BOLC ARMY RESERVE/NATIONAL GUARD

REQUIRED DOCUMENTS

1. 1 SET OF ORDERS AND ALL AMENDMENTS
2. 1 COPY OF OATH OF OFFICE

MARRIED SOLDIERS

1. DA FORM 5960
2. MARRIAGE LICENSE/CERTIFICATE

SINGLE WITH DEPENDENT

1. DA FORM 5960
2. DEPENDENT BIRTH CERTIFICATE
3. PROOF OF SUPPORT

STATEMENT FOR PAYMENT OF ACTIVE-DUTY INITIAL UNIFORM

ALLOWANCE SUBMIT TO: ARMY MILITARY PAY OFFICE (Rm 122)

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 prelude 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)

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 js voluntary; however, failure to provide personal data could prelude 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)

FASTSTART DIRECT DEPOSIT

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)

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)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
☐ Savings (whole dollar amounts only)	☐ SAVINGS	☐ START	☐ INCREASE TO:
☐ Discretionary or Third Party	☐ CHECKING	☐ CANCEL	☐ DECREASE TO:
		☐ CHANGE	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:

FS FORM 2231
PREVIOUS EDITIONS OBSOLETE

DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE

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)*	8. BAH Type *(Select Only One)*
	☐ Start ☐ Change ☐ Stop ☐ Recertify	☐ With Dependents ☐ Without Dependents ☐ Differential

9. Marital Status *(Select Only One)*

☐ Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widowed

10. Spouse's Name *(Last, First, MI)*

Has your spouse or former spouse ever served in a branch of the Uniformed Services? *(If Yes, complete blocks a, b, c & d)*

☐ YES ☐ NO

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

Individual Claim for Active Duty Pay, Allowances, and Adjustments

[For use of this form see USAR Pam 37-1; the proponent agency is the AR G-8.]

RCS exempt per AR 335-15, paragraph 5-2b(1).

1. FROM *(Unit Address to include PAS)*

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 37, U.S.Code, Sec. 101 and following.
Principal Purpose: Used by Reserve Component units IAW USAR Pam 37-1 when initiating claims for compensation and internal controls.
Routine Uses: To process the action requested.
Disclosure: Voluntary; however, failure to provide the requested information may result in a delay or error in processing claim.

2. NAME *(Last, First, Middle/MI as shown on MMPA)*	**3. SSN** *(As shown on MMPA)*	**4. ORIGINAL ORDER NUMBER**

CHECK THOSE ITEMS WHICH APPLY

5. ENLISTED BAS paid IAW orders. **Mark only** if a Statement of Non-Availability (SNA) was issued. SNA must be attached.

6. OFFICER BAS COLLECTION DA Form 4187 enclosed. Meals available at no charge.

7. BAH - This allowance will be paid IAW orders/current MMPA data unless one of the following applies. (Mark one, if applicable.)

a. Statement of Non-Availability of Quarters attached.

b. Soldier married to Soldier. Spouse is not on active duty for period:
FROM_____TO_____
(YYMMDD) (YYMMDD)
SPOUSE'S SSN:_____

c. E-6 or above elects not to occupy Government Quarters. (Individual ADT/ADOS only. Not an option for Unit AT.)

d. Soldier due BAH-DIFF. Weekly/monthly support amount of $_____**was** paid by Soldier. (Amount must equal/exceed BAH-DIFF rate.)

8. Mileage Only. (Duty inside commuting distance/outside corporate limits.) Enter Round Trip distance (miles):

9. Special/Incentive Pay Entitlement. Type_____Orders must authorize this entitlement.

10. Saved Pay. Previous Grade_____New Grade _____

11. Active Duty Pay Adjustment. *(Check one)* Overpayment (collect) Underpayment (pay) *[Documentation required]*

12. Update Accrued Leave Data on MMPA. (**FI-IND** field) Total days Paid Leave _____

13. Pay Accrued Leave. Soldier must complete and sign the following statement: *(include a copy of certified orders)*

"I accrued_____days of military leave during the period of_____(YYMMDD) to_____(YYMMDD) and I used _____days of that accrual. I am due payment for_____days accrued military leave. I have not received payment for more than 60 days of military leave during my military career that is not exempt from leave payment limits under DODFMR 7A."

_____
(Soldier's signature required.)

14. REMARKS

15. PREPARER'S SIGNATURE	**16. DATE**

Previous editions of this form are obsolete and will not be used.

USAR FORM 24-R
1 MAY 18