



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

2,000 90 days per each shipment Fort Eisenhower, GA 30813  
0

**Order issue date** 7,000 **Order type/order number** 123,456

**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
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### Maximum weight entitlement

Entitlement (lbs)	Pro-gear (lbs)	Spouse pro-gear (lbs)	Total weight (lbs)
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### Shipments

Shipment number/type	Pick-up date	Shipment weight (lbs)	Current shipment status
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### Storage

Shipment number/type	Entry date	Delivery date	Total days in storage
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### Maximum obligations

100% GCC (lbs)

### Actual obligations Based on above shipments and storage

100% GCC (lbs)

SIT

SIT



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## Current payment request

Member-paid expenses	Claimable expenses	Member-paid	GTCC-paid
_____ F8E1	Contracted expenses		
GTCC-paid expenses	Consumable packing materials		
	Weighing fees		
Remaining PPM incentive (pre-tax)	Gas		
	Tolls		
Member-paid SIT	Oil		
	Other		
GTCC-paid SIT	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>

\*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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## 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