

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

ORDERS WILL BE INSERTED HERE

FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)
(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

- ☐ Checking
☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
☐ Travel
☐ Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)

A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT
NUMBER Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE _____
(Account Holder's Name)

FINANCIAL INSTITUTION NAME _____

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)

- ☐ Savings (whole dollar amounts only)
☐ Discretionary or Third Party

TYPE OF ACCOUNT (Check One)

- ☐ SAVINGS
☐ CHECKING

ACTION (Check One)

- ☐ START
☐ CANCEL
☐ CHANGE

AMOUNT (Check One)

- ☐ INCREASE TO:
☐ DECREASE TO:
New Total \$ _____

ALLOTTEE NAME
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER
Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE _____
(Account Holder's Name)

FINANCIAL INSTITUTION NAME _____

5. AUTHORIZATION

* _____
EMPLOYEE'S SIGNATURE DATE

6. AGENCY USE:

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE


You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
ACCOUNT NUMBER (your account number at your financial institution)
ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

The diagram shows a check with the following fields and labels:

- 3 - NAME OF DEPOSITOR
STREET ADDRESS
CITY, STATE
- 101 - PAY TO THE ORDER OF: _____ \$ _____
DOLLARS
- 19 - NAME OF YOUR BANK
- 4 - Payable Through Another Bank
- 5 - For _____
- ROUTING NUMBER: 021001082
- ACCOUNT NUMBER: 123 456 789
- CHECK NUMBER: 0101

1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol  appears on the check or card.)
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.)

Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)

ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)

AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.

ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.