

## SMARTVOUCHER

TRAVEL VOUCHER OR SUBVOUCHER							
						Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.	
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) Payment by Check		SPLIT DISBURSEMENT: The paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ <b>1,786.76</b>					
2. NAME (Last, First, Middle Initial)(Print or Type)				3. GRADE		4. SSN	
<b>WilmeY, Jamin , L</b>				<b>O-3</b>		<b>535948140</b>	
6. ADDRESS. a. NUMBER AND STREET				b. CITY	c. STATE	d. ZIP CODE	5. TYPE OF PAYMENT ( <i>X as applicable</i> )
<b>422 E Borah Ave</b>				<b>Coeur D Alene</b>	<b>ID</b>	<b>83814</b>	TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/>
e. E-MAIL ADDRESS <b>jwilmeY@hotmail.com</b>				10. FOR D.O. USE ONLY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE <b>(315) 489-8885</b>		8. TRAVEL ORDER NUMBER/AUTHORIZATION NUMBER <b>277181</b>		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES <b>3997.24 / UNKNOWN</b>		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION <b>22d SIG BDE, JBLM, WA</b>						b. SUBVOUCHER NUMBER	
12. DEPENDENTS ( <i>X and complete as applicable</i> )				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS ( <i>Include Zip Code</i> )		c. PAID BY	
<input checked="" type="checkbox"/> ACCOMPANIED      UNACCOMPANIED				<b>2560 Alexandra Meadows Watertown NY 13601 USA</b>			
a. NAME ( <i>Last, First, Middle Initial</i> )	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE					
<b>Wilmey, Isabella, A</b>	<b>SPOUSE</b>	<b>06/19/2021</b>					
<b>Basting, Ethan, J</b>	<b>DEPENDENT</b>	<b>02/08/2010</b>					
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? ( <i>X one</i> )		d. COMPUTATIONS	
				<input checked="" type="checkbox"/> YES    NO ( <i>Explain in Remarks</i> )			
15. ITINERARY				c. MEANS / MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE	b. PLACE ( <i>Home, Office, Base, Activity, City, and State; City and Country, etc.</i> )						
<b>10/17/21</b>	DEP	<b>Watertown , NY , 13601 , USA</b>		<b>PA</b>			
<b>10/27/21</b>	ARR	<b>Lakewood , WA , 98499 , USA</b>		<b>MC</b>		<b>0</b>	
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
				e. SUMMARY OF PAYMENT			
				(1) Per Diem			
				(2) Actual Expense Allowance			
				(3) Mileage			
16. POC TRAVEL ( <i>X one</i> )				17. DURATION OF TDY TRAVEL			
<input checked="" type="checkbox"/> OWN/OPERATE    PASSENGER				12 HOURS OR LESS			
18. REIMBURSABLE EXPENSES				MORE THAN 12 HOURS BUT 24 HOURS OR LESS			
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED			
<b>10/17</b>	<b>LODGING EXPENSES COMMERCIAL</b>		<b>77.80</b>				
<b>10/27</b>	<b>LODGING EXPENSES COMMERCIAL</b>		<b>155.36</b>				
<b>10/18</b>	<b>TOLLS (HIGHWAYS, BRIDGES, ETC.)</b>		<b>18.80</b>				
				X MORE THAN 24 HOURS			
				19. GOVERNMENT/Deductible MEALS			
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE							
b. DATE							
c. Reviewers Printed Name				d. SIGNATURE		e. TELEPHONE NUMBER	
21.a. APPROVING OFFICIAL'S PRINTED NAME				b. SIGNATURE		c. TELEPHONE NUMBER	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED ( <i>Payee Signature and Date or Check No.</i> )	
28. AMOUNT PAID							

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments. Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

**ROUTINE USE(S):** Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html>.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## INSTRUCTIONS

### ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to traveler only when EFT payment is not directed.

### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA, or ticket used.
5. Hotel/motel receipts and any items of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

### ITEM 15 - ITINERARY - SYMBOLS

#### 15c. MEANS/MODE OF TRAVEL (*Use two letters*)

GTR/TKT or CBA ( <i>See Note</i> )	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
( <i>Own expense</i> )	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance ( <i>POC</i> )	- P	Vessel	- V

#### 15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

#### ITEM 15e. LODGING COST

Enter the total cost for lodging.

### ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without a charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

#### 29. REMARKS ( SMARTVOUCHER PREPARED )

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

b. ALL UNUSED TICKETS (*including identification of unused "e-tickets"*) MUST BE TURNED IN TO THE T/O OR CTO.

#### c. GENERAL:

The last day of travel hotel receipt includes the TLE days as well.

POV Dropoff/Pickup at Lakewood on 2021-10-27

## **TRAVELER'S CLAIM SUBMISSION INSTRUCTIONS**

-  
-

**It is the traveler's responsibility to provide a properly completed travel voucher with ALL required signatures and supporting documentation. The following instructions are provided to ensure the traveler has all the information needed to meet their responsibilities.**

**Expenses claimed that are not authorized in the travel orders or approved by the designated "Approving Officer" will NOT be reimbursed.**

**To ensure a high quality submission to prevent rejects/returns:**

- **Ensure your fax / scanner is set to 300 dpi (also called 'fine' or 'super-fine')**
- **Verify your scanner or printer settings are set to black and white not grayscale**
- **Make sure you don't have seams in the document from folding it.**
- **Make sure the glass on your fax/scanner is clean (no fingerprints, dust, or smudges).**

**The traveler will print the completed travel claim. Once printed the traveler must sign and date the travel voucher (Block 20 a. and 20 b.)**

**The traveler will submit the completed voucher to their supervisor or designated reviewer. The supervisor is required to sign and date the voucher (Block 20c, 20d, 20e, 20f).**

**The Approving Officer is required to sign and date the travel claim attesting to the validity of, and approving payment of any additional items not originally authorized in the orders (Block 21 a.). Additionally, a statement in the Remarks Section is required to identify the additional items being approved. If there are no additional entitlements approved after the fact, no signature is required in block 21a.**

**When submitting via fax or scanner ensure it is set to 300 dpi ('fine' or 'super-fine') and is set to black and white and not a grayscale.**

**Based on your responses to the associated questions throughout the SmartVoucher it has been determined that your travel package will require the following documentation:**

Item Number	Documents	Comments
1	Travel Order 277181	In addition to this travel order, please ensure you include all corresponding amended orders.
3	Lodging Receipt 10/28/2021 through 10/27/2021	You must submit a paid, itemized receipt from the hotel, motel or other commercial establishment or government facility for all lodging claimed, on the way to or at the TDY Location. Those travelers on long term TDY who lease (or purchase) lodging facilities need to provide a copy of the lease agreement/contract and load documents with the initial travel claim.
4	Zero balance lodging receipts	2021-10-27 : Lodging Expense : Lakewood
5	Zero balance lodging receipts	2021-10-28 : Lodging Expense : Lakewood
6	Zero balance lodging receipts	2021-10-29 : Lodging Expense : Lakewood
7	Zero balance lodging receipts	2021-10-30 : Lodging Expense : Lakewood
8	Zero balance lodging receipts	2021-10-31 : Lodging Expense : Lakewood
9	Zero balance lodging receipts	2021-11-01 : Lodging Expense : Lakewood
10	Zero balance lodging receipts	2021-11-02 : Lodging Expense : Lakewood
11	Zero balance lodging receipts	2021-11-03 : Lodging Expense : Lakewood
12	Zero balance lodging receipts	2021-11-04 : Lodging Expense : Lakewood
13	Zero balance lodging receipts	2021-11-05 : Lodging Expense : Lakewood

# CLAIM FOR TEMPORARY LODGING EXPENSE

## PRIVACY ACT STATEMENT

**Authority:** 5 U.S.C. 301, Departmental Regulations, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol 9, Joint Federal Travel Regulation (JFTR) Vol 1, Chapter 5, Part H, and E. O. 9397 (SSN).

**Purpose:** To substantiate and evaluate the amount claimed for Temporary Lodging Expenses.

**Routine Use(s):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the DFAS compilation of systems of records notices apply.

**Disclosure:** Voluntary, however, failure to provide the requested information may result in a delay or suspension of your claim(s) for reimbursement.

1. RANK O-3	2. LAST NAME Wilmey	3. FIRST NAME Jamin	4. SSN 535948140	5. PHONE NUMBER (315) 489-8885
6. STREET ADDRESS 422 E Borah Ave		7. CITY Coeur D Alene	8. STATE ID	9. ZIP 83814
10. CURRENT UNIT ASSIGNMENT 22d SIG BDE, JBLM, WA				11. PHONE NUMBER (315) 489-8885
12. MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DUAL MILITARY		13. IF MILITARY, SPOUSE'S SSN	14. SPOUSE'S CURRENT DUTY STATION	
15. DID YOU STAY IN OFF-POST LODGING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. STATEMENT OF NON-AVAILABILITY # N/A	(Without an SNA# from housing you are only authorized reimbursement for the on-post rate)	

### SECTION I - LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:

ADD ROW	17. NAME	18. RELATIONSHIP	19. DATE OF MARRIAGE	20. DATE OF BIRTH
REMOVE ROW	Wilmey, Isabella	SPOUSE	2021-06-19	
REMOVE ROW	Basting, Ethan	DEPENDENT		2010-02-08
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				
REMOVE ROW				

21. DATE HHG PICKED UP 2021-10-17	22. DATE HHG DELIVERED 2021-10-27	23. DID YOU DO A DITY MOVE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24. IF YES, WHAT DATE? 2021-10-17
--------------------------------------	--------------------------------------	--	--------------------------------------

## SECTION II - LODGING INFORMATION

PCS VOUCHER, ORIGINAL LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.

IF YOU NEED MORE DAYS PUSH THE BUTTON BELOW.

25. FROM DATE	26. TO DATE	27. NO. OF DAYS	28. LOCATION OF LODGING CITY   STATE		29. MEALS ONLY/PER DIEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30. DAILY LODGING COSTS	31. NUMBER OF PERSONS CLAIMED SM   OVER12   UNDER12		
2021-10-27	2021-10-27	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
2021-10-28	2021-10-28	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
2021-10-29	2021-10-29	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
2021-10-30	2021-10-30	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
2021-10-31	2021-10-31	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
2021-11-01	2021-11-01	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
2021-11-02	2021-11-02	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
2021-11-03	2021-11-03	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
2021-11-04	2021-11-04	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
2021-11-05	2021-11-05	1	Lakewood	WA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	155.36	1	1	1
					<input type="checkbox"/> YES <input type="checkbox"/> NO				
					<input type="checkbox"/> YES <input type="checkbox"/> NO				

32. DATE TERMINATED QUARTERS (IF APPLICABLE)

33. DATE ASSIGNED QUARTERS (IF APPLICABLE)

34. DEPARTURE DATE FROM OLD DUTY STATION  
2021-10-1735. ARRIVAL DATE AT NEW DUTY STATION  
2021-10-27

I hereby certify that I was required to obtain temporary lodging for the days noted above:

36. DATE OF SIGNATURE  
2021-11-1637. PRINTED NAME  
Wilmey, Jamin38. SIGNATURE  
Wilmey, Jamin - (Electronic Signature)

THIS DEPOSIT WILL BE MADE ELECTRONICALLY TO YOUR PAYROLL DIRECT DEPOSIT ACCOUNT.

39. DATE OF SIGNATURE

40. TIME

41. PRINTED NAME OF FINANCE CLERK

42. SIGNATURE OF FINANCE CLERK

43. COMMENTS

SMART VOUCHER SUBMISSION  
IN-PROCESSING CHECKLIST

IN-PROCESSING SOLDIERS MUST COMPLETE ITEMS 1-6

1. SOCOM UNITS (PLEASE CIRCLE ONE IF APPLICABLE):	1st Special Forces Group	275th Ranger	160th SOAR	
2. LAST, FIRST, MI	Willney, Jamin, L	SSN: 535-14-8140	RANK: CPT	TODAY'S DATE: 20211105
3a. I AM COMING FROM:	(1) AIT Where:	(2) CONUS Where: FT DRAMP, KY	(3) OCONUS Where:	
3b. TDY ENROUTE: Y or N	Where:			
4. MY PRIMARY DEPENDENT (CIRCLE ONE)	(1) NONE	(2) CIVILIAN SPOUSE	(3) PARENT	(4) CHILD "Need date of Birth of youngest child."
(5) MILITARY SPOUSE "MIL SPOUSE SSN" "DUTY STATION"		"SERVICE/GRADE"		
5. MY DEPENDENTS ARE: (CIRCLE ONE)	With Dep	Not moving	Coming @ a later date	
6. I AM LIVING IN (CIRCLE ONE):	BARRACKS	OFF-POST-QTRS	ON POST-HOUSING	LODGING
PHONE# 315-489-8885	EMAIL jwillney@hotmail.com			

\*\*\*TO BE COMPLETED BY FINANCE PERSONNEL \*\*\*

UPLOAD THIS DOCUMENT WITH YOUR LEAVE FORM  
AND FULL SET OF PCS ORDERS



DEPARTMENT OF THE ARMY  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT DRUM  
10000 10<sup>TH</sup> MOUNTAIN DIVISION DRIVE  
FORT DRUM, NEW YORK 13602

ORDERS 277-181

4 OCTOBER 2021

WILMEY, JAMIN L. 535-94-8140 CPT 10<sup>TH</sup> AVN (WE7VAA), FORT DRUM, NEW YORK 13602

You will proceed on permanent change of station as shown.

Assigned to: 7TH INF DIV JBLM (WSAAX1), JOINT BASE LEWIS-MCCHORD, WASHINGTON 98433

Reporting date: 30 OCTOBER 2021

Additional Instructions:

1. Individual is responsible for reporting to next duty station/school in satisfactory physical condition, able to pass the Army Physical Fitness Test and meet weight standards.
2. Information about your new installation and community may be obtained by visiting the JMCOM website at [home.army.mil/jmcom](http://home.army.mil/jmcom) and clicking on garrisons under the Top Links ICON to locate your assignment installation. For additional information, visit Military OneSource at [www.militaryonesource.mil](http://www.militaryonesource.mil).
3. **CONTACT THE HUMAN RESOURCES CONTACT CENTER AT (800) 582-5552 IN THE EVENT YOU NEED EMERGENCY ASSISTANCE DURING YOUR PERMANENT CHANGE OF STATION (PCS).**

4. You must report to the housing services office (HSO) supporting your new duty station before making any arrangements to rent, lease or purchase off-post housing. The housing office website at [HTTPS://WWW.HOUSING.ARMY.MIL](https://www.housing.army.mil) includes links for housing requirements for pet ownership and registration, in processing and other topics.

5. You are authorized shipment of Household Goods (HHG). If you plan to ship personal property, at government expense, contact your local Transportation office, within 7 work days after receipt of these orders, to arrange for shipment. If you ship personal property at government expense, contact the Transportation office at your new duty station to arrange for delivery. **All transportation questions may be directed to (315) 772-6384.**

6. Air Mobility Command (AMC) scheduled passenger airlift will be used to the maximum extent possible. Commercial transportation will only be procured by the government when it has been determined that AMC cannot meet the movement requirements (e.g. Soldier ORDTGC specified in EDAS Assignment instructions).

7. All PCS travelers are authorized two pieces of checked baggage, not to exceed 50 lbs per bag. This allowance of 2 pieces @ 50 lbs per PCS is in addition to any free checked baggage allowance the carrier provides. Travelers should be directed to contact the air carrier to determine their free checked baggage allowance. The cost of shipping this baggage must be initially borne by the traveler(s), however, it is a reimbursable expense that may be charged to the Soldier's GTCC. The Soldier must request and retain receipts for the shipment of baggage. These receipts must be provided when submitting the final travel voucher.

8. All official travel must be arranged through Commercial Travel Office (CTO) under contract to the government. Official travel arranged through CTO not under contract to the government is not reimbursable. CTO will provide instructions and make arrangements for any required changes in travel plans.

9. You are authorized to ship retained Issue OCIE as indicated in CTA 50-900 Appendix F at government expense with your household goods as PBP&E or in separate freight shipment. Your local central issue facility can tell you what items you are authorized to retain and ship. Your installation transportation office can assist in determining the most advantageous methods of shipment.

10. **Dependents: Yes.**

11. If you reside in government owned/government leased quarters or if you are on the housing referral list of Fort Drum, NY, you must report to the local housing office within 5 days of receipt of these orders. You are required to contact the Installation Housing office at your new duty station to determine the availability of quarters, before entering into any housing agreement.

12. Upon notification of PCS and prior to transfer, member is required to visit "The Moving Made Easy" Tricare Site at [www.tricare.mil/moving](http://www.tricare.mil/moving) and follow the instructions for transferring their Tricare prime option. If care is needed while in transit, members are required to contact his/her current regional contractor for counseling on urgent or emergency medical care during PCS moves. Contact information for each regional contractor can be found at <http://www.tricare.mil/welcome/about/regions.aspx>.

In the event of a true Medical emergency while in transit (safeguarding life, limb or eyesight, or to relieve suffering, or self-risk or harm), beneficiary should immediately seek treatment at the nearest hospital's emergency department. Tricare Prime enrollees who visit a civilian emergency room must notify their losing Regional contractor within 24 hours in order for a referral for emergency care to be provided. Be aware, if it is determined that the care sought was Routine (non-emergent), the member may be responsible for all fees. The Tricare website and regional contractors can also provide general Tricare information and health care options available for family members not enrolled in Tricare prime. Additional information for Tricare Overseas can be found at <http://www.tricare-overseas.com/beneficiaries.htm>.

13. Soldiers moving to a privatized housing under the Army's Residential Communities Initiative (RCI) must comply with all applicable State, Federal and Local laws and all installation specific requirements associated with ownership, registration, control and vaccination of pets. Soldiers residing in privatized housing under the Army's Residential Communities Initiative (RCI) may not board any dog or a breed (including mix breed) that is deemed "aggressive or potentially aggressive" unless the dog is a Certified Military Working Dog that is being boarded by its handler/trainer. Aggressive or potentially aggressive breed of dogs are



defined as Pit Bulls (American Staffordshire Bull Terriers or English Staffordshire Bull Terriers), Rottweilers, Doberman Pinchers, Chows and Wolf Hybrids. Prohibition also extends to other dogs that demonstrate a propensity for dominant or aggressive behavior as indicated by any of the following types of conduct: 1. Unprovoked barking, growling or snarling at people approaching the animal; 2. Aggressively running along fence lines when people are present; 3. Biting or scratching people; or 4. Escaping confinement or restriction to chase people. Soldiers are encouraged to contact their local housing office to obtain further details.

14. Is your spouse looking for information on how to earn or transfer a license or credential? You can learn more from the Department of Labor website at <https://www.mysocilitaryonesource.mil>. Free Career Coach counseling is also available by calling 800-342-9647.

15. Effective October 1, 2018, military department regulations will permit eligible service members to request the housing flexibility options while undergoing a PCS within the United States (including Alaska and Hawaii). When used, the covered relocation period begins 180 days before the date of the PCS, which is the date the service member leaves his or her current PDS, and ends 180 days after the date of the PCS. The Secretary of the Military Department concerned may shorten or lengthen the covered relocation period based on the needs of the military service. For service member eligibility and housing flexibility options, refer to DODI 1315.18 at <http://www.esd.whs.mil/ortals/54/documents/dodis/issuances/dodi/131518p.pdf> ver 2018-07-23-115607-743.

16. Soldiers are encouraged to download the new Digital Garrison App from the Apple or Google Play Stores to learn about their gaining installation and connect with the services it offers.

17. The Travel and Transportation Reform Act (TTRA) stipulates that the GTCC will be used by all U.S. Government personnel, military and civilian, to pay for costs incident to official government travel unless specifically exempt. Soldier has a Government Travel Charge Card (GTCC) and is not exempt from mandatory use.

18. In accordance with Army Regulation 350-100, this reassignment will cause you to incur an Active Duty Service Obligation (ASDO) of one year as prescribed in Army Regulation 614-30.

19. All soldiers reporting to Joint Base Lewis-McChord, WA need to report to Bldg 2021, USAG (United States Army Garrison) 2021 Pendleton Ave, JBLM-Lewis, 98433, Commercial phone (253) 968-5437, DSN 347-5437 (to initiate iprocessing).

20. Officer has a dependent enrolled in the Exceptional Family Member Program (EFMP). This assignment has been coordinated thru the appropriate channels and the particular support needs required by the EFMP dependent are satisfied by the Officer's assignment.

21. Early reporting (not more than 30 days earlier than the NLT report date) is authorized to PCS station.

22. You will proceed on or about 22 October 2021. Please submit your approved DA Form 31 to the Reassignment office as soon as possible but NLT 30 days prior to your leave start date. IAW HQDA FRAGO 1 to EXORD 161-16, all Soldiers in grades E1-E6, W1-W2, and O1-O3 are required to have a confirmed sponsor in Army Career Tracker (ACT) Sponsorship Module at <https://actnow.army.mil> prior to receiving Installation Clearing Papers. Soldiers who do not have a sponsor must submit a DA Form 4187 Exception to Policy signed by their Brigade Commander/O6. Installation clearing papers will be issued no earlier than 14 calendar days prior to your leave start date. Issuance and briefing of Installation Clearance Papers is held Monday thru Friday (except for federal holidays) in Clark Hall, P-10720, Room A1-24. Sign-in is "space-available" from 0900 to 0945 and the briefing will begin promptly at 1000 hours. You will need a copy of your orders, and you must be in military uniform to attend the briefing. (PT uniform is not authorized). For installation out-processing guidance, contact the Central Clearance Station at 772-1255.

## FOR ARMY USE:

AUTH: HRC AI Dated 1 OCT 21  
MDC: 3AO2  
ENL/REENLB: NOT APPLICABLE  
PPD: NOT APPLICABLE  
PMOS/AOC: NOT APPLICABLE  
PROJ SPECIALTY: 01A  
AVAL DATE: NOT APPLICABLE  
SDN: WIL8140PA77181  
FORMAT: 410

PERS CON NO: FGWL072788  
ASGD TO MGT DSP: NOT APPLICABLE  
CONTROL SPECIALTY: 01A  
CIC: NOT APPLICABLE  
PERS SCTY CODE: NOT APPLICABLE

## FOR THE COMMANDER:

\*\*\*\*\*  
\* OFFICIAL \*  
\* FT DRUM, NY \*  
\*\*\*\*\*  
PHILIP HEMMINGER SR  
Branch Chief, Military Personnel Division

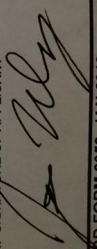
## DISTRIBUTION:

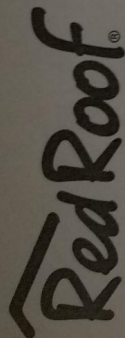
Individual (1)  
CDR, 10<sup>th</sup> AVN, ATTN S1, Fort Drum, New York 13602 (1)

Inquiries concerning this order to Michelle M Benson5.civ@mail.mil, Personnel Reassignment Section, Fort Drum, New York 13602, DSN: 772-1132.

1. CONTROL NUMBER 65-22-0003									
REQUEST AND AUTHORITY FOR LEAVE (This form is subject to the Privacy Act of 1974. Do not release information on this form, see AR 600-10-10. The proponent agency is DCS, G-1. (See instructions for filling on the instructions button.)									
PART I - REQUESTOR INFORMATION									
2. NAME (Last, First, Middle Initial) WILMEY, JAMIN L.		3. DOD ID 1463596219		4. RANK CPT		5. DATE (YYYYMMDD) 20211004			
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone Number) JBLM TACOMA, WASHINGTON 315-489-8885		7. ORGANIZATION, STATION, POC EMAIL AND PHONE NUMBER HHC 10th CAB 19900 Munns Corner RD Fort Drum, NY 13602 315-774-2523							
8. TYPE OF ABSENCE <input type="checkbox"/> CHARGEABLE <input type="checkbox"/> NON-CHARGEABLE <input checked="" type="checkbox"/> COMBINATION									
<input type="checkbox"/> PCS Leave and House Hunting <input checked="" type="checkbox"/> PCS Leave and Proceed Time (OCONUS Restricted PDS) <input type="checkbox"/> PCS Leave and Primary Caregiver Leave <input type="checkbox"/> PCS Leave and Secondary Caregiver Leave <input type="checkbox"/> Annual Leave and Convalescent Leave <input type="checkbox"/> Annual Leave and Primary Caregiver Leave <input type="checkbox"/> Annual Leave and Secondary Caregiver Leave <input type="checkbox"/> Annual Leave and Legal Marriage <input type="checkbox"/> Terminal Leave, Transition Administrative Absence and Retirement/Voluntary Separation <input type="checkbox"/> Leave Awaiting Administrative Discharge <input type="checkbox"/> Leave Awaiting Punitive Discharge <input type="checkbox"/> Leave Pending Review by Officer Board of Enquiry <input type="checkbox"/> Leave Awaiting Orders, Result of Disability Proceedings									
9a. FROM (YYYYMMDD) 20211014		9b. TOTAL DAYS REQUESTED 17		9c. TO (YYYYMMDD) 20211030					
10a. ACCRUED LEAVE (CR BAL) 63		10b. CHARGEABLE LEAVE REQUESTED FROM (YYYYMMDD) 20211022 TO (YYYYMMDD) 20211022 ADVANCE NA EXCESS NA		10c. NON-CHARGEABLE ABSENCE REQUESTED FROM (YYYYMMDD) 20211023 TO (YYYYMMDD) 20211030 DAYS REQUESTED 8					
11. SIGNATURE OF REQUESTOR (Supervisor can sign for requestor when requestor is not available to sign.) WILMEY, JAMIN, LAWRENCE. 1463596219 Digitally signed by WILMEY, JAMIN, LAWRENCE. 1463596219 Date: 2021.10.04 11:42:33 -0400									
REQUESTOR / SUPERVISOR / APPROVING AUTHORITY SIGNATURES									
12. SUPERVISOR NAME Stockton, Matt		TITLE S3		RANK/GRADE MAJ		RECOMMENDATION <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		SIGNATURE STOCKTON, MATTHEW W. ROGER.12749404	
13. APPROVING AUTHORITY NAME Wilde, Kyle		TITLE HHC Commander		RANK/GRADE CPT		ACTION <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE WILDE, KYLE, AN 1463596219 DREW.138342828 Date: 2021.10.04 10:40:07	
14. a. DATE		b. TIME		c. NAME DEPARTURE AUTHORITY		d. TITLE		e. SIGNATURE	
15. a. NUMBER DAYS		b. DATE APPROVED		c. NAME APPROVAL AUTHORITY		d. TITLE		e. SIGNATURE	
16. a. DATE 24 Oct		b. TIME 1637		c. NAME RETURN AUTHORITY SGT White		d. TITLE JBLM NCOIC		e. SIGNATURE JBLM NCOIC	
17. REMARKS NON-CHARGEABLE ABSENCE: Is not directed by any official of the US Government. I cannot conduct public business under this authorization, and will not be reimbursed for travel, per diem, or any other expense. I may cancel this absence at any time and report back to my regular place of duty. Soldiers in a PCS status, and Family members traveling with official orders, must notify their agency leave extensions and changes in port call. Contact ATAC at 1-800-833-6622, Option 5, or at 1-800-582-5552, or email: ASKRC@ARMY.MIL									



STATE OF LEGAL RESIDENCE CERTIFICATE	
PRIVACY ACT STATEMENT	
<p><b>AUTHORITY:</b> 50 U.S.C. 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services, PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.</p> <p><b>ROUTINE USES:</b> Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at <a href="http://dodid.defense.gov/Privacy/SORNs/index/DOD-Component-Notices/DFAS-Article-List/">http://dodid.defense.gov/Privacy/SORNs/index/DOD-Component-Notices/DFAS-Article-List/</a>. M01040-3, Marine Corps Manpower Management Information System Records, located at <a href="http://dodid.defense.gov/Privacy/SORNs/index/DOD-Component-Notices/">http://dodid.defense.gov/Privacy/SORNs/index/DOD-Component-Notices/</a>.</p> <p><b>DISCLOSURE:</b> Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.</p>	
1. NAME (Last, First, Middle Initial)	2. DOD ID NUMBER
Wilmar, Tamin, L	1463596219
3. LEGAL RESIDENCE/DOMICILE (City or county and State)	
422 E Borah Ave Coeur d'Alene, ID 83814	
INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE	
<p>The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.</p> <p>The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.</p> <p>You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.</p> <p>Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.</p> <p>The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.</p> <p>Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.</p>	
<p>I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.</p> <p>I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.</p>	
4. SIGNATURE OF APPLICANT	5. CURRENT MAILING ADDRESS (include Zip Code)
	422 E Borah Ave Coeur d'Alene, ID 83814
6. DATE (YYMMDD)	
211114	



Red Roof Inn Sandusky - Milan  
11303 US Route 250 North  
Milan, OH 44846 US  
Phone: 419-499-4347  
Fax: 419-499-4347  
Email: i0643@redroof.com  
Printed: 10/18/2021 10:24:27 AM

## Folio (Detailed)

Name: WILMEY, JAMIN

Conf #: 643-005584

Address: 3108 lodgepole rd 83815 US  
Coeur d'Alene, ID  
Room: 128 Room Type: NS2F, NON-SMOKING STANDARD 2 FULL BEDS  
Nights: 1 Guests: 1/0  
Rate Plan: AAA Daily Rate: \$68.39 + \$9.41 Tax GTD: 900 - CASH  
Arrival: 10/17/2021 (Sun) Departure: 10/18/2021 (Mon)

### Room Rate:

10/17/2021 (Sun) - 10/17/2021 (Sun) \$68.39 + \$9.41 Tax per night.

Date	Code	Description	Amount	Balance
10/17/2021	913	VISA (8905)	(\$77.80)	(\$77.80)
		016844 96630898		
10/17/2021	624	SAFE FEE	(\$1.00)	(\$78.80)
10/17/2021	155	MISCELLANEOUS TAX	(\$0.07)	(\$78.87)
10/17/2021	100	ROOM CHARGES	\$68.39	(\$10.48)
10/17/2021	150	STATE TAX	\$4.62	(\$5.86)
10/17/2021	151	COUNTY TAX	\$2.74	(\$3.12)
10/17/2021	152	CITY TAX	\$2.05	(\$1.07)
10/17/2021	624	SAFE FEE	\$1.00	(\$0.07)
10/17/2021	155	MISCELLANEOUS TAX	\$0.07	\$0.00

### Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$68.39	\$9.41	\$0.00	\$0.00	(\$77.80)	\$0.00	\$0.00



11-05-21  
12

<b>Jamin Wilmev</b> 422 E Borah Ave Coeur D Alene 83814-3624 United States	Folio No. : 50967 A/R Number : Group Code : Company : Travel Membership No. : PC 413837496 Invoice No. :	Room No. : 315 Arrival : 10-27-21 Departure : 11-19-21 Conf No. : 26330609 Rate Code : IMG0V Page No. : 1 of 2
---	---	---

Date	Description	Charges	Credits
10-27-21	*Accommodation	136.00	
10-27-21	State Tax	11.56	
10-27-21	City Tax	6.80	
10-27-21	TPA Assessment	1.00	
10-28-21	*Accommodation	136.00	
10-28-21	State Tax	11.56	
10-28-21	City Tax	6.80	
10-28-21	TPA Assessment	1.00	
10-29-21	*Accommodation	136.00	
10-29-21	State Tax	11.56	
10-29-21	City Tax	6.80	
10-29-21	TPA Assessment	1.00	
10-30-21	*Accommodation	136.00	
10-30-21	State Tax	11.56	
10-30-21	City Tax	6.80	
10-30-21	TPA Assessment	1.00	
10-31-21	*Accommodation	136.00	
10-31-21	State Tax	11.56	
10-31-21	City Tax	6.80	
10-31-21	TPA Assessment	1.00	
11-01-21	*Accommodation	136.00	
11-01-21	State Tax	11.56	
11-01-21	City Tax	6.80	
11-01-21	TPA Assessment	1.00	
11-02-21	*Accommodation	136.00	

8th Day

Candlewood Suites  
10720 Pacific Highway South West  
Lakewood, WA 98499  
Telephone: (253) 584-0868 Fax: (253) 584-1330





12 11-05-21

Jamin Wilmey 422 E Borah Ave Coeur D Alene 83814-3624 United States	Folio No. : 50967 A/R Number : Group Code : Company : Travel Membership No. : PC 413837496 Invoice No. :	Room No. : 315 Arrival : 10-27-21 Departure : 11-19-21 Conf. No. : 26330609 Rate Code : IMGOV Page No. : 2 of 2
--	---	--

Date	Description	Charges	Credits
11-02-21	State Tax	11.56	
11-02-21	City Tax	6.80	
11-02-21	TPA Assessment	1.00	
11-03-21	*Accommodation	136.00	
11-03-21	State Tax	11.56	
11-03-21	City Tax	6.80	
11-03-21	TPA Assessment	1.00	
11-04-21	*Accommodation	136.00	
11-04-21	State Tax	11.56	
11-04-21	City Tax	6.80	
11-04-21	TPA Assessment	1.00	
11-05-21	Visa		1,398.24
11-05-21	*Accommodation	136.00	
11-05-21	State Tax	11.56	
11-05-21	City Tax	6.80	
11-05-21	TPA Assessment	1.00	
11-05-21	Visa		155.36

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - [www.hg.com/reviews](http://www.hg.com/reviews). We look forward to welcoming you back soon.

Total	1,553.60	1,553.60
Balance	0.00	

**Guest Signature:**

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Candlewood Suites  
10720 Pacific Highway South West  
Lakewood, WA 98499  
Telephone: (253) 584-0868 Fax: (253) 584-1330

ITRCC  
Indiana Toll Road

-----  
Receipt: 658  
LANE: Lane 10X  
From: Eastpoint  
To: Portage  
CATEGORY: 2 Axles  
Total: \$ 9.40  
Payment method: CASH  
Toll Operator: 41670  
Date: 10/18/2021 2:29:54 PM  
All time Central  
-----



15697096984945164354

-----  
ITRCC  
3200 Cassopolis St  
Elkhart, IN 46514

Questions? Call us at 1-574-675-4010  
or visit [www.IndianaTollRoad.org](http://www.IndianaTollRoad.org)

THANK YOU  
Drive safely

ITRCC  
Indiana Toll Road

-----  
Receipt: 659  
LANE: Lane 10X  
From: Eastpoint  
To: Portage  
CATEGORY: 2 Axles  
Total: \$ 9.40  
Payment method: CASH  
Toll Operator: 41670  
Date: 10/18/2021 2:30:43 PM  
All time Central  
-----



12531066446903705682

-----  
ITRCC  
3200 Cassopolis St  
Elkhart, IN 46514

Questions? Call us at 1-574-675-4010  
or visit [www.IndianaTollRoad.org](http://www.IndianaTollRoad.org)

THANK YOU  
Drive safely