

ARRIVAL TLA
Army Military Pay Office

SINGLE SIDED COPIES ONLY

Date turned in: _____

Name: _____

Contact info: _____

Current Unit or Command: _____

Dates of TLA (period of TLA): _____

Number of dependents 12 years old and over (including spouse): _____

Number of dependents 11 years old and under: _____

DOD #: _____

CHECKLIST:

_____ TLA Memo (From Housing Office)
_____ 1ST _____ 2ND _____ 3RD _____ 4TH _____ 5TH _____ 6TH _____ EXTENSION

_____ DAILY ITEMIZED lodging receipt showing cost of room/taxes with **zero balance**
(receipts with credit balance is not acceptable) with kitchen memo from hotel as applicable

_____ PCS Orders and ALL amendments

_____ **Only for 1ST TLA** - Flight itinerary for member **and** dependents

_____ **Only for 1ST TLA** – 1351-2 (SMARTVOUCHER) – **signed** by the Member and
Reviewer

AMPO Technician Name Receiving Packet: _____