

PERSONALLY - PROCURED MOVE (PPM) CHECKLIST AND EXPENSE CERTIFICATION

All documents submitted **MUST** be LEGIBLE and COMPLETE. Illegible or incomplete submissions will be returned for corrective action.

NAME _____

A COMPLETE PPM CLAIM PACKAGE WILL INCLUDE THE FOLLOWING DOCUMENTS (If Applicable):

- ☐ This "PPM Checklist and Expense Certification" - completed, signed and dated.
- ☐ DD Form 1351-2, properly completed ☐ USN Requires FMS Form 2231 Direct Deposit
- ☐ Advice of Payment (AOP) for **PPM** advance operating allowance requested **AND** received (available at <https://myPay.dfas.mil>)
- ☐ Completed DD Form 2278 - to include: ☐ blocks 10a/b customer signed/dated, ☐ blocks 10c/d counselor signed/dated
- ☐ Official Travel Orders - include all amendments and/or endorsements issued. **USN:** Enlistment Contract or Officer Home of Record report
- ☐ Power of Attorney (POA) or informal letter of authorization signed by the member/employee
- ☐ Weight tickets **MUST** meet Service specific requirement (See ** Below) and be ☐ Certified, ☐ Legible, ☐ Unaltered, and
- ☐ Adequately descriptive (i.e. FULL/EMPTY 2008 Dodge Ram Pickup with Privately Owned Trailer (POT) etc.)
- ☐ Include customer identification; Last Name, EMPLID/SSN (last 4)
- ☐ **EACH** conveyance (trip/vehicle) used to haul property must be supported by a ☐ FULL and ☐ EMPTY weight ticket

**** Service Specific Requirements for Weight Tickets:** **USAF, USA** require a FULL and EMPTY weight ticket obtained at either Origin, Destination or a combination thereof. **USMC:** EMPTY and FULL weight tickets to be obtained at Origin within 50 miles (at a Base Scale if available). **USCG:** EMPTY and FULL weight tickets must be obtained at Origin. **USN:** EMPTY and FULL weight tickets at Origin plus a FULL weight ticket at Destination (3-Tickets). **USAF, USA, USMC:** TDY - a new FULL and EMPTY weight ticket for each leg.

PBP&E (Pro Gear) - complete weight calculator and approved by the Origin counseling office. **Local Move** - One EMPTY weight ticket for each vehicle

- ☐ Copy of Contract(s) - identifies: ☐ Customer/Family Member; ☐ Detailed equipment description; ☐ Payment in full
- ☐ Copy of paid receipts for eligible expense claimed below - receipts must reflect customers last name, EMPLID/SSN (last 4), item description, unit price, quantity, date, name and address of store, etc. (i.e. fuel receipts that reflect only a pre-paid dollar amount do **NOT** qualify)
- ☐ Copy of privately-owned vehicle (POV) or trailer (POT), Boat, or Motorcycle registration(s) used for hauling personal property; borrowed POV or POT additionally requires a signed, dated statement by registered owner authorizing use of POV/POT for your HHG movement

> Ensure documents requiring signature and date are signed and dated by the customer and/or PPSO as required.

> Keep a complete copy of your submitted PPM packet - to include receipts (IRS can audit tax records up to 6 years).

> The PPM incentive payment is taxable income. Eligible operating expenses (see notes below) can reduce the taxed portion of your incentive.

NOTE 1: EXPENSES ELIGIBLE: Rental trucks, trailers, hand/appliance dollies, and furniture pads; weighing fees; authorized moving company services; tolls and parking fees; POV gas and oil that will not be reimbursed as mileage (TDY) or MALT (PCS/PDT); packing/crating materials.

NOTE 2: EXPENSES NOT ELIGIBLE: but are not limited to; Auto tow dollies, auto tow bars/hitches, auto transports; any type of insurance, sales tax, general repairs; general maintenance, meals and lodging; POV gas and/or tolls that will be reimbursed in conjunction with customer/dependent personal travel (i.e. mileage allowance for travel), are not eligible to be claimed as PPM operating expenses.

ENSURE ALL OPERATING EXPENSES LISTED BELOW ARE SUPPORTED BY PAID RECEIPTS AND/OR CONTRACTS
(EXPENSES WHICH DO NOT MEET ELIGIBILITY REQUIREMENTS MAY BE DEDUCTED)

Contracted expenses (rental truck, trailer, moving services, etc.):

Rental equipment/materials (hand/appliance dolly, furniture pads, etc.):

Consumable packing materials (boxes, wrapping paper, tape etc.):

Weighing fees:

Gas (label receipt to identify vehicle/s fueled):

Tolls (label receipt to identify vehicle):

Oil (excludes oil change or service):

Other (list) _____

TOTAL: _____

I CERTIFY THE ABOVE EXPENSES WERE LEGITIMATELY INCURRED DURING MY PERSONALLY-PROCURED MOVE AS IDENTIFIED BELOW:

Move Date: _____

From: _____

To: _____

Authority: 5 U.S.C. 5701-5742, 37 U.S.C. 451-495, and E.O. 9297. ROUTINE USES: To substantiate incentive payment claims for movement of household goods. DISCLOSURE: Voluntary; failure to furnish data may result in partial or total denial of claim and/or improper tax application. NOTE: Expenses verified on this statement reduce taxable income reported on form W-2 and may not be claimed again as moving expenses. Federal tax withholding will be 25% of profit (entitlement less eligible operating expenses).

I UNDERSTAND THE PENALTY FOR WILLFULLY MAKING A FALSE STATEMENT OF CLAIM IS A MAXIMUM FINE OF \$10,000, MAXIMUM IMPRISONMENT OF FIVE YEARS, OR BOTH (U.S.C., TITLE 18, SECTION 287).

Signature _____

Date _____