User Guide:
In/Out Processing (IOP) Tool

Documents Needed To Complete IOP Tool:

1. **In-Processing:**
    a. DD Form 1351-2 (for the PCS)
    b. Orders w/Amendments**.**
    c. DA Form 31.
    d. Receipts for reimbursable expenses, i.e., airline tickets, tolls, (when applicable).
    e. Hotel receipts for TLE claim (when applicable).
    f. Privately owned vehicle (POV) pick-up documentation (when applicable)
    g. Receipts for ATM advances or other purchases/payments where government charge card (GOVCC) was used.
    h. Statement if Lieu of Receipts (if applicable)

Member Info:

Name: Last, First, MI, example: Doe, John E.

SSN: Enter with no dashes, example: 123456789.

Pay Grade: Use the dropdown box to select.

PACIDN: Supplied by S1.

New Unit Commander's Signature Block: Enter as, example: John E. Doe, CPT, Commanding.

Phone Numbers: Enter with no dashes or parenthesis, example: 2568761234.

Dates: Format all dates in the "Member Info" section as YYYYMMDD (20170405).

BAH Info:

Marital Status: Check the appropriate box.

Dates: Format all dates in the "Member Info" section as YYYYMMDD (20170405).

SSN: Enter with no dashes, example: 123456789.

BAH Type: Check the appropriate box.

Type of BAH Action: Select "Recertification" unless your dependency status has changed, otherwise select the appropriate action and ensure that supporting documentation is included with the packet.

BAH form will be signed by the commander and scanned with a copy of the PCS orders into IPERMS by the S-1 and/or the member. Only required to be sent to finance if member has a change to BAH that is not just due to the PCS.

Travel Info:

Type of Travel: Check all appropriate boxes (**do not** select TDY when Permissive TDY is taken).

Date of Birth or Marriage: Format as YYYYMMDD (20170405).

GTCC: Enter total amount for all receipts produced from use of your government travel change card (GTCC).

Household Goods Pick-up/ Delivery and DITY Move Dates: Format as YYYMMDD (20170405).

Travel Itinerary/ Reimbursable Expenses Date: Format as DDMMM (01APR).

Temporary Lodging Expenses Date: Format as YYYYMMDD (20170405).

Temporary Lodging Expenses: Ensure that appropriate numbers are selected from the drop-down for each day.

Quarters Terminated/Assigned Date: Format as YYYYMMDD (20170405).

COMPLETING THIS PAGE WILL AUTOMATICALLY FILL THE FOLLOW-ON PAGES

☐ ARRIVING | MEMBER INFO | ☐ DEPARTING | Privacy Act

Name | SSN | Pay Grade | UNIT

New Duty Station (BASE, STATE) | New Duty Zip Code | Old Duty Station (BASE, STATE)

New Commander's Signature Block:

New Home Address (Mail address) | City | State | Zip Code

Old Home Address | City | State | Zip Code

E-mail Address (.mil emails only) | Home Phone Number | Unit Phone Number

Sign Out Date | Sign In Date | PTDY: From | To: | Miles From Old To New Duty:

All dates need to be formatted YYYYMMDD except for in the travel itinerary section being formatted DDMMM

BAH INFO	
MARITAL STATUS	
☐ Single ☐ Married ☐ Dual Military ☐ Divorced	
Date of Marrage/Divorce	
If Dual Military, Spouse SSN	
If Dual Military, Spouse Duty Station	
If Dual Military, Branch of Service	

BAH Type: ☐ With Dependents ☐ Without Dependents ☐ Partial ☐ Divorced

Type of BAH Action: ☐ Start ☐ Stop ☐ Change ☐ Cancel ☐ Recertification ☐ Report ☐ Correction

TRAVEL INFO

Type of Travel (check ALL that apply)

☐ TDY ☐ PCS ☐ Dependents ☐ Member ☐ Other/TLE ☐ DLA ☐ Order Number

☐ Accompanied ☐ Unaccompanied

Dependents (Last Name, First MI)	Relationship	Date of Birth or Marriage

Was GTCC used with this PCS? ☐ YES ☐ NO

If YES, How much pay to GTCC?

Did you receive a Travel Advance?

Date Household goods picked up

Date Household good delivered

Did you do a Dity Move? ☐ Yes ☐ No

If so, what date?

Have household goods been shipped? ☐ Yes ☐ No

1 POV used:

2 POVs used:

Travel Itinerary				
a. DATE		b. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*	MEANS/ MODE OF TRAVEL	REASON FOR STOP
	DEP			
	ARR			
	DEP			
	ARR			
	DEP			
	ARR			
	DEP			
	ARR			
	DEP			
	ARR			
	DEP			
	ARR			
	DEP			
	ARR			
POC TRAVEL *(X one)*	☐	OWN/OPERATE	☐	PASSENGER

Temporary Lodging Expenses						
Date		Location (City, St)	Lodging Cost	SM	Over 12	Under 12
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0

Date terminated quarters, if applicable

Date Assigned quarters, if applicable

REIMBURSABLE EXPENSES			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

Total elapsed time

TDY dates Start

End

Total TDY Days 0 0 0 — 0

Travel dates Auth — 0

PTDY

Number of leave days — 0

HRAP

Number of Charge days:

RESET FORM

PLEASE DIGITALLY SIGN BLOCK 20A AND DATE BLOCK 20B

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

☐ 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)*
			☐ TDY ☐ Member/Employee ☐ 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

11. ORGANIZATION AND STATION | b. SUBVOUCHER NUMBER

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

1 POV 2 POVs

If Dual Military, Spouse SSN:

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

☐ YES ☐ NO (Explain in Remarks)

d. COMPUTATIONS

ET:

AT: 0

TDY: 0

PTDY:

HRAP:

LV: 0

LIST ADDITIONAL DEPENDENTS HERE:

15. ITINERARY

a. DATE	b. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*		c. MEANS/ MODE OF	d. REASON FOR	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	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. 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

DD FORM 1351-2, MAY 2011 PREVIOUS EDITION IS OBSOLETE.

Claim For Temporary Lodging Expense

Data required by the Privacy Act of 1974 Authority: JFTR, par U5700.
Principle Purpose: To establish the amount payable for Temporary Lodging Expense Allowance.
Routine Uses: Reference is used to substantiate payment of Temporary Lodging Expense Allowances.
Information placed on this document is covered by the Privacy Act of 1974 and must be protected from unauthorized access or use.
FOR OFFICIAL USE ONLY!

Grade	**Name (last name, first name)**	**SSN:**	**CONTACT NUMBER:**

Mailing Address: Number & Street:	**City/State:**	**Zip Code:**

Current Unit Assignment:

EMAIL:

Marital Status:
☐ Single ☐ Divorce ☐ Married ☐ Dual Military

If Dual Military, Spouse's SSN:	If Dual Military, Spouse's Current Duty Station:

LIST DEPENDENTS YOU ARE CLAIMIMG TLE FOR:

Name(Last, First):	Relationship:	Date of Marriage/DOB Children:

Date HHG Picked Up:	Did you do a **FULL** DITY/PPM move? ☐ YES ☐ NO
Date HHG Delivered:	If Yes, what date?

LODGING INFORMATION

PCS VOUCHER, COPY OF LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.

I hereby certify that I was required to obtain temporary lodging for the following days:

DAY:	Date:	Location of Lodging (**City & State**) NO ADDRESS	Daily Lodging Costs (W/TAXES)	# Persons Claimed		
				# SM	# Over 12	# Under 12
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0

Departure date from old duty station:

Arrival date at new duty station:

SIGNATURE OF SERVICE MEMBER: DATE:

This payment will be made electronically to your current direct deposit account.
Signature of Finance Clerk: DATE:

AMPO LOCAL FORM 6-R, revised February 2021 **All Previous Versions Obsolete**

SIGN AND RETURN WITH PACKET ONLY IF YOU HAD CHANGES TO YOUR DEPENDENCY STATUS

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS *(BAQ)*, AND/OR VARIABLE HOUSING ALLOWANCE *(VHA)*

For use of this form, see 37-104-3; the proponent agency is ASA (FM)

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403; Public Law 96-343; E0 9397.

PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).

ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components;

other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.

DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not processed without your SSN because the Army identifies you for pay purposes by your SSN.

1. NAME *(Last, First, MI)*

2. SOCIAL SECURITY NUMBER

3. GRADE

4. TYPE OF ACTION

	START		CANCEL		CHANGE		REPORT
	CORRECT		STOP		RECERTIFICATION		

5. DUTY LOCATION *(Include Station, Name, City, State, and Zip Code)*

6. DATE/ACTION (YYYYMMDD)

7. BAQ TYPE

	WITH DEPENDENTS		PARTIAL
	WITHOUT DEPENDENTS		

8. MARTIAL/DEPENDENCY STATUS

	a. SINGLE		b. MARRIED *(see blocks (1), (2) & (3))*		c. DIVORCED *(see blocks (1), (2) & (3))*
	d. LEGALLY SEPARATED *(see blocks (1), (2) & (3))*		e. DEPENDENT CHILD *(see blocks (4), (5) & (6))*		

9. QUARTERS ASSIGNMENT/AVAILABILITY

	a. ADEQUATE *(see block (1))*		b. INADEQUATE *(see blocks (1), (2) & (4))*
	c. TRANSIENT *(see block (3))*		d. NOT AVAILABLE

(1) Spouse/Former Spouse SSN	(2) Spouse/Former Spouse Duty Station	(3)Date of Marriage, Divorce/Separation

(1) QUARTERS NO.	(2) FAIR RENTAL VALUE $

(4)Child in Custody of: ☐ Member ☐ Spouse ☐ Former Spouse ☐ Other

(3)FROM: TO:

(5)If you check 'OTHER" above, prepare DD Form 137 to establish dependency.

(6)If child support received from another military member, complete (1), (2) & (3).

(4) __MEMBER ELECTION ___ COMMANDER DETERMINATION *(Member in grade E7 and above) (attached)*

10. DEPENDENTS/SHARERS *(Continue on back if required)*

NAME OF DEPENDENT/SHARER	COMPLETE CURRENT ADDRESS *(Include ZIP Code)*	RELATIONSHIP	DOB OF CHILDREN
	,		

11. CERTIFICATION OF DEPENDENT SUPPORT

☐ I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.

☐ IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period

12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON

☐ My permanent duty station: ☐ My dependent's location: ☐ Both my permanent duty station and dependent's location.

a. Monthly Expenses:	Member	Dependent	b. Sharer/Lease Information		c. Address Information
(1) Mortgage *(PITT)* or Rent			(1) Rental/Residential Address:		(1) Landlord's Name and Address:
(2) Insurance					
(3) Other			(2) Effective Date:	(3) Expiration Date:	(2) Landlord's Phone No.
TOTALS					
			(4) Number of Sharers *(show name(s) and address in block 10.)*		

I certify ALL information regarding this authorization is co rect. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA 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.

13. MEMBER'S SIGNATURE	14. DATE	15. CERTIFYING OFFICER'S SIGNATURE	16. DATE

MEMORANDUM FOR DFAS ROME/TRAVEL

SUBJECT: STATEMENT IN LIEU OF ACTUAL RECEIPTS

I, _____ DO HEREBY CERTIFY BY THIS STATEMENT THAT RECEIPTS FOR THE FOLLOWING TRAVEL EXPENSES WERE EITHER INADVERTENTLY MISPLACED, LOST OR DESTROYED AND HEREBY CLAIM THE FOLLOWING AMOUNT OF $_____ WHICH CONSISTES OF THE FOLLOWING:

PLACE AN (X) BY THE APPLICABLE EXPENSE BEING CLAIMED

LODGING _____ DAILY COST OF LODGING (PLEASE INCLUDE TAX IF APPLICABLE)_____

DATES OF LODGING_____
NAME AND ADDRESS OF LODGING ESTABLISHMENT
_____

_____

_____

RENTAL _____ NAME OF RENTAL COMPANY _____

AIRFARE _____ NAME OF AIRLINE TAKEN _____ # OF TRAVELERS_____

DATES OF TRAVEL _____

NAMES OF TRAVELERS _____

FROM LOCATION_____

TO LOCATION_____

COST OF AIRFARE/RENTAL PER PERSON_____

PLEASE LIST ANY OTHER MISCELLANEOUS CHARGES CLAIMED HERE _____

_____

I ALSO CERTIFY THAT NO HIDDEN CHARGES OR CLAIMS ARE ADDED INTO THESE COSTS:

SIGNED _____
DATE_____

IN/OUT PROCESSING
DOCUMENT SUMMARY

Information placed on this document is covered by the **Privacy Act of 1974** and must be protected from unauthorized access or use.

For Official Use Only!

NAME: Last, First, MI		**SSN:**		**PACIDN:**	

***PCS Orders include all amendments and any 1610s that are a part of the PCS**
**** ALL RECEIPTS must be itemized and zeroed out**

Description	**(UNIT) Document included?**		**(DMPO) Action Required?**		**Type of document used to Substantiate Action (Must be included)**
	Yes	**No**	**Yes**	**No**	
Arrival					*PCS orders, PCS Travel Voucher, PCS Leave form
Permissive-TDY (Leave for house hunting)					PCS Leave form with proper P-TDY approval and validation
BAH- location: _ _ _ _ _					PCS Order
BAH (W/DEP, WO/DEP, Partial)					BAH Checklist **Submit BAH Form only if needed to be updated**
Family Separation Allowance (FSA)					*DD 1561, PCS orders, DD 1610, DD 1351-2
OCONUS / CONUS COLA					DA Form 4187
Temporary Lodging Allowance (TLA)					*TLA Authorization Memo or Statement of Non-Availability (SNA)/PCS Order, PCS Travel Voucher, TLA Claim Sheet, Hotel Receipt
Stop JUMP Pay (when required)					*JUMP Pay orders or PCS orders
In/Out Processing Entitlement Information Brief					Local Form 9-R
Incentive Pay (specify)_____					Entitlement Orders
Special Pay (specify)_____					Entitlement Orders
Other (specify) _____					SGLI, Direct Deposit, etc.
Service Member's PCS TRAVEL SETTLEMENT					DD 1351-2/ DA-31/ *PCS Orders
Dependent Travel Settlement:					DD 1351-2/ *PCS Orders
Temporary Lodging Expense (TLE):					Local Form 6R or DFAS Form 9098/ DD 1351-2/ PCS Order/DA-31/ **Hotel Receipt
PPM(Privately Owned Vehicle)/ (Former DITY)					DD 2278/ empty weight ticket/ full weight ticket/ *PCS Orders/ DITY check list and certification of expenses form
POV (Privately Owned Vehicle) Pickup					DD 1351-2/ VPC inspection sheet (Front and Back)/ *PCS Orders
Other Travel Entitlements (Specify): _____					Depends on what additional entitlement being requested/ *PCS Orders i.e. Supplemental Vouchers/ Storage fee vouchers/ Naturalization/ adoption fees/ etc…
Departure					*PCS orders, DD Form 1610
Leave					DA Form 31
In/Out Processing Entitlement Information Brief					Local Form 9-R

Technician:

NAME:		**DATE:**	

Local Form 1-R, revised APRIL 2018 **All Previous Versions Obsolete**

IN/OUT Processing Entitlement Information Briefing

Principle Purpose: Ensure service members are briefed on Military Pay entitlements.

Information placed on this document is covered by the Privacy Act of 1974 and must be protected from unauthorized access or use.

For Official Use Only!

Name:	SSN:	Grade:

	In-Processing		Out-Processing	

I hereby, certify that I have read and understand the following:

1) The following entitlements will terminate (stop) upon departure from my previous duty station:

	Imminent Danger Pay		Demolition Pay		Family Separation Allowance
	Cost of Living		Special Duty Assignment Pay		Assignment Incentive Pay
	Save Pay		Parachute Pay		Hardship Duty Pay

2) I have been briefed on the procedures for requesting advance pays:

	Basic Pay		BAH	

3) I have been made aware of any debts currently being collected or suspended on my pay account and due process procedures.

	YES		NO	

Travel Entitlements Briefing

I understand the Government Travel Charge Card is only for authorized travel expenses related to the move in accordance with the Government Travel Charge Card Regulations DoDI 5154.31, Volume 4.

4) I have been briefed on my travel entitlement to:

	Member Travel entitlement		Dependent Travel Entitlement
	Dislocation Allowance		Temporary Lodging Expense
	Retirement Travel Entitlement		Travel Voucher Completion
	POV Pick Up Entitlement		Soldier Notification of Travel Settlement

I have been provided been provided the In/Out Processing Fact Sheet

Soldier's Signature:		DATE:	

Technician Name:		DATE:	