

DEPARTURE TLA

Army Military Pay Office

Email: 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: _____