cify any general remarks regarding	ourtinchée a nesightegardies of arrôum. Al orber expenses o Romal És	•	
ice (CTO).	ourtinchée a nesightegardies of arrôum. Al orber expenses o Romal És	•	
ice (CTO). B Blody og was seg sind as part of this trip, you or ocify any general semarks regarding	ourtinchée a nesightegardies of arrôum. Al orber expenses o Romal És	•	

- Click "browse" to select documents to be uploaded: orders, DA 31, and any additional documents
- Click "Upload" to upload the selected documents to SmartVoucher
- Specify if you have any unused plane tickets; this may be left blank
- Specify any general remarks

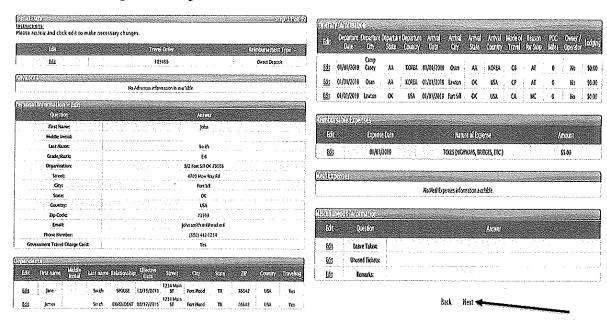


ទីទ្រាំ(DBbbrschnats
Instructions: Split disbursement is mandatory. If you have indicated you paid certain expenses with a government charge card, it is noted below. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.
To check the current balance on your GTCC please call 1-800-200-7056 or visit the Citibank website: Check GTCC Balance
You indicated that you charged this amount to your Government \$0.00 Travel Charge Card for this voucher: (Format: 100.00) ROTE travel ring though the cite into stroom ORIGINATE and any also products to the own the control of the
\$5.00 - Expenses not applied to Government Travel Charge Carr
Back Next

- Split Disbursement is used if you have a GTCC and used it
- You can opt to have a specified amount go straight to your GTCC
- You'll have time to call Citi Bank to find out your balance
- Keep in mind, you are responsible for your GTCC
- Select "Next"



Verify all of your information then select "Next"



Smart Voucher Instructions



lt sequire th	r responses to the associated questions throughout the SmartVoucher it has been determined that your travel package le following documentation:
m der be	Kuments Semments
	in addition to this travel order, please ensure you include all corresponding amended orders.
Tempor Expense	TLE is intended to partially pay for lodging/meal expenses when a inemeber/dependent(s) occupy temporary quarters in CONUS due to a PCS
	· · · · · · · · · · · · · · · · · · ·
recitores.	or Opening COT
view and pr	int your travel claim, click on the View Travel Voucher button below. Download dialog box appears, do the following steps:
Click Open	
	t from the menu. Nave printed or saved it to your hard drive, theck the X' in the upper right hand corner to close the window.
	The second secon
Sector an	AURURIUM.
ensure a <i>hi</i>	gh quality submission to prevent rejects/resurns:
Ensure you	r fax / scanner is set to 300 dpt (also called "line" or "super-fine")
Verify your Make sure	
Verify your Make sure: Make sure: Ifter printin Istach all th Note: Enzur Note: RETAI	r fax / scanner is set to 300 dpt (also called "line" or "super-fine") scanner or printer settings are set to black and white not grayscale. you do not have scanns in the document from folding it.
Verify your Make sure: Make sure: Ifter printin Istach all th Note: Enzur Note: RETAI	I faw / Ezonner is set to 300 dej (also called Tina' or "superfine") scanner or printer settings are set to black and white not grayacule, you do not have seams in the document from foldings it has glass on you'll pay/canner is clean for fingularinst, dust, or smudges). 3 # hard copy of your travel claim, be sure to sign block, 20a, and obtain all other required signatures. I required documents listed above. 2 required documents listed above. 3 # NA COPY OF ALS SUBMITTED OCCUMENTS FOR YOUR COVER SCOOLS.
Verify your Make sure: Make sure: Atter prinsin- Attach all the Notes Ensur Notes RETAI	I have factoring it set to 300 dept fair occulied "Tina" or "super-fine"; Stanner or printer extings are set to black and white not grayscule, you do not have seams in the document from folding it. the glass on your fax/scanner is clean (no fingerprints, dust, or smudges). If a hard copy of your seaved claim, be sure to sign block 20a, and obtain all other required signatures, a required documents listed above. If a copy of your seaved claim, be sure to sign block 20a, and obtain all other required signatures, are quired documents listed above. If a copy of your seaved claim, be sure to sign block 20a, and obtain all other required signatures. If a copy of your seaved claim, be sure to sign block 20a, and obtain all other required signatures. If a copy of your seaved claim, be sure to sign block 20a, and obtain all other required signatures. If a copy of your seaved claim, be sure to sign block 20a, and obtain all other required signatures. If a copy of your seaved claim, be sure to sign block 20a, and obtain all other required signatures. If a copy of your seaved claim, be sure to sign block 20a, and obtain all other required signatures. If a copy of your seaved claim, be sure to sign block 20a, and obtain all other required signatures.
Verify your Make sure Make sure Make sure Make sure International to Note: Enzur Note: RETAI se the folio	I have factoring it set to 300 dept fairs called Time" or "super-fine"). Stanner or primer settings are set to black and white not grayscule. You do not have seams in the document from folding it. The glass on your factoring the factoring the gray of the glass of your factoring that the glass of the gray factoring the glass of the gray o
Verify your Make sure: Make sure: Make sure: Make sure: After printin, tach all the folio sure: Enzure 20 ccs RETAL se the folio sure: Se enzure 2 cs	I have factoried is set to 300 dept fairs called "Tras" or "super-fine") scanner or printer settings are set to black and white not grayacule, you do not have seams in the document from foldings it the glass on you'll polycament's clean for finging printins, dust, or smudges). g a hard copy of your usevel claim, be sure to sign block 20a, and obtain all other required signatures. I required documents listed above. I set the 1351-2 and all communation pages in the control of the 1351-2 and all communation pages. An ACONY OF ALS SUBMITTED COUNTERS FOR YOUR COURS EXCORDS. When you want to be supported by the control of the 1351-2 and all communation pages while the correct Travel Pay location to submit your usevel claim: Without a Community of the correct Travel Pay location to submit your usevel claim: Without a Community of the correct Travel Pay location to submit your suser submits and community of the correct Travel Pay location to submit your suser submits and community of the correct Travel Pay location to submit your suser submits at the correct Travel Pay location to submit your suser submits at the correct Travel Pay location to submit your suser submits at the correct Travel Pay location to submit your suser print to submit a community of the correct Travel Pay location to submit your suser print to submit the correct Travel Pay location to submit your suser print the correct Travel Pay location to submit your suser print the correct Travel Pay location to submit your suser print the correct Travel Pay location to submit your suser print the correct travel Pay location to submit your suser print the correct travel Pay location to submit your suser print the correct travel Pay location to submit your submit print the correct travel Pay location to submit your suser print the correct travel Pay location to submit your submit print the correct travel Pay location to submit your submit print the correct travel Pay location to submit your submit print the correct travel Pay location to submit your submit
Verify your Make sure Make sure Make sure Make sure of the printing tach all the votes RETAL se the folio	I have factoring it set to 300 dept fairs called Time" or "super-fine"). Stanner or primer settings are set to black and white not grayscule. You do not have seams in the document from folding it. The glass on your factoring the factoring the gray of the glass of your factoring that the glass of the gray factoring the glass of the gray o
Verify your Make sure Make sure Make sure Make sure of the printing state and the votes RETAL se the folio se	Ear / Earoner is set to 300 depl fairo called Tina" or "super-fine"). Stanner or primer steings are set to black and white not grayscule, you do not have seams in the document from folding it. The glass on your bravel claim, be sure to sign block 20a, and obtain all other required signatures. The required documents lifted above. The your submit gases 1 and 2 findmand backs of the 1351-2 and all continuation pages. NA COPY OF ALL SUBMITTED DOCUMENTS FOR YOUR OWN RECORDS. And the determine the correct Travel Pay location to tubmit your surveit claims: WINDER OF STANDARD CONTROL OF TRAVEL CRAIMS. WINDER OF STANDARD CONTROL OF TRAVEL CRAIMS.

Review these comments. If you need any supporting documents, Smart Voucher will let you know what is needed.

Click on "View Travel Voucher" to preview what your Smart Voucher will look like.



Security of the control of the con								SMART	VOUCH	ER						
Print to Company Day to Commany amount of this for Constituting (Section 1) Day of the Constitution			RAVEL					Tre in	Carry Act	Li.		REST HATO		X122732	1 4 mm 5	
		-														
The control of the					an the room	×11.0	Amount of the s	TH TOURS	ul oceon	(20 17)	M COVAL	CULTURE TYPE	L	THE COMPTON		•
A CONTROL OF CONTROL												-	172.00			
20 March Vig. P. C.	Serie to		72 COM A 25	***		1. 64.			2 87472	_	12700	7	×	***		-
Dec. 1995	00 M	AW W	hB ce			Fort	E 314		0:	к	23505			1		54
## CASE AND	***		, ,,	TO STREET, ST	nd laternation	Ä										
## CASE AND	****	TREA	ACAD WINES	4 TAY-	* ****		-			*****	MALES VAN	***		POLENCE Y. MEER		
First Bill	47.44	1214			323454											
Management								i					1.00	No. of Str. state		
	Por	L III	0X 1120					II DOMESTI	WETE MEDICAL	C	CF FT CF C	63671 /mustr	1.540			
Section Sect	. 1-		-10		1 12~		-TEG						1	-		
Section Sect				- sefert				- 1444	4 tx 1-4	,						
		*	and Jame		900400	_	12:11/2						1			
					DEPENDEN		627772	16 7					1			
Section Sect					1			14 100 100					770			
100 100																
100 100								" MAN CO.	4 PEARCO	: 1 .	COST	1.00	! —			
100	ŭ.					Date Da			120000000000000000000000000000000000000	حات	CONTRACTOR					
March Marc	*****		~~~	******						-		A 6125551022	·			
Marriago Color C									1094525264.0	38 36			t –			
MAIL REF. SAME AND CO. (MA) C. C	***							548.W/K409W(4	AT		•	*********				
25	122	147	Lauren . C	H. 484				ÇA.	39459400	g5, 18		SASSESSES	1			
Committee Comm	1/49		rang and , 6	M . USA				02400000590	MC.		٠	_ •				
CF									78998E	22 12	SERSERI	i samat				
1 1 1 1 1 1 1 1 1 1								200 2/462/21A		200	and the same	an acceptantant	-			
257								Supervisor and the Sa			an entre contra					
CF	-+								100000000000000000000000000000000000000	5 15	SERVERY	AND ADDRESS OF THE PARTY OF THE	. 1044		•••••	
A		214				CHANGES.	1			-	AND THE	***				
Missing or									2009200	88 722	SYS10	S SPEEKERS				
Secretary Secr								2,500,000,000				[
				~	~~~~	1	X [**								
								1 12 0000		"~	×#10415	···			- ;-	
						. 1					*******	Court during the				
13 Annimation 13 Annimatio	0110	•						'			er con repres			26772		
13 April 1000 15 April 100									*	-		~**	***	47 Dund		
Control Control The Control Control The Control Control The Control								Ì	1 "				104	C D		
A SERVICE TO SERVICE T								I			COLDER					
A TOTAL TO										6 EATT		1-00-00	-1	* 0418		h was conserved
A TOTAL TO								+		-	-		_	-	_	
A TOTAL TO	-							 					_	1		
A TOTAL TO	7-0-0	NY Bear	47.4¢						4, 4, 4, 4		1, 15,			• • • • • • • • • • • • • • • • • • • •		- 54 TY
Control Colleges 1 Total Colleges 1 Extra 1 Total Colleges 1 Extra 1 Stripped models 1 Stripped						٠.	11.5	4 7 5 5 5						100	of the sale	4
A TELEPHONE IN A SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITIES.								<u></u>								-1
A TELEFORM CANADA A TELEFORM A TE						- 1	**************************************	1915			. 13.1			4 1514 11474 11474		14
NACATA CAASACCA																1
SOLATE GLASSFORM	****					- 1	·	4.5						V AGINESIA OF AN	***	1.50
SOLATE GLASSFORM						- 1	******	4.00					- 1			į
NESTYPE (ATA	200.0	740 6	ANAPKATO										1			<u> </u>
,																
SECURITY SEC. SECURITY SEC. SECURITY SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC.	****	***** T.A	**													
etu esa teripora sera cara da	-	*3 **		¥4 ALWYS	** M	TRACE	SANN	T MECENTO. P.							27	Car Page
				l	1-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									. i	
FORM 1331-2, MAY 2011 POSTAGE CONCRETE BASE PARTS	107	M 13	51-2, MA	Y 2011			peryus.	* LC417.448.Th	CARCETT						2.00	

- This is your Smart Voucher generated travel voucher in PDF format.
- From here, we will collect all your supporting documents (DA 31 must be completed correctly block 14 and 17 must be annotated, orders and all amendments, plus any receipts).
- We will send your travel voucher up to DFAS so that you will be reimbursed for your travel expenses.
- Make sure to check your email or texts for updates!



Press Viet type "Heles"	MITSHIREY TELLUMBU EMPENDENIE KINETREY ACHINOMISMOES MILE THINDS TELLEM TAXINGE	u) codou
MELANDOMANADOM		
Based on your responses will require the following	to the associated questions throughout the SmartVoucher it has been determined that your o documentation:	ravel package
llem Jumber Documents	Comment	
1 Travel Order \$2345	In addition to this travel order, please ensure you include all cor amended orders.	responding
isticicum Anticopiania	PO .	
To view and print your tray When the File Download dis	el claim, click on the Vlew Travel Youcher button below. Hog box appears, do the following steps:	
, , , , , , , , , , , , , , , , , , , ,	or saved it to your hard drive, check the X in the upper right hand corner to close the window.	
Please ensure any changes	made throughout this process are reflected on your voucher prior to submission.	/ 1
If you want to view or chan Click on the 'Edit' link next	ge your claim, click the 'Manu' tab and all the travel claims created via SmanWoucher will be listed. 10 the travel claim that you would like to view/edit with the applicable Travel Order.	/ 1
To create a new travel claim	o, click on the "Crease New Youcher" button and follow the instructions.	- 1
To create a supplement tra with the applicable Travel C	val claim, click on the "Supplemental Voucher" button and select the travel claim that you would like order.	to supplement
Tipations		
	/	#
By clicking 'Submit To	ave) Voucher" you are legally signing this document to be submitted for routing and asproval.	 Sign
	/	- 3 -
	Back View Travel Voucher Submit Travel Voucher	

- Check the sign box
- Click submit travel voucher
- It will come to the Fort
 Drum AMPO for review, if
 corrections are needed it
 will be return to Soldier for
 corrections, once return, it
 will be forwarded to DFAS
 Travel for payment.

Disclusure: V	oluntary, however, failure to		compilation of systems sted information may re-			f your claim(s) for
reimbursemen 1. RANK	2. LAST NAME		3. FIRST NAME		4. SSN	5. PHONE NUMBER
6. STREET ADD	RESS	 	7. CITY		8. STATE	9, ZIP
10. CURRENT L	INIT ASSIGNMENT					11, PHONE NUMBER
12. MARITAL ST	ATUS:] DIVORCED [] MARRIED	☐ DUAL MILITAR	13. IF MILITARY, SPC	USE'S SSN	14. SPOUSES C	URRENT DUTY STATION
	AY IN OFF-POST LODGING?	16. STATEMENT	OF NON-AVAILABILITY #	(Without		sing you are only authorized or the on-post rate)
SECTION I - LIS	T DEPENDENTS YOU ARE C	AIMING THE FOR:		38.5 V 0.5 V 5.5 C		e.
AOD ROW	17. NAME	1	8. RELATIONSHIP	19, DATE C	F MARRIAGE	20, DATE OF BIRTH
REMOVE		-				
REMOVE ROW					•	
21. DATE HHG F	PICKED UP 22. DA	E HHG DELIVERED	23, DID YOU E	O A DITY MO	VE? 24. IF Y	ES, WHAT DATE?

Blks 1-3: Self Explanatory

Bik 4: Full SSN

Blks 5-9: Phone number, current address

Blks 10-11: Current Unit and unit phone number

Blks 12-14: Marital Status (If spouse is military need Full SSN and duty station

Blks 15-16: Yes or NO, Ft Drum DOES require a SNA.

Blks 17-20: List dependents that traveled with soldier, relationship, date of marriage for spouse and date of

birth for children.

Blks 21-22: dates Household goods picked up and delivered (if haven't been delivered yet leave blank.

Blk 23-24: Mark yes or no, if yest provide date performed the DITY Move

IE VOLLN				ING RECEIPTS, AND	A FULL COPY OF	ORDERS M	UST BE AT	ACHED TO	THIS FORM.			
ADD ROW	25.FROM DATE	26. TO DATE	27. NO. OF	28, LOCATION OF	29. MEALS ONLY/PER DIEM	30. DAILY LODGING COSTS	31. NUMBE	31. NUMBER OF PERSONS CLAI				
REMOVE ROW				CHY.	STATE	YES	COSIS	_ SIW	OVER 12	UNDER 12		
REMOVE ROW					9	YES NO						
32. DATE	TERMINATE	D QUARTE	ERS (IF APPLICA	BLE)	33. DATE A	SSIGNED Q	JARTERS (I	APPLICAB	LE)			
34, DEPA	RTURE DATE	FROM O	LD DUTY STATIC	Ж	35, ARRIVA	L DATE AT N	EW DUTY S	STATION				
I hereby o	ertify that I wa	s required	to obtain tempora	ry lodging for the days	noted above:							
36. DATE	OF SIGNATU	JRE 37. F	RINTED NAME		38, SIGNAT	URE			•			
		THIS DI	EPOSIT WILL BE	MADE ELECTRONIC	ALLY TO YOUR P.	AYROLL DIR	ECT DEPOS	IT ACCOUN	т.			
39. DATE	OF SIGNATE	RE 40.1	TIME 41. PR	NTED NAME OF FINA	NCE CLERK	E CLERK 42. SIGNATURE OF FINANCE CLERK						
	MENTS					·				•		

BLKS 25-26: DATES FROM LODGING RECEIPT (IF RATES CHANGED COMPLETE A SEPARATE LINE FOR EACH RATE

BLK 27: NUMBER OF DAYS STAYED

BLK 28: LODGING LOCATION CITY AND STATE

BLK 29: IF STAYED IN LODGING MARK "NO" IF STAYED WITH FRIENDS/FAMILY MARK "YES"

BLK 30: DAILY LODGING COST PLUS TAXES (PARKING AND PET FEES NOT REIMBURSABLE)

BLK 31: NUMBER OF SM AND DEPENDENTS THAT STAYED IN LODGING

BLKS 34-35: DATE DEPARTED AND ARRIVED OLD AND NEW DUTY STATIONS BLKS 36-38: DATE PRINT AND SIGN FORM

TLE CONT

CLAIM FOR TEMPORARY LODGING EXPENSE

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 301, Departmental Regulations, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol 9, Joint Federal Travel Regulation (JFTR) Vol 1, Chapter 5, Part H, and E. O. 9397 (SSN).

Purpose: To substantiate and evaluate the amount claimed for Temporary Lodging Expenses.

Routine Use(s): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the DFAS compilation of systems of records notices apply.

Disclosure: Voluntary however failure to provide the requested information may result in

reimburs		itary, nowev	er, failure to p	provide the	requeste	ed intori	mation may	result in a	delay or s	uspensior	ı of y	our claim(s) i	or	
1, RANK		2. LAST NAI	ME			3. FIRST NAME				4. SSN		5. PHONE NUMBER		
6. STREE	T ADDRES	S				7. CITY				STATE		9. ZIP		
10. CURI	RENT UNIT	ASSIGNMEN	IT							·		11. PHONE N	UMBER	
	TAL STATU] MARRIED	13. IF MILITARY, SPOUSE'S SSN				14. SPOUSE'S CURREN			STATION			
15, DID Y	OU STAY IN	N OFF-POST	LODGING?	16. STATE	MENT O	F NON-A	\VAILABILIT	Y# (W				ng you are only he on-post rate		
Section 2011 Company of the Company	I - LIST DE	PENDENTS	YOU ARE CLA	IMING TLE	FOR:						100.00		6.33.68	
ADD ROW REMOVE		17.	NAME		18.	RELAT	IONSHIP	19. D/	ATE OF MA	RRIAGE		20, DATE O	F BIRTH	
ROW REMOVE			· '											
ROW REMOVE ROW														
REMOVE ROW						_								
REMOVE: ROW														
REMOVE ROW														
21. DATE	HHG PICK	ED UP	22. DATE	HHG DELIV	/ERED	23, DID YOU DO A DITY MOVE? 24			24. IF	IF YES, WHAT DATE?				
SECTION	II - LODGIN	IG INFORMA	TION					3 Synam 20 22				900 80 3 W 151 2		
			RIGINAL LOD			D A FUI	LL COPY OF	ORDERS N	MUST BE A	TTACHED	TO T	HIS FORM.		
IF YOU N	EED MORE	DAYS PUSH	THE ROW	BUTTON				1						
	25.FROM DATE	26, TO DATE	27. NO. OF DAYS		CATION ITY	OF LOD	GING STATE	29. MEALS ONLY/PEF DIEM		3		R OF PERSON OVER 12	UNDER 12	
								☐ YES ☐ NO						
								☐ YES ☐ NO						
								☐ YES						
								YES NO						
								YES NO						
								YES NO						
1								YES NO						
wassal		L				L		L	1					

DF/AS FORM 9098, AUG 2009

PREVIOUS EDITIONS ARE OBSOLETE

PAGE 1 OF 2 ADOBE ACROBAT

RESET FORM

PRINT FORM

SUBMIT BY EMAIL

ı								00 5 1 11 14						
	25.FROM 26. TO 27. NO. OF DATE DAYS				28. LOCATION OF L	ODGING	29. MEALS ONLY/PER		31. NUMBER	R OF PERSON	IS CLAIMED			
	DATE	DA	lE	DAYS	CITY	STATE	DIEM	COSTS	SM	OVER 12	UNDER 12			
							☐ YES							
							☐ NO							
							☐ YES							
							□ NO							
				·			☐ YES							
							□ NO							
32. DATE	TERMINATE	ED QUA	ARTERS	(IF APPLI	CABLE)	33. DATE A	33. DATE ASSIGNED QUARTERS (IF APPLICABLE)							
34. DEPA	RTURE DAT	E FRO	M OLD D	UTY STA	TION	35, ARRIVAL DATE AT NEW DUTY STATION								
I hereby	certify that I w	as requ	ired to ob	otain temp	orary lodging for the days no	ted above:								
36. DATE	OF SIGNAT	URE :	37. PRIN	TED NAM	E	38. SIGNATURE								
						·								
		THI	IS DEPO	SIT WILL	BE MADE ELECTRONICAL	Y TO YOUR PA	AYROLL DIR	ECT DEPOS	IT ACCOUNT.	•				
39, DATE	OF SIGNAT	URE	40. TIME	41. F	RINTED NAME OF FINANC	E CLERK 42. SIGNATURE OF FINANCE CLERK								
43. COM	MENTS													
									•					
							•	•	•					

DF/AS FORM 9098, AUG 2009

PREVIOUS EDITIONS ARE OBSOLETE

PAGE 2 OF 2 ADOBE ACROBAT

RESET FORM

PRINT FORM SUBMIT BY EMAIL