

52 CPTS IN-PROCESSING WORKSHEET

*****Complete highlighted sections of the first page ONLY (this page)*****

Print pages 2 through 10 and bring to your Finance In-Processing Appointment.

MEMBERS BASIC INFORMATION:

NAME (LAST, FIRST, M.I.)

SSN

PAY GRADE

ORGANIZATION

BASE

OFFICE SYMBOL

DSN

MARITAL STATUS (ONE ONLY)

SINGLE, NO DEPENDENTS

SINGLE, CLAIMING DEPENDENTS

MARRIED TO A CIVILIAN

MARRIED TO A MILITARY MEMBER

MILITARY EMAIL ADDRESS

PSC:

Box#:

State:

ZIP:

MEMBERS DEPENDENTS INFORMATION:

I RECEIVED
(ADVANCES)

NAME		RELATIONSHIP		DOB		ADDRESS	
NAME		RELATIONSHIP		DOB		ADDRESS	
NAME		RELATIONSHIP		DOB		ADDRESS	
NAME		RELATIONSHIP		DOB		ADDRESS	
NAME		RELATIONSHIP		DOB		ADDRESS	
NAME		RELATIONSHIP		DOB		ADDRESS	

DEPENDENT ADDRESS AS WRITTEN ON ORDERS: Street:

City:

State/Country:

ZIP:

PCS ARRIVAL INFORMATION:

Date Dep Last Duty

ORDER NUMBER (Block 27 of your orders)

FINAL OUT DATE

Station

PORT CALL DATE (The day you flew out of the states, if applicable)

DATE ARRIVED NEW STATION

DID YOU TAKE LEAVE UPON ARRIVAL AT YOUR NEW BASE?

YES

NO

YES NO N/A

DID YOUR DEPENDENTS TRAVEL WITH YOU THE ENTIRE TIME, FROM OLD PDS TO NEW PDS?

BAH/OHA/FSH CERTIFICATION:

I AM CURRENTLY LIVING IN: ☐ DORMS ☐ ON BASE HOUSING ☐ PRIVATIZED HOUSING ☐ OFF BASE ☐ BILLETING/TLF

MY DEPENDENTS ARE LIVING IN (PLACE INITIALS IN THE STATEMENT THAT APPLIES, PLACE "N/A" IN ALL OTHERS):

☐ MY DEPENDENTS ARE LIVING IN GOVT FAMILY QUARTERS (PRIVATIZED HOUSING/TLF ARE NOT GOV QUARTERS)

☐ I HAVE A UNIQUE SITUATION (SECONDARY DEPENDENTS, ETC) // PLEASE DESCRIBE UNIQUE SITUATION BELOW:

NAME OF PRIMARY DEPENDENT

RELATIONSHIP

DATE OF MARRIAGE/BIRTH

ARE YOU MARRIED TO ANOTHER MILITARY MEMBER? IF SO PROVIDE THE INFO IN THIS BOX (If N/A, skip this box)

MIL TO MIL SPOUSE NAME

SPOUSE SSN

BRANCH OF SERVICE

BASE

DATE OF MARRIAGE

PLEASE INITIAL NEXT TO APPLICABLE STATEMENTS, AND "N/A" TO STATEMENTS THAT DO NOT APPLY

My military spouse and I were stationed at separate bases before relocating to our New PDS:

My military spouse and I got married en route to our New PDS:

I certify that these statements are accurate:

DLA CERTIFICATION: PLEASE INITIAL NEXT TO APPLICABLE STATEMENTS, AND "N/A" FOR STATEMENTS THAT DO NOT APPLY

- I AM E4 OR ABOVE WITH 3+YEARS OF SERVICE AND WILL NOT BE ASSIGNED TO THE DORMS: (INITIAL, OR N/A)
- I AM E4 OR BELOW WITH LESS THAN 3 YEARS OF SERVICE AND WILL NOT BE ASSIGNED TO THE DORMS: (INITIAL, OR N/A)
- I AM SINGLE AND WILL BE ASSIGNED TO THE DORMS: (INITIAL, OR N/A)

COLA ENTITLEMENT CERTIFICATION: (TYPE NUMBER OF DEPENDENTS, OR N/A)

I TRAVELED WITH ☐ DEPENDENTS AUTHORIZED ON MY PCS ORDER

I AM CLAIMING ☐ DEPENDENTS, AUTHORIZED ON MY PCS ORDERS THAT ARE LIVING WITH ME FOR COLA PURPOSES
I AM CURRENTLY SERVING AN ACCOMPANIED / UNACCOMPANIED TOUR ☐ (TYPE INITIALS)

SEND THIS AMOUNT FROM MY REIMBURSEMENT DIRECTLY TO MY GOVERNMENT TRAVEL CARD:

N/A IF YOU DON'T HAVE A GTC

*****STOP! DO NOT CONTINUE PAST THIS PAGE! PRINT PAGES 2-10*****

Active Duty PDT Entitlements (PDT, PPM, TLE, Dep Tvl, etc.) Checklist				
CUSTOMER USE				
Traveler's Name:				
Traveler's SSN:	Order #:	(order number can be found on block 27 of your orders)		
YES	NO	N/A		
1	DATA MASKED Information-Does voucher or supporting documents contain data masked (classified) information? Was any portion of your travel to/from a data masked (classified) location?			
2	Is your personal information correct and legible? (Name, grade, SSN, mailing address, <u>email address</u> and phone number)			
3	Does the travel order number on the voucher match the travel order number filed with the voucher?			
4	Is itinerary correct and legible to include verification of dates traveled, places, modes of travel, reasons for stops, lodging costs and POC/Terminal mileages (if applicable)?			
5	Split disbursements are <u>mandatory</u> for Government Travel Charge Card (GTCC) holders. Is split disbursement amount identified?			
6	Are previous advances claimed on the DD Form 1351-2 (Annotated in Block 9)?			
7	Are your dependents listed on DD Form 1351-2 and is the accompanied or unaccompanied block checked? Does this information match your orders?			
8	Did you check Block 16, POC Travel? Check appropriate block (Owner/Operator or Passenger)			
9	Are all <u>expenses claimed</u> and <u>required receipts</u> attached to include itemized lodging and any expense \$75.00 or more? Use DD Form 1351-2C for additional expenses. If you are missing receipts for any expense claimed, use a local "missing receipt form" (obtained from The Finance Office).			
10	Are Non-Availability Statements or Contract Quarters Authorization numbers attached for off-base lodging not authorized in orders? (if applicable)			
11	If you shipped a vehicle at government expense, is DD Form 788 (front and back) with appropriate signatures attached?			
12	For Personally Procured Moves (PPM), did you attach TMO required worksheets?			
13	Are you claiming expenses not authorized in your orders? Did the approving official print name, sign, list telephone number, date DD Form 1351-2 in Block 21a? Did they specify what reimbursable expense(s) they're approving and annotate on the DD Form 1351-2 in Block 29? (MANDATORY, if you claim expenses not authorized in orders)			
14	Are copies of travel orders attached to include amendments? NOTE: Front and back of orders (if applicable) are required.			
15	If TDY enroute and leave was taken, Is any period(s) of leave taken while at the TDY enroute location annotated on the voucher to prevent the payment of Per Diem while on leave? Is the leave form(s) approved by the TDY Commander attached?			
16	Did you sign and date the DD Form 1351-2? (MANDATORY)			
17	If this is your first Permanent Duty Travel (PDT), ensure you establish your travel payment account information by completing SF 1199A or FMS 2231. NOTE: You cannot be reimbursed for travel expenses until this information is provided.			
18	For TDY enroute only: 1) If locations listed are not on orders, are amendments attached or variations authorized? 2) If TDY was LESS THAN 12 hours, did you claim actual meal cost in reimbursable expenses?			
19	Did you complete the PDT arrival worksheet and included it with your voucher?			
20	Traveler's signature: _____ Date: _____			

* ONLY ONE COPY OF THE TRAVEL VOUCHER, ORDERS AND RECEIPTS ARE REQUIRED WITH THIS CHECKLIST

* TO BE CONSIDERED A VALID RECEIPT IT MUST SHOW THE COMPANY NAME, DATE SERVICES WERE PROVIDED, UNIT PRICE OF ITEM/SERVICE, AMOUNT "PAID" AND "AMOUNT DUE" OF \$0.00 OR EVIDENCE OF PAYMENT

* IT IS YOUR RESPONSIBILITY TO RETAIN A COPY OF THE TRAVEL VOUCHER, ORDERS, AND RECEIPTS. THE FINANCE OFFICE DOES NOT RETAIN COPIES.

FINANCE USE ONLY				
YES	NO	N/A		
1	DATA MASKED Information-Does voucher or supporting documents contain data masked (classified) information that needs to be submitted on an AF Form 32? (refer to AFFSC-Base Level Business Rules) If so, remove classified data, complete AF Form 32 and submit via FM Workflow.			
2	Verification check - has the customer completed requirements listed above? Are all <u>expenses claimed</u> and <u>required receipts</u> attached to include itemized lodging and any expense \$75.00 or more? If not, RETURN VOUCHER TO CUSTOMER			
3	Is the voucher date stamped?			
4	Split Disbursements are mandatory for GTC holders. Is split disbursement amount identified?			
5	Is the member's banking account information built in RTS? If not, attach SF 1199A or FMS 2231.			
6	Is the PDT arrival worksheet attached and dates verified against itinerary? Has member provided current mailing address for their W-2 and a valid email address for payment/debt notification?			
7	For Ret/Sep final vouchers, have DJMS, RTS and DTS been checked for outstanding debts? Ref: AFMAN 65-116V1, Para 69.14.3. If debts are found document them and include in the voucher submission to AFFSC with a screen shot from DJMS showing outstanding debt amount. The remaining debt will be collected from any amounts due the member for transportation of dependents, shipment of personal property, and separation travel (officers only).			
8	Are copies of the travel orders attached (to include amendments)? NOTE: Front and back page of orders are required.			
9	Are orders properly certified and the line of accounting legible?			
10	For TDY enroute only: 1) Are meal statements on all orders validated for accuracy to ensure computation of correct daily per diem? Are CED order meal statements circled or underlined? 2) If member is entitled to FSA (for TDY over 30 days), advise member to submit a DD Form 1561 with the voucher and provide the location of dependents. 3) Are FSR and PSR annotated and legible? 4) Verified TDY obligation has been recorded in the accounting system.			
11	Checklist completed by (Printed Name): _____ Date: _____			
12	Checklist audited by (Printed Name): _____ Date: _____			

Privacy Act-1974 as amended applies to this memo. This memo may contain information which must be protected IAW AFI 33-332 and DoD Regulation 5400.11 and is for Official Use Only (FOUO)

52 CPTS Travel Voucher Checklist

	Customer Name:	Yes	No	N/A
1	Are all documents attached/legible?			
2	Are copies of orders attached? (front/back)			
3	Is TR Cost provided if member took leave or used Mixed Modes of Travel?			
4	Did member self-certify for DLA, if applicable?			
5	If expenses are charged in foreign currency, is GTC Statement attached?			
6	If flights were delayed, are appropriate MFR's attached?			
7	Are all documents signed?			

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Version 27 Apr 2017

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 _____ - _____ - _____ Name _____ Grade _____

Unit _____ Office Symbol _____ Duty/Home Phone _____

Final out date _____ Date departed last duty station _____ 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 _____ Date "Signed into" station/available for duty _____ Was leave taken upon arrival? Yes ☐ No ☐

PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

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

- My dependent(s) is/are residing in Gov Family Quarters (NOTE: Privatized Housing is not Gov Quarters).....
My dependent(s) was/were assigned to quarters on.....
- 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: _____ NOTE: * Billeting/TLF is not classified as "Gov't Base Housing".

4. Dependent certification: _____

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 items).

- I am married to another military member and we relocated at (**Same time / Separate times**).....
a) We lived in the (**Same / Different**) household at old PDS.....
b) We live in the (**Same / Different**) household at new PDS.....
c) We were stationed at **different** PDSs before relocating to new PDS.....
d) We married en route to new PDS (not married at last PDS)
- 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 or w/o dependents and **will not** be assigned permanent Gov't qtrs (see note 1): _____ NOTE 1: Mbr whose dependent(s) have not/will not relocate are considered "w/o dep's" for DLA purposes.
b) I am **E4-or-below** w/less than 3 yrs service w or w/o dependents and **will not** be assigned permanent Gov't qtrs. (see note 2): _____ 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.....DE741

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

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

I certify the above information is true and correct: ^{^Circle One^} (INITIALS)

Signature: _____ Date: _____

PRIVACY ACT STATEMENT

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH

PART A - IDENTIFICATION & DUTY LOCATION			LOGGING OFFICIAL	
1. NAME <i>(Last, First, MI)</i>			NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
2. SSN	3. GRADE	4. PHONE	QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
5A. DUTY LOCATION <i>(Base, State, ZIP Code or Country)</i>			ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: UNIT #	
5B. E-MAIL ADDRESS			INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: UNIT #	
			TRANSIENT QUARTERS OCCUPIED - UNIT #	
			EFFECTIVE DATES FROM: TO:	
PART B - MARITAL/DEPENDENT STATUS			TITLE	
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 - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			SIGNATURE	
			Click to sign	
			DATE	
<input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPARATED _____				
<i>(Date)</i> <i>(Date)</i>				

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).

[illegible]

NAME	SSN	BRANCH OF SERVICE	STATION

☐ I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) 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.

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
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ADDITIONAL INFORMATION

OFFICIAL USE ONLY - FINANCE

☐ START
 ☐ CHANGE
 ☐ CANCEL
 ☐ REPORT
 ☐ STOP
 ☐ PARTIAL
 ☐ WITHOUT DEPENDENT
 ☐ WITH DEPENDENT

PRIMARY DEPENDENT CERTIFICATION: I have determined that the above named individual is 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

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

☐ I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. 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

TITLE OF CERTIFYING OFFICIAL

SIGNATURE

OFFICE ADDRESS

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 <input checked="" type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> ARMY <input type="checkbox"/>
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NEW MAILING ADDRESS

NUMBER, STREET, PO BOX

PSC Box

CITY, STATE, ZIP, APO/FPO

APO

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

B O N D #1	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #2	NEW <input type="checkbox"/> (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
B O N D #3	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #4	NEW <input type="checkbox"/> (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

MEMORANDUM OF UNDERSTANDING

PURPOSE: For members to acknowledge the importance of notifying the Financial Services Office (FSO) of any changes to tour, marital or dependency status.

ROUTINE USE: The certification will be kept on file with the PCS Travel Voucher and AF Form 594, *Application and Authorization to Start, Stop or Change Basic Allowance for Quarters or Dependency Redetermination*.

DISCLOSURE: Voluntary. However, failure to provide name and signature may result in potential overpayment/underpayment of Military Pay entitlements.

I certify that I have been briefed by an FSO representative from the 52d Comptroller Squadron with regards to my Military Pay. I understand that it's my responsibility to immediately contact the FSO should any of the following changes occur:

1. Change of assignment tour (accompanied/unaccompanied)
2. Early Return of Dependents
3. Change in marital status
4. Change in dependency status
5. Residence or location change of dependents

Member's Name (Last, First, M.I.)

Signature

Date Signed



Ticket form of payment confirmation

Name: _____

I certify that I purchased this airfare using the below method:

_____ ***AIRLINE TICKETS PAID BY IBA *REIMBURSABLE TO TRAVELER***

_____ ***AIRLINE TICKETS PAID BY CBA *NON-REIMBURSABLE TO TRAVELER***

Members Signature: _____

PLEASE READ

If you used a GTC or a personal card to pay for airfare, check the first blank (IBA). If the government completely paid for all of your airfare upfront, check the second blank (CBA).