SHIPMENT SUMMARY WORKSHEET - PPM

MEMBER OR EMPLOYEE INI	FORMATION								
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 Entitlement Pro-Gear Spouse Pro-Gear TOTAL WEIGHT		Authorized Origin	Authorized Destination						
		POV Shipment Authorized	Max. SIT Storage Entitlement						
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							
Reimburseable Expenses: Contracted Expenses \$ Rental Equipment \$ Consumable Packing Materials \$ Weighing Fees \$ Gas \$ Tolls \$ Oil \$ Other: \$		See Orders. Payment will be processed at the following rate: PPM Incentive (95% GCC) GCC (100% GCC)							
Total Reimburseable Exper	1606 ¢								

SHIPMENT SUMMARY WORKSHEET - PPM

Previously Claims Submitted Shipment No./Type	(Self-Disclosed): Transaction Type			1	Payment Amount		
Current Payment Request Cla	im:						
Shipment No./Type	Transaction Type				Payment Amount		
				Disbursement Method GTCC Direct Deposit - MILPAY Direct Deposit - Other	Payment Amount		
TRUSTED AGENTS (ALLOWED TO ACT OF SERVICE MEMBER'S BEHALF VIA LETTER OF AUTHORIZATION)							
Name (Last, First, Middle Initial)	Authorization Date (YYYYYMME	DD) Er	mail	Phone Numbe	er		
LEGAL AGREEMENTS / PRIVA	CY ACT						
Financial Liability: If this shipment(s) incurs costs above as necessary to cover all excess costs a			difference to the gov	vernment, or consent to the co	llection from my pay		
Advance Obligations: I understand that the maximum advance weight is moved or my move occurs or disbursement and/or from the collection of	n a different scheduled depart on of my pay as may be neces pment, I agree to furnish weig	ure date, I ma sary. ht tickets with	ny have to remit the o	lifference with the balance of n elivery to my destination. I und	ny incentive		
ENCLOSED DOCUMENTATION	1						
☐ Orders (with all Amendmen	ts) 🗆 Weigh	nt Ticket (O	ther)	☐ Other:			
☐ Origin Weight Ticket (Empty	v) 🗌 Reiml	burseable E	Expense Reciepts	5			
☐ Origin Weight Ticket (Full)	☐ Vehic	le Registrat	tion				
☐ Destination Weight Ticket (F	Full) 🗌 DD-FN	MS-2231 Dii	rect Deposit Forr	n			
SIGNATURES							
Service Member/Trusted Agent Signature			PPPO Counselor Signature				
Date Signed			ate Signed				

DEPARTMENT OF THE ARMY U. S. ARMY COMBINED ARMS SUPPORT COMMAND (CASCOM) FORT LEE, VIRGINIA 23801-2102

ORDERS 030-00362

30-Jan-18

JOHNSON CASEY !!!!!!!! W1D52 CO B TR, 23RD QM BDE

SGT FST CLS (W1D52B) FT LEE VA 23801

YOU WILL PROCEED ON PERMANENT CHANGE OF STATION AS SHOWN.

ASSIGNED TO: 0063 SC EXPEDITIONARY (WGZPAA) FT STEWART GA 31314

REPORTING DATE: 18 FEB 18 (EARLIER REPORT DATE AUTHORIZED).

A. INFORMATION IS AT YOUR FINGERTIPS AS YOU PLAN YOUR RELOCATION.

ACCESS WEBSITE HTTP://WWW.ONESTOP.ARMY.MIL/ FOR ALL YOU NEED TO

KNOW ABOUT YOUR NEXT INSTALLATION AND SURROUNDING COMMUNITIES.

THIS WEBSITE CONTAINS LINKS TO INDIVIDUAL INSTALLATIONS ACSIM

(HOUSING AND RELOCATION) WEBSITES AND OTHER WEBSITES REGARDING

RELOCATION. IF YOU ARE AUTHORIZED PERMISSIVE TEMPORARY DUTY, YOU

MUST REPORT TO THE HOUSING OFFICER SERVICING IN YOUR NEW DUTY STATION

ON THE DAY YOUR PERMISSIVE TDY BEGINS WITH YOUR DA FORM 31. PER
MISSIVE TDY WILL END ON THE DATE SPECIFIED ON YOUR DA FORM 31 OR ON

THE DATE YOU SIGN INTO YOUR NEW DUTY STATION, WHICHEVER COMES FIRST.

B. IF YOU SHIP PERSONAL PROPERTY AT GOVERNMENT EXPENSE, CONTACT

THE TRANSPORTATION OFFICE OF YOUR DUTY STATION IMMEDIATELY AFTER

ARRIVAL TO ARRANGE DELIVERY.

- C. YOU ARE RESPONSIBLE FOR REPORTING TO YOUR NEXT DUTY STATION/ SCHOOL IN SATISFACTORY PHYSICAL CONDITION; ABLE TO PASS THE APPT AND MEET WEIGHT STANDARDS.
- D. DEPENDENTS: YES
- E. CONTACT THE LOCAL ARMY RECRUITER UPON ARRIVAL AT YOUR LEAVE LOCATION AND INFORM HIM/HER THAT YOU ARE ON PCS LEAVE.
- F. OFFICIAL TRAVEL ARRANGEMENTS PURCHASED DIRECTLY FROM AN AIRLINE OR THROUGH A COMMERCIAL TRAVEL AGENCY NOT UNDER CONTRACT TO THE GOVERNMENT ARE NOT REIMBURSABLE IN ANY AMOUNT. WHEN TRANSPORTATION IS PROPERLY PROCURED, REIMBURSEMENT WILL BE LIMITED TO THE ACTUAL COST OF TRANSPORTATION NOT TO EXCEED THE COST THE GOVERNMENT WOULD HAVE SPENT HAD IT ARRANGED THE TRAVEL.
- G. IN THE EVENT YOU NEED EMERGENCY ASSISTANCE (LEAVE EXTENSION, CHANGE IN PORT CALL, FAMILY TRAVEL PROBLEMS, ETC.) YOU SHOULD CONTACT THE ARMY TRAVELERS' ASSISTANCE CENTER AT 1-800-582-5552. DO NOT CONTACT YOUR LOSING OR GAINING UNIT.
- H. YOU ARE AUTHORIZED REIMBURSEMENT FOR TWO PIECES OF EXCESS ACCOMPANIED BAGGAGE, NOT TO EXCEED 50 LBs PER PIECE FOR YOURSELF AND EACH FAMILY MEMBER AUTHORIZED TO TRAVEL ON THIS ORDER. YOU MUST BE FINANCIALLY PREPARED TO PAY FOR THE BAGGAGE CHARGES WHEN YOU CHECK IN WITH THE AIRLINE. IT IS YOUR RESPONSIBILITY TO OBTAIN RECEIPTS FROM THE AIR CARRIER FOR THE BAGGAGE CHARGES AND PROVIDE THE RECEIPTS WHEN YOU FILE YOUR FINAL TRAVEL VOUCHER.

FOR ARMY USE

AUTH: CYCLE EDAS 180109

MDC: 1XE8

ENL/REENLB INDIC: EB-2

PPD: NA

PMOS/SSI: 92G100000

PROJECT SPECIALTY: NONE

SDN:RAP7831PD00362

FORMAT: 410

PERS CON NO: 75201904N007

PEBD: NA

ASG TO MGT DSG: 92G100000

CON SPECIALTY: NONE PERS SCTY CODE: NA

FOR THE COMMANDER:

* * * * * * * * *

* HQ, US ARMY CASCOM*

* & FT. LEE, VA *

* OFFICIAL SEAL * * * * * * * * *

DISTRIBUTION:

0 - STU RCDS SEC

STEPHEN D. HOLLIS

CHIEF, MILITARY PERSONNEL DIVISION

1 - PAC SUPV W1D52 CO B TR, 23RD QM BDE

1 - CDR 0063 SC EXPEDITIONARY FT STEWART, GA 31314

1 - INDIV C/O W1D52 CO B TR, 23RD QM BDE

0 - TRANS DIV PASSENGER SECTION, BLDG 3400

3 - TOTAL