

Instructions for completing the PDT ARRIVAL WORKSHEET

PURPOSE: *This form is used to certify your PCS arrival entitlements. This information is critical for ensuring your new duty location is updated accurately and to avoid over/underpayments from your last duty station.*

For the top two lines (from 'SSN' to 'Duty/Home Phone', please fill in the requested information

FINAL OUT DATE: *This is the date that you out process your last base*

PORT CALL DATE: *This block is only completed if your previous assignment was overseas (OCONUS) and is the day you entered CONUS*

DATE DEPARTED LAST DUTY STATION (DDLDS): *This is the date that you physically left your last base*

IF APPLICABLE, EXPLAIN DELAYS BETWEEN FINAL-OUT AND PORT CALL/DDLDS (e.g. mass out processing, leave taken prior to departure, holidays, TDY dates changed, etc.): *Complete if applicable*

DATE DEPARTED LAST DUTY STATION (DDLDS): *This is the date that you physically left your last base*

DATE I NOTIFIED UNIT I WAS AVAILABLE FOR DUTY: *Date you arrived at new duty location*

- **NOTE:** If placed on quarantined by your commander upon arrival, the date arrived and date available for duty should be the same date (before going on quarantine) and all leave request beyond that should be handled through leave web.

WAS LEAVE TAKEN UPON ARRIVAL: *Yes or No*

PDT ARRIVAL WORKSHEET **ORG Code** _____

Authority: 5 USC Section 5701, 37 USC Section 404-427, 5 USC Section 301, DoDFMR 7000.14-R, Vol. 9, and EO 9397
Routine Use: Disclosures are permitted under 5 USC 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the IRS for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.
Disclosure: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed

SSN 123 45 - 6789 Name Doe, John Grade E5
Unit 375 CES Office Symbol _____ Duty/Home Phone 123-456-7890

Final out date 1 Jul 18 Date departed last duty station 2 Jul 18 Port call date _____

If applicable, explain delays between *final-out* and *port call / DDLDS* (e.g. mass out processing, leave taken prior to departure, holidays, etc.): _____

Date arrived new station 5 Jul 18 Date "Signed into" station/available for duty 9 Jul 18 Was leave taken upon arrival? Yes No

NOTE: For the rest of this form, please initial beside the statement(s) that apply or put N/A

PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

I certify that (please initial beside the statement(s) that apply or put N/A):

- 1. My dependent(s) is/are residing in Gov Family Quarters (NOTE: Privatized Housing is not Gov Quarters)..... N/A
My dependent(s) was/were assigned to quarters on..... N/A
- 2. I have a *unique situation* not mentioned (e.g. dependents are in various locations, moved at personal expense, etc.):
Please explain *unique situation* here, if applicable:

3. I certify I currently reside in: Dorms Gov't Base/Leased Housing Privatized Base Housing Off-base Billeting/Temp Ldg
Effective Date: 5 Jul 18 NOTE: * Billeting TLF is not classified as "Gov't Base Housing".

4. Dependent certification:
Doe, Jane Spouse 02/14/99
Name of Primary Dependent Relationship Date of Marriage/Birth
**If claiming ONLY a child as primary dependent, whom is the child residing with (ex-spouse, grandparent, etc)?

NOTE: *If child resides with a Military member, please provide his/her Name, SSN, and duty location below.

Name: _____ SSN: _____ - _____ - _____ Duty Location: _____

PART B: DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS

NOTE: * DLA is not payable to first duty assignment for single members (JTR 5442.3.1).

I certify that (Please initial beside the applicable item(s)).

- 1. I am married to another military member and we relocated at (Same time | Separate times)..... N/A
 - a) We lived in the (Same | Different) household at old PDS..... N/A
 - b) We live in the (Same | Different) household at new PDS..... N/A
 - c) We were stationed at different PDSs before relocating to new PDS..... N/A
 - d) We married en route to new PDS (not married at last PDS)..... N/A

← Only for Mil-Mil Couples

2. Single or unaccompanied members with dependents must certify they will not be assigned permanent Gov't quarters to receive Single rate DLA (Gov't quarters includes: Dorms, Gov't base housing, Gov't leased housing):

a) I am E4-or-above w/3+ yrs service w/o dependents and will not be assigned permanent Gov't qtrs (see note 1): N/A
NOTE 1: Mbr whose dependent(s) have not/will not relocate are considered "w/o dep's" for DLA purposes.

← Initials Certify SINGLE RATE DLA

b) I am E4-or-below w/less than 3 yrs service w/o dependents and will not be assigned permanent Gov't qtrs. (see note 2): N/A
NOTE 2: E4 and below w/less than 3 yrs service w/o dependents requires a letter signed by the Commander/Designee at new duty station.

PART C: ***OCONUS ONLY*******

Date Arrived in Country: _____ JTR Location: _____

I certify that (please fill in the blank or initial, as applicable, beside the statement(s) that apply or put N/A):

- 1. I traveled with _____ dependents authorized on my PCS orders.
- 2. I am claiming _____ dependents, authorized on my orders and living with me for COLA purposes. (NOTE: report changes to the FSO immediately)
- 3. I am currently serving an Accompanied/Unaccompanied Tour _____ (if Unaccompanied, no COLA for dependents at PDS)

← Only if New Duty Station is OCONUS

I certify the above information is true and correct:

Signature: JOHN DOE Date: 9 Jul 18

Version 1 Nov '17

**INSTRUCTIONS FOR COMPLETING THE
DD Form 1351-2, Travel Voucher or Subvoucher**

PURPOSE: *This form is used to pay and document your travel and travel related expenses.*

PAYMENT: *Please mark 'EFT'*

SPLIT DISBURSEMENT: *Please input the amount you would like to disburse to your GTC card. If you do not want to split disburse an amount to your card, please write in \$0.00*

BLOCKS 2-4 (NAME – SSN): *Please write in all of your personal information*

TYPE OF PAYMENT: *Please mark PCS and Member/Employee. If you had your dependents travel with you (at the same time) please mark Dependent(s) as well. For those not in dorms (E-4 or below with less than 3 years of service must have dependents) please mark DLA*

ADDRESS: *Please write your current address. If you are currently staying in billeting and do not have housing arrangements set up, please provide your previous address.*

E-MAIL ADDRESS: *This email address should be a government email, if you have access to it. Otherwise use a personal email.*

DAYTIME TELEPHONE NUMBER AND AREA CODE: *This phone number should be a valid phone number and linked to a phone that you will have access to.*

TRAVEL ORDER/AUTHORIZATION NUMBER: *This number is located on your orders. Usually it is in Block 27 which is titled "Special Order Number".*

PREVIOUS GOVERNMENT PAYMENTS/ADVANCES: *If you received an advance before your PCS please list the type of advance you received.*

ORGANIZATION AND STATION: Please identify your organization (Squadron) and Duty Location

TRAVEL VOUCHER OR SUBVOUCHER		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.			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: 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. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 1023.00			
2. NAME (Last, First, Middle Initial) (Print or type) Doe, John		3. GRADE E5	4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> DLA
6. ADDRESS. a. NUMBER AND STREET 132 ABC Ln.		b. CITY Scott AFB		c. STATE IL	d. ZIP CODE 62225
e. E-MAIL ADDRESS john.doe@us.af.mil					10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER
7. DAYTIME TELEPHONE NUMBER & AREA CODE 123-456-7890		8. TRAVEL ORDER/AUTHORIZATION NUMBER AL012345		9. PREVIOUS GOVERNMENT PAYMENT/ADVANCES DLA	
11. ORGANIZATION AND STATION 375 CES Scott AFB					

(12)DEPENDENTS: Mark accompanied or unaccompanied (whichever is applicable). If you mark accompanied, please list all dependents that traveled with you.

(13)DEPENDENTS' ADDRESS ON RECIEPT OF ORDERS: Self-explanatory

(14)HAVE HOUSEHOLD GOODS BEEN SHIPPED? Self-explanatory

12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (include Zip Code) 123 W St. Wright Patterson AFB, OH 45433		c. PAID BY
a. NAME (Last, First, Middle Initial) Doe, Jane	b. RELATIONSHIP Spouse	<input checked="" type="checkbox"/>	c. DATE OF BIRTH OR MARRIAGE 02/14/99		
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS

Note: Please use the OPDS (Block 8 of Orders) as the Initial location, and the NPDS (Block 9 of orders) as the final location.

ITINERARY – DRIVING THE WHOLE WAY

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP
a. DATE 2018	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			
2 Jul	DEP	Wright Patterson	PA	
5 Jul	ARR	Scott AFB		MC
	DEP			
	ARR			
	DEP			

← Private Auto
 ← Mission Complete

NOTE: If you drove the whole way, please do NOT include stops at hotels or leave locations. Thank you.

- In **block 10d** please annotate number of POV used (i.e. 2 POV)

ITINERARY – FLYING

15. ITINERARY			c.	d.
a. DATE 2018	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		MEANS/ MODE OF TRAVEL	REASON FOR STOP
2 Jul	DEP	Wright Patterson	PA	
2 Jul	ARR	Dayton OH		AT
2 Jul	DEP		CP	
2 Jul	ARR	St. Louis, MO		LV
5 Jul	DEP		PA	
5 Jul	ARR	Scott AFB		MC
	DEP			

NOTE: You do not need to include layover flights.

ITINERARY – FLYING AND THEN DRIVING

15. ITINERARY			c.	d.
a. DATE 2018	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		MEANS/ MODE OF TRAVEL	REASON FOR STOP
2 Jul	DEP	Wright Patterson	PA	
2 Jul	ARR	Dayton OH		AT
2 Jul	DEP		CP	
2 Jul	ARR	Tampa, FL		LV
5 Jul	DEP		PA	
5 Jul	ARR	Scott AFB		MC
	DEP			

ITINERARY – OVERSEAS (OCONUS)

15. ITINERARY			c.	d.
a. DATE 2018	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		MEANS/ MODE OF TRAVEL	REASON FOR STOP
2 Jul	DEP	Ramstein, GE	GP	
2 Jul	ARR	Frankfurt, GE		AT
2 Jul	DEP		GP	
2 Jul	ARR	Seattle, WA		AT
2 Jul	DEP		CP	
2 Jul	ARR	St. Louis, MO		AT
2 Jul	DEP		CA	
5 Jul	ARR	Scott AFB		MC
	DEP			

NOTE: If coming from overseas you must list all airports that you arrived/departed from. Once you list initial CONUS airport, you may show travel straight to last CONUS airport.

ITINERARY – CODES

Please see back page of the 1351-2

Common Codes:

- PA-** Private Auto **CA-** Commercial Auto (*Taxi, Shuttle, Bus, etc.*)
- CP-** Commercial Plane **GP-** Government Plane (*Rotator*)
- AT-** Awaiting Travel **AD-** Authorized Delay
- LV-** Leave **MC-** Mission Complete

(16)POC TRAVEL – Please mark if applicable

(17) DURATION OF TRAVEL – Please mark whichever one is applicable

(18)REIMBURSABLE EXPENSES –

- *TLE*
- *Taxis, Commercial Transportations*
- *Tolls*
- *Airfares*

(18)NOT REIMBURSABLE

- *Gas (Mileage is given; \$0.18 per mile)*
- *En-Route Lodging (Per diem is given; \$144 per travel day)*
 - *Port Lodging is the only exception*
- *Food (Also covered under per Diem)*

(20A/B)SIGN/DATE – Self-explanatory

16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL		(4) Dependent Travel	
18. REIMBURSABLE EXPENSES				<input type="checkbox"/> 12 HOURS OR LESS	(5) DLA		
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	<input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(6) Reimbursable Expenses		
2 Jul	Tolls	25.00		<input type="checkbox"/> MORE THAN 24 HOURS	(7) Total		
10 Jul	TLE	120		<input checked="" type="checkbox"/>	(8) Less Advance		
					(9) Amount Owed		
					(10) Amount Due		
				19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE <i>John Doe</i>							b. DATE
							10 Jul 18

DEPENDENT VOUCHER: (only needed if dependent did not travel EXACT same time/locations as you) Also, if the address on orders is not in same area as your old duty station, a separate voucher is needed.

Blocks 1-13 will be your information,

Block 5 will just be Dependent(s) and PCS; DLA (if applicable)

Block 12 will be unaccompanied, with all dependents that traveled information

15. ITINERARY			c.	d.
a. DATE 2018	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		MEANS/ MODE OF TRAVEL	REASON FOR STOP
15 Jul	DEP	123 ABC Ln. Wright Patterson, OH	PA	
15 Jul	ARR	Scott AFb		MC
	DEP			

**INSTRUCTIONS FOR COMPLETING THE
AF FORM 594 – BAH CERTIFICATION/RECERTIFICATION**

PART A – Personal information

PART A - IDENTIFICATION & DUTY LOCATION		
1. NAME (Last, First, MI) Doe, John		
2. SSN 123-45-7890	3. GRADE E5	4. PHONE 123-456-7890
5A. DUTY LOCATION (Base, State, ZIP Code or Country) Scott AFB, IL 62225		
5B. E-MAIL ADDRESS john.doe@us.af.mil		

PART B – Marital/Dependency Status

- If Mil-Mil, please provide Spouse's information on lines below

- If Divorced/Legally Separated, please annotate date next to applicable box. (If you do not know exact day, please provide month/year)

PART B - MARITAL/DEPENDENT STATUS

6 SINGLE, NO DEPENDENTS SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A CIVILIAN MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

DIVORCED _____ LEGALLY SEPARATED _____

(Date) (Date)

BLOCK 8A – Single No Dependents, please disregard this section, and sign/date.

For those with Dependent(s), please mark the first TWO boxes, and complete the EFFECTIVE DATE to the far right

- DOB youngest child if Single w/ Dep. OR Mil-Mil, claiming the dependent
- Date of Marriage if married to Civilian

PLEASE INCLUDE ONLY THE PRIMARY DEPENDENT’S INFORMATION ON THE LINES BELOW WITH A CURRENT ADDRESS/LAST KNOWN ADDRESS

8.1 CLAIM BAH FOR THE DEPENDENT IN NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): 02/14/99

Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. 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
Doe, Jane	132 ABC Ln. Scott AFB, IL 62225	Spouse	1/1/73
	CURRENT ADDRESS		

Sign/Date – Self-explanatory

MEMBER'S SIGNATURE	DATE
 Click to sign	16 Jul 18

**INSTRUCTIONS FOR COMPLETING THE
TLE WORKSHEET**

BLOCK 1-3 – Personal Information

BLOCKS 4-7 – Previous Duty Station Information

BLOCKS 8-11 – New Duty Station Information

1. NAME (Last, First, Middle Initial) Doe, John	2. GRADE E5	3. SSN 123-45-7890
4. LOSING CONUS PERMANENT DUTY STATION Wright Patterson AFB	8. GAINING CONUS PERMANENT DUTY STATION Scott AFB	
5. DATE CLEARED PERMANENT QUARTERS: 30 Jun 18	9. DATE OF ARRIVAL: 5 Jul 18	
6. DATE OF DEPARTURE: 2 Jul 18	10. DATE ASSIGNED PERMANENT QUARTERS: 15 Jul 18	
7. HHGS SHIPPED: NO: ___ YES: X DTE SHIPPED: 1 Jul 18	11. HHGS DELIVERED: NO: X YES: ___ DTE DELIVERED: _____	

BLOCKS 12-15 – Lodging information, please use FIRST ROOM RATE if it changes each day.

For blocks 12-15, fill out one for every different occurrence	
12. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: __ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: __ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$ _____	14. DATES OF LODGING: <u>5 Jul 18</u> TO <u>14 Jul 18</u> TLE CLAIM FOR: <input checked="" type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: <u>1</u> <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: __ PLACE OF LODGING: <input checked="" type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$ <u>63.00</u>
13. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: __ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: __ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$ _____	15. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS-# DEPS: __ <input type="checkbox"/> DEPENDENTS ONLY-# DEPS: __ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE <small>(Non-Availability Statement required)</small> <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$ _____

BLOCK 16 – Are you married to another military member?

BLOCK 18 – Sign/Date

16. I AM MARRIED TO ANOTHER MILITARY MEMBER? YES ___ NO <u>X</u>	
IF YES, NAME OF MILITARY SPOUSE: _____	SSN OF MILITARY SPOUSE: _____
17. NOTES: * If gaining station is OCONUS, reimbursement is limited to 5 days. * Reimbursement at or between CONUS stations is limited to 10 days.	18. CLAIMANT SIGNATURE DATE <i>John Doe</i> <u>16 Jul 18</u>

**INSTRUCTIONS FOR COMPLETING THE
MISSING/LOST RECEIPT FORM**

SECTION I – EXPENSES (Must fill out every section, even if cost is \$0.00)

- For any item that no receipt is given, or does not have the qualify items of a receipt below:

<i>Date(s) of service</i>	<i>Name of Company & Member</i>
<i>Cost</i>	<i>Payment Method (at least last 4 of card number)</i>

PLEASE NOTE: Lodging Receipts must be itemized, showing each days

SECTION I – EXPENSE(S)						
DO NOT include the following items with any amounts listed below: a. Optional insurance (Loss Damage Waiver, Personal Accident Insurance, etc...) on vehicle rentals, unless the rental is OCONUS. b. Sundries, unofficial phone calls, movie rentals, room service, bellhop tips, unauthorized laundry services, restaurant fees at lodging facilities, or any other expense incurred for personal convenience. c. Airfare that was not personally procured or airfare that was charged to a Centrally Billed Government Travel Card. d. Expenses incurred while on leave or other non-per-diem status.						
1. LODGING (Hotel Name) Scott Inn		(City) Scott AFB		(State/Country) IL		
Was room shared with any military/gov't employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If room was shared with military/gov't employees, were they on funded travel orders? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check-in Date: 5 Jul 18	Check-out Date: 14 Jul 18	Daily Room Rate: \$63.00	Daily Tax: ----- \$	Total Cost: 630.00 \$

SECTION II – EXPLANATION

- Please provide an explanation as to why necessary receipt(s) could not be provided

SECTION III – CERTIFICATION

- Please print your name, sign and date

SECTION II – EXPLANATION		
Provide full explanation why receipt is not available and actions taken to obtain replacement receipt. For airfare indicate if Virtuallythere.com was used to obtain receipt.		
Receipt Provided Not Itemized		
SECTION III – CERTIFICATION		
I certify I attempted to obtain copies of original receipts from the above named vendors and have been unable to do so. I further certify I incurred the above expense(s) for which the receipt is missing and/or lost for presentation with the travel claim. I understand failure to complete this form in its entirety may result in denial of claimed expenses. I also understand 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).		
1. Traveler's Name (Last, First, M.I.) Doe, John	2. Signature <i>John Doe</i>	3. Date Signed 15 Jul 18

02 Jun 14