

# **DEPARTURE TLA**

## **Army Military Pay Office**

Email: [usarmy.schofield.usarpac.mbx.usafmcom-ampo-tla1@army.mil](mailto:usarmy.schofield.usarpac.mbx.usafmcom-ampo-tla1@army.mil)

**\*\*MUST BE EMAILED IN A SINGLE PDF FILE\*\***

**\*NO PORTFOLIO PDF ACCEPTED\***

**NO FUTURE DATE SUBMISSIONS ACCEPTED**

Date turned in: \_\_\_\_\_

Name: \_\_\_\_\_

Contact info: \_\_\_\_\_

Current Unit or Command: \_\_\_\_\_

Dates of TLA claiming for payment: \_\_\_\_\_

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

Number of dependents 11 years old and under: \_\_\_\_\_

DOD #: \_\_\_\_\_

### **REQUIRED DOCUMENTS:**

**TLA Authorization Memo** (From Housing Services Office)

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

**PCS Orders** and **ALL** amendments

**Flight** itinerary for Service member **and** all dependents claiming for payment

AMPO Technician Name Receiving Packet: \_\_\_\_\_