

# Finance Retirement/Separation Checklist

Customer Use

Name (Last, First, MI)	Grade	SSN	DOS
Email Work Private	Duty Location (Base, State, Zip)	Telephone Work Private	

## Leave

- I Please confirm projected leave balance with your servicing Finance. \_\_\_\_\_ days. (N/A if you're not taking any terminal/permissive)
- II All Permissive and Terminal Leave requests are processed and approved in LeaveWeb before departure. G Series Commander approved, finance authorized.
- III Permissive leave will be done under "**Type T, Rule 2.**" to be correctly routed in LeaveWeb.
- IV If you take any portion of your Permissive leave in conjunction with Terminal Leave, please check the box "In conjunction with Terminal Leave."
- V Leave numbers will be assigned after all leave is approved and final out documents are returned to the Finance office.
- VI If you take ordinary leave instead of terminal leave, return 15 days before scheduled separation date to prevent pay problems.
- VII Per AFI 36-3003 table 3.6, rule 2, CONUS locations are authorized 20 days of permissive leave to the following authorized members: incentive separatees, special benefits separatees, and retirees.

Type	Start Date	End Date
<i>Permissive</i>		
<i>Terminal</i>		

## Checklist & Instructions

Read each line and insert your full initials to confirm understanding

1.  **For Retirees ONLY:** As my dependents are not listed on my orders, I understand that I must retrieve a copy of my DD Form 1172-2 per the instructions on the SOU, block 8 to claim civilian dependents on a final travel voucher.
2.  My unit APC has confiscated or destroyed my GTC and provided me with a GTC deactivation memo.
3.  I understand that all DTS authorizations/vouchers must be completely filed and paid prior to separating/retiring.
4.  I plan on taking permissive leave in conjunction with terminal and will input through LeaveWeb. Please refer to VII above.
5.  I plan on taking terminal leave up to my date or separation and will input through LeaveWeb.
6.  I understand that I am only authorized to sell a maximum of 60 days of leave in my military career.
7.  I understand that if I am under a different base's hierarchy in LeaveWeb, I must contact the LA AFB FSO to have leave authorized.
8.  **For AGR Members ONLY:** I do not wish to sell my leave and would like to to have it transferred. If not, N/A.
9.  I understand that separate travel time is not granted and I must be on leave or separated to depart the PDS IAW AFMAN 65-114, para 6.7.5.
10.  I am able access MyPay with login ID and password in order to retrieve final LES's, W-2's, and future 1099-R's for retiree's.
11.  To be signed off on my vMPF checklist and have my leave authorized I will return a copy of my orders, GTC deactivation memo, this checklist, the statement of understanding, AF Form 594, Direct Deposit form, and the address change form.
12.  **For Retirees ONLY:** I understand that selecting a home outside the 50 states, I must select a HOS within the CONUS for comparison purposes (JTR 051003 B.3). If Home of Record (HOR) or Place from Which Called or Ordered to Active Duty (PLEAD) is OCONUS then travel entitlements to that locations are authorized.

Member's Name & Rank	Signature	Date
----------------------	-----------	------

*OFFICIAL USE ONLY*

Finance Technician's Name & Rank	Signature	Date
----------------------------------	-----------	------



**SCOTT AIR FORCE BASE  
375TH CPTS/FMF  
RETIREMENT/SEPARATIONS**

MEMORANDUM FOR RETIREEE/SEPARATEE  
FROM: 375TH CPTS/FMF  
215 HERITAGE DR, BLDG P-10  
SCOTT AFB, IL. 62225  
SUBJECT: Retirement and Separations Information

**1. FINAL PAY:** This is the last paycheck you will receive for your active duty service and it will include unpaid pay and allowances and accrued leave, if applicable. Final pay is processed manually through the base Finance Office, not DFAS. Since it is processed manually, your LES will reflect a \$0.00 for your last paycheck. You will receive your final pay within 5-7 business days after your retirement or separation date. The payment will be sent to the same account where you normally receive your Active Duty pay. If you would like the payment to go to a different account, please provide us with an updated SF 1199A (direct deposit).

**2. BAH:** You will continue to receive the local rate of BAH through your DOS even if you relocate while on your final leave. If you are *mil-to-mil*, your spouse will need to update their BAH with their servicing finance office to claim you as a civilian dependent. They will need to provide a AF 594, your DD 214, and a copy of your marriage certificate.

**3. LEAVE SETTLEMENT:** You can only be paid a TOTAL of 60 days of leave during your military career. Leave is payable at the daily rate of your basic pay. To get this rate, divide your monthly basic pay by 30 days to get the daily rate; multiply the daily rate by the number of leave days you are eligible to sell back to get the total amount of your leave settlement. Federal Taxes will deduct at a rate of 22% plus any additional state taxes, if applicable.

**4. PERMISSIVE TDY:** All members retiring are authorized permissive TDY. The only separatees eligible PTDY are voluntary separation incentive, special separation benefits and involuntary separatee. Permissive TDY is only used for house and/or job search per AFI 36-3003, Table 3.6, Rule 2. A member is authorized up to twenty days of permissive TDY for CONUS members and up to thirty days is authorized for overseas retirees.

**5. TAXES:** Your regular pay during the last month of active duty will be taxed as normal from the tax tables provided by the IRS. State tax will be taken out for the entire month, regardless of your DOS (if applicable). Accrued leave is considered a one-time payment and is taxed at 22% for federal and any applicable state tax percentage.

**6. ALLOTMENTS:**

*Separatees:* Your allotments will be paid through your last FULL month of active duty. If you separate after the 15th of the month, your mid-month pay will indicate a deduction for your allotments, however, the amount will be refunded in your final pay.

*Retirees:* All of your allotments, with the exception of charity, TSP, SGLI, and Met Life allotments, will transfer to your retired pay. TSP does not deduct from your pay the last month on Active Duty. Changes to your allotments must be made NLT 30 days prior to your retirement date to affect your active duty pay. After you retire, you may start, stop, or make changes to your allotments by contacting DFAS or using myPay. Insurance allotments cannot be started after retirement.

**7. OUTSTANDING DEBTS:** All debts on your record at the time of separation will be satisfied with any available funds on your military pay account. If the FSO is aware of a debt, the repayment will be accelerated to satisfy as much of the debt as possible before your DOS. If you anticipate having a debt(s) that may not be satisfied by your DOS, you are advised to make arrangements to satisfy the debt(s). Once a debt becomes Out of Service debt, Active duty finance office cannot arrange any options.

**8. FINANCE RETIREMENT/SEPARATION OUT-PROCESSING:**

Customer Office Hours: Monday, Tuesday, Wednesday & Friday, 0900-1500

Email: 375.AMW.Finance@us.af.mil

Phone: (618) 256-1851

Address: 215 Heritage Drive, Bldg P-10, Scott AFB, IL. 62225

**9. RETIRED PAY INQUIRIES:** For any questions concerning your AD Pay up until your last AD paycheck, please contact the local Finance Office. Retired pay inquiries should be directed to DFAS. The CPTS does not compute retirement pay. A retired pay estimate can be obtained via the AFPC Retired Pay Calculator located at <http://www.dfas.mil/retiredmilitary/plan/estimate.html>

You should ensure that you have created a myPay pin and password so that you can access your final LES, W-2, and 1099-Rs. You should be able to see the shell of your retired myPay account before your DOS. If not, ensure you filed your Survivor Benefit Plan (SBP) paperwork with the A&FRC counselor. If it was properly filled out and filed with their office, contact us so that we may establish a CMS case for AFPC and DFAS to resolve the issue.

The Air Force Retiree Services site is located at <http://www.retirees.af.mil/>  
Retired and Annuity Pay Contact Center: 1-800-321-1080 or (216) 522-5955  
Defense Finance and Accounting Service  
U.S. Military Retired Pay  
8899 E 56th Street  
Indianapolis, IN 46249-1200

**10. RETIREMENTS AND SEPARATIONS TRAVEL ALLOWANCE INFORMATION:** Travel time for POV is determined by the official distance between the ordered points. One day of travel is allowed for each 350 miles of the official distance with an extra day allowed from a remainder of 51 or more miles. If a commercial carrier is used (i.e. airplane, rail, or bus), the actual fare paid must be claimed in block #18 of the travel voucher and the paid, zero-balance receipt provided. Expenses will be reimbursed not to exceed the government rate for the same mode of transportation. The use of two POVs is authorized for military personnel whose authorized dependent operates the second vehicle; this must be annotated on the travel voucher. Unlike a regular PCS move, Retirees/ Separatees are **not authorized additional travel time, Dislocation Allowance (DLA) or Temporary Lodging Expense (TLE)**. In accordance with AFMAN 65-114 para 6.7.5, a member may depart the PDS **on or after the START DATE** of permissive TDY/ Terminal Leave. Departing **prior** will cause excess travel time charge. Separatees serving less than **90%** of their initial active duty enlistment or service commitment receives no per diem for travel (applies to dependents too). Reimbursement of transportation allowances for services members and dependents is limited to the least expensive mode of transportation available. If transportation is personally procured reimbursement is limited to the amount the Government would have paid for the least costly mode of transportation (normally a bus ticket).

*Retirees:* Travel is authorized from the permanent duty station to the home of selection for retirement. Retiring members have one year from the date of Retirement for completing a move to your home of selection.

*Separatees:* Travel is authorized to the place of enlistment or home of record (indicated on orders) for separatees. Separatees have six months to complete your move limited to the cost to return to your PLEAD or Home of Record.

Contact your nearest Traffic Management Office (TMO) for guidance of a possible extension.

**Effective September 1, 2016 members will need to provide their DD Form 1172-2 DEERS printout to substantiate the dependents claimed on their final travel voucher.**

- How to pull your 1172:
  1. Log on to the following link:  
[https://www.dmdc.osd.mil/self\\_service/rapids/unauthenticated?execution=e4s1](https://www.dmdc.osd.mil/self_service/rapids/unauthenticated?execution=e4s1)
  2. \*Click\* Print Family List
  3. Select all family members
  4. Review privacy act statement then select "I Agree"
  5. Review the Summary page then select "Proceed"
  6. Select "Display Form" and then Print DD Form 1172-2

**I acknowledge all of the above about final payments & fully understand the estimated timeframe of when my final payment will be made.**

---

SIGNATURE

---

DATE



**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.

**PRIVACY ACT NOTICE**

Collection of the information in this Direct Deposit Sign-Up Form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the Federal Government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.

**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number, is required under 31 USC 3322, 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. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

**INFORMATION FOUND ON CHECKS**

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- A** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- C** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- F** Type of payment is printed to the left of the amount.

The diagram shows a government check with the following details:

- Top right: 15-51 000 PHILADELPHIA, PA
- Check No. 0000 415785
- Date: 08 | 31 | 84 (Month | Day | Year)
- Amount: 28 28 (DOLLARS CTS)
- Pay to the order of: [Blank line]
- Callout **A** points to the payee name field.
- Callout **C** points to the claim number field (00).
- Callout **F** points to the type of payment field.
- Bottom right: **NOT NEGOTIABLE**
- Bottom center: .00000518' 0415771926"

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will contact the paying agency with updated financial information. It is recommended that the payee maintain accounts at both financial institutions until the transaction is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

## Travel Voucher Instructions

- **Block 2 - Block 4:** Self-explanatory.
- **Block 5:** This block is for who traveled.
  - If you do not have dependents, check “Member/Employee.”
  - If you have dependents that traveled concurrently, check “Member/Employee” and “Dependent(s).”
  - If you have dependents that traveled separately, you will need to file two separate travel vouchers. One, mark only “Member/Employee” and the other mark only “Dependent(s).”
- **Block 6:** This is the address that you are relocating to, NOT your previous address.
- **Block 8:** Order number.
  - This will be found at the top left corner of retirement orders or block 30 of separation orders. Annotate the order number as the first two letters and last four numbers (AL-123456 = AL3456)
- **Block 9:** Previous government advances.
  - Annotate the type and amount (ex. DITY Adv.) or write “N/A.”
- **Block 10c:**
  - Mark the number of Privately Owned Vehicles (POVs) were driven in conjunction with this move.
  - Initial the line indicating the account you wish to use is the same as where your AD pay was sent.
- **Block 11:** The organization that you separated from (ex. 11 CES / JB Andrews).
- **Block 12:** Dependent(s).
  - If you have no dependents, mark unaccompanied.
  - If you have dependents that traveled concurrently with you, mark “accompanied” and list them below.
  - If you have dependents that traveled separately, mark unaccompanied on both vouchers. On the member’s voucher, do not list their information. On the dependents’ voucher, list their information.
- **Block 13:** Dependents’ address when you received your orders.
  - If you have dependents that traveled, this will be the address where they lived prior to moving.
- **Block 14:** Have your household goods been shipped?
  - Yes or no. If no, explain in the blank space in block 10d.
- **Block 15:** Itinerary.
  - The departure location in the first block **must match the duty location on your orders.**
  - Driving: The next block will be the address listed above in block 6.
  - Flying: The next block will be your departure airport (ex. Reagan National Airport). Layovers are NOT annotated, the next block will be your arrival airport. The final block will be the address listed above in block 6.
  - Block 15a: “Date,” you will write the year you completed your travel in this large block “20XX” (blocks underneath will only be day and month).
  - Dates: Ensure dates are formatted as “1 Aug.” This ensures no confusion when processing your voucher.
  - Means/Mode of Travel: “PA” for personal auto, “CA” for commercial auto, and “CP” for commercial plane.
  - Reason for Stop: “AT” (awaiting transportation) for stops at airports and “MC” for mission complete.
  - Lodging costs do not need to be annotated, as they will be reimbursed by per diem.
- **Block 16:** Check whether you were the operator or passenger in the vehicle used for travel.
- **Block 17:** Check the applicable duration of travel for your entire trip.
- **Block 18:** Reimbursable expenses.
  - You will claim Airfare, Taxi or Tolls here, as applicable.
- **Block 22:** Applies only to Retirees.

Please sign blocks 20a and 22 once you have completed the voucher and email it to the separation/retirement POC: **Sept/Ret Tech email** or the org box: **FMF email** with a copy of your orders, applicable receipts, and DD Form 1172-2 for retirees (if you are claiming dependent travel).

<b>TRAVEL VOUCHER OR SUBVOUCHER</b>				<b>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.</b>			
<b>1. PAYMENT</b>		<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
<input type="checkbox"/> Payment by Check		<b>2. NAME</b> (Last, First, Middle Initial) (Print or type)		<b>3. GRADE</b>		<b>4. SSN</b>	
<b>6. ADDRESS</b> a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE	
e. E-MAIL ADDRESS		<b>5. TYPE OF PAYMENT</b> (X as applicable)		<input type="checkbox"/> TDY		<input type="checkbox"/> Member/Employee	
		<input type="checkbox"/> PCS		<input type="checkbox"/>		<input type="checkbox"/> Other	
		<input type="checkbox"/> Dependent(s)		<input type="checkbox"/>		<input type="checkbox"/> DLA	
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>		<b>10. FOR D.O. USE ONLY</b>	
<b>11. ORGANIZATION AND STATION</b>						a. D.O. VOUCHER NUMBER	
						b. SUBVOUCHER NUMBER	
<b>12. DEPENDENT(S)</b> (X and complete as applicable)		<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)				c. PAID BY	
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED				d. COMPUTATIONS	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		Scott AFB, IL - 375th CPTS/FMF	
						Phone: (618) 256-1851	
						375.AMW.FINANCE@US.AF.MIL	
<b>15. ITINERARY</b>		<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one)		<input type="checkbox"/> YES		<input type="checkbox"/> NO (Explain in Remarks)	
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		c. MEANS/ MODE OF TRAVEL		d. REASON FOR STOP	
						e. LODGING COST	
						f. POC MILES	
DEP							
ARR						1 POV/2 POVs	
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							

## 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 pre-designated 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 pre-designated 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 travelers 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 item 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 (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

#### 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 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

- 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.

**APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 37 USC § 403, Public Law 96-343, Privacy Act of 1974

**PURPOSE:** To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination / Redetermination or ESM start / stop for eligible members E6 and below assigned / terminating unaccompanied government quarters

**ROUTINE USE(S):** Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force or Space Force to determine needs of a member or dependents in emergency situations.

**DISCLOSURE:** Voluntary. However, failure to provide all information may result in non-payment of Basic Housing Allowance (BAH)

**SORN:** T7340, Defense Joint Military Pay System - Active Component, T7344, Defense Joint Military Pay System - Reserve **Component**

MEMBER INFORMATION			HOUSING OFFICIAL	
1. NAME (Last, First, MI)			<b>NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS</b> QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____ ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # EFFECTIVE DATE: _____ INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # EFFECTIVE DATE: _____ TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO: _____ NAME, GRADE and TITLE of HOUSING REPRESENTATIVE _____  SIGNATURE _____  DATE _____	
2. DoD ID Number	3. GRADE	4. PHONE		
5A. DUTY LOCATION (Base, State, ZIP Code or Country)				
5B. MEMBER'S PHYSICAL ADDRESS (Street, City, State, Zip Code or Country)				
5C. E-MAIL ADDRESS				
<b>MARITAL / DEPENDENT STATUS</b>				
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE provide - NAME, DoD ID Number, BRANCH OF SERVICE, DUTY STATION AND DATE OF MARRIAGE: _____ _____ _____ <input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPARATED _____ (Date)				
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> _____ PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN				
8. I <input type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): _____ Note: Indicate the civilian dependent(s) you are claiming and their relationship. If dependent(s) is a child, include the date of birth(DOB).				
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB	
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING				
NAME	DoD ID Number	BRANCH OF SERVICE	STATION	
<b>MEMBER'S CERTIFICATION (Required for members claiming dependents)</b>				
<input type="checkbox"/> I certify that I provide adequate support (see DoD FMR Vol 7A, Chapter 26) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport				
<b>CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be approved by AFPC-OL, Indianapolis).</b>				
(Parents, parents-in-law, stepparents, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21 or Ward of a Court)				
I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. _____				
I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.				
MEMBER'S SIGNATURE			DATE	

**ADDITIONAL INFORMATION**

**OFFICIAL USE ONLY - FINANCE**

START  
  STOP  
  CANCEL  
  REPORT  
  CHANGE  
  PARTIAL  
  WITHOUT DEPENDENT  
  WITH DEPENDENT

**PRIMARY DEPENDENT CERTIFICATION:** I have reviewed supporting document and determined that the above named individual(s) is / are dependent on the member based on being

- Spouse  
  Single member claiming legitimate child in custody of another  
  Legitimate child in single member's custody  
  Stepchild  
  Adopted Child  
 Illegitimate child or  
 Child, member to member marriage

**SECONDARY DEPENDENT DETERMINATION / REDETERMINATION: Approved by AFPC-OL, Indianapolis, Determination letter dated:**

- Parents  
 Parents-in-law  
 Stepparents  
 Parents-by-adoption  
 In-Loco-Parentis  
 Students 21 and 22 years of age  
 Incapacitated children over age 21  
 Ward of a court

AFPC has determined the above named individual(s) is / are **not** eligible to be member's dependent. Reasons for disapproval are noted here

I have verified that member is E-7 or above and there is no military necessity that requires the member to reside on base

NAME / RANK / TITLE OF CERTIFYING OFFICIAL

SIGNATURE

UNIT NAME / BASE

DATE