

Shipment summary worksheet

Customer information

01-Jan-0001

Name Last, first, middle initial

3469683773

Preferred email

Complete2, Multiple2

Preferred phone

multiComplete2@ppm.unsubmitted

212-123-4567

Army E-1

DOD ID

15-Mar-2018

PCS/ORDER3

Rank/grade

Army

Service branch/agency

Fort Eisenhower, GA 30813

Mailing address for IRS form W-2

No

Yuma AFB, IA 50309

Orders & accounting information

5,000

Order issue date

2,000

90 days per each shipment

Fort Eisenhower, GA 30813

0

Order type/order number

Issuing branch/agency

7,000

New duty assignment

123,456

Entitlements & move summary

01 - PPM

15-Mar-2020

4,000 lbs - FINAL

Submitted

Move summary

Authorized origin

Authorized destination

POV shipment authorized

Max SIT storage entitlement

Maximum weight entitlement

Entitlement (lbs)

Pro-gear (lbs)

Spouse pro-gear (lbs)

Total weight (lbs)

Shipments

Shipment number/type

Pick-up date

Shipment weight (lbs)

Current shipment status

Storage

Shipment number/type

Entry date

7,000

Delivery date

Total days in storage

0

Maximum obligations

100% GCC (lbs)

Actual obligations Based on above shipments and storage

100% GCC (lbs)

SIT

SIT

Max advance

Advance

Shipment summary worksheet

Current payment request

01-Jan-0001

Member-paid expenses	Claimable expenses	Member-paid	GTCC-paid
	Contracted expenses		
GTCC-paid expenses	Consumable packing materials		
F8E1	Weighing fees		
Remaining PPM incentive (pre-tax)	Gas		
	Tolls		
Member-paid SIT	Oil		
	Other		
GTCC-paid SIT	Total	\$0.00	\$0.00

*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.

Disbursement	Pick-up date	Shipment weight (lbs)	Current shipment status

Trusted agents Allowed to act on customers behalf via letter of authorization

Name Last, first, middle initial	Authorization date (YYYYMMDD)	Email	Phone

Legal agreements / privacy act — customer

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 time frame may lead to the collection of my pay as necessary to cover the cost of the advance.

Enclosed documentation

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Orders (with all amendments) | <input type="checkbox"/> Weight ticket (other) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Origin weight ticket (empty) | <input type="checkbox"/> Receipts for reimbursable expenses | |
| <input type="checkbox"/> Origin weight ticket (full) | <input type="checkbox"/> Vehicle registration | |
| <input type="checkbox"/> Destination weight ticket (full) | <input type="checkbox"/> DD-FMS-2231 direct deposit form | |

Signatures

Signature of customer or trusted agent	PPPO/PPSO representative	Date signed

SHIPMENT SUMMARY WORKSHEET

PREPARATION DATE (DD-MMM-YYYY)

01-Jan-0001

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

Multiple2 Complete2 electronically signed

DATE

01 Jan 0001 at 12:00am

PPPO REVIEWER SIGNATURE

PRINTED NAME

DATE

OFFICE

EMAIL

PHONE

TRANSPORTATION OFFICE SIGNATURE

PRINTED NAME

DATE

EMAIL

PHONE