FINANCE SEPARATION / RETIREE FACT SHEET



Army Military Pay Office, Fort Drum New York

FINANCE SEPARATION/RETIREE FACT SHEET

1. **TRAVEL ALLOWANCES:** Upon retirement or separating from Fort Drum, the soldier and his family are entitled to travel pay from Fort Drum to the soldier's home of record. Retirees will get paid up to their home of selection. Now Type 2's (General) discharges will only receive the mileage rate. Type 3's (under other than honorable) will get neither.

    a. Mileage Driving: The mileage rate is paid at $0.235 per authorized vehicle.

    b. Per Diem Driving:

        1) Official Travel Time: Taking the official distance between authorized points and dividing it by 350 miles derives travel time.
        2) Calculation of Per Diem: Drivers of vehicles moving on different days will receive $178.00 per travel day. When traveling in a "convoy", the second driver is counted as a family member. Each family member 12 years or older receives $133.50 and each family member under 12 receives $89.00 per travel day.
        3) Commercial Air or Bus: The payment will be based on the location to which the soldier and/or dependents are traveling.

2. **RETIREMENT FROM OTHER THAN FORT DRUM:** Soldiers who elect to retire at stations other than Fort Drum will be authorized travel allowances from FT. Drum to home of selection. The soldier **will not** be authorized travel time to travel from Fort Drum to their elected retirement station. All elapsed time after they depart Fort Drum will be charged as leave or permissive TDY. It is imperative that the DA-31 include all permissive TDY and leave up to the date of retirement. Soldiers who are directed to retire at stations other than Fort Drum (i.e., Fort Huachuca) will be entitled to travel allowances from Fort Drum to Fort Huachuca and then to home of selection.

3. **DISLOCATION ALLOWANCE (DLA) AND TEMPORARY LODGING EXPENSE (TLE):** Are PCS entitlements only, you are not authorized upon separation/retirement.

4. **PAYMENT OF TRAVEL ALLOWANCE:** Separating Soldiers may receive an 80% advance on their travel allowances. After arrival to your destination, Soldiers will submit their final travel voucher to receive the additional 20%. If you choose not to receive an advance then you will file your final settlement travel voucher when you arrive at your destination, receiving 100% reimbursement. Settlements will not be paid until after your ETS date, or your Retirement date.

5. **SUBMISSION OF FINAL TRAVEL VOUCHERS:** Soldiers who retire have 3 years from the date of retirement, separating soldiers have six months to submit final travel vouchers to DFAS Rome. DFAS Rome contact number, 888-332-7366.

6. **FINAL PAY/ACCRUED LEAVE:** Final Separation Payment will be made up to **20** days after your ETS/retirement date. Final pay will include all entitlements and allowances you are currently receiving, a pro-rated amount for clothing allowance and any sold leave. 22% for federal taxes and applicable state taxes will be withheld on sold leave. To calculate leave sold: **Base pay / 30 * amount of leave days sold = pretax amount.**

7. **THRIFT SAVINGS PROGRAM (TSP):** Contributions terminate 30 days prior to date of separation. For changes made after separation, Form TSP-U-9 must be completed and mailed/faxed directly to TSP as noted on the information and instruction sheet.

8. **BAH/TRANSITION LEAVE:** Single Soldiers going on transition leave will receive BAH at the without Dependent rate based off the Fort Drum zip code.

9. **ALLOTMENTS:** Allotments for separating soldiers are stopped 30 days prior to your month of separation. Allotments for Retirees will automatically rollover to the retired pay system if not stopped by the individual. All Garnishments will continue through the month of separation.

10. **RETIREMENT PAY:** The Defense and Finance and Accounting Service-Indianapolis prepares retirement pay based on information submitted by the servicing Retirement Services Office

Defense Finance and Accounting Service
8899 E 56th Street
Indianapolis, IN 46249-1200
Retired Pay: 800-321-1080

11. **CHANGES DURING PROCESSING:** Any changes in the separating/retiring process should be brought to the attention of Finance **AS SOON AS POSSIBLE!**

12. **RECOUPMENT OF ENLISTMENT/REENLISTMENT BONUS:** Recoupment of unearned portions of an enlistment bonus (regular or selective) is required when a member voluntarily, or because of misconduct, does not complete the terms of the contract under which the bonus was paid. (DODFMR, VOL 7A, PAR 10931)

13. **PAYMENT COMPUTATION UNDER THE VOLUNTARY INCENTIVE PROGRAM:**

    a. **FULL SEP:**
        1) **Requires a DA FORM 7783 from Reserve counselors as well as your contract 5691-R**

    b. **HALF SEP**
        1) **Requires a DA FROM 7783 from Reserve counselors**

    c. **DISABILITY SEP (MEDICAL):**
        Note: The maximum number of year's payable under medical is nineteen years. Computation will be rounded to the nearest year with six months or more rounded up.

NOTE: ABOVE PAYMENTS ARE SUBJECT TO A 22% FEDERAL TAX AS WELL AS APPLICABLE STATE TAX. PAYMENT WILL BE MADE 30 DAYS FOLLOWING DATE OF SEPERATION.

14. **BANK ACCOUNT:** We would like you to leave the direct deposit open for a full year. Finance may need to deposit additional funds within that time frame. **IF YOU HAVE ANY CHANGES TO YOUR BANK ACCOUNT PLEASE NOTIFY THE FINANCE OFFICE.**

15. **W-2 FORMS:** Are mailed at the end of January for the tax year that ended December 31st to the address given to us upon separating. If you don't receive a W-2 you may call 1-888-332-7411 (Option 1) for a reissue.

******YOU ARE REQUIRED TO CLEAR IN UNIFORM ACCORDING TO GARRISON POLICY******

THRIFT SAVINGS PLAN
Fact 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 http://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 http://www.tsp.gov

DFAS ROME TRAVEL VOUCHER SUBMISSION

The below documents will be submitted for travel reimbursement

Complete orders and any amendments

Copy of Final DD214

IPPS-A Absence Request

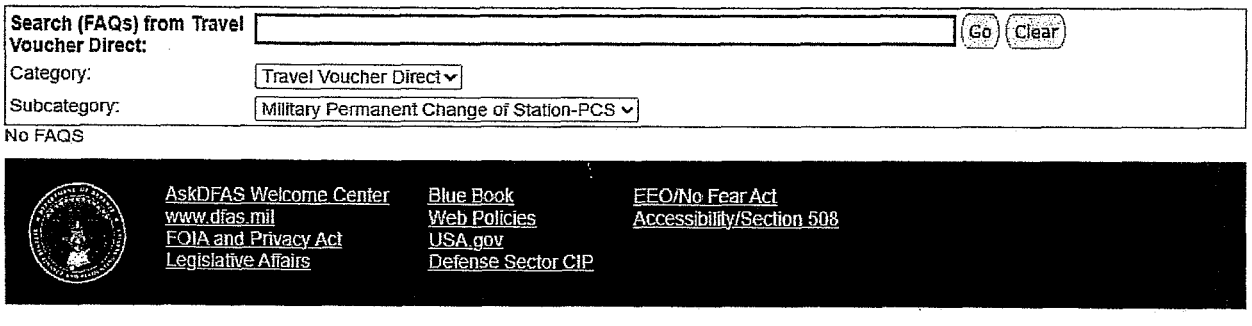
DD1351-2

Direct Deposit Form

Submit the method below

https://www.dfas.mil/MilitaryMembers/travelpay/Where-to-Submit-Your-Claim/





Submit A Ticket

DD Form 1351-2 Travel Voucher CHECKLIST

Expiration Term of Service (ETS) for Separating or Retiring Service Members

Online help - Use SmartVoucher to complete your DD Form 1351-2

Use SmartVoucher, www.dfas.mil/militarymembers/travelpay/smartvoucher.html, to make filling in your DD Form 1351-2 easier. Sending in vouchers that are legible, correct and include all the necessary information and documents is the first step in getting your travel claim paid promptly.

After you've sent your voucher, check the status! www.dfas.mil/militarymembers/travelpay/checkvoucherstatus.html

Use this QR code to check out our website at www.dfas.mil/militarymembers/travelpay/armypcs.html for details about how to complete and submit your travel voucher. Follow us on Facebook and YouTube for travel pay tips.

Documents to include when claiming entitlements:

ORDERS: Make sure you have a complete set of orders and all amendments attached to your travel claim. Send in both the front and back pages of your orders. Include the final page of your orders, it may contain just the official seal.

****
** OFFICIAL***
****

Only one set of the DD Form 1351-2, your orders and receipts are required. You are encouraged to attach this checklist also.
Note: It is your responsibility to keep a copy of your voucher, orders and receipts that make up your travel claim package.

RECEIPTS: A valid receipt must show the following:

1) company name
2) date item/service was provided
3) cost of item/service
4) taxes (shown as a separate item on receipt)
5) proof of payment (marked "paid" or "amount due $0.00)

SF 1199A: UPDATED EFT INFORMATION IS NEEDED FOR RET/ETS SUBMISSIONS (SECTION 1 and 3 only)

DD Form 1351-2 (v. May 2011) - Use an ink pen, typewriter, or computer/printer to complete your form.

- ☐ **Block 1** You must mark Electronic Funds Transfer (EFT). Make sure your bank account information is updated in *myPay*. *Do not* close this bank account until your do-it-yourself (DITY), travel payment is received.
  Note: Updating your direct deposit information for your regular pay does not automatically update your travel direct deposit, make sure you also update your "travel EFT" bank account information.
- ☐ **Blocks 2 - 4** Make sure your personal information is correct and legible.
- ☐ **Block 5** Select "Other" for type of payment with your ETS/ Retirement travel claim.
- ☐ **Block 6 and 7** Make sure your mailing address, email address and phone number are correct and legible. Voucher status email notifications are sent to this email address.
- ☐ **Block 8** Your travel order number must match the number on your orders. Attach copies of travel orders to your voucher including any amendments. The final page containing the "OFFICIAL" seal is required.
  Note: If applicable, front and back page of the the orders are required.
- ☐ **Block 9** List the amount of any advance and/or partial payments you received. Write "NONE" if you didn't receive an advance. Do not indicate ATM cash withdrawals here.
- ☐ **Block 12** Must be completed, select if dependent(s) traveled with you, accompanied or unaccompanied. Please do not check both boxes. Be sure to complete blocks 12 a, b, c and check "Dependent(s)" in block 5 to claim dependent travel.
- ☐ **Block 13** If dependent travel is claimed, show their address at the time orders were received.
- ☐ **Block 14** Have your household goods been shipped? Select "yes" or "no".
- ☐ **Block 15** Itinerary must be legible and in chronological order with travel dates, locations, modes of travel, and reason for stops. Look at second page of DD Form 1351-2 for correct mode/stop codes.
- ☐ **Block 15a** Fill in the exact date you departed and arrived at each location. Place the year at the top of 15a under the word DATE. Fill in the month/date (MM/DD) in the column below.
- ☐ **Block 15b** Write the locations, one entry per box, indicating the Fort, State or City, State.
  Note: Filling in "home" does not work. Write the "city/state".
- ☐ **Block 15c and d** Use the codes on the second page of the 1351-2 to fill in your "means/mode of travel" and "reason for stop". Your last entry in column "d" will be "MC" for mission complete.
- ☐ **Block 15f** If POC miles are being claimed, you must select block 16 "Own/Operate".
- ☐ **Block 16** Select the appropriate block, "own/operate" or "passenger". Enter the number of vehicles driven in the space to the right of the word.
- ☐ **Block 18** Claim all reimbursable expenses of $75 or more and you must have a paid receipt. This includes itemized lodging. If you are missing a receipt, fill out a Statement in Lieu of a Receipt form.
- ☐ **Block 20a, b** You must sign and date the form. Your voucher will not be processed if your signature/date are missing. Make sure the date is after the mission complete date in block 15a.
- ☐ **Block 20c-f** A reviewer's signature is not required for your ETS (separating or retiring) travel claim.

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

[X] Electronic Fund Transfer (EFT)
[ ] 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)
DOE, JOHN J	E5	123-45-6789	[ ] TDY [X] Member/Employee; [ ] PCS [X] Other; [X] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE
1234 CARDBOARD BOX LANE	EVERYWHERE	NY	12345

e. E-MAIL ADDRESS: PERSONAL EMAIL ADDRESS HERE

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	10. FOR D.O. USE ONLY
123-456-7890	123-000		a. D.O. VOUCHER NUMBER
			b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION
UNIT, FORT DRUM NY

12. DEPENDENT(S) *(X and complete as applicable)*
[X] ACCOMPANIED [ ] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE
SPOUSE'S FULL NAME	SPOUSE	MARRIAGE
CHILD'S NAME	CHILD	DOB
CHILD'S NAME	CHILD	DOB
CHILD'S NAME	CHILD	DOB

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*
FORT DRUM ADDRESS OR WHERE DEPENDENTS LIVED BEFORE SEPARATION

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*
[ ] YES [ ] NO *(Explain in Remarks)*

c. PAID BY
2 POV's

d. COMPUTATIONS

15. ITINERARY

a. DATE YEAR		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
mm/dd	DEP	FORT DRUM NY	PA			
mm/dd	ARR	DESTINATION TRAVELED TO		MC		
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR	IF TAKING 2 POV'S PLEASE NOTE				
	DEP	BELOW & IN BLOCK 10c ABOVE				
	ARR	***2 POV'S***				

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	

16. POC TRAVEL *(X one)* [X] OWN/OPERATE [ ] PASSENGER

17. DURATION OF TRAVEL
[X] 12 HOURS OR LESS
[ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
[ ] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
MM/DD	TOLLS	5.00	
MM/DD	TOLLS	5.00	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE mm/dd/year

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

(Updated 20251120)

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
- [X] Electronic Fund Transfer (EFT)
- [ ] 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.

[X] 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 [ ] DoD ID	5. TYPE OF PAYMENT (X as applicable)
			[ ] TDY [X] Member/Employee [X] PCS [ ] Other [ ] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE

e. E-MAIL ADDRESS

10. FOR D.O. USE ONLY

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	a. D.O. VOUCHER NUMBER
			b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION

12. DEPENDENT(S) *(X and complete as applicable)*

[ ] ACCOMPANIED [ ] 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)*

c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*

[ ] YES [ ] NO *(Explain in Remarks)*

d. COMPUTATIONS

15. ITINERARY

a. DATE		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
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

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	

16. POC TRAVEL *(X one)* [ ] OWN/OPERATE [ ] PASSENGER

17. DURATION OF TRAVEL
- [ ] 12 HOURS OR LESS
- [ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- [ ] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

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 b. DATE

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

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General: DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.
Applicable SORN: T7333 (http://privacy.defense.gov/notices/dfas/T7333.shtml).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: **http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html**.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, $250.00 in the "Amount to Government Travel Charge Card" block means that $250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, $250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, $250.00, $15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of $75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS 1

5c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT or CBA *(See Note)*	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance *(POC)*	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay - AD	Leave En Route - LV
Authorized Return - AR	Mission Complete - MC
Awaiting Transportation - AT	Temporary Duty - TD
Hospital Admittance - HA	Voluntary Return - VR
Hospital Discharge - HD	

ITEM 15e. LODGING COST
Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS
Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess *(see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals)*. Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

b. ALL UNUSED TICKETS *(including identification of unused "e-tickets")* MUST BE TURNED IN TO THE T/O OR CTO.

FASTSTART

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)
(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

- ☐ Checking
- ☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
- ☑ Travel
- ☐ Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)
A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT NUMBER
Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

4. ALLOTMENT INFORMATION
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)
- ☐ Savings (whole dollar amounts only)
- ☐ Discretionary or Third Party

TYPE OF ACCOUNT (Check One)
- ☐ SAVINGS
- ☐ CHECKING

ACTION (Check One)
- ☐ START
- ☐ CANCEL
- ☐ CHANGE

AMOUNT (Check One)
- ☐ INCREASE TO:
- ☐ DECREASE TO:

New Total $_____

ALLOTTEE NAME
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER
Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION

* EMPLOYEE'S SIGNATURE DATE

6. AGENCY USE: