



Preparation date

Shipment summary worksheet

01-Jan-0001

Customer information

Name Last, first, middle initial 3469683773
Complete2, Multiple2
Army E-1 multiComplete2@ppm.unsubmitted 212-123-4567
Preferred email **Preferred phone**

DOD ID 15-Mar-2018 **PCS/ORDER** **Rank/grade** Army **Service branch/agency** Fort Eisenhower, GA 30813

Mailing address for IRS form W-2

No Yuma AFB, IA 50309
5,000

Orders & accounting information

Order issue date 7,000 **Order type/order number** 123,456
2,000 90 days per each shipment Fort Eisenhower, GA 30813
0

Issuing branch/agency

New duty assignment

01 - PPM 15-Mar-2020 4,000 lbs - FINAL Submitted

Entitlements & move summary

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	Delivery date	Total days in storage

Maximum obligations

100% GCC (lbs)

Actual obligations Based on above shipments and storage

100% GCC (lbs)

SIT

SIT

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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