



**U.S. ARMY**

# **Finance Demobilization Brief**

**Military & Travel Pay**





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# Purpose

## Finance Demobilization Briefing

# Welcome Back!

This briefing will provide basic military pay and travel pay information and procedures for ARNG and USAR Soldiers demobilizing from active duty







# Your Military Pay

## Finance Demobilization Briefing

- ◆ The following pay and entitlements terminated when you departed the theater of operations:
  - Combat Zone Tax Exclusion (CZTE)
  - Imminent Danger Pay (IDP)
  - Hardship Duty Pay (HDP-L)
  - Special Leave Accrual





# Your Military Pay

## Finance Demobilization Briefing

- ◆ You will receive the following pay and entitlements until your tour end date (REFRAD date):
  - Basic Pay (BP)
  - Basic Allowance for Subsistence (BAS)
  - Basic Allowance for Housing (BAH)
  
- ◆ Special/Incentive pays & entitlements, if applicable:
  - COLA (Cost of Living Allowance)
  - Special Duty Assignment Pay (SDAP)
  - Foreign Language Proficiency Bonus (FLPB)
  - Medical/Dental Special Pay
  - **FSA (stops the day of travel)**





# CZTE During Hospitalization

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- **A member hospitalized (MEDEVAC) for at least 24 hours at any place as a result of a wound, disease, or injury incurred while serving in a CZTE eligible area, will be entitled to CZTE until such time the status as a hospital patient ceases by reason of discharge. (must have proper orders)**
- **In no case will CZTE be extended past 2 years after termination of activities in the CZTE area**





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# LEAVE

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- **Unit Commanders must turn in a Leave Memo for each Soldier upon demobilization to verify leave used during mobilization period**
- **Leave Accrual - Soldiers earn 2.5 days of leave for every 30 days of duty, prorated for partial months**
- **ALL Soldiers must have a leave request form**
  - ARNG Soldiers – DA 31 with control number and signatures
  - USAR Soldiers – must provide approved IPPS-A absence forms
- **MPLP LEAVE (if qualified) – Must have approved DA 31/IPPS-A for MPLP leave**
- **PDMRA (must have memo w/prior DD 214)**
- **YELLOW RIBBON (only applies to National Guard Soldiers)**







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# Transition Leave

## Finance Demobilization Briefing

- ◆ You may carry forward your leave to your next period of active duty, take transition leave, or receive payment of accrued leave (ACCLV); You will continue to receive pay and allowances while in a leave status
- ◆ Transition leave can only be taken up to end of mobilization order.
- ◆ Cash in leave: Paid basic pay (no allowances) minus 22% lump sum federal tax and minus state tax, if applicable
- ◆ Leave earned in support of a contingency operation is not counted against the 60-day career limit of cashing in ACCLV
- ◆ Military Technicians on transition leave due to a contingency operation do not have to wait for the order to end before returning to technician status





# Savings Deposit Program

## Finance Demobilization Briefing

- ◆ Interest accrues for up to 90 days after your eligibility to make deposit terminates (departure from the designated location)
- ◆ Prior to withdrawing funds, please verify deposit amount(s) are correctly reflected in your SDP account via myPay. For deposits that have not posted to your account or other errors, please forward request and a copy of the DD Form 1131 (Cash Collection Voucher) to [cin-ssdp-mpad@dfas.mil](mailto:cin-ssdp-mpad@dfas.mil).
- ◆ Withdrawal Requests:
  - Email [CCL-SDP@dfas.mil](mailto:CCL-SDP@dfas.mil)
  - Fax to 216-367-3587
  - myPay
  - Mail to DFAS-CL, Code JFLA, ATTN: Savings Deposit Program, 1240 East 9th St., Cleveland, OH 44199-2055

*The request must include your name, SSAN, Branch, EFT information and signature; if you request a check, furnish a mailing address*

- ◆ SDP Helpline 1-888-332-7411







# Required Forms

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- ◆ Bring the following documents with you to the one-on-one finance interview (obtain from your unit):
  - ✓ DA Forms 3<sub>(NG)</sub>/IPPS-A absence<sub>(USAR)</sub>, as applicable (transitional leave)
  - ✓ PDMRA memo w/prior DD 214 (if applicable)
  - ✓ DA 4187/IPPS-A PAR (BOG)
- ◆ A finance technician will discuss and answer any pay related questions you may have.

**NOTE: Please ensure you notify us if you are an AGR Soldier**





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# Your Travel Pay

## Finance Demobilization Briefing

### Completing and Submitting a Final Settlement Voucher









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| 15. ITINERARY |     |   |                          | YES                | NO (Explain in Remarks) |              |
|---------------|-----|---|--------------------------|--------------------|-------------------------|--------------|
| 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 |
| 22Jan         | DEP | YOUR COMPLETE ADDRESS (HOR)   | PA                       |                    |                         |              |
| 22Jan         | ARR | YOUR HOME STATION   |                          | TD                 |                         | 15           |
| 25Jan         | DEP |   | GB                       |                    |                         |              |
| 25Jan         | ARR | Ft. Dix, NJ 08640 (MOB STATION)   |                          | TD                 |                         |              |
| 30May         | DEP |   | GP                       |                    |                         |              |
| 30May         | ARR | IRAQ - OIF Operations   |                          | TD                 |                         |              |
| 10Feb         | DEP | change year 2007 to 2008  | CP                       |                    |                         |              |
| 11Feb         | ARR | R & R leave (DA 31 attached)  |                          | LV                 |                         |              |
| 27Feb         | DEP |   | CP                       |                    |                         |              |
| 28Feb         | ARR | IRAQ - OIF Operations   |                          | TD                 |                         |              |
| 11Jun         | DEP |   | GP                       |                    |                         |              |
| 11Jun         | ARR | Ft. Dix, NJ 08640 (DEMOB STATION)   |                          | TD                 |                         |              |
| 17Jun         | DEP |   | GP                       |                    |                         |              |
| 17Jun         | ARR | YOUR HOME STATION   |                          | TD                 |                         |              |

  

| 16. POC TRAVEL (X one)                          |   | 17. DURATION OF TRAVEL                    |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> OWN/OPERATE | <input checked="" type="checkbox"/> PASSENGER | <input type="checkbox"/> 12 HOURS OR LESS | <input checked="" type="checkbox"/> MORE THAN 24 HOURS |

  

| 18. REIMBURSABLE EXPENSES |                                   |                |            |
|---------------------------|-----------------------------------|----------------|------------|
| a. DATE                   | b. NATURE OF EXPENSE              | c. AMOUNT      | d. ALLOWED |
| 22Jan07-31Jan07           | Laundry @ \$2 per day for 10 days | 10.00<br>20.00 |            |
| 1Feb07-28Feb07            | Laundry @ \$2 per day for 28 days | 56.00          |            |
| 1Mar07-31Mar07            | Laundry @ \$2 per day for 31 days | 62.00          |            |

  

| 19. GOVERNMENT/DEDUCTIBLE MEALS |                 |         |                 |
|---------------------------------|-----------------|---------|-----------------|
| a. DATE                         | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS |
|                                 |                 |         |                 |
|                                 |                 |         |                 |
|                                 |                 |         |                 |

  

| 20. a. CLAIMANT SIGNATURE                |  | b. DATE               |  |
|--|--|-----------------------|--|
| Ivana B. Paid                            |  | 20 Jun 08             |  |
| c. REVIEWER'S PRINTED NAME               |  | d. REVIEWER SIGNATURE |  |
| I.M CHARGE                               |  | I.M Charge            |  |
| 21. a. APPROVING OFFICIAL'S PRINTED NAME |  | b. SIGNATURE          |  |
|  |  |                       |  |

  

| e. SUMMARY OF PAYMENT        |      |
|------------------------------|------|
| (1) Per Dem                  |      |
| (2) Actual Expense Allowance |      |
| (3) Mileage                  |      |
| (4) Dependent Travel         |      |
| (5) DLA                      |      |
| (6) Reimbursable Expenses    |      |
| (7) Total                    | 0.00 |
| (8) Less Advance             |      |
| (9) Amount Owed              |      |
| (10) Amount Due              |      |



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|   |                                   |   |   |   |  |  |                           |
|---|-----------------------------------|---|---|---|--|--|---------------------------|
| 17Jun                                   | ARR                               | YOUR HOME STATION                               |   | TD  | (3) Mileage  |  |                           |
| 16. POC TRAVEL (X one)                  |                                   | <input checked="" type="checkbox"/> OWN/OPERATE | <input checked="" type="checkbox"/> PASSENGER | 17. DURATION OF TRAVEL                    |  | (4) Dependent Travel                                 |                           |
| 18. REIMBURSABLE EXPENSES               |                                   |   |   | <input type="checkbox"/> 12 HOURS OR LESS |  | (5) DLA  |                           |
| a. DATE                                 | b. NATURE OF EXPENSE              |   | c. AMOUNT                                     | d. ALLOWED                                | <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS |  | (6) Reimbursable Expenses |
| 22Jan07-31Jan07                         | Laundry @ \$2 per day for 10 days |   | 20.00   |   | <input checked="" type="checkbox"/> MORE THAN 24 HOURS           |  | (7) Total 0.00            |
| 1Feb07-28Feb07                          | Laundry @ \$2 per day for 28 days |   | 56.00   |   |  |  | (8) Less Advance          |
| 1Mar07-31Mar07                          | Laundry @ \$2 per day for 31 days |   | 62.00   |   |  |  | (9) Amount Owed           |
|   |                                   |   |   |   |  | (10) Amount Due                                      |                           |
| 19. GOVERNMENT/DEDUCTIBLE MEALS         |                                   |   |   |   |  |  |                           |
| a. DATE                                 |                                   | b. NO. OF MEALS                                 |   | a. DATE                                   |  | b. NO. OF MEALS                                      |                           |
|   |                                   |   |   |   |  |  |                           |
|   |                                   |   |   |   |  |  |                           |
| 20.a. CLAIMANT SIGNATURE                |                                   |   |   | b. DATE                                   |  |  |                           |
| Ivana B. Paid                           |                                   |   |   | 20 Jun 08                                 |  |  |                           |
| c. REVIEWER'S PRINTED NAME              |                                   | d. REVIEWER SIGNATURE                           |   | e. TELEPHONE NUMBER                       |  | f. DATE  |                           |
| I.M CHARGE                              |                                   | I.M Charge                                      |   | (111) 111-1111                            |  | 20 Jun 08  |                           |
| 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, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved by GSA/IRMS 12-91. Adobe Designer 7.0

Reset

UNDERSTAND

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DIRECT

Laundry must be claimed in section 18 (Reimbursable Expenses). The voucher must be signed and dated upon completion of all travel, i.e. first day of leave, etc.





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# Finance Demobilization Briefing

| TRAVEL VOUCHER OR SUBVOUCHER<br>(Continuation Sheet)                           |     |  |                             |                    |                 | PAGE <b>2</b> OF <b>2</b> PAGES |
|--|-----|--|-----------------------------|--------------------|-----------------|---------------------------------|
| 4. NAME (Last, First, Middle Initial) (Print or type)<br><b>Paid, Ivana B.</b> |     |  |                             |                    |                 |                                 |
| 15. ITINERARY  |     |  |                             |                    |                 | 3. FOR D.O. USE ONLY            |
| a. DATE  |     | b. PLACE<br>(Home, Office, Base, Activity, City and State; City and Country, etc.) | c. MEANS/<br>MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. POC MILES                    |
| <b>2006</b>  |     |  |                             |                    |                 |                                 |
| <b>16 Jun</b>  | DEP | <b>B CO 1/109 IN, Williamsport, PA 17701</b>                                       | <b>PA</b>                   |                    |                 |                                 |
| <b>16 Jun</b>  | ARR | <b>509 Any street, Anytown, SC 29210</b>   |                             | <b>MC</b>          |                 |                                 |
|  | DEP | <b>(HOR)</b>   |                             |                    |                 |                                 |
|  | ARR |  |                             |                    |                 |                                 |
|  | DEP |  |                             |                    |                 |                                 |
|  | ARR |  |                             |                    |                 |                                 |
|  | DEP |  |                             |                    |                 |                                 |
|  | ARR |  |                             |                    |                 |                                 |
|  | DEP |  |                             |                    |                 |                                 |
|  | ARR |  |                             |                    |                 |                                 |
|  | DEP |  |                             |                    |                 |                                 |

If Section 15 (Itinerary) or Section 18 (Reimbursable Expenses) on the DD 1351-2

UNDERSTAND VISUALIZE LEAD & ASSESS

require more blocks use DD 1351-2 C (The Continuation Sheet)

DESCRIBE DIRECT







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### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

**ROUTINE USE(S):** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended, disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes "Use" as published in the Federal Register.

**DISCLOSURE:** Voluntary; however, failure to furnish the information requested may result in total or partial denial of travel.

### PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim under 28 U.S.C. 1708 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".

#### ITEM 15 - ITINERARY - SYMBOLS

##### 15c. MEANS/MODE OF TRAVEL (Use two letters)

|                               |                |
|-------------------------------|----------------|
| GTR/TKT or CBA (See Note) - T | Automobile - A |
| Government Transportation - G | Motorcycle - M |
| Commercial Transportation - C | Rail - R       |

ng

### Remarks:

- Indicate all leave taken
- Travel related issues not straightforward on form

#### 29. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN: Leave taken (11 Feb 08- 27 Feb 08) DA 31 included

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

Additional Orders:

Remarks:

UNDERSTAND

DD FORM 1351-2 (BACK), MAR 2008

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# Pay-ready Voucher

## Finance Demobilization Briefing

The final voucher is sent after all travel is completed and you are back home. (i.e., send your final voucher after your REFRAD date).

### Documentation for Final Settlement:

1. One copy of a completed DD Form 1351-2
2. One copy of all orders and amendments
3. One copy of DD Form 214 or REFRAD orders
4. One copy of all DD Form 1610s, if applicable
5. One copy Unit Movement Orders (TCS) and amendments, if applicable, and other TDY within TDY orders
6. One copy of receipts for any claimed expense in the amount of \$75.00 or more
7. One copy of all lodging receipts (regardless of amount), if applicable
8. One copy of all advances and accrued per diem payments received
9. One copy of all paid vouchers from any TDY trips while deployed
10. Copies of ALL leave forms



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# Contact Information

## Finance Demobilization Briefing

### Travel Voucher Submission

Mailing Address:

DFAS-IN/CONTINGENCY TRAVEL

DEPT 3900

8899 EAST 56TH STREET

INDIANAPOLIS, IN 46249-3900

Email: **dfas-contingencytravel@mail.mil**

Fax: (317) 275-0332

### Customer Service:

1-888-332-7411 or **<http://www.dfas.mil/tdytravel/customerservice.html>**

Additional travel guidance can be found on the Internet:

 Smart Travel Voucher: **<https://smartvoucher.dfas.mil/>**

 PPG: **<http://www.armyg1.army.mil/militarypersonnel/ppg.asp>**



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## Finance Demobilization Briefing

# EagleCash Stored Value Card

**REMINDER**



**UNLOAD FUNDS!!!**





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# Conclusion

## Finance Demobilization Briefing

# Thank You for Your Service!

## Military Pay Inquiries

**Fort Cavazos Army Military Pay Office**

**Reserve Pay Customer Service**

**254-285-5909**

**or email**

**Usarmy.cavazos.fin-mgt-cmd.mbx.ampo-reserve-pay-  
section@army.mil**

**Soldiers should first address pay concerns to their chain of command or unit leader. The Finance teams in the theater of operations or deployed location also stand proud and ready to serve all Soldiers at any time.**

