

**PRIOR
SERVICE/ACCESSION
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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
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. <input checked="" type="checkbox"/> X	.0%
Incentive Pay	8. <input checked="" type="checkbox"/> X	.0%
Special Pay	9. <input checked="" type="checkbox"/> X	.0%
Bonus Pay	10. <input checked="" type="checkbox"/> X	.0%

Roth (After-Tax) Contributions All Services

11. <input checked="" type="checkbox"/> X	.0%
12. <input checked="" type="checkbox"/> X	.0%
13. <input checked="" type="checkbox"/> X	.0%
14. <input checked="" type="checkbox"/> X	.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

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

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EMPLOYEE NAME
(as on payroll records)

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(Last, First, Initials)

EMAIL ADDRESS

TELEPHONE NUMBER (WORK)

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(HOME)

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2. TYPE OF ACCOUNT

<input type="checkbox"/> Checking	
<input type="checkbox"/> Savings	*

**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

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Check Digit

ACCOUNT NUMBER

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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)

<input type="checkbox"/> Savings (whole dollar amounts only)
<input type="checkbox"/> Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)

<input type="checkbox"/> SAVINGS
<input type="checkbox"/> CHECKING

ACTION
(Check One)

<input type="checkbox"/> START
<input type="checkbox"/> CANCEL
<input type="checkbox"/> CHANGE

AMOUNT
(Check One)

<input type="checkbox"/> INCREASE TO:
<input type="checkbox"/> DECREASE TO:
New Total \$ _____

ALLOTTEE NAME

(person/company who
will receive allotment)

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ALLOTTEE'S ROUTING NUMBER

--	--	--	--	--	--	--

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Check Digit

ALLOTTEE'S ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

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

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FINANCIAL INSTITUTION NAME

5. AUTHORIZATION

EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE:

JUMPS - JSS PAY ELECTIONS

For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT

Authority: Title 37 USC, Section 101.

Principal Purpose: To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.

Routine Use: To establish the pay account of the MMPF.

Disclosure: Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.

1. HOW DO YOU WANT TO BE PAID? (X one item.)		2. METHOD OF PAYMENT (X one item.)	
<input type="checkbox"/> a. Once a Month	<input type="checkbox"/> a. Sure Pay/Direct Deposit (Complete Section 4.)		
<input checked="" type="checkbox"/> b. Twice a Month	<input type="checkbox"/> b. Check to Address (Complete 5.)		
3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)		b. SPECIFY AMOUNT \$ _____	
4. SURE PAY/DIRECT DEPOSIT (X one box.)			
a. SF 1199A attached. (Complete items (1) through (5)).		b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution) <i>(Do not complete items (1) through (5)).</i>	
(1) NAME OF FINANCIAL ORGANIZATION		(2) SAVINGS OR CHECKING ACCOUNT NO	
(3) NAME OF ACCOUNT HOLDER		(4) STREET NO., RR NO., P.O. BOX	
(5) CITY, STATE, ZIP CODE (Or Country)			
5. CHECK TO ADDRESS (Provide complete mailing address.)			
a. STREET NO., RR NO., P.O. BOX			
b. CITY		c. STATE	
d. ZIP CODE		e. COUNTRY	
6. REMARKS			
7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.			
a. TYPED OR PRINTED NAME		e. NAME AND ADDRESS OF ORGANIZATION	
b. SSN			
c. SIGNATURE		d. DATE	
		✓ Company BN FT GREGG-ADAMS VA 23801	

Employee's Withholding Certificate

OMB No. 1545-0074

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.

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	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 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.

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 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
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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.)

Step 3: Claim Dependent and Other Credits	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 3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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 4(a) \$ _____ (b) Deductions. 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 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	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)
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LEGAL RESIDENCE/DOMICILE (City or county and State)
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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
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MONTGOMERY GI BILL ACT OF 1984 (MGIB)

(Chapter 30, Title 38, U.S. Code)

BASIC ENROLLMENT**PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and Public Law 110-252.**PRINCIPAL PURPOSE(S):** To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.**ROUTINE USE(S):** To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.**1. SERVICE MEMBER DATA**

a. NAME (LAST, First, Middle Initial)	b. DoD ID NUMBER
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2. STATEMENT OF UNDERSTANDING FOR NEW GI BILL MEMBERS

I am **NOT** eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

a. SERVICE MEMBER SIGNATURE	b. RANK/GRADE	c. DATE SIGNED (YYYYMMDD)
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3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS

- (1) I am automatically enrolled unless I exercise the option to **DISENROLL** by signing Item 5 below.
- (2) **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month, or the current monthly rate, until \$1,200 has been deducted. This basic pay reduction is required for eligibility under the MGIB.
- (3) If I decide to convert my eligibility to the Post-9/11 GI Bill after attaining eligibility for that program and before the entire \$1,200 is reduced, I may elect to have the pay reduction stopped effective the month following the election. By doing so, I will lose all MGIB eligibility. This decision is irrevocable. I will be eligible for a refund of the pay reduction if I exhaust entitlement to that program. The refund will be added to the monthly stipend allowance paid in the last month of eligibility under the Post-9/11 GI Bill. If I do not exhaust entitlement under the Post-9/11 GI Bill, I will not receive a refund of the pay reduction.
- (4) If I decide to convert my eligibility to the Post-9/11 GI Bill after attaining eligibility for that program and after the entire \$1,200 is reduced whose pay was reduced under the provisions of sections 3011(b) or 3012(c) of Reference (b), will receive a refund of that pay reduction subject to the following:
 - (a) a full refund for an individual who used no months of benefit under the MGIB.
 - (b) a refund reduced by a proportion calculated by the number of months of MGIB benefits remaining at the time of election divided by 36.
 - (c) The refund will be added to the monthly stipend allowance paid in the last month of eligibility under the Post-9/11 GI Bill. If I do not exhaust entitlement under the Post-9/11 GI Bill, I will not receive a refund of the pay reduction.
- (5) I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.
- (6) I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute. This benefit may only be used with this program. If I convert to Post-9/11, I **WILL NOT** receive a refund of the \$600.
- (7) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include "under honorable conditions".
- (8) I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs..
- (9) I have 10 years from date of last discharge from active duty to use MGIB benefits.
- (10) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).
- (11) I cannot receive any combination of DVA educational benefits in excess of 48 months.
- (12) I must complete at least 24 months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

a. SERVICE MEMBER SIGNATURE	b. RANK/GRADE	c. DATE SIGNED (YYYYMMDD)
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4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

a. DATE SIGNED (YYYYMMDD)	b. RANK/GRADE	c. SERVICE MEMBER SIGNATURE
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5. STATEMENT OF DISENROLLMENT		
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I **DO NOT** desire to participate in MGIB. I understand the benefits of the MGIB program and that I **WILL NOT** be able to enroll at a later date.

a. DATE SIGNED (YYYYMMDD)	b. RANK/GRADE	c. SERVICE MEMBER SIGNATURE
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6. CERTIFYING OFFICIAL

a. TYPED OR PRINTED NAME (LAST, First, Middle Initial)	b. RANK/GRADE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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**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	
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					
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Read and Initial: I certify that I provide or am willing to provide adequate support to the above named dependents.</p>					
<p>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.</p> <p>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.</p>					
14. Member's Signature	15. Date	16. Commander's Signature			17. Date

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

CERTIFICATION: 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

Travel Voucher Direct

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/>

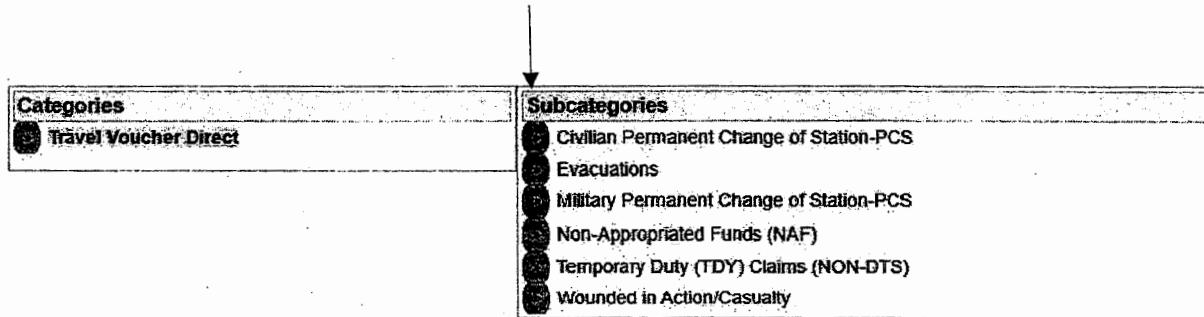


TRAVEL VOUCHER DIRECT – ONLINE CUSTOMER SERVICE



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.



The screenshot shows two adjacent sections. The left section is titled 'Categories' and contains a single item: 'Travel Voucher Direct'. The right section is titled 'Subcategories' and lists six items: Civilian Permanent Change of Station-PCS, Evacuations, Military Permanent Change of Station-PCS, Non-Appropriated Funds (NAF), Temporary Duty (TDY) Claims (NON-DTS), and Wounded in Action/Casualty. An arrow points from the 'Subcategories' title on the right towards the list of items.

Categories
Travel Voucher Direct

Subcategories
Civilian Permanent Change of Station-PCS
Evacuations
Military Permanent Change of Station-PCS
Non-Appropriated Funds (NAF)
Temporary Duty (TDY) Claims (NON-DTS)
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 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.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: 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. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. <input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
				c. STATE	d. ZIP CODE	<input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA	<input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA
6. ADDRESS. a. NUMBER AND STREET			b. CITY	c. STATE		d. ZIP CODE	
e. E-MAIL ADDRESS							
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY	
11. ORGANIZATION AND STATION							
12. DEPENDENT(S) (X and complete as applicable)							
ACCOMPANIED		<input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE					
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)							
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input checked="" type="checkbox"/> NO (Explain in Remarks)							
15. ITINERARY							
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			
DEP	MEPS:	GA					
ARR	AIRPORT:	AT					
DEP	AIRPORT:	TP					
ARR		AT					
DEP		CA					
ARR	FT LEE, VA 23801	MC					
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
16. POC TRAVEL (X one) OWN/OPERATE PASSENGER							
17. DURATION OF TRAVEL							
18. REIMBURSABLE EXPENSES							
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS X MORE THAN 24 HOURS	(4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due		
TAXI RICHMOND AIRPORT							
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS							
20.a. CLAIMANT SIGNATURE							
b. DATE							
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE			e. TELEPHONE NUMBER		f. DATE
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	