



U.S. ARMY

Finance Demobilization Brief

Military & Travel Pay





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Purpose

Finance Demobilization Briefing

Welcome Back!

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

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Your Military Pay

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

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Your Military Pay

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- ◆ You will receive the following pay and entitlements until your tour end date (REFRAD date):
 - Basic Pay (BP)
 - Basic Allowance for Subsistence (BAS)
 - Basic Allowance for Housing (BAH)

- ◆ Special/Incentive pays & entitlements, if applicable:
 - COLA (Cost of Living Allowance)
 - Special Duty Assignment Pay (SDAP)
 - Foreign Language Proficiency Bonus (FLPB)
 - Medical/Dental Special Pay
 - **FSA (stops the day of travel)**

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CZTE During Hospitalization

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





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LEAVE

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





Transition Leave

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

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Savings Deposit Program

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

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

- ◆ SDP Helpline 1-888-332-7411

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Required Forms

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

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





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Your Travel Pay

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Completing and Submitting a Final Settlement Voucher

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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)	
PAID, IVANA B.		E-5		123-45-6789		☒ TDY ☒ Member/Employee	
6. ADDRESS. a. NUMBER AND STREET		b. CITY		c. STATE		☐ PCS ☒ Other	
CURRENT MAILING ADDRESS		YOUR CITY		NJ		☐ Dependent(s) ☐ DLA	
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE					
IVANA.B.PAID@US.ARMY.MIL		YOUR NUMBER					
8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES					
MOB ORDER #		120.00					
11. ORGANIZATION AND STATION		10. FOR D.O. USE ONLY					
YOUR UNIT, ADDRESS, STATE, WITH ZIP CODE		a. D.O. VOUCHER NUMBER					
12. DEPENDENT(S) (X and complete as applicable)		b. SUBVOUCHER NUMBER					
☐ ACCOMPANIED		c. PAID BY					
☒ UNACCOMPANIED							
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		d. COMPUTATIONS	
15. ITINERARY		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)					
		☐ YES ☐ NO (Explain in Remarks)					
		c. MEANS/ d. REASON e. f.					

**Digital signatures are only valid on the May 2011 version of the DD

1351-2

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15. ITINERARY				YES	NO (Explain in Remarks)	
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
22Jan	DEP	YOUR COMPLETE ADDRESS (HOR)	PA			
22Jan	ARR	YOUR HOME STATION		TD		15
25Jan	DEP		GB			
25Jan	ARR	Ft. Dix, NJ 08640 (MOB STATION)		TD		
30May	DEP		GP			
30May	ARR	IRAQ - OIF Operations		TD		
10Feb	DEP	change year 2007 to 2008	CP			
11Feb	ARR	R & R leave (DA 31 attached)		LV		
27Feb	DEP		CP			
28Feb	ARR	IRAQ - OIF Operations		TD		
11Jun	DEP		GP			
11Jun	ARR	Ft. Dix, NJ 08640 (DEMOB STATION)		TD		
17Jun	DEP		GP			
17Jun	ARR	YOUR HOME STATION		TD		

16. POC TRAVEL (X one)		17. DURATION OF TRAVEL	
☒ OWN/OPERATE	☒ PASSENGER	☐ 12 HOURS OR LESS	☒ MORE THAN 24 HOURS

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

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

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

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

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17Jun	ARR	YOUR HOME STATION		TD	(3) Mileage		
16. POC TRAVEL (X one)		☒ OWN/OPERATE	☒ PASSENGER	17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES				☐ 12 HOURS OR LESS		(5) DLA	
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	☐ MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(6) Reimbursable Expenses
22Jan07-31Jan07	Laundry @ \$2 per day for 10 days		20.00		☒ MORE THAN 24 HOURS		(7) Total 0.00
1Feb07-28Feb07	Laundry @ \$2 per day for 28 days		56.00				(8) Less Advance
1Mar07-31Mar07	Laundry @ \$2 per day for 31 days		62.00				(9) Amount Owed
						(10) Amount Due	
19. GOVERNMENT/DEDUCTIBLE MEALS							
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE				b. DATE			
Ivana B. Paid				20 Jun 08			
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		f. DATE	
I.M CHARGE		I.M Charge		(111) 111-1111		20 Jun 08	
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
						28. AMOUNT PAID	

DD FORM 1351-2, MAR 2008

PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

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

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





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TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet)						PAGE 2 OF 2 PAGES	
4. NAME (Last, First, Middle Initial) (Print or type) Paid, Ivana B.							
15. ITINERARY						3. FOR D.O. USE ONLY	
a. DATE 2006		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	
16 Jun	DEP	B CO 1/109 IN, Williamsport, PA 17701	PA				
16 Jun	ARR	509 Any street, Anytown, SC 29210		MC			
	DEP	(HOR)					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						

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

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

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PRIVACY ACT STATEMENT

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

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

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

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

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim under 28 U.S.C. 1782 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card".

ITEM 15 - ITINERARY - SYMBOLS

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

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

ng

Remarks:

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

29. REMARKS

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

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

Additional Orders:

Remarks:

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Pay-ready Voucher

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

Documentation for Final Settlement:

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

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Contact Information

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Travel Voucher Submission

Mailing Address:

DFAS-IN/CONTINGENCY TRAVEL

DEPT 3900

8899 EAST 56TH STREET

INDIANAPOLIS, IN 46249-3900

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

Fax: (317) 275-0332

Customer Service:

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

Additional travel guidance can be found on the Internet:

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

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



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EagleCash Stored Value Card

REMINDER

UNLOAD FUNDS!!!





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Conclusion

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Thank You for Your Service!

Military Pay Inquiries

Fort Cavazos Army Military Pay Office

Reserve Pay Customer Service

254-285-5909

or email

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

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

