

## SHIPMENT SUMMARY WORKSHEET

PREPARATION DATE (DD-MMM-YYYY)

01-Jan-0001

## MEMBER/EMPLOYEE INFORMATION

NAME (LAST SUFFIX, FIRST MIDDLE) Complete2, Multiple2		SSN (LAST 4 DIGITS)	DOD ID 3469683773
SERVICE BRANCH/AGENCY Army	RANK/GRADE E-1	PREFERRED EMAIL multiComplete2@ppm.unsubmitted	PREFERRED PHONE 212-123-4567

## ORDERS/ACCOUNTING INFORMATION

ORDER ISSUE DATE 15-Mar-2018	ORDERS TYPE/ORDERS NUMBER PCS/ORDER3	ISSUING BRANCH/AGENCY Army	NEW DUTY ASSIGNMENT Fort Eisenhower, GA 30813
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## ENTITLEMENTS/MOVE SUMMARY

## MAXIMUM WEIGHT ENTITLEMENT

Entitlement	5,000 LBS
Pro-Gear	2,000 LBS
Spouse Pro-Gear	0 LBS
<b>TOTAL WEIGHT</b>	<b>7,000 LBS</b>

POV SHIPMENT AUTHORIZED  
NoAUTHORIZED ORIGIN  
Yuma AFB, IA 50309SIT STORAGE ENTITLEMENT  
90 days per each shipmentAUTHORIZED DESTINATION  
Fort Eisenhower, GA 30813MILEAGE TOTAL  
123,456

## SHIPMENTS

Shipment no./Type 01 - PPM	Pickup date 15-Mar-2020	Shipment weight 4,000 lbs - FINAL	Current shipment status Submitted
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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	7,000 LBS
95% GCC	
SIT	
MAX ADVANCE	

## ACTUAL OBLIGATIONS (based on above shipments and storage)

100% GCC	0 LBS
95% GCC	
SIT	
MAX ADVANCE	

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## FINANCE/PAYMENT

LOA CODE (SDN OR SAC)

TAC OR MDC

F8E1

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

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