



U.S. ARMY

AMPO – CAVAZOS IN-PROCESSING BRIEFING

*Shoemaker Center
Building 36000
Fourth Floor*

09 May 2023

Controlled by: HQ USAFMCOM
Controlled by: Office symbol
Category: OPSEC
POC: martin.a.torres4.civ@army.mil





Military Pay Brief

U.S. ARMY

**Please listen to
the briefer,
remember this is
briefing is in
regards to your
MILITARY and
TRAVEL
PAY**



**PLEASE PUT YOUR CELL PHONES AWAY UNLESS
INSTRUCTED BY THE BRIEFER TO TAKE A PICTURE
OF A SLIDE**





U.S. ARMY

Entitlements

➤ Entitlements that will stop:

- Hostile Fire Pay - Last day of the Departure month
- Assignment Incentive Pay – Day of Departure
- Save Pay - Day of Departure
- Parachute - Day prior to Departure
- Demolition Pay - Day of Departure
- Family Separation Hardship - Day of Departure
- Cost of Living Allowance - Day prior to Departure
 - DA Form 4187 required for authorization for COLA, if applicable, based upon unit location
- Special Duty Assignment Pay - Day prior to Departure





U.S. ARMY

Administrative Absences (Leave)

- **DA Form 31 – Request for Leave must have a sign in and sign out date**
 - **If the Soldier requested Permissive TDY, the DA Form 31 must:**
 - **Be signed by a Lieutenant Colonel (LTC)**
- **Or**
- **IPPS-A Absence Request Form**
 - **Need an IPPS-A Request for each type of Absence**
 - **Administrative Absence (formally known as Permissive TDY)**
 - **Chargeable Leave**





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Advance Pay

- To provide funds to a member to meet extraordinary expenses incident to a government-ordered relocation. It is intended to assist with the out-of-pocket expenses, not typical of day-to-day military living, that precede or exceed reimbursements incurred in a member's change of duty locations
- A member may be paid an advance of basic pay not to exceed 3 months less deductions
 - Married Soldiers – if this is your first Advance Pay then you do not have to itemize your expenses
 - Single Soldiers – regardless of grade will need to itemize expenses
 - Soldiers in the pay grade of E-4 and below, and all Soldiers, regardless of rank, requesting a 2nd or 3rd advance pay, must obtain their Commander's signature and must itemize their expenses
- DA Form 2560 - Advance Pay Certification/Authorization





U.S. ARMY

Documents Required for Enlistment Bonus

- Graduation Certificate from AIT or MOS orders with effective date
- DD Form 4-1, 4-2, 4-3 (enlistment/reenlistment contract)
- DD Forms 1966-2 and 1966-3 (other personal data)
- DA Form 3286-59, 3286-63, 3289-66 OR pages 1-6 Statement for Enlistment United States Army Enlistment Program
- These documents can be found in your 201 file, AKO Personnel files (iPERMS), or from your recruiter
- If bonus is specific to MOS – Memorandum from unit commander stating, you are performing duties in the MOS you enlisted for
- ❖ **Need to submit documentation listed above to your S-1 for submission on a UTL to finance.**
- ❖ **Listed documents will NOT be accepted at finance must be submitted by your S-1 for accountability**





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Completing the DD Form 5960

Blocks 1-11: Self Explanatory

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) ☐ Start ☐ Change ☐ Stop ☐ Recertify		8. BAH Type (Select Only One) ☐ With Dependents ☐ Without Dependents ☐ Differential
9. Marital Status (Select Only One) ☐ Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widowed		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 ☐	
10. Spouse's Name (Last, First, MI)		a. Spouse's DOD ID Number	
11. Spouse's Physical Address (Street, City, State, and Zip Code)		b. Spouse's Branch Of Service	
		c. Date Spouse Last Entered Service	
		d. Date Spouse Last Separated Service	

ALL SoldierS – regardless of marital status -

- Please complete DA Form 5960 and submit to your commander for his/her signature.
- Your S-1 will then scan and place a copy in your iPERMS file.
- Your BN/BDE S-1 will submit to finance, if needed, due to divorce, marriage, birth of a child.





Completing the DD Form 5960

Block 12 – List all of your family members

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.

Please read block 13, if applicable to you

ALL SoldierS – regardless of marital status -

- **Please complete DA Form 5960 and submit to your commander for his/her signature.**
- **Your S-1 will then scan and place a copy in your iPERMS file.**
- **Your BN/BDE S-1 will submit to finance, if needed, due to divorce, marriage, birth of a child.**





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Completing the DD Form 5960

Block 14 – your signature

Block 15 – date form was signed by you

Block 16 – Commander's Signature

Block 18 – date commander signed form

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

ALL SoldierS – regardless of marital status -

- **Please complete DA Form 5960 and submit to your commander for his/her signature.**
- **Your S-1 will then scan and place a copy in your iPERMS file.**
- **Your BN/BDE S-1 will submit to finance, if needed, due to divorce, marriage, birth of a child.**





Completing the DD Form 5960

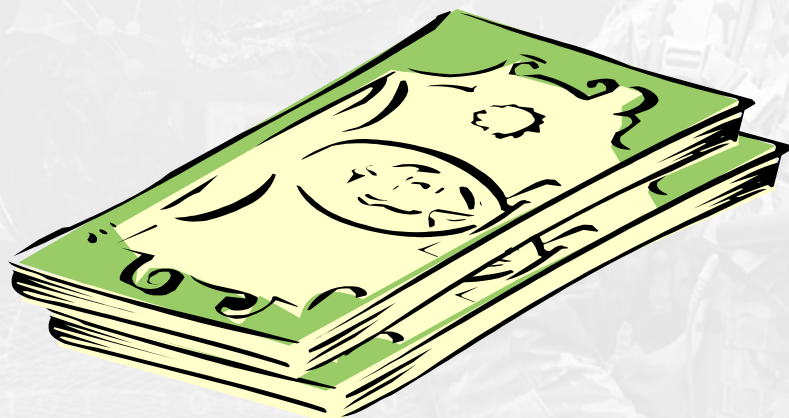
- **Per AR 637-1 Army Compensation and Entitlements Policy**
 - YOUR commander or your first officer in the chain of command is the certifying officer for the DA Form 5960
 - Your orders will serve as our Key Supporting Documentation (KSD) for changing your BAH rate to Zip Code 76544 (Ft. Cavazos, TX)
 - If orders are **INCORRECT**, they must be amended.
 - See your S-1 or commander for guidance
 - If Life event occurred during your PCS move (marriage, divorce, birth of a child)
 - Must have your commander or first officer in chain of command to sign the DA Form 5960
 - Unit will forward DA Form 5960 on a Unit Transmittal Letter/Unit Transmittal Memorandum (UTL/UTM) to finance





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TRAVEL PAY BRIEF





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Travel Notes

- Travel payment will not show up on your LES
- A notification will be emailed to your AKO account when voucher is received and processed (disbursed)
- Settlement information will be emailed to you
- Settlement information will be available in MYPAY
- If you have been overpaid through advances, you will be notified by DFAS Debt Management for repayment options (payroll deduction may appear on LES)

www.dfas.mil/checktravelstatus





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SPLIT DISBURSEMENT

- Split Disbursement allows DFAS to pay your Government Travel Charge Card (GTCC) for you
- By using split disbursement, you avoid late charges and penalties by CITIBANK
- Avoid the harassment by your chain of command by using split disbursement
- Don't remember the amount – call CITIBANK to get amount after the briefing





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Temporary Duty (TDY) Enroute

- **PCS or TDY orders:**
 - If TDY period is not included on the original PCS order then a DD1610 is required, to include any amendments.
 - The PCS orders and DD1610 must have a valid line of accounting (LOA).
- **If the LOA is invalid – check with your losing unit**
- **Finance cannot:**
 - correct your LOA
 - Publish new DD 1610 – see your S-8 or G-8
- **Must list all authorized expenses incurred (to include lodging)**
 - If In and Around mileage authorized – need a daily log





Personally Procured Move (PPM)

- **PPM/DITY moves are processed thru Transportation located in the Copeland Center (Building 18010)**
- **Please direct all questions concerning your PPM/DITY move to Transportation personnel**





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Temporary Lodging Expense (TLE)

- **TLE partially offsets the added living expenses within CONUS incurred by a member and dependents incident to a PCS**
 - **It is a reimbursement for lodging at your losing or gaining station (maximum daily rate of \$290.00)**
 - **You are authorized 14 days of TLE on a CONUS to CONUS move or OCONUS to CONUS move**
- **Submit your TLE claim once you have completed your stay**
- **You must have**
 - **Itemized receipts for lodging (original lodging receipt with a zero balance)
Paid in full, proof of payment.**





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Temporary Lodging Allowance (TLA)

- **Authorized by the Overseas Housing Office**
- **To partially reimburse a member for the more than normal expenses incurred while occupying temporary lodgings and expenses for meals obtained as a direct result of using temporary lodgings OCONUS that do not have facilities for preparing and consuming meals**
- **While waiting for Government quarters assignment, or while completing arrangements for other permanent living accommodations when Government quarters are not Reimbursement for lodging at your overseas location**





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PCS Travel Entitlements

- **Mileage and Transportation Allowance**
 - Covers the cost of gas for Soldier and their dependents for mileage reimbursement
 - Reimbursement for two vehicles as of 1 January 2023:
 - **One vehicle - \$0.22 Two vehicles - \$0.22**
 - Total for two vehicles is **\$0.44** per mile
 - POV reimbursement for the use of more than two POCs, within the same household for PCS travel, may be authorized/approved if determined to be appropriate, through the Secretarial Process (it must be stated on the orders)
- **Per diem**
 - To assist with payment of lodging and meals for Soldiers and dependents while enroute
 - Per diem rate when driving POV, effective 1 Oct 2022
 - **Soldier \$157.00 per day**
 - **Dependents 12 and over \$117.75 per day**
 - **Dependents under 12 \$ 78.50 per day**
 - Per diem rate when flying:
 - **\$44.25** for one day of travel when flying
 - **\$33.19** for one day of travel for dependents over the age of 12
 - **\$22.13** for one day of travel for dependents under the age of 12





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Dislocation Allowance

- To partially reimburse a Soldier, with or without dependents, for the expenses incurred in relocating the member's household on a PCS
- **DLA is not authorized for first PCS move if dependents are not relocating or single Soldier**
- All Soldiers, regardless of rank when accompanied with dependents will receive DLA at the “with dependent” rate
- **DLA is limited to one payment per fiscal year, unless an exception as stated in JTR 5450B applies**
- DLA rate is based on the calendar year of the Soldier's effective date of travel
- **DLA Rates can be found at the following web site:**
<http://www.defensetravel.dod.mil/site/otherratesDLA.cfm>





DLA Rates effective 1 Jan 2023

GR	W/O	With
E-9	2,637.00	3,476.44
E-8	2,420.37	3,204.52
E-7	2,067.85	2,975.28
E-6	1,871.77	2,749.19
E-5	1,726.35	2,472.52
E-4	1,501.85	2,472.52
E-3	1,473.41	2,472.52
E-2	1,196.76	2,472.52
E-1	1,067.17	2,472.52

GR	W/O	With
O-10	4,345.94	5,349.82
O-9	4,345.94	5,349.82
O-8	4,345.94	5,349.82
O-7	4,345.94	5,349.82
O-6	3,987.05	4,817.02
O-5	3,840.05	4,643.12
O-4	3,558.63	4,092.99
O-3	2,851.96	3,386.27
O-2	2,262.31	2,891.47
O-1	1,905.00	2,584.80

GR	W/O	With
O-3E	3,079.60	3,639.23
O-2E	2,618.00	3,283.56
O-1E	2,251.23	3,033.76
W-5	3,615.52	3,950.70
W-4	3,210.82	3,621.89
W-3	2,698.61	3,318.33
W-2	2,396.68	3,052.73
W-1	2,006.15	2,640.16





U.S. ARMY

SmartVoucher

SmartVoucher (SV)

Soldiers in pay grade of SSG to CSM, W2 to W5, and 1LT to COL are requested to complete their travel claim via the SmartVoucher program.

Request that you submit your claim within 48 hours after this briefing.

On the SmartVoucher program you can file your:

- | | |
|-----------------------------------|-------------------------------|
| ▪ PCS Travel | ▪ PCS with TDY enroute |
| ▪ Dependent Travel | ▪ Dislocation Allowance (DLA) |
| ▪ Temporary Lodging Expense (TLE) | ▪ POV Pick Up |

No need to come to the finance office when filing your SmartVoucher online

This program is **not** intended for TDY and return or Deployment TCS moves.

Access the SV program thru the DFAS Homepage - <https://www.dfas.mil/>

- Click on MyPay icon (top right) – do not login
- Click on QUICK LINKS
- Click on SmartVoucher – Complete a DD 1351-2
- Click on the two (2) disclaimers
- Login

****If using a personal device (no CAC) you will need a USERID and Password which you must create in your MyPay account****

Or type <https://smartvoucher.dfas.mil> in your browser





SmartVoucher Hints

SmartVoucher

Some helpful hints:

Step 1 Question 3 – Select Ft Cavazos from the dropdown list.

Step 2 – Are you claiming Dislocation Allowance (DLA)?

Select YES:

- If you are married regardless of rank
- If single and in pay grade E6 and above
- Even if you requested and received an advance on your DLA

Select NO:

- If you are a single Soldier in pay grade E-1 to E-5
- You are married and this is your first PCS move and did not move dependents
- If dependents will travel at a later date

▪ Step 2 and/or Step 8 – Scan and Upload your documents

- Complete set of PCS Orders
 - with amendment orders, if applicable;
 - DD 1610 if TDY enroute to Fort Cavazos
- Step 2 – Are you claiming TLE? **Select YES or NO**
 - Step 6 – Add TLE location(s) and check in/out dates and amounts
 - lodging receipts with a ZERO Balance
 - TLE can only be claimed within 75 miles of the losing/gaining stations
- DA 31 with blocks 14 and 16 completed or
- IPPS-A Absence Request Form for every type of absence that you have
- Airline tickets- ensure that orders state Individually Billed Account (IBA)

**Please call the Army Military Pay Office (AMPO) at
254-287-9207 if assistance is required.**





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Completing the Travel Voucher

DD FORM 1351-2 Travel Voucher





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Completing the Travel Voucher

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.						
1. PAYMENT		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.								
☒ Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____								
☐ Payment by Check										
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE		4. SSN		5. TYPE OF PAYMENT (X as applicable)			
6. ADDRESS. a. NUMBER AND STREET			b. CITY		c. STATE		d. ZIP CODE		☐ TDY	☐ Member/Employee
									☐ PCS	☐ Other
									☐ Dependent(s)	☐ DLA
a. E-MAIL ADDRESS								10. FOR D.O. USE ONLY		
7. DAYTIME TELEPHONE NUMBER & AREA CODE			8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER			

➤ Block (Payment):

➤ EFT MANDATORY

Split Disbursement

➤ Did you use your Government Travel Card?

➤ Would you like for DFAS to pay part of your bill or all of it? Then put an "X" right here.

➤ Need Dollar amount

➤ Don't know the amount - call CITIBANK number on your card after the briefing

➤ Block 2-4: Self explanatory





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Completing the Travel Voucher

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.				
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☒ Electronic Fund Transfer (EFT)								
☐ Payment by Check		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)		
6. ADDRESS. a. NUMBER AND STREET			b. CITY		c. STATE	d. ZIP CODE	☐ TDY	☐ Member/Employee
							☐ PCS	☐ Other
							☐ Dependent(s)	☐ DLA
e. E-MAIL ADDRESS							10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER		
11. ORGANIZATION AND STATION						12. SUBVOUCHER NUMBER		

➤ Block 5: EVERYONE-"X" Member & PCS

- TDY if you were en-route (school)
- DLA for E-6 or above not moving into BEQ/BOQ whether you arrived here with your dependents or not
- DLA for E-5 and below if dependents accompanied you
- DLA E-5 and below if dependents did not accompany you to Fort Cavazos you will not receive DLA until Dependents arrive and settlement of dependent travel voucher.
- MAKE SURE YOUR INFORMATION IS LEGIBLE





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Completing the Travel Voucher

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.			
1. PAYMENT ☐ Electronic Fund Transfer (EFT) ☐ 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. ☐ 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	
6. ADDRESS. a. NUMBER AND STREET				b. CITY		c. STATE	
e. E-MAIL ADDRESS				5. TYPE OF PAYMENT (X as applicable)		☐ TDY ☐ Member/Employee ☐ PCS ☐ Other ☐ Dependent(s) ☐ DLA	
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						a. D.O. VOUCHER NUMBER	
						b. SUBVOUCHER NUMBER	

➤ **Block 6a-d: Address where you can receive mail. A statement of your travel payment will be sent to this address. Must be within 48 CONUS states.**

➤ **Block 6e: AKO/Enterprise Email address**

➤ **Block 7: Daytime phone number. Prefer Cell Phone. If you don't have a daytime phone number, leave blank. Make sure that you can receive calls and voice mail setup.**

➤ **Block 8: Need travel order # in upper left hand corner, and date which is in the upper right hand corner of your ORIGINAL PCS order**

➤ **Block 9: List any travel advances you received. (i.e., DITY, DLA, or Travel Advance, DO NOT LIST ADV Pay) DITY/PPM moves are handled by Transportation in Bldg 18010 First Floor.**

➤ **MAKE SURE YOUR INFORMATION IS LEGIBLE**

TIONS





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Completing the Travel Voucher

- Block 10b: Annotate your DODID Number
- Block 10c: If you drove 2 POVs, put “ 2 POVs” in this block, leave blank if you drove “One”
- Block 11 Unit of Assignment (Permanent). If you don’t know, write in 1st Replacement
- Block 12: If your dependents accompanied you, mark accompanied, and list them in Block 12a, b, and c. If they didn’t come or your don’t have dependents mark unaccompanied
- Block 13: Address where your dependents were when you received your orders to come to Fort Cavazos
- **MAKE SURE YOUR INFORMATION IS LEGIBLE**

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.				
1. PAYMENT		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.						
☐ Electronic Fund Transfer (EFT) ☐ Payment by Check		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)	
6. ADDRESS. a. NUMBER AND STREET b. CITY			c. STATE		d. ZIP CODE		☐ TDY ☐ PCS ☐ Dependent(s)	☐ Member/Employee ☐ Other ☐ DLA
e. E-MAIL ADDRESS			10. FOR D.O. USE ONLY					
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER		
						DODID NUMBER		
11. ORGANIZATION AND STATION						b. SUBVOUCHER NUMBER		
						c. PAID BY		
12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)				2 POVs		
☐ ACCOMPANIED ☐ UNACCOMPANIED								
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE						
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		d. COMPUTATIONS		
				☐ YES ☐ NO (Explain in Remarks)				





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Completing the Travel Voucher

15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
DEP	Heidelberg GE					
ARR	Frankfurt GE					
DEP						
ARR	Chicago IL					
DEP						
ARR	Dallas, TX					
DEP						
ARR	Nashville TN					
DEP						
ARR	Ft Cavazos TX					
DEP						
ARR						
DEP						
ARR	OVERSEAS TO STATESIDE PCS					
						(2) Actual Expense Allowance
						(3) Mileage

➤ Block 15 b: OCONUS PCS

- Last Duty Station
- Airport that you flew out of
- First place you landed in CONUS
- VPC location (if shipped vehicle and picked up)
- Leave point if you went on leave
- Fort Cavazos
- **MAKE SURE YOUR INFORMATION IS LEGIBLE**





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Completing the Travel Voucher

15. ITINERARY			c.	d.	e.	f.		
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES		
	DEP	West Point Academy NY						
	ARR	Las Vegas NV						
	DEP							
	ARR	Ft Moore, GA						
	DEP							
	ARR	Ft Knox KY						
	DEP							
	ARR	Las Vegas NV)						
	DEP							
	ARR	Ft Knox KY						
	DEP							
	ARR	Ft Cavazos, TX					(1) Per Diem	
	DEP						(2) Actual Expense Allowance	
	ARR						(3) Mileage	

➤ Block 15 B: TDY ENROUTE

- Last Duty Station, Home of Record, Location of the university you attended
- Leave
- TDY Point (BOLC II)
- TDY Point (BOLC III)
- Leave
- TDY Point (BOLC III)
- Fort Cavazos

MAKE SURE YOUR INFORMATION IS LEGIBLE





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Completing the Travel Voucher

15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
DEP	Ft Moore, GA	CA				
ARR	Atlanta, GA		AT			
DEP		CP				
ARR	Killeen, TX		AT			
DEP		PA				
ARR	Ft Cavazos TX		MC			
DEP						
ARR						
DEP						
ARR						
DEP						
ARR						
DEP						
ARR						(1) Per Diem
DEP						(2) Actual Expense Allowance
ARR						(3) Mileage

➤ **Block 15 Column c (mode of travel): Entries will be in the Odd Blocks (i.e., 1, 3, 5, etc)**

- PA =POV or Rental
- CA = Commercial Auto
- CP = Commercial Plane
- CR = Commercial Train
- CB = Commercial Bus
- GA = Government Auto
- GP = Government Plane
- TP = Government Paid for Flight
- TR = Government Train
- GB = Government Bus





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Completing the Travel Voucher

15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		
DEP	Ft Sill, OK	PA	
ARR			LV
DEP	Dallas TX	TP	
ARR			AT
DEP	Killeen, TX	PA	
ARR			MC
DEP	Ft Cavazos TX		
ARR			
DEP			
ARR			
DEP			
ARR			
DEP			
ARR			
DEP			
ARR			

➤ Block 15 Column d (reason for stop): Entries will be in the Even blocks (i.e., 2, 4, 6, etc.)

- AT = awaiting transportation at Airport
- AD = authorized delay (airline memo)
- LV = leave (Includes HRAP, PTDY)
- TD = TDY (Military Schools)
- MC = Mission Complete (Arrived at Ft Cavazos)
- PU = Pick up vehicle shipped from Overseas

PU – to be used only when picking up a POV at an authorized VPC location

e. SUMMARY OF PAYMENT	
(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	





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Completing the Travel Voucher

15. ITINERARY		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
a. DATE 2023	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
9 May	DEP Ft Jackson SC	CP				
9 May	ARR Dallas TX		LV			
20 May	DEP	CP				
20 May	ARR Killeen, TX					
20 May	DEP					
20 May	ARR Ft Cavazos TX					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					(2) Actual Expense Allowance
	ARR					(3) Mileage

➤ **Block 15 Column a (date):**

- Under Date, write in the year – **2023**

➤ Enter **ONLY** a month and day for each Departure and Arrival date (i.e., 9 May or 0509) – **NO YEAR**

➤ **MAKE SURE YOUR INFORMATION IS LEGIBLE**





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Completing the Travel Voucher

16. POC TRAVEL (<i>X one</i>)		OWN/OPERATE		PASSENGER		17. DURATION OF TDY TRAVEL		(4) Dependent Travel																																										
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS		(5) DLA																																										
								(6) Reimbursable Expenses																																										
								(7) Total		0.00																																								
								(8) Less Advance																																										
<table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED																																					MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(9) Amount Owed		0.00
						a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED																																									
(10) Amount Due																																																		
						19. GOVERNMENT/DEDUCTIBLE MEALS																																												
						a. DATE		b. NO. OF MEALS		a. DATE	b. NO. OF MEALS																																							
20.a. CLAIMANT SIGNATURE						➤ Block 16: POC travel • Mark Owner/operator if responsible for operation/maintenance expense & used POC at any point during trip, e.g. to/from airport etc. • If you were a passenger, mark passenger.																																												
21.a. APPROVING OFFICER SIGNATURE																																																		
22. ACCOUNTING CLASSIFICATION																																																		
23. COLLECTION DATA																																																		
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (<i>Payee Signature and Date or Check No.</i>)			28. AMOUNT PAID																																									

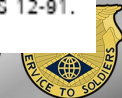
Reset





16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER		17. DURATION OF TDY TRAVEL		(4) Dependent Travel		
18. REIMBURSABLE EXPENSES						12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS		(5) DLA		
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	(6) Reimbursable Expenses					
25 May 17	TOLL		\$2.00		(7) Total			0.00		
3 Jun 17	AIRFARE		\$ 400.00		(8) Less Advance					
4 Jun 17	TAXI		\$25.00		(9) Amount Owed			0.00		
3 Jun 17	BAGGAGE FEE		\$ 125.00				(10) Amount Due			
						19. GOVERNMENT/DEDUCTIBLE MEALS				
						a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS	
20.a. ➤ Block 18: List expenses you want to be reimbursed for. You can claim: commercial plane, bus, taxis, or train tickets, tolls, or skycaps. 21.a. ➤ If TDY en-route claim laundry, ATM fees and In and Around Mileage if authorized. 22. A ➤ You must have receipt for any expense over \$75.00 23. C ➤ MAKE SURE YOUR INFORMATION IS LEGIBLE										
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID		

Exception to SF 1012 approved by
GSA MS 12-91.





➤ **Block 22 (Dual Military Only) List the following information:**

- **Spouses Full Name, Grade, SSN, Duty Station, & Branch of Service.**
- **MAKE SURE YOUR INFORMATION IS LEGIBLE**



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Completing the Travel Voucher

16. POC TRAVEL (X one)	
18. REIMBURSABLE EXPENSES	
a. DATE	b.

➤ Block 20a&b (signature and date):

- Check voucher and verify.
- Sign and date
- **Date format as follows:**
 - **MM/DD/YYYY**
- **Make sure the date is legible**

20.a. CLAIMANT'S 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





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Did You Know?

myPay



- <http://mypay.dfas.mil/>
- **Allows customer electronic access to:**
 - ✓ LES View/Print
 - ✓ Allotments – Start, Stop, Change
 - ✓ Pay option – Change bank account
 - ✓ DFAS Vouchers Paid Within Last 6 Months
 - ✓ W-2 view and print

Customer Care Center
1-888-332-7366





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References

- **DoD Financial Management Regulation Volume 7A - Military Pay Policy And Procedures - Active Duty And Reserve Pay**
- **Joint Travel Regulation**
 - **Chapter 5**





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Documents Required

Documents Required For Military Pay and PCS Travel and TDY Enroute Processing





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Packet Breakdown

Arrival/Travel Packet

- DD 1351-2 – Travel Voucher
- DD 1351-2 – Dependent Travel Voucher, **if applicable**
 - Please be sure to check to see if you completed block 13
- DFAS 9098 – TLE Form, **if applicable**
- PCS Orders to include
 - Amendments, **if applicable**
 - DD 1610, **if applicable**
- Itemized daily lodging receipt for TLE claim with a ZERO balance, **if applicable**
- Receipts for any reimbursable expense over \$75.00
- DA 31/IPPS-A Absence Request

➤ TLA Packet

- DMPO Form – TLA Worksheet
- DD 1351-2 – Travel Voucher
- DA 31/IPPS-A Absence Request
- PCS Orders to include
 - Amendments, **if applicable**
 - DD 1610, **if applicable**
- Itemized daily lodging receipt for TLA claim with a ZERO balance
- Authorization from Overseas Housing Office





U.S. ARMY

QUESTIONS

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