

SHIPMENT SUMMARY WORKSHEET - PPM

MEMBER OR EMPLOYEE INFORMATION

Name (Last, First, Middle Initial) Preferred Phone Number:

DOD ID Service Branch/Agency Rank/Grade Preferred Email:

Preferred W2 Mailing Address

ORDERS/ACCOUNTING INFORMATION

Order Issue Date (YYYYMMDD) Orders Type/ Orders No. Issuing Branch/Agency New Duty Assignment

ENTITLEMENTS/MOVE SUMMARY

| | | |
|----------------------------|-------------------------|------------------------------|
| Maximum Weight Entitlement | Authorized Origin | Authorized Destination |
| Entitlement | | |
| Pro-Gear | | |
| Spouse Pro-Gear | POV Shipment Authorized | Max. SIT Storage Entitlement |
| TOTAL WEIGHT | | |

Shipments: Shipment No./Type Pick-Up Date Shipment Weight Current Shipment Status

Storage: Shipment No./Type Storage Type Storage Entry Date / Delivery Date Total Days in Storage

FINANCE/PAYMENT

| Maximum Obligations | Actual Shipment Obligations |
|---------------------|-----------------------------|
| GCC | GCC |
| PPM Incentive | PPM Incentive |
| SIT | SIT |
| Max Advance | Advance |

Reimbursable Expenses:

Contracted Expenses\$Rental Equipment\$Consumable Packing Materials\$Weighing Fees\$Gas\$Tolls\$Oil\$Other:\$Total Reimbursable Expenses\$

LOA CODE

See Orders.

Payment will be processed at the following rate:

☐ PPM Incentive (95% GCC)☐ GCC (100% GCC)

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Previously Claims Submitted (Self-Disclosed):

Shipment No./Type

Transaction Type

Payment Amount

Current Payment Request Claim:

Shipment No./Type

Transaction Type

Payment Amount

Disbursement Method

Payment Amount

GTCC

Direct Deposit - MILPAY

Direct Deposit - Other

TRUSTED AGENTS (ALLOWED TO ACT OF SERVICE MEMBER’S BEHALF VIA LETTER OF AUTHORIZATION)

Name (Last, First, Middle Initial)

Authorization Date (YYYYMMDD)

Email

Phone Number

LEGAL AGREEMENTS / PRIVACY ACT

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.

ENCLOSED DOCUMENTATION

- ☐ Orders (with all Amendments)
- ☐ Weight Ticket (Other)
- ☐ Other: _____
- ☐ Origin Weight Ticket (Empty)
- ☐ Reimburseable Expense Reciepts
- ☐ Origin Weight Ticket (Full)
- ☐ Vehicle Registration
- ☐ Destination Weight Ticket (Full)
- ☐ DD-FMS-2231 Direct Deposit Form

SIGNATURES

Service Member/Trusted Agent Signature

PPPO Counselor Signature

Date Signed

Date Signed