

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