



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

## Mailing address for IRS form W-2

No Yuma AFB, IA 50309

## Orders & accounting information

Order issue date	Order type/order number
7,000	123,456
Issuing branch/agency	New duty assignment
01 - PPM	Submitted
15-Mar-2020	4,000 lbs - FINAL

## 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
	7,000		0

### 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