Finance Retirement/Separation Checklist

For Customer Completion
Current as of 05 August 2025

Name (Last, First, MI)	Grade	SSN	DOS

Email	Duty Location (Base, State, Zip)	Telephone
Work Private		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
Permissive		
Terminal		

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

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 375TH AIR MOBILITY WING (AMC)
SCOTT AIR FORCE BASE ILLINOIS

05 Aug 2025

MEMORANDUM FOR 375 AMW/CPTS

FROM: ORG/SYMBOL (ex: 375 AMW/CCE)
Organization (add mailing address as needed)
Street Address
City ST 12345-6789

SUBJECT: Government Travel Card Account De-Activation Memorandum

1. This is to certify that the Government Travel Card (GTC) account belonging to RANK/FULL NAME was closed on 05 Aug 2025 in preparation for their pending separation or retirement on 30 Sep 2025. The account reflects a $0.00 balance and is cleared of all financial obligations related to the GTC. For members transitioning via Palace Chase, Palace Front, or transferring to the Active Guard Reserve (AGR) or Traditional Reserve, this clearance remains valid and may be retained as official documentation. If the member is not required to retain their GTC for continued service, the physical card has been properly shredded or destroyed in accordance with program guidelines.

2. In accordance with Government Travel Charge Card Regulations, 041004. Program Review, Organizations may use the checklist or incorporate those items into existing program management checklists to aid in conducting required program reviews or to assist external organizations (e.g., Inspector General) with their reviews. Reviews must include: (d) ensuring the accounts of military/civilian separatees are closed by the APC, (e) ensuring the APC is a part of the check-in/checkout process; APCs must verify account status before cardholders' detachment, (f) ensuring APCs are running and analyzing the reports identified in Section 0414 to assist with program management, and (g) ensuring APCs are following the procedures required to notify delinquent cardholders (see Section 0413) and (h) ensuring if misuse is discovered, a review of past transactions is made to identify additional instances of misuse and that the cardholder is monitored more closely going forward to include temporarily blocking the account, or specifying card active start and end dates for either standard or restricted cards for non-travel periods and/or account closure. Findings of significant weaknesses must be reported to the CPM in addition to the Command or Agency Head.

3. If you have any questions or problems, please contact me at (123) 456-7891 or by email at XXXXXXXXX@us.af.mil.

FIRST MI. LAST, Rank, DEP(USAF)
AGENCY PROGRAM COORDINATOR

HELP FROM ABOVE

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 375TH AIR MOBILITY WING (AMC)
SCOTT AIR FORCE BASE ILLINOIS

MEMORANDUM FOR RETIREE/SEPARATEE
FROM: 375 CPTS/FMF RETIREMENTS/SEPARATIONS
215 HERITAGE DRIVE,
SCOTT AFB, IL, 62225
SUBJECT: Retirement and Separations Information/Statement of Understanding/Out Processing Forms

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. ***Per AFMAN65-116v1, Section 32.4, members separating/retiring within 60 calendar days must re-certify prior to their departure by submitting an AF 594 to their servicing Finance Office(included in separating/retirement packet).*** 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 entire 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. Individuals transitioning from Regular Air Force to the Air Reserve Component through Palace Chase or Palace Front, including ANG, AGR, Traditional Guard, and Reserve, may ***(not guaranteed)*** retain their leave balance for use during future active duty tours. Leave cannot be used until the member is placed into active duty status, and ***AF Form 1089(included in separating/retirement packet) must be completed to settle leave balances prior to separation***. For additional details on selling back leave, contact your servicing Military Personnel Section (MPS) or visit MyFSS to download the leave PSDG. **No action is required for normal separatees/retirees.**

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:
All Completed Checklists Should be submitted via CSP (https://csp.cce.af.mil/) or in person during Customer Office Hours: **Monday, Tuesday, Wednesday, 0900-1500 & Friday, 0900-1400**
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
    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**

If you wish to change your direct deposit for final payment/travel, complete this form. Otherwise Fill out section 1 Block A, sign & date the Payee/Joint Payee Certification & initial "same as current" below.

Same as Current (Initial) _____

Standard Form 1199A
(Rev. February 2020)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1530-0006

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY | STATE | ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

Prefix | Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ☐ Other AGR & AD Final Paycheck *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE | AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
SIGNATURE	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER | CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

PAYEE COPY

1199-207

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.

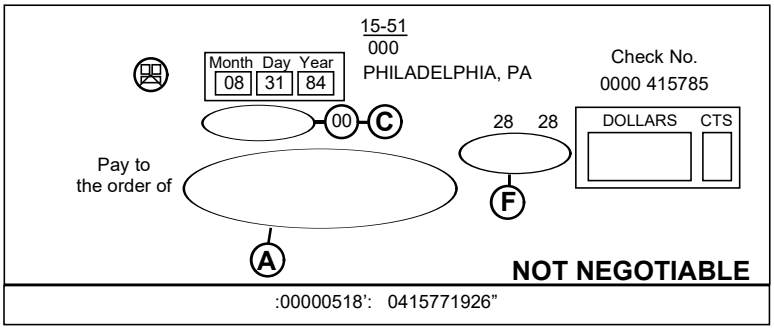
PLEASE READ THIS CAREFULLY

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.



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.

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 Componenet, T7344, Defense Joint Military Pay System - Reserve **Component**

MEMBER INFORMATION

1. NAME *(Last, First, MI)*

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

MARITAL / DEPENDENT STATUS

6 ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)
MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER
IF MILITARY SPOUSE provide - NAME, DoD ID Number, BRANCH OF SERVICE, DUTY STATION AND DATE OF MARRIAGE:

☐ DIVORCED _____ *(Date)* ☐ LEGALLY SEPARATED _____ *(Date)* ☐

HOUSING OFFICIAL

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS

QUARTERS ARE NOT ASSIGNED ☐ DATE:
ADEQUATE QUARTERS EFFECTIVE DATE: ☐ ASSIGNED ☐ TERMINATED UNIT #
INADEQUATE QUARTERS EFFECTIVE DATE: ☐ ASSIGNED ☐ TERMINATED UNIT #
TRANSIENT QUARTERS OCCUPIED - UNIT #
EFFECTIVE DATES FROM: TO:
NAME, GRADE and TITLE of HOUSING REPRESENTATIVE

Please Leave HOUSING OFFICIAL PORTION BLANK
Please refer to next page for FORM INSTRUCTIONS.

SIGNATURE

DATE

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR ☐ _____ PER MONTH FOR DEPENDENT SUPPORT
BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I ☐ CLAIM BAH FOR THE DEPENDENT ☐ IN ☐ 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

MEMBER'S CERTIFICATION *(Required for members claiming dependents)*

☐ *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*

CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be approved by AFPC-OL, Indianapolis).

(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 ☐ *YES* ☐ *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

If section is not needed to provide additional context, please utilize the instructions below to accomplish the DAF Form 594 (page above). The below instructions is divided into four categories. Please review the instructions carefully and identify the section relevant to your category. Once located, delete all unrelated sections to enhance readability. The font will automatically resize for optimal viewing after removal.

DAF FORM 594 INSTRUCTIONS FOR SINGLE MEMBERS, NO DEPENDENTS:
Block 1. Name (Last, First, Middle Initial)
Block 2. DoD ID# (Located on the Back of your CAC (Common Access Card).
Block 3. Grade
Block 4. Phone (A number that you may be contacted at)
Block 5A. Duty Location (Scott AFB, IL, 62225, or Your applicable Unit for GSU/Geographically Separated Unit), 5B. Physical Address (Address residing at currently)
Block 5C. Email address.
Block 6. Marital/Dependent Status. Check the applicable Box "SINGLE, NO DEPENDENTS".
Member's Certification. Please "click on" Member's Signature on the above page DAF FORM 594 page 1.
Member's Certification. Date. Please provide current date.

DAF FORM 594 INSTRUCTIONS FOR SINGLE MEMBERS, CLAIMING DEPENDENT(S):
Block 1. Name (Last, First, Middle Initial)
Block 2. DoD ID# (Located on the Back of your CAC (Common Access Card).
Block 3. Grade
Block 4. Phone (A number that you may be contacted at)
Block 5A. Duty Location (Scott AFB, IL, 62225, or Your applicable Unit for GSU/Geographically Separated Unit), 5B. Physical Address (Address residing at currently)
Block 5C. Email address.
Block 6. Marital/Dependent Status. Check the applicable Box "SINGLE, CLAIMING DEPENDENT(S)".
Block 7. (ONLY FOR NON-CUSTODIAL PARENTS-Primary Custodial Parent will not fill out this section) Non-Custodial Parents will check the box below.
-"I PAY THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH" if you're providing the with-dependent rate BAH to the dependent
- "OR $_XXX.XX_ PER MONTH FOR DEPENDENT SUPPORT" and list the amount you're providing per month.
Block 7. Non-Custodial Parents. Based On. Please check the applicable box if it's a Divorce Decree, Court Order, Legal Separation Agreement, or a Written Agreement that's Notarized with the Child's Custodian.
Block 8. Check both boxes "I Claim BAH for the Dependent" and either "IN" or "NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW"
Effective date: Your Marriage date or youngest child date of birth if not married. If you only have Secondary Dependent(s), it'll be their Date of Birth.
Dependent's Name (Last, First, Middle Initial)
Address, City, State, Zip, or Country
Relationship (Spouse/Child/Parent/etc)
Date of Birth
Block 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 (Location Spouse is currently stationed at)
Member's Certification. Please "check" certifying that you provide adequate support the dependents that's being claimed.
Member's Certification. Secondary Dependents. Check "YES" or "NO" if this is your first Secondary Dependent application. If "NO", please provide the date your last application was filed.
Member's Certification. Please "click on" Member's Signature on the above page DAF FORM 594 page 1.
Member's Certification. Date. Please provide current date.

DAF FORM 594 INSTRUCTIONS FOR MARRIED MEMBER TO A CIVILIAN SPOUSE:
Block 1. Name (Last, First, Middle Initial)
Block 2. DoD ID# (Located on the Back of your CAC (Common Access Card).
Block 3. Grade
Block 4. Phone (A number that you may be contacted at)
Block 5A. Duty Location (Scott AFB, IL, 62225, or Your applicable Unit for GSU/Geographically Separated Unit), 5B. Physical Address (Address residing at currently)
Block 5C. Email address.
Block 6. Marital/Dependent Status. Check the applicable Box "SPOUSE IS A CIVILIAN".
Block 8. Check both boxes "I Claim BAH for the Dependent" and "IN".
Effective date: Your Marriage date.
Dependent's Name (Last, First, Middle Initial). Please Spouse information and remaining applicable dependents.
Address, City, State, Zip, or Country
Relationship (Spouse/Child/Parent/etc)
Date of Birth
Block 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# (Located on the Back of their CAC (Common Access Card).
Branch of Service
Station (Location Spouse is currently stationed at)
Member's Certification. Please "check" certifying that you provide adequate support the dependents that's being claimed.
Member's Certification. Secondary Dependents. Check "YES" or "NO" if this is your first Secondary Dependent application. If "NO", please provide the date your last application was filed.
Member's Certification. Please "click on" Member's Signature on the above page DAF FORM 594 page 1.
Member's Certification. Date. Please provide current date

DAF FORM 594 INSTRUCTIONS FOR MARRIED MILITARY-TO-MILITARY MEMBERS:
Block 1. Name (Last, First, Middle Initial)
Block 2. DoD ID# (Located on the Back of your CAC (Common Access Card).
Block 3. Grade
Block 4. Phone (A number that you may be contacted at)
Block 5A. Duty Location (Scott AFB, IL, 62225, or Your applicable Unit for GSU/Geographically Separated Unit), 5B. Physical Address (Address residing at currently)
Block 5C. Email address.
Block 6. Marital/Dependent Status. Check the applicable Box "MILITARY MEMBER" and provide the FOLLOWING:
Spouse's Name
Spouse's DoD ID# (Located on the Back of their CAC (Common Access Card).
Spouse's Branch of Service
Spouse's Duty Station
Date of Marriage
Block 7. (ONLY FOR NON-CUSTODIAL PARENTS-Primary Custodial Parent will not fill out this section) Non-Custodial Parents will check the box below.
-"I PAY THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH" if you're providing the with-dependent rate BAH to the dependent
- "OR $_XXX.XX_ PER MONTH FOR DEPENDENT SUPPORT" and list the amount you're providing per month.
Block 7. Non-Custodial Parents. Based On. Please check the applicable box if it's a Divorce Decree, Court Order, Legal Separation Agreement, or a Written Agreement that's Notarized with the Child's Custodian.
Block 8. Check both boxes "I Claim BAH for the Dependent" and "IN". Only ONE MILITARY MEMBER MAY CLAIM THE APPLICABLE DEPENDENT(S). ONE DEPENDENT CANNOT BE CLAIMED BY BOTH MILITARY MILITARY MEMBERS.
Effective date: Your Youngest Child's Date or Secondary Dependent's Date of Birth.
Dependent's Name (Last, First, Middle Initial). Please claim remaining applicable dependents.
Address, City, State, Zip, or Country
Relationship (Spouse/Child/Parent/etc)
Date of Birth
Block 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# (Located on the Back of their CAC (Common Access Card).
Branch of Service
Station (Location Spouse is currently stationed at)
Member's Certification. Please "check" certifying that you provide adequate support the dependents that's being claimed.
Member's Certification. Secondary Dependents. Check "YES" or "NO" if this is your first Secondary Dependent application. If "NO", please provide the date your last application was filed.
Member's Certification. Please "click on" Member's Signature on the above page DAF FORM 594 page 1.
Member's Certification. Date. Please provide current date

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

ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:

1. **AUTHORITY:** 37 U.S.C. 101 et seq. 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67.71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943
2. **PRINCIPAL PURPOSES:** To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay **systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.**
3. **ROUTINE USES:** Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.
4. **DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.

Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.

SECTION 1

NAME	Social Security #	CHECK ONE: AD ☐ RET ☐ CIV ☐ GUARD/RES ☐ AIR FORCE ☐ ARMY ☐

NEW MAILING ADDRESS

NUMBER, STREET, PO BOX

CITY, STATE, ZIP, APO/FPO

NEW ORGANIZATIONAL ADDRESS

UNIT/OFFICE SYMBOL	DUTY PHONE	BOX NO	RNLTD	DEPARTURE DATE	EST ARR DATE

GRADE	LOCAL ADDRESS	HOME PHONE

FORWARDING ADDRESS

SECTION 2

ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS

BOND #1	BOND #2
NEW ☐ (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	**NEW** ☐ (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
NAME TO WHOM MAILED	NAME TO WHOM MAILED
NUMBER, STREET, PO BOX	NUMBER, STREET, PO BOX
CITY, STATE, ZIP, APO/FPO	CITY, STATE, ZIP, APO/FPO
BOND #3	**BOND #4**
NEW ☐ (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	**NEW** ☐ (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
NAME TO WHOM MAILED	NAME TO WHOM MAILED
NUMBER, STREET, PO BOX	NUMBER, STREET, PO BOX
CITY, STATE, ZIP, APO/FPO	CITY, STATE, ZIP, APO/FPO

SIGNATURE OF MEMBER/EMPLOYEE	DATE

AF Form 1745, NOV 90 (Word 6.0)

PREVIOUS EDITION WILL BE USED

LEAVE SETTLEMENT OPTION

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., Chapter 833, Enlistments.
PURPOSE: To document the member's decision on selling all, part, or no leave in conjunction with their reenlistment or first voluntary extension.
ROUTINE USE: Disclosures which are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.
DISCLOSURE: VOLUNTARY. However, if the information is not provided, the request to settle leave balance may not be processed.
SORN(s): F036 AF PC G, Selective Reenlistment Consideration.

I. IDENTIFICATION DATA

NAME *(Last, First, Middle Initial)*	GRADE	DOD ID
UNIT OF ASSIGNMENT	ETS	DOS

II. LEAVE SETTLEMENT ON REENLISTMENT

In conjunction with my reenlistment on N/A , I hereby make the leave settlement election as indicated below. I understand if I am in an advance leave or excess leave status at this time, I should immediately report to the Accounting and Finance Office for counseling concerning the treatment of advance or excess leave upon reenlistment. I understand and acknowledge that I cannot sell more than 60 days accrued leave during my entire military career. I UNDERSTAND AND ACKNOWLEDGE THAT I WILL NOT BE ALLOWED TO CHANGE MY ELECTION ONCE I HAVE REENLISTED.

	INITIAL/MARK
A . CASH SETTLEMENT FOR ALL OF MY ACCRUED LEAVE.	☐
B. CARRY FORWARD ALL OF MY ACCRUED LEAVE.	☐
C. CASH SETTLEMENT FOR _____ DAYS.	☐
SERVICE MEMBER SIGNATURE	DATE

III. LEAVE SETTLEMENT ON ENTRY INTO FIRST EXTENSION OF ENLISTMENT

In conjunction with me entering my first extension on N/A , I hereby make the leave settlement election as indicated below. I acknowledge full understanding that I cannot sell any accrued leave on entry into a second or later extension I make to my current enlistment. I understand that if I apply for voluntary separation, any leave sold upon entry into my first extension of enlistment will effect the number of terminal leave days I have available. I also understand that if I am in an advance leave or excess leave status at this time, I should immediately report to the local Accounting and Finance Office for counseling concerning the treatment of advance or excess leave upon entry into an extension. I understand and acknowledge that I cannot sell more than 60 days accrued leave during my entire military career. I UNDERSTAND AND ACKNOWLEDGE THAT I WILL NOT BE ALLOWED TO CHANGE MY ELECTION ONCE I AM WITHIN 10 CALENDAR DAYS OF THE EFFECTIVE DAY OF MY ENTRY INTO THE EXTENSION OF ENLISTMENT.

	INITIAL/MARK
A . CASH SETTLEMENT FOR ALL OF MY ACCRUED LEAVE.	☐
B. CARRY FORWARD ALL OF MY ACCRUED LEAVE.	☐
C. CASH SETTLEMENT FOR _____ DAYS.	☐
SERVICE MEMBER SIGNATURE	DATE

IV. MPF VERIFICATION SECTION

MPF REMARKS

MPF SIGNATURE	DATE

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/20b and 22 once you have completed the voucher and email it to the FMF org box: 375.AMW.FINANCE@us.af.mil with a copy of your orders, applicable receipts, and DD Form 1172-2 for retirees (if you are claiming dependent travel).

Note: Travel Vouchers cannot be signed/submitted in advance of travel under any circumstances. Any vouchers received in advance of travel will not be processed.

(Updated 20251120)

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

☒ Electronic Fund Transfer (EFT)

☐ 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.

☒ Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME *(Last, First, Middle Initial) (Print or type)*	3. GRADE	4. ☒ SSN ☐ DoD ID	5. TYPE OF PAYMENT *(X as applicable)*
			☐ TDY ☐ Member/Employee ☐ PCS ☐ Other ☐ Dependent(s) ☐ DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE

e. E-MAIL ADDRESS

10. FOR D.O. USE ONLY

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION

12. DEPENDENT(S) *(X and complete as applicable)*

☐ ACCOMPANIED ☐ UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*

c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*

☐ YES ☐ NO *(Explain in Remarks)*

d. COMPUTATIONS

Scott AFB, IL - 375th CPTS/FMF
Phone: (618) 256-1851

Hours of Operation:
Mon - Wed @ 09:00 - 15:00
Fri @ 09:00 - 14:00

Email Finance Travel Voucher to:
375.AMW.FINANCE@US.AF.MIL

1 POV ☐ ***2 POVs*** ☐

15. ITINERARY

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
2026	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

16. POC TRAVEL *(X one)* ☐ OWN/OPERATE ☐ PASSENGER

17. DURATION OF TRAVEL

☐ 12 HOURS OR LESS

☐ MORE THAN 12 HOURS BUT 24 HOURS OR LESS

☐ MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE

c. REVIEWER'S PRINTED NAME	d. REVIEWER SIGNATURE	e. TELEPHONE NUMBER	f. DATE

21.a. APPROVING OFFICIAL'S PRINTED NAME	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE

22. ACCOUNTING CLASSIFICATION

I CERTIFY, I SELECT _____(CITY,STATE) AS MY HOME OF SELECTION (HOS)._____

I ALSO CERTIFY THAT I DID ACTUALLY MOVE, WHICH ENTITLES ME TO TRAVEL AND TRANSPORTATION._____(INITIAL)

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED *(Payee Signature and Date or Check No.)*	28. AMOUNT PAID

Controlled by: DFAS
CUI Category: PRVCY
LDC: FEDCON
POC: dfas.indianapolis-in.zed.mbx.forms-and-pubs@mail.mil

Exception to SF 1012 approved by GSA/IRMS 12-91.

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 predesignated 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 predesignated 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 1

5c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT or CBA *(See Note)*	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- 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.

(Insert extra comments here)