

**ARMY ACTIVE BOLC**  
**POC MARIJO MUSTO**

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# THRIFT SAVINGS PLAN ELECTION FORM

LEGACY RETIREMENT SYSTEM \_\_\_\_\_  
BLENDED RETIREMENT SYSTEM \_\_\_\_\_

**TSP-U-1**

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP). Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to the office of your service that is responsible for enrolling members in the TSP.** That office should return a copy to you after completing Section V. **Note:** To choose your investment funds, see the instructions in the General Information section on the back of this form.

## I. INFORMATION ABOUT YOU

1. Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
2. Mailing Address (may be APO or FPO) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
3. Social Security Number \_\_\_\_\_ 4. ( ) \_\_\_\_\_  
Daytime Phone (Area Code and Number) \_\_\_\_\_  
5. Date of Birth (mm/dd/yyyy) \_\_\_\_\_ 6. Office Identification (Service and Organization) \_\_\_\_\_

## II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

Your choice will cancel  
all previous elections.

To start or change the amount of your contributions, enter in Items 7–10 the percentage of your pay each pay period that you want as traditional (pre-tax) contributions. Enter in Items 11–14 the percentage of your pay each pay period that you want as Roth (after-tax) contributions. You **must** elect to contribute at least 1% of basic pay (or its equivalent) to be eligible to contribute from your other types of pay (see instructions). **Remember:** A blank line next to a type of contribution equals 0% contributed. **To stop your contributions, you must complete Section III. For those turning 50 or older who want to make catch-up contributions:** If you meet the IRS elective deferral limit, your contributions will automatically start counting toward the IRS catch-up limit. Separate catch-up elections are no longer required. (See instructions.)

### Traditional (Pre-Tax) Contributions All Services

Basic Pay 7. ☒ .0%  
Incentive Pay 8. ☒ .0%  
Special Pay 9. ☒ .0%  
Bonus Pay 10. ☒ .0%

### Roth (After-Tax) Contributions All Services

11. ☒ .0%  
12. ☒ .0%  
13. ☒ .0%  
14. ☒ .0%

## III. STOP YOUR CONTRIBUTIONS

When you stop your  
contributions from  
basic pay, contributions  
from incentive, special,  
and bonus pay will  
also stop.

To stop all contributions to the TSP, check Item 15 or 19 (or both, as applicable). If you want to stop only your contributions from incentive pay, special pay, or bonus pay, check the appropriate box(es). Your contributions will stop no later than the first full pay period after your service receives this form. See the instructions for this section for information about stopping automatic contributions.

### Stop My Traditional Contributions

15. ☒ From basic pay  
16. ☒ From incentive pay  
17. ☒ From special pay  
18. ☒ From bonus pay

### Stop My Roth Contributions

19. ☒ From basic pay  
20. ☒ From incentive pay  
21. ☒ From special pay  
22. ☒ From bonus pay

## IV. SIGNATURE

23. Participant's Signature \_\_\_\_\_ 24. Date Signed (mm/dd/yyyy) \_\_\_\_\_

## V. FOR SERVICE USE ONLY

25. Payroll Office Number \_\_\_\_\_ 26. Receipt Date (mm/dd/yyyy) \_\_\_\_\_ 27. Effective Date (mm/dd/yyyy) \_\_\_\_\_  
28. Signature of Service Official \_\_\_\_\_

**ORIGINAL TO PERSONNEL FOLDER**  
Provide a copy to the employee and to the payroll office.

# FAST START

## DIRECT DEPOSIT

Fully Complete  
Blocks 1, 2, 3, & 5

### INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

#### 1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME  
(as on payroll records)

(Last, First, Initials)

EMAIL ADDRESS

TELEPHONE NUMBER (WORK)

(HOME)

#### 2. TYPE OF ACCOUNT

- ☐ Checking  
☐ Savings

#### TYPE OF PAYMENT

- ☒ Net Pay  
☐ Travel  
☐ Other Federal  
employment related  
payments

#### 3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)

A voided personal check/sharedraft may be attached in lieu of completing this section.  
See instructions on back of this form.

ROUTING TRANSIT  
NUMBER

Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

#### 4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT  
(Check One)

- ☐ Savings (whole dollar amounts only)  
☐ Discretionary or Third Party

TYPE OF ACCOUNT  
(Check One)

- ☐ SAVINGS  
☐ CHECKING

ACTION  
(Check One)

- ☐ START  
☐ CANCEL  
☐ CHANGE

AMOUNT  
(Check One)

- ☐ INCREASE TO:  
☐ DECREASE TO:  
New Total \$

ALLOTTEE NAME  
(person/company who  
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE  
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

#### 5. AUTHORIZATION



EMPLOYEE'S SIGNATURE

DATE

#### 6. AGENCY USE:



# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

**2025**

**Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$		
	Multiply the number of other dependents by \$500 . . . . . \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign</b> <b>Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>
<b>Employers</b> <b>Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## STATE OF LEGAL RESIDENCE CERTIFICATE

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Tax Reform Act of 1976, Public Law 94-455.

**PURPOSE:** Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

**ROUTINE USES:** Information herein will be furnished State authorities and to Members of Congress.

**MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first, middle initial)

\*

SOCIAL SECURITY NUMBER (SSN)

\*

LEGAL RESIDENCE/DOMICILE (City or county and State)

\*

## INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE \*

CURRENT MAILING ADDRESS (Include ZIP Code)

\*

DATE

\*

**BASIC ALLOWANCE FOR HOUSING (BAH)  
AUTHORIZATION AND DEPENDENCY DECLARATION**  
For use of this form, see AR 637-1. The proponent agency is DCS, G-1.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 37 USC 403, Basic allowance housing; Army Regulation 637-1, Army Military Compensation and Entitlement Policy.

**PRINCIPAL PURPOSE:** To start, adjust or terminate a Soldier's entitlement to basic allowance for housing (BAH) and to verify a Soldier's dependency status. For additional information see the System of Records Notice A0600-8-104 APS  
<http://www.federalregister.gov/documents/2019/07/18/2019-15242/privacy-act-of-1974-system-of-records>.

**ROUTINE USES:** To the Internal Revenue Service for tax purposes. To the U.S. Government Accountability Office for statistical management  
To the members of Congress for inquiries. To U.S. state courts and various law enforcement agencies by subpoena only.

**DISCLOSURE:** Voluntary; however, form will not be processed without your DoD ID for pay purposes and nondisclosure may result in discrepancies with your BAH.

1. Name (Last, First, MI)		2. DOD ID Number	3. Grade
4. Member's Physical Address (Street, City, State, and Zip Code)		5. Duty Location (Unit Location or City, State, and Zip Code)	
6. Effective Date Of Action	7. Type Of Action (Select Only One) <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop <input type="checkbox"/> Recertify		8. BAH Type (Select Only One) <input type="checkbox"/> With Dependents <input type="checkbox"/> Without Dependents <input type="checkbox"/> Differential
9. Marital Status (Select Only One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed		Has your spouse or former spouse ever served in a branch of the Uniformed Services? (If Yes, complete blocks a, b, c & d) <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. Spouse's Name (Last, First, MI)			
11. Spouse's Physical Address (Street, City, State, and Zip Code)		a. Spouse's DOD ID Number	
		b. Spouse's Branch Of Service	
		c. Date Spouse Last Entered Service	
		d. Date Spouse Last Separated Service	

**12. Other Dependent Information (Children and Secondary Dependents). Additional Dependents Will Be Listed On Additional Forms**

Name	Physical Address	Relationship	Date Of Birth	Custody	
				Physical	Legal

**13. Certification of Dependent Support**

Read and Initial: I understand that the legal purpose of a housing allowance on behalf of a dependent is to partially reimburse a Service Member for the expense of providing a private sector residence for the dependents when Government Quarters are not provided. I further understand that a housing allowance for a dependent is not a bonus merely for the technical status of being married or a parent.

Read and Initial: I understand that I am required to provide adequate support to those dependents on whose behalf I am receiving a housing allowance and if I fail to provide adequate support, the housing allowance that I received for that dependent will be recouped for nonsupport or inadequate support periods.

Read and Initial: I understand that a legal separation agreement, court decree, judgment, or order that does not state the dependent support amount, or absolves me of my dependent support responsibility, does not of itself affect my housing allowance. I further understand that if I am authorized a housing allowance on behalf of a dependent that I must contribute to my dependent's support in an amount that is not less than the applicable BAH-DIFF rate.

Read and Initial: I understand that if there is a court order or legal separation agreement stating the support amount, I must contribute to the dependent's support the amount specified therein, but in no case may the support payments be less than the applicable BAH-DIFF rate.

Read and Initial: I certify that I provide or am willing to provide adequate support to the above named dependents.

**I certify ALL information regarding this authorization is correct. I will immediately notify the servicing Finance/Personnel Office of any changes in the information above, due to divorce, marriage, death, living in government quarters etc., which could affect my BAH 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.

14. Member's Signature	15. Date	16. Commander's Signature	17. Date
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**STATEMENT FOR PAYMENT OF ACTIVE-DUTY INITIAL UNIFORM**  
**ALLOWANCE SUBMIT TO: ARMY MILITARY PAY OFFICE (Rm 122)**  
**BUILDING 3400**

**FORT LEE VA 23801-1724**

PRIVACY ACT of 1974. AUTHORITY: 10 USC Sections 3013. PRINCIPAL PURPOSE: Substantiating document establishing Soldiers right to Reimbursement of uniform allowance. ROUTINE USES: Provide means of applying for uniform allowance, disclosure is voluntary; however, Failure to provide personal data could preclude proper identification.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
**PLEASE PRINT (Last Name, First Name, Middle Initial)**

GRADE: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

I request reimbursement for the active-duty uniform allowance as provided in the Department of Defense Financial management Regulation (DoD FMR Volume 7A, Chapter 30).

- A. I have not applied for, nor received an initial uniform allowance as an officer of the National Guard of the United States, Army Reserve, or Army of the United States without component under the Armed Forces Reserve Act of 1952.
- B. I have not received an initial uniform allowance in any amount as an officer. I understand that only period of duty that require wearing of the uniform are counted for entitlement to the initial uniform allowance.
- C. I am reporting/reported for active duty for a period in excess of 45 days or actually performed active duty in excess of 90 days after reporting for an indefinite period on (date) \_\_\_\_\_ in compliance of Orders Number \_\_\_\_\_  
HQ \_\_\_\_\_ dated \_\_\_\_\_
- D. I was not a regular officer transferring to another Military Service.
- E. The tour of active duty or active duty for training requires/required the wearing of uniform, which I have in my possession.
- F. I have been determined physically qualified for active duty.
- G. Immediately prior to entering on active duty as an officer, my status was (OCS, student, active duty (Enlisted/Officer), ROTC, civilian, etc.) \_\_\_\_\_
- H. I executed my Oath of Office on (date) \_\_\_\_\_

\_\_\_\_\_  
(OFFICER'S SIGNATURE AND DATE)



**STATEMENT FOR PAYMENT OF ACTIVE-DUTY UNIFORM ALLOWANCE**

**ADDITIONAL CLOTHING ALLOWANCE**

**SUBMIT TO: ARMY MILITARY PAV OFFICE (Room 122)**

**BUILDING 3400**

**FORT LEE, VA 23801-1724**

PRNACY ACT OF 1974. Authority: 10 USC SECTIONS 3013. PRINCIPAL PURPOSE: Substantiating documents establishing Soldiers right to reimbursement of uniform allowance. ROUTINE USES: Provide means of applying for uniform allowance, disclosure is voluntary; however, failure to provide personal data could preclude proper identification.

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

**PLEASE PRINT** {Last Name, First Name, Middle Initial}

SSN: \_\_\_\_\_

I request reimbursement for the active-duty uniform allowance as provided in the Department of Defense Financial Management Regulation (DODFMR Volume 7 A, Chapter 30).

A. I reported for active duty or active duty for training for a period in excess of 45 days or actually, performed duty in excess of 90 days after reporting for an indefinite period on (date) \_\_\_\_\_ in compliance of Orders Number \_\_\_\_\_ HQ \_\_\_\_\_ dated \_\_\_\_\_.

B. I have not received an additional uniform allowance in excess of \$200.00 during my current tour of active duty or within a period of 2 years before entering on my current tour of duty.

C. The tour of active duty or active duty for training required the wearing of uniform, which I have in my possession.

D. During the 2-year period prior to reporting for my current tour of duty, I have not served on active duty or active duty for training for a period of more than 90 days duration as a non-regular officer.

E. Prior to this date, I have neither received nor applied for the active-duty uniform allowance authorized under the Armed Forces Reserve Act of 1952 for the tour of active duty or active-duty-for training for which this entitlement is claimed.

F. I executed my Oath of Office on (date) \_\_\_\_\_

\_\_\_\_\_  
(OFFICER'S SIGNATURE)



**MILITARY PAYROLL SYSTEM SUBSTANTIATING DOCUMENT WORKSHEET**

For use of this form, see AR 637-1. The proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 37 USC, DOD 7000.14R, Department of Defense Financial Management Regulation, AR 637-1, Army Military Compensation and Entitlement Policy.

**PRINCIPAL PURPOSE:** To justify any change or correction to a Soldier's pay record by a Finance Office, Defense Military Pay Office, or by the Defense Finance and Accounting Service. For additional information see the System of Records Notice A600-8-104 AHRC Army Personnel System (APS), <https://www.federalregister.gov/documents/2019/07/18/2019-15242/privacy-act-of-1974-system-of-records>.

**ROUTINE USES:** Information collected is used to adjust military pay records. Information may be shared with other federal agencies such as IRS, Social Security Administration, VA, GAO, member of Congress; State and local government, US and State courts, and various law enforcement agencies.

**DISCLOSURE:** Voluntary; Nondisclosure may result in nonpayment of pay and allowances. Disclosure of your DOD ID is voluntary. However, this form will not be processed without your DOD ID because the Army identifies you for pay purposes by your DOD ID.

**SECTION I: IDENTIFY SOLDIER AND ADJUSTMENT ACTION TAKEN**

1. Name (Last, First, MI)	2. Grade	3. DOD ID Number
4. Item of Pay Adjusted Base PAY/BAH/BAS		
5. Period of Adjustment from _____ to _____		
6. Document Control Number(s), Source Reference(s), or Substantiating Document(s) to Support Adjustment Orders		

**SECTION II: NARRATIVE EXPLANATION/REASON FOR ADJUSTMENT**

Due to the SM's accession onto the Defense Military Pay system and at the SM's request \$ \_\_\_\_\_ Initial advance payment has been processed and released for payment to the SM's direct deposit on file.

To be collected in full and will be reflected on the SM's End-of-Month (EOM) \_\_\_\_\_ LES.

**SECTION III: SHOW COMPLETE COMPUTATION FOR EACH ADJUSTMENT**

NOT APPLICABLE

**SECTION IV: CERTIFICATION**

<b>CERTIFICATION:</b> I certify this adjustment is true and correct. The attachments hereto are in support of the pay change.	7. DSSN 4839	8. Unit of Payroll Office _____
	9. Signature _____	10. Date _____



Upload your travel voucher and supporting documents online!

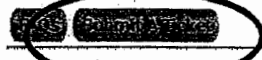
Travel Voucher Direct is available for all non-DTS travel claims computed and paid by DFAS.

Submit your travel voucher and supporting documents on this secure website or scan the QR code.

<https://www.dfas.mil/militarymembers/travelpay/travelvoucherdirect/>



#### TRAVEL VOUCHER DIRECT – ONLINE CUSTOMER SERVICE



Providing responsive, professional finance and accounting services for the people who defend America means delivering timely useful information. Our site allows customers the ability to request support or provide feedback. Every individual is unique, but they often face similar issues. Browse our frequently asked questions database before submitting a question for best results.

Under the 'Subcategories' heading click the **type of travel** you are filing your voucher for. This ensures your voucher gets to the proper DFAS office for processing.

Categories	Subcategories
<input checked="" type="radio"/> Travel Voucher Direct	<input type="radio"/> Civilian Permanent Change of Station-PCS
	<input type="radio"/> Evacuations
	<input type="radio"/> Military Permanent Change of Station-PCS
	<input type="radio"/> Non-Appropriated Funds (NAF)
	<input checked="" type="radio"/> Temporary Duty (TDY) Claims (NON-DTS)
	<input type="radio"/> Wounded in Action/Casualty

On the next page, enter name, email address, create a passcode, Type of user, Rank or Grade, Social Security Number and chose type of claim then upload your documents. After completing the fields, upload your document(s). **SUBMIT ONLY ONE CLAIM AT A TIME – NOT MULTIPLES**

You are limited to 20 files with the following criteria:

- The following formats are accepted: .xlsx, .docx, .pptx, .pdf, .gif, .bmp, .jpg, .jpeg, and text files.
- Total files per ticket cannot exceed 35 MB (35,000KB) in size.
- Only attach the required files and please be patient while the files are transmitted.

**Your voucher cannot be processed without supporting documents. Be sure that your files have successfully uploaded before you click 'Submit'.**

You will receive a **confirmation email** after your voucher is received.

TRAVEL-PAY DFAS-ROME

CUSTOMER SERVICE NUMBER: 888-332-7366

TDY TRAVEL PACKET SUBMISSION

FAX: (317) 275-0277

OR

EMAIL: DFAS -MILPCS@mail.mil

OR

DFAS TRAVEL VOUCHER DIRECT

<https://www.dfas.mil/militarymembers/travelpay/travelvoucherdirect.html>

TDY TRAVEL PACKET

1. TRAVEL VOUCHER DD 1351-2
2. ORDERS AND DD1610



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.				
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b> <input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____						
<b>2. NAME</b> (Last, First, Middle Initial) (Print or type) NAME			<b>3. GRADE</b> 01		<b>4. SSN</b>		<b>5. TYPE OF PAYMENT</b> (X as applicable) <input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA	
<b>6. ADDRESS.</b> a. NUMBER AND STREET ALU		b. CITY FT LEE		c. STATE VA		d. ZIP CODE 23801		
e. E-MAIL ADDRESS GMAIL.COM						<b>10. FOR D.O. USE ONLY</b>		
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> PHONE		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> ORDERS		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>		a. D.O. VOUCHER NUMBER		
<b>11. ORGANIZATION AND STATION</b> ARMY FT LEE				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)		b. SUBVOUCHER NUMBER		
<b>12. DEPENDENT(S)</b> (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks)		c. PAID BY		
<b>15. ITINERARY</b> a. DATE 2025 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		d. COMPUTATIONS		
FROM YOU HOR OR OLD PDS FT LEE VA 23801				PA TD		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		
<b>16. POC TRAVEL</b> (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS		(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		
<b>18. REIMBURSABLE EXPENSES</b> a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED				<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b> a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS		(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		
MEALS ACCURAL 4/11/25-5/11/25				1ST ACCURAL MEALS 4/11/25-5/11/25		(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		
<b>20. CLAIMANT SIGNATURE</b>				<b>21. APPROVING OFFICIAL'S PRINTED NAME</b>		<b>22. ACCOUNTING CLASSIFICATION</b>		
<b>23. COLLECTION DATA</b>				<b>24. COMPLETED BY</b>		<b>25. AUDITED BY</b>		
<b>26. TRAVEL ORDER/AUTHORIZATION POSTED BY</b>				<b>27. RECEIVED</b> (Payee Signature and Date or Check No.)		<b>28. AMOUNT PAID</b>		

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## TRAVEL VOUCHER DIRECT -- ONLINE CUSTOMER SERVICE

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Providing responsive, professional finance and accounting services for the people who defend America means delivering timely useful information. Our site allows customers the ability to request support or provide feedback. Every individual is unique, but they often face similar issues. Browse our frequently asked questions database before submitting a question for best results.

### INSTRUCTIONS:

Submit your travel voucher and supporting documents on this secure website.

Select the 'Submit A Ticket' button above.

On the next page, under the 'Subcategories' heading select the **type of travel** you are filing your voucher for. This ensures your voucher gets to the proper DFAS office for processing. On the next page, enter name and email address then upload your documents and submit your voucher. You are limited to 10 files not to exceed 35MB total. And, make sure your file(s) is in one of the accepted file formats listed.

**Your voucher cannot be processed without supporting documents. Be sure that your files have successfully uploaded before you click 'Submit'.**

You will receive a confirmation email after your voucher is received.

Civilian Employees: Click [here](#) for detailed guidance on your voucher submission.

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## DEFENSE FINANCE AND ACCOUNTING SERVICE



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**NOTE: Not for use with travel processed in the Defense Travel System (DTS).**



([https://corpweb1.dfas.mil/askDFAS/custMain.action?](https://corpweb1.dfas.mil/askDFAS/custMain.action?mid=5080)

mid=5080)

Upload your travel voucher and supporting documents online. Travel Voucher Direct (<https://corpweb1.dfas.mil/askDFAS/custMain.action?mid=5080>) is available for all travel claims computed and paid by DFAS.

You can upload your claim in three files of up to 5MB per file. The following formats are accepted: .xls, .xlsx, .doc, .docx, .ppt, .pptx, .msg, .pdf, .gif, .bmp, .jpg, .jpeg, .rtf, .tif, .tiff, .fdl, .xdl and text files.

To find another method for submitting your claim use this [Where to Submit \(/Portals/98/Documents/travelvoucherdirect/Where to Submit\\_11-4-2014.pps?ver=2020-04-22-094501-987\)](#) guide to make sure you send it to the appropriate DFAS office. You can send via fax, email or mail. However, using the Travel Voucher Direct (<https://corpweb1.dfas.mil/askDFAS/custMain.action?mid=5080>) is recommended as the most secure method and fastest method for sending in your voucher.

After we receive your claim, you can check the status ([/checkvoucherstatus/](#)) online or by phone.

Page updated March 2, 2015

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