

SHIPMENT SUMMARY WORKSHEET

PREPARATION DATE (DD-MMM-YYYY)

MEMBER/EMPLOYEE INFORMATION

NAME (LAST SUFFIX, FIRST MIDDLE)		SSN (LAST 4 DIGITS)	DOD ID
SERVICE BRANCH/AGENCY	RANK/GRADE	PREFERRED EMAIL	PREFERRED PHONE

ORDERS/ACCOUNTING INFORMATION

ORDER ISSUE DATE	ORDERS TYPE/ORDERS NUMBER	ISSUING BRANCH/AGENCY	NEW DUTY ASSIGNMENT
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ENTITLEMENTS/MOVE SUMMARY

MAXIMUM WEIGHT ENTITLEMENT

Entitlement	LBS
Pro-Gear	LBS
Spouse Pro-Gear	LBS
TOTAL WEIGHT	LBS

POV SHIPMENT AUTHORIZED

AUTHORIZED ORIGIN

SIT STORAGE ENTITLEMENT

AUTHORIZED DESTINATION

MILEAGE TOTAL

SHIPMENTS

Shipment no./Type	Pickup date	Shipment weight	Current shipment status
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STORAGE

Shipment no./Type	Entry date	Storage end date	Total days in storage
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MAXIMUM OBLIGATIONS

100% GCC	LBS
95% GCC	
SIT	
MAX ADVANCE	

ACTUAL OBLIGATIONS (based on above shipments and storage)

100% GCC	LBS
95% GCC	
SIT	
MAX ADVANCE	

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FINANCE/PAYMENT

LOA CODE (SDN OR SAC)

TAC OR MDC

Payment will be processed at the following rate:

☐ 95% GCC☐ Up to 100% GCC*☐ NA (SIT only)

* If total non-storage expenses exceed 95% GCC, incentive payment will be either 100% GCC or the total of non-storage expenses, whichever is lower.

PREVIOUSLY SUBMITTED CLAIMS (self-disclosed – advances of other previous payments)

Shipment no./Type

Transaction type

Payment amount

CURRENT PAYMENT REQUEST

CLAIMABLE EXPENSES

Member-paid

GTC-paid

Contracted expenses

Rental equipment

Consumable packing materials

Weighing fees

Gas

Tolls

Oil

Other

TOTAL

EXPENSES

Member-paid expenses

GTC-paid expenses

TOTAL

SIT

Member-paid SIT

GTC-paid SIT

TOTAL

*Any money paid to member above the amount of claimable expenses listed above will be subject to tax at standard rate (estimated 22%). SIT reimbursements are not subject to tax. Service Member is responsible for all appropriate taxes and should consult an income tax expert for more information.

DISBURSEMENT	GTC	GROSS - MILPAY*	GROSS PAY - OTHER

TRUSTED AGENTS (ALLOWED TO ACT ON SERVICE MEMBER'S BEHALF VIA LETTER OF AUTHORIZATION)

NAME	AUTHORIZATION DATE (DD-MMM-YYYY)	EMAIL	PHONE

LEGAL AGREEMENTS / PRIVACY ACT - SERVICE MEMBER

Financial Liability:

If this shipment(s) incurs costs above the allowance I am entitled to, I will pay the difference to the government, or consent to the collection from my pay as necessary to cover all excess costs associated by this shipment(s).

Advance Obligations:

I understand that the maximum advance allowed is based on the estimated weight and scheduled departure date of my shipment(s). In the event, less weight is moved or my move occurs on a different scheduled departure date, I may have to remit the difference with the balance of my incentive disbursement and/or from the collection of my pay as may be necessary.

If I receive an advance for my PPM shipment, I agree to furnish weight tickets within 45 days of final delivery to my destination. I understand that failure to furnish weight tickets within this timeframe may lead to the collection of my pay as necessary to cover the cost of the advance.

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ENCLOSED DOCUMENTATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Orders (with all Amendments) | <input type="checkbox"/> Destination weight ticket (Full) | <input type="checkbox"/> Vehicle registration |
| <input type="checkbox"/> Origin weight ticket (Empty) | <input type="checkbox"/> Weight ticket (Other) | <input type="checkbox"/> DD-FMS-2231 Direct Deposit Form |
| <input type="checkbox"/> Origin weight ticket (Full) | <input type="checkbox"/> Reimbursable expense receipts | <input type="checkbox"/> Other expenses |

SIGNATURES

SERVICE MEMBER SIGNATURE

DATE

PPPO REVIEWER SIGNATURE

PRINTED NAME

DATE

OFFICE

EMAIL

PHONE

TRANSPORTATION OFFICE SIGNATURE

PRINTED NAME

DATE

EMAIL

PHONE

REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL

(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)

SECTION I - REQUEST FOR OFFICIAL TRAVEL

1. DATE (YYYYMMDD) 20180919	2. NAME (Last, First, Middle) Doe, John, M.	3. SOCIAL SECURITY NUMBER 123-45-6789
4. NEW POSITION TITLE Equipment Specialist	5. GRADE OR RATING GS-11	6. RETIREMENT CODE (Insert retirement code from Block 30 of employee's most recent SF-50. If unknown, employee should contact their servicing personnel office.) KF
7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE Tobyhanna Army Depot 11 Hap Arnold Blvd Tobyhanna, PA 18466 Duty Station: Fort Bliss, TX		8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION Tobyhanna Army Depot 11 Hap Arnold Blvd Tobyhanna, PA 18466 Duty Station: Fort Hood, TX
9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD) o/a 20181028		
10. TRAVEL PURPOSE <input checked="" type="checkbox"/> BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT <input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION <input type="checkbox"/> TEMPORARY CHANGE OF STATION <input type="checkbox"/> OTHER	11. TRANSPORTATION MODE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> COMMERCIAL MILEAGE RATE: \$ IAW JTR <input checked="" type="checkbox"/> POC <input type="checkbox"/> RAIL <input type="checkbox"/> AIR	12a. PER DIEM FOR EMPLOYEE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. PER DIEM FOR DEPENDENT(S) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
13a. ROUND TRIP TRAVEL FOR HOUSE-HUNTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED	14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ACTUAL EXPENSE <input checked="" type="checkbox"/> FIXED	15a. HOUSEHOLD GOODS (HHG) SHIPMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMMUTED RATE <input checked="" type="checkbox"/> GOVERNMENT BILL OF LADING (GBL)
b. NUMBER OF DAYS (Including travel)		b. NUMBER OF DAYS AUTHORIZED 30
16. OTHER AUTHORIZED EXPENSES <input checked="" type="checkbox"/> TEMPORARY STORAGE OF HHG <input type="checkbox"/> NONTEMPORARY STORAGE OF HHG <input type="checkbox"/> RELOCATION SERVICES <input type="checkbox"/> PROPERTY MANAGEMENT SERVICES <input checked="" type="checkbox"/> REAL ESTATE EXPENSES <input type="checkbox"/> UNEXPIRED LEASE <input checked="" type="checkbox"/> RELOCATION INCOME TAX ALLOWANCE <input type="checkbox"/> POV SHIPMENT <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input checked="" type="checkbox"/> MISCELLANEOUS EXPENSES TRAVEL ADVANCE AUTHORIZED (Amount) \$		17. DEPENDENT TRAVEL <input checked="" type="checkbox"/> CONCURRENT <input type="checkbox"/> DELAYED <input type="checkbox"/> EARLY RETURN <input type="checkbox"/> NOT AUTHORIZED
18a. DEPENDENT TRAVEL FROM (Home Address) 1234 Your Street El Paso, TX 79911		b. TO (New PDS) vicinity of Fort Hood, TX

19. DEPENDENTS											
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)									
Doe, Jane, F.	Spouse										
Smith, Nancy, F.	Step-Child	20110802									
Doe, Fawn, F.	Child	20150513									
Doe, Buck, M.	Child	20160715									
20. ESTIMATED COST <table style="width: 100%;"> <tr> <td style="width: 25%;">a. PER DIEM</td> <td style="width: 25%;">b. TRAVEL</td> <td style="width: 25%;">c. OTHER</td> <td style="width: 25%;">d. TOTAL</td> </tr> <tr> <td>\$ 510.25</td> <td>\$ 108.36</td> <td>\$ 23,450.54</td> <td>\$ 24,069.15</td> </tr> </table>		a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL	\$ 510.25	\$ 108.36	\$ 23,450.54	\$ 24,069.15	21. TRANSPORTATION AGREEMENT SIGNED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE SIGNED (YYYYMMDD) 20180830	
a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL								
\$ 510.25	\$ 108.36	\$ 23,450.54	\$ 24,069.15								

SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL

22. ACCOUNTING CITATION 97X4930 (Your Line of Accounting will be here) SDN: DOE6789PK90001 EORs: 21P4/22NL/2578/126B/122B/123B/124B		
23. APPROVING OFFICIAL a. TITLE Resources, Human, R. Director, Resource Management	b. SIGNATURE Human R. Resources	
24. AUTHORIZING/ORDER-ISSUING OFFICIAL a. TITLE Boss, Theodore, A. Deputy Commander	b. SIGNATURE Theodore A. Boss	c. ORGANIZATION ADDRESS Tobyhanna, PA 18466
25. TRAVEL AUTHORIZATION NUMBER DOE6789PK90001	26. DATE ISSUED (YYYYMMDD) 20180919	

PRIVACY ACT STATEMENT

(5 U.S.C. §552a)

AUTHORITY: 5 U.S.C. §§5701, 5702; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used as authority to issue transportation documents, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel and transportation allowances.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude timely consideration of your request.

SECTION III - ADMINISTRATIVE INFORMATION

27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS:

(Losing/Gaining Activity - provide the address to where the employee should submit this claim for final disbursement.)

By mail: DFAS Rome, ATTN: Travel, 325 Brooks Road, Rome, NY 13441-4527

By email: dfas.rome.jft.mbx.civrel-vouchers@mail.mil

By Travel Voucher Direct located on the DFAS website at www.dfas.mil

28. REMARKS OR OTHER AUTHORIZATIONS (Use this space for special requirements, leave, excess baggage, etc., or other authorization.)

This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

Voucher for settlement of claim for travel to be submitted within five (5) days after entry on duty. Traveler must maintain copies of all receipts applicable to voucher.

Contact the local installation Transportation Office to make arrangements for movement of HHGs.

Movement of Household Goods (HHGs) will be by Government Bill of Lading (GBL).

Shipment of HHGs is authorized not in excess of 18,000 lbs.

Estimated Cost of Transportation of HHGs is \$6,671.00

Estimated Cost of Storage of HHGs is \$8,504.54

Temporary storage of HHGs is authorized not to exceed 60 days.

Estimated cost of TQSE is \$6,975.00

Miscellaneous expense is \$1,300.00 for employee with dependents.

Employee can use their Government Charge Card for this PCS move. If the employee is on TQSE at the new duty station, you can use the card for M&IE as long as the account is in PCS status. If you are no longer in temporary quarters, you cannot use the card for M&IE at the new duty station. Employee must stay within the (M&IE) per diem costs authorized on the PCS orders.

The period of time an employee has to use his/her PCS entitlements is now 1 year from Block #9.