

# Shipment summary worksheet

## Customer information

01-Jan-0001

**Name** Last, first, middle initial

9399580358

**Preferred email**

Finish, Ready

**Preferred phone**

readyToFinish@ppm.approved

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

Waiting On Customer

**Move summary**

**Authorized origin**

**Authorized destination**

**POV shipment authorized**

**Max SIT storage entitlement**

**Maximum weight entitlement**

**Entitlement (lbs)**

**Pro-gear (lbs)**

No Entry Data

**Spouse pro-gear (lbs)**

No Departure Data

**Total weight (lbs)**

No Entry/Departure Data

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

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