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:

	Г, М.I.)		SSN				<u>GRADE</u>			
ORGANIZATION	BASE]	OFFICE SYI		N	MARI	TAL STATU			
							SINGLE, I	NO DEPE	NDENTS	
MILITARY EMAIL AD	DDRESS		_				SINGLE, (CLAIMIN	G DEPEND	ENTS
		PSC:	Box#:	State:	ZIP:		MARRIE		VILIAN	
MEMBERS DEPEND		RMATION	I RECE				MARRIED	тоам	ILITARY N	EMBER
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 ADDRES	SS AS WRITT		Street		City	<u>,.</u>	State	/Country:	ZIP:	
DATE ARRIVED NEW	<u>V STATION</u>	DID YOU TAK	E LEAVE UP	ON ARRIV	<mark>AL AT YOUR</mark>	NEW BA	YES SE?			
						YES	NO N/	Ά		
DID YOUR DEPENDENT	<mark>rs travel wi</mark>	ITH YOU THE EN	TIRE TIME, FR	ROM OLD PDS	TO NEW PDS	?				
AM CURRENTLLY L	<mark>lving in:</mark> [re living i	DORMS N (PLACE INIT	ALS IN THE	STATEMEN	IT THAT API	PLIES, PLA	ACE "N/A"	IN ALL O	THERS):	
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UN	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA	DORMS N (PLACE INIT IVING IN GOV NTION (SECON	ALS IN THE T FAMILY Q DARY DEPE	STATEMEN UARTERS (IT THAT API PRIVATIZED	PLIES, PLA HOUSIN SE DESCR	ACE "N/A" G/TLF ARE	IN ALL O NOT GO JE SITUA	THERS): V QUART TION BELC	ERS)
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNI NAME OF PRIMARY	LIVING IN: RE LIVING I ENTS ARE LI IQUE SITUA	DORMS N (PLACE INIT IVING IN GOV ATION (SECON	ALS IN THE T FAMILY Q DARY DEPE (RELATI	STATEMEN QUARTERS (NDENTS, E IONSHIP	IT THAT API PRIVATIZED TC) // PLEA:	PLIES, PLA HOUSIN SE DESCR	ACE "N/A" G/TLF ARE IBE UNIQU <mark>OF MARR</mark>	IN ALL O E NOT GO JE SITUA IAGE/BIR	THERS): V QUART TION BEL(ERS) DW:
AM CURRENTLLY L VY DEPENDENTS A MY DEPENDE I HAVE A UNI	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN	DORMS N (PLACE INIT IVING IN GOV ATION (SECON	ALS IN THE T FAMILY Q DARY DEPE RELATI	STATEMEN QUARTERS (NDENTS, E IONSHIP	IT THAT API PRIVATIZED TC) // PLEA:	PLIES, PLA HOUSIN SE DESCR DATE	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR	IN ALL O E NOT GO JE SITUA IAGE/BIR	THERS): V QUART TION BEL(TH kip this b	ERS) DW:
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNI	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN	DORMS N (PLACE INIT IVING IN GOV TION (SECON	ALS IN THE T FAMILY Q DARY DEPE RELATI	STATEMEN QUARTERS (NDENTS, E IONSHIP	IT THAT API PRIVATIZED TC) // PLEA:	PLIES, PLA HOUSIN SE DESCR DATE	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR	IN ALL O E NOT GO JE SITUA IAGE/BIR (If N/A, s	THERS): V QUART TION BEL(TH kip this b	ERS) DW:
AM CURRENTLLY L VY DEPENDENTS A MY DEPENDE I HAVE A UNI NAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN D TO ANO ME	DORMS N (PLACE INIT IVING IN GOV TION (SECON TION (SECON THER MILITAF SPOUSE SSN	ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER) D "N/A" TO STA	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI	IT THAT API PRIVATIZED TC) // PLEA: OVIDE THE RVICE BAS	PLIES, PLA HOUSIN SE DESCR DATE INFO IN	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR	IN ALL O E NOT GO JE SITUA IAGE/BIR (If N/A, s	THERS): V QUART TION BEL(TH kip this b	ERS) DW:
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNI NAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and	LIVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN D TO ANO ME O APPLICABLE S	DORMS N (PLACE INIT IVING IN GOV TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base	ALS IN THE T FAMILY Q DARY DEPE RELATI	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI	IT THAT API PRIVATIZED TC) // PLEA: OVIDE THE RVICE BAS T DO NOT APPL v PDS:	PLIES, PLA HOUSIN SE DESCR DATE INFO IN	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR OF MARR	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAR	THERS): V QUART TION BEL(TH kip this b	ERS) DW:
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNI NAME OF PRIMARY	LIVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN D TO ANO ME O APPLICABLE S	DORMS N (PLACE INIT IVING IN GOV TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base	ALS IN THE T FAMILY Q DARY DEPE RELATI	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI	IT THAT API PRIVATIZED TC) // PLEA: OVIDE THE RVICE BAS T DO NOT APPL v PDS:	PLIES, PLA HOUSIN SE DESCR DATE INFO IN	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAR	THERS): V QUART TION BEL(TH kip this b	ERS) DW:
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNI VAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and	LIVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN D TO ANO ME O APPLICABLE S	DORMS N (PLACE INIT IVING IN GOV TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base	ALS IN THE T FAMILY Q DARY DEPE RELATI	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI	IT THAT API PRIVATIZED TC) // PLEA: OVIDE THE RVICE BAS T DO NOT APPL v PDS:	PLIES, PLA HOUSIN SE DESCR DATE INFO IN	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR OF MARR	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAR	THERS): V QUART TION BEL(TH kip this b	ERS) DW:
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNI NAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and (My military spouse and My military spouse and	IVING IN: C RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN DEPENDEN D TO ANO ME O APPLICABLE S I were stationed I got married of E PLEASE IN	DORMS N (PLACE INIT IVING IN GOV TION (SECON TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base en route to our Ne	ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER () "N/A" TO STA es before reloca w PDS: O APPLICAE	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI STEMENTS THA ating to our New BLE STATEN	IT THAT API PRIVATIZED TC) // PLEAS OVIDE THE RVICE BAS T DO NOT APPL v PDS: (I certify t MENTS, ANE	PLIES, PLA HOUSIN SE DESCR (DATE INFO IN E hat these sta	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR THIS BOX	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAI accurate:	THERS): V QUART TION BELC TH kip this b RIAGE	ERS) DW:
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNI NAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and (My military spouse and CMY military spouse and I AM E4 OR ABOVE N	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN D TO ANO ME O APPLICABLE S I were stationed I got married of PLEASE IN WITH 3+YEA	DORMS N (PLACE INIT IVING IN GOV TION (SECON TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base en route to our Ne ITIAL NEXT TO RS OF SERVICE	ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER (1) C N/A" TO STA es before reloca w PDS: C APPLICAE AND WILL N	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI STEMENTS THAT atting to our New BLE STATEN NOT BE ASSIG	IT THAT API PRIVATIZED TC) // PLEA: OVIDE THE RVICE BAS T DO NOT APPL v PDS: (I certify t MENTS, ANE GNED TO THE	PLIES, PLA HOUSIN SE DESCR DATE INFO IN E hat these sta D"N/A" F E DORMS:	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR THIS BOX	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAI ACCURATE: SIMENTS T NITIAL, OF	THERS): V QUART TION BELC TH kip this b RIAGE	ERS) <u>DW:</u> DX)
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNI NAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and My military spouse and I AM E4 OR ABOVE N AM E4 OR BELOW	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN DEPENDEN ED TO ANOT ME O APPLICABLE S I were stationed I got married of PLEASE IN WITH 3+YEA WITH LESS T	DORMS N (PLACE INIT IVING IN GOV TION (SECON TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base en route to our Ne ITIAL NEXT TO RS OF SERVICE THAN 3 YEARS (ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER () D "N/A" TO STA es before reloca w PDS: D APPLICAE AND WILL N OF SERVICE /	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI STEMENTS THAT atting to our New BLE STATEN NOT BE ASSIG AND WILL N	IT THAT API PRIVATIZED TC) // PLEA: OVIDE THE RVICE BAS T DO NOT APPL V PDS: (I certify t MENTS, ANE GNED TO THE OT BE ASSIG	PLIES, PLA HOUSIN SE DESCR DATE INFO IN E hat these sta D"N/A" F E DORMS:	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR THIS BOX	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAI ACCURATE: SIMENTS T NITIAL, OF	THERS): V QUART TION BELC TH kip this b RIAGE	ERS) <u>DW:</u> DX)
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNIT NAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and My military spouse and I AM E4 OR ABOVE V AM E4 OR BELOW	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN DEPENDEN ED TO ANOT ME O APPLICABLE S I were stationed I got married of PLEASE IN WITH 3+YEA WITH LESS T	DORMS N (PLACE INIT IVING IN GOV TION (SECON TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base en route to our Ne ITIAL NEXT TO RS OF SERVICE THAN 3 YEARS (ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER () D "N/A" TO STA es before reloca w PDS: D APPLICAE AND WILL N OF SERVICE /	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI STEMENTS THAT atting to our New BLE STATEN NOT BE ASSIG	IT THAT API PRIVATIZED TC) // PLEA: OVIDE THE RVICE BAS T DO NOT APPL V PDS: (I certify t MENTS, ANE GNED TO THE OT BE ASSIG	PLIES, PLA HOUSIN SE DESCR DATE INFO IN E hat these sta D"N/A" F E DORMS:	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR THIS BOX	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAI ACCURATE: SIMENTS T NITIAL, OF	THERS): V QUART TION BELC TH kip this b RIAGE	ERS) <u>DW:</u> DX)
ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and My military spouse and My military spouse and AM E4 OR ABOVE N AM E4 OR BELOW AM SINGLE AND W COLA ENTITLEMENT	IVING IN: C RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN DED TO ANO ME O APPLICABLE S I were stationed I got married d PLEASE IN WITH 3+YEA WITH LESS T ILL BE ASSIG T CERTIFICA	DORMS N (PLACE INIT IVING IN GOV TION (SECON TION (SECON THER MILITAR SPOUSE SSN STATEMENTS, AND ed at separate base en route to our Ne ITIAL NEXT TO RS OF SERVICE THAN 3 YEARS OF SNED TO THE DO ATION: (TYPE	ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER O "N/A" TO STA es before reloca w PDS: O APPLICAE AND WILL N OF SERVICE A ORMS: NUMBER O	STATEMEN QUARTERS (ENDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI STEMENTS THAT atting to our New BLE STATEM NOT BE ASSIG AND WILL NOT (INITIAL, OF DF DEPENDE	IT THAT API PRIVATIZED TC) // PLEAS TC) // PLEAS OVIDE THE RVICE BAS T DO NOT APPL V PDS: (Certify t MENTS, ANE GNED TO THE OT BE ASSIGN R N/A) ENTS, OR N/	PLIES, PLA HOUSIN SE DESCR DATE INFO IN P hat these sta D'N/A'' F DORMS: NED TO TH	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR THIS BOX	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAI ACCURATE: SIMENTS T NITIAL, OF	THERS): V QUART TION BELC TH kip this b RIAGE	ERS) <u>DW:</u> DX)
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNIT NAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and My military spouse and My military spouse and I AM E4 OR ABOVE N I AM E4 OR BELOW N I AM SINGLE AND W COLA ENTITLEMENT TRAVELED WITH	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN DEPENDEN DO APPLICABLE S I were stationed I got married of PLEASE IN WITH 3+YEA WITH LESS T ILL BE ASSIG I CERTIFICA	DORMS N (PLACE INIT IVING IN GOV TION (SECON TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base en route to our Ne ITIAL NEXT TO RS OF SERVICE THAN 3 YEARS (SNED TO THE DO ATION: (TYPE NDENTS AUTH	ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER (D "N/A" TO STA ES before reloca W PDS: D APPLICAE AND WILL N OF SERVICE A ORMS: NUMBER O HORIZED ON	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI STEMENTS THA BLE STATEN NOT BE ASSIG AND WILL NOT (INITIAL, OF PF DEPENDE N MY PCS O	IT THAT API PRIVATIZED TC) // PLEA: COVIDE THE RVICE BAS T DO NOT APPL V PDS: (I certify t MENTS, ANE GNED TO THE OT BE ASSIGN R N/A) ENTS, OR N/ PRDER	PLIES, PLA PLIES, PLA HOUSIN SE DESCR DATE INFO IN F NFO IN P NFO IN P NFO IN C NFO IN C C NFO IN C NFO	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR OF MARR THIS BOX	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAR ACCURATE: SIMENTS T NITIAL, OF (II	THERS): V QUART TION BEL(TH kip this b RRIAGE	ERS) <u>DW:</u> DX) OX) NOT APP
AM CURRENTLLY L VY DEPENDENTS A MY DEPENDE HAVE A UNIT NAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and My military spouse and My military spouse and AM E4 OR ABOVE N AM E4 OR BELOW M AM SINGLE AND W COLA ENTITLEMENT	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN DEPENDEN DEPENDEN DEPENDEN I were stationed I got married of PLEASE IN WITH 3+YEA WITH LESS T ILL BE ASSIG DEPENDEN	DORMS N (PLACE INIT IVING IN GOV TION (SECON TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base en route to our Ne ITIAL NEXT TO RS OF SERVICE THAN 3 YEARS OF SNED TO THE DO ATION: (TYPE NDENTS, AUTHO	ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER) D "N/A" TO STA es before reloca w PDS:) O APPLICAE C AND WILL N OF SERVICE A ORMS: NUMBER O HORIZED ON	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI STEMENTS THAT ating to our Nev BLE STATEN NOT BE ASSIC AND WILL NO (INITIAL, OF DF DEPENDE N MY PCS OF MY PCS OF	IT THAT API PRIVATIZED TC) // PLEAS TC) // PLEAS OVIDE THE RVICE BAS T DO NOT APPL V PDS: (I certify t MENTS, ANL GNED TO THE OT BE ASSIGN COT BE ASSIGN N/A) ENTS, OR N/ RDER RDERS THAT	PLIES, PLA HOUSIN SE DESCR DATE INFO IN P NFO IN P NFO IN P NAT these sta D NFO IN C NED IN T NED TO TH (A) C ARE LIVI	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR OF MARR THIS BOX D THIS BOX	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAR accurate:) SMENTS 1 NITIAL, OF (II	THERS): V QUART TION BEL(TH kip this b RRIAGE	ERS) <u>DW:</u> DX) OX) NOT APP N/A) POSES
AM CURRENTLLY L MY DEPENDENTS A MY DEPENDE I HAVE A UNI I HAVE A UNI NAME OF PRIMARY ARE YOU MARRIE MIL TO MIL SPOUSE NA PLEASE INITIAL NEXT TO My military spouse and My military spouse and I AM E4 OR ABOVE N AM E4 OR BELOW N AM SINGLE AND W COLA ENTITLEMENT TRAVELED WITH	IVING IN: RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN DEPENDEN DEPENDEN DEPENDEN I were stationed I got married of PLEASE IN WITH 3+YEA WITH LESS T ILL BE ASSIG DEPENDEN	DORMS N (PLACE INIT IVING IN GOV TION (SECON TION (SECON THER MILITAF SPOUSE SSN STATEMENTS, AND ed at separate base en route to our Ne ITIAL NEXT TO RS OF SERVICE THAN 3 YEARS (SNED TO THE DO ATION: (TYPE NDENTS AUTH	ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER) D "N/A" TO STA es before reloca w PDS:) O APPLICAE C AND WILL N OF SERVICE A ORMS: NUMBER O HORIZED ON	STATEMEN QUARTERS (NDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI STEMENTS THAT ating to our Nev BLE STATEN NOT BE ASSIC AND WILL NO (INITIAL, OF DF DEPENDE N MY PCS OF MY PCS OF	IT THAT API PRIVATIZED TC) // PLEAS TC) // PLEAS OVIDE THE RVICE BAS T DO NOT APPL V PDS: (I certify t MENTS, ANL GNED TO THE OT BE ASSIGN COT BE ASSIGN N/A) ENTS, OR N/ RDER RDERS THAT	PLIES, PLA HOUSIN SE DESCR DATE INFO IN P NFO IN P NFO IN P NAT these sta D NFO IN C NED IN T NED TO TH (A) C ARE LIVI	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR OF MARR THIS BOX D THIS BOX	IN ALL O NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAR accurate:) SMENTS 1 NITIAL, OF (II	THERS): V QUART TION BEL(TH kip this b RRIAGE	ERS) <u>DW:</u> DX) OX) NOT APP
AM CURRENTLLY L AM CURRENTLLY L AY DEPENDENTS A MY DEPENDE I HAVE A UNIT I AM E4 OR BELOW AM SINGLE AND W OLA ENTITLEMENT TRAVELED WITH	IVING IN: C RE LIVING I ENTS ARE LI IQUE SITUA DEPENDEN D TO ANO ME O APPLICABLE S I were stations I got married of PLEASE IN WITH 3+YEA WITH LESS T ULL BE ASSIG T CERTIFICA DEPENI DEPENI I AM (DORMS N (PLACE INIT IVING IN GOV TION (SECON THER MILITAR SPOUSE SSN STATEMENTS, AND ed at separate base en route to our Ne ITIAL NEXT TO RS OF SERVICE THAN 3 YEARS O SNED TO THE DO ATION: (TYPE NDENTS, AUTH DENTS, AUTH CURRENTLY SE	ALS IN THE T FAMILY Q DARY DEPE (RELATI RY MEMBER () "N/A" TO STA es before reloca w PDS: D APPLICAE AND WILL N OF SERVICE / ORMS: NUMBER O HORIZED ON ERVING AN	STATEMEN QUARTERS (ENDENTS, E IONSHIP R? IF SO PR BRANCH OF SEI STEMENTS THA ating to our New BLE STATEN NOT BE ASSIC AND WILL NI (INITIAL, OF DF DEPENDE N MY PCS OF ACCOMPAI	IT THAT API PRIVATIZED TC) // PLEAS OVIDE THE RVICE BAS T DO NOT APPL V PDS: (I certify t MENTS, ANE GNED TO THE OT BE ASSIGN COT BE ASSIGN NA) ENTS, OR N/ PRDER RDER RDER THAT NIED / UNA	PLIES, PLA HOUSIN SE DESCR (DATE INFO IN HAT THESE STA NED TO THE AN ARE LIVI CCOMPA	ACE "N/A" G/TLF ARE IBE UNIQU OF MARR THIS BOX D THIS BOX D THIS BOX D THIS BOX D THIS BOX D THIS BOX D THIS BOX D THIS BOX D	IN ALL O E NOT GO JE SITUA IAGE/BIR (If N/A, s ATE OF MAI ACCURATE: EMENTS T VITIAL, OF (II) ME FOR R	THERS): V QUART TION BEL(TH kip this b RRIAGE	ERS) DW: DV: DV: DOX) DOX) NOT APP N/A) POSES

Ac	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, email address 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 mandatory 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 expenses claimed and required receipts 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					
	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 expenses claimed and required receipts 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 i 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) Verifed 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)

Version 1 Nov '17

	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?									

Privacy Act-1974 as amended applies to this memo. This memo may contain information which must be protected IAW AFI33-332 and DoD Regulation 5400.11 and if For Official Use Only (FOUO)

Version 27 Apr 2017

TR	TRAVEL VOUCHER OR SUBVOUCHER							form	tead Privacy Act Statement, Penalty Statement, and Instructions on back before completing orm. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more pace is needed, continue in remarks.											
X Tra	ectroni ansfer	c Fund (EFT)	repr to d NO	resentino esignate DTE: A	g travel charg a payment t split disbu	es for trans hat equals irsement	sportation, I the total of t is only n	odging, ar their outs necessar	nd rental c tanding go r y when	ar if y vernr a G1	ou are a nent trave CC is u	civiliar el card ised	ravel Charge n employee, i d balance to t while on o nment Trav	unless you he GTCC c <i>fficial tra</i>	elect a contract vel fo	diffe or. r the	rent amount e Governi	t. Milita		nbursement sonnel are required
		First, Middl				ig antoun		3. GRA		<u> </u>	4. SSN	loven		ei Charge	-				appli	cable)
		-	,													TD		X		nber/Employee
	RESS.	a. NUMBEF		STREET		b. CITY					c. STAT	E	d. ZIP COD	E	×	PC	S		Oth	er
PSC		BOX				APO										De	pendent(s)		DLA	A
e. E-MA	IL ADD	RESS													10. F	OR	D.O. USE C	ONLY		
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION AREA CODE NUMBER					ATION	-	VIOU		RNME	INT PAYMEN	NTS/	a. [0.0.	VOUCHER	NUMBE	R				
11. ORGANIZATION AND STATION												b. S	SUB\	OUCHER I	NUMBE	R				
12. DEPE	NDEN	T(S) (X and	comple	ete as ap	oplicable)								SS ON RECI	EIPT OF	C. F	PAID	BY			
AC	COMP	ANIED			UNA	CCOMPA			ORI	DERS	(Include	Zip Ci	ode)							
a. NA	ME <i>(L</i> a	st, First, Mi	ddle Ini	tial)	b. RELATION	ONSHIP	c. DATE O OR MAF	RRIAGE												
									14. HAV	E HO	USEHOL	D GO	ODS BEEN	SHIPPED?	d. (COM	PUTATION	S		
									ΧY	ΈS		NO	(Explain in R	emarks)						
a. DATE	RARY	b. PLA	CE (Ha		ice, Base, Ac and Country,		and State;		C. MEANS MODE C TRAVE	DF	d. REASON FOR STOP	L	e. ODGING COST	f. POC MILES						
	DEP																			
	ARR																			
	DEP																			
	ARR																			
	DEP																			
	ARR																			
	DEP																			
	ARR																			
	DEP																			
	ARR																			
	DEP														e. 8	SUMI	MARY OF P	PAYMEN	IT .	
	ARR														(1)	Per D	liem			
	DEP														(2)	Actua	I Expense /	Allowand	ce	
	ARR			1											(3) Mileage					
16. POC	TRAVE	L (X one)	×	OWN/	OPERATE		P.	ASSENG	ĒR		17. D	17. DURATION OF TRAVEL		VEL	(4) Dependent Travel					
18. REIM	BURS	ABLE EXPE	INSES				-					12 HOURS OR LESS		ESS	(5) DLA					
a. DA	TE		b. NA	TURE O	F EXPENSE		c. AM	OUNT	d. ALLO	OWE)				(6) I	Reim	bursable Ex	penses		
											_		RE THAN 12		(7)					0.00
												BUI	T 24 HOURS	OR LESS	- <i>'</i>		Advance			
											$-\mathbf{x}$	мо	RE THAN 24	HOURS			int Owed			0.00
							_								. ,		int Due			
											19. G		RNMENT/DE	r						
											_	a. C	DATE	b. NO. C	OF MEA	LS	a. [DATE		b. NO. OF MEALS
											_									
							_													
20 a CL		I SIGNATU	RF																	b DATE
20.a. UL/	-uviAN	GIGINATU	NĽ																	<mark>b.</mark> DATE
c. REVIE	WER'S	PRINTED	NAME				d. SIGN	ATURE							e. Ti	ELEP	HONE NUM	MBER		f. DATE
21.a. API	21.a. APPROVING OFFICIAL'S PRINTED NAME b. SIGNATURE										c. TELEPHONE NUMBER d. DATE			d. DATE						
22. ACC0	DUNTI	IG CLASSI	FICATI	ON											<u> </u>					
23. COLI	ECTIO	N DATA																		
24. COM	PUTED	BY	25. Al	JDITED	ВҮ	26. TRA AUTHO	VEL ORDE	R/ POSTED	BY 27.	RECI	EIVED (P	ayee	Signature an	d Date or C	heck N	lo.)		28	B. AMC	DUNT PAID
						<u> </u>														

DD FORM	1351-2,	MAY	2011
	,		

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	Name		Grade	
	Office Symbol			
If applicable, explain	Date departed last dur a delays between <u>final-out</u> and <u>po</u> etc.):	rt call / DDLDS (e.g	. mass out processing, leave	taken prior to
Date arrived new sta taken upon arrival?	tion Date "Signed Yes 🗌 No 🗍	d into" station/avail	able for duty	Was leave
PART A. BAH/OH	IA/FSH CERTIFICATION S	TATEMENTS		
I certify that (please i	nitial beside the statement(s) that a	apply or put N/A):		
My dependent(s) was 2. I have a <i>unique situa</i>	re residing in Gov Family Quarters (N /were assigned to quarters on			
	eside in: Dorms Gov't Base/Lease NOTE: * Billeting/TLF			lleting/Temp Ldg
Name of Primary Depe ***If claiming ONLY a	endent child as primary dependent, whom is		Date of Marriage/Birth (ex-spouse, grandparent, etc)?	 1
NOTE: *If child resides	with a Military member, please provid	le his/her Name, SSN, a	and duty location below.	
Name:	SSN:	Dut	y Location:	
	ATION ALLOWANCE (DLa ayable to first duty assignment for sir			
 I am married to anoth a) We lived in the (S b) We live in the (Sa c) We were stationed 	initial beside the applicable items). her military member and we relocated a same / Different) household at old PDS ime / Different) household at new PDS d at different PDSs before relocating to ute to new PDS (not married at last PDS).	at (Same time / Separate S o new PDS	······	
rate DLA (Gov't quarter a) I am E4-or-above	unied members with dependents must rs includes: Dorms, Gov't base housin w/3+ yrs service w or w/o dependents indent(s) have not/will not relocate are	g, Gov't leased housing and <i>will not</i> be assigned	g): ed permanent Gov't qtrs (see note	-
	w/less than 3 yrs service w or w/o dep elow w/less than 3 yrs service w/o dep			
PART C: *****00	CONUS ONLY*****			
Date Arrived in Country	·	JTR Loca	ationDE741	
 I traveled with I am claiming FSO immediately) 	<i>ill in the blank or initial, as applic</i> dependents authorized on my PCS or dependents, authorized on my orders a g an Accompanied/Unaccompanied To ^Circle One^	ders. and living with me for (COLA purposes. (NOTE: report	changes to the
I certify the above in	formation is true and correct:	(11)111/10)		
Signature:			Date:	

Version 1 Nov '17

	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								
NUTHORITY: 37 USC 403, Public Law 96-343, EQ 9397 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 personnel housing. ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on ac deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting ossible violations of the law, the American Red Cross for information concerning the needs of the member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare needs of a member or dependents in emergency situations, for deposits and/or payments. DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH PART A - IDENTIFICATION & DUTY LOCATION									
PART A - II 1. NAME (Last, First, MI)	DENTIFICATIO	N & DUTY	LOCATION		LODGING OFFICI				
1.1 NAIVE(Last, rist, ivit)					ABILITY/ASSIGNMENT/TERMI NOT ASSIGNED 🏹 DATE:	NATION OF QUARTERS			
2. SSN	3. GRADE	4. PHONE		ADEQUATE QUAR EFFECTIVE DATE		RMINATED JNIT #			
5A. DUTY LOCATION (Base, S	State, ZIP Code o	⁻ Country)		INADEQUATE QU EFFECTIVE DATE		RMINATED JNIT #			
5B. E-MAIL ADDRESS	····			EFFECTIVE DATE		то:			
PART B -	MARITAL/DEF		STATUS		ES FROM:	10:			
6 🔄 SINGLE, NO DEPER		SINGLE, CLA	MING DEPENDENT(S)	TITLE					
MARRIED - SPOUSE IS A IF MILITARY SPOUSE - NAMI OF MARRIAGE:		-		SIGNATURE					
					Click to sign				
				DATE					
DIVORCED		EGALLY SE	EPARATED(Date)						
			OUNT OF WITH-DEPENDENT RA			OR DEPENDENT SUPPORT ENT WITH CHILD'S			
8. I 📋 CLAIM BAH FOR THE	E DEPENDENT	IN	NOT IN MY LEGAL AND PHYSIC	AL CUSTODY LIST	ED BELOW (Effective Date):				
spouse or minor child, see li	ist of potential de		g and the relationship (i.e., spo in Part C below. If dependent(s		e ihe date of birth(DOB).				
(a) NAME (Last,	First, MI)		(b) ADDRESS, CITY, STATE, ZIF	or COUNTRY	(c) RELATIONSHIP	(d) DOB			
· · · · · · · · · · · · · · · · · · · ·									
				<u>.</u>					
			RENT IS A MILITARY MEMBER,						
NAI		WHOOL I A	SSN		F SERVICE	STATION			
The second second second second			- MEMBER'S CERTIFICATION (F		··-·	- 1			
support the above name	d dependents wi	ll result in s	2906 and JFTR ch 10) for the topping BAH, and recouping al	lowances paid for	any prior periods of nonsuppor	t			
			AH FOR SECONDARY DEPEND						
21, or Ward of a court).		·	option, or in-loco-parentis, Stu			ren over age			
I understand that my faik statement or claim again connection with a claim i well as any changes in n	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
------------	-------------

1					
	OFF	ICIAL USE O	NLY - FINANCI	 E	
	REPORT	STOP [PARTIAL		
PRIMARY DEPENDENT CERTIFICATION: I have determine	ned that the above n	amed individual	is dependent on th	ne member based on being	
Spouse Single member clatming legitimate child in	n custody of another	r 🛄 Legi	limate child in sing	gle member's custody	Stepchile 🔄 Adopted Child
Illegitimate child or Child, member to member ma					
	_	_	_		
Parents Parents-in-law Stepparents Par		_ In-Loco-Pare	ntis 🔄 Studen	ts 21 an e 22 years of age	
Incapacitated children over age 21 Ward of a cou					
I have determined that the above named individue noted here	al is not dependen.	t on member o	r eligible to be a	dependent of member. Reas	sons for disapproval are
I have verified that member is E-7 or above and	there is no milita	ry necessity th	nat requires the	member to reside on base	
TITLE OF CERTIFYING OFFICIAL	SIGNATURE			OFFICE ADDRESS	DATE
			_		
AF Form 594, 20130729	·			- · · · · · · · · · · · · · · · · · · ·	

•

.

Prevent information is solicited on this form. An equively tipe Privage 40 197, Via 3421. 1. AUTORITY: 37 U.S.C. 001 et ang. 50 U.S.C. Chapter 65 10 U.S.C. Chapter 65 71, wal 497, Via 40 20, U.S.C. 0013, E.O. 9397, Nov 1943 2. PRIXCLPA LPROPERSE: To private indexes charge for the outor thirm Mainer Prop System. (Mainer Schulter, Prop System). To maintain a record of current address for pay rolated matters and bonds. 3. PRIXCLPA LPROPERSE: To private indexes charge for the outor thirm Mainer Prop System. (The address of the partial indexes for pay rolated matters and bonds. 3. PRIXCLPA LPROPERSE: To private indexes for pay rolated matters and bonds. 3. PRIXCLPA LPROPERSE: To private indexes for pay rolated matters and bonds. 3. PRIXCLPA LPROPERSE: To private indexes for pay rolated matters and bonds. 3. PRIXCLPA LPROPERSE: To private indexes for pay rolated matters. and bonds and care section 2 to charge the mailing proceeding of pay rolated matters. Charge the mailing pasternet index of pay rolated matters. Charge the mailing address for some or all of your payout 3. PRIXTLE ZEP, APOIPPO NEW MAILING ADDRESS MARE DUTY PHONE DOX N NLTD DEPARTURE DATE EST ARR DATE GRADE LOCAL ADDRESS NEW MUINTOFFICE SYMBOL HOME PHONE NEW MUINTOFFICE SYMBOL DUTY PHONE DOX N NLTD DEPARTURE DATE EST ARR DATE GRADE LOCAL ADDRESS <		ADDRESS CHANGE FORM								
1. AUTHORITY, 37 U.S. C. 101 et ear, 5 U.S. C., Chapter 55, 10 U.S. C., Chapter 55, 10 U.S. C. Marker 54, 201 (LMPS), the Release component pay 2. PRINCIPAL URPORSES: 10 payments and actes charges for the Aont Union Multillary Pay System and Universe. 3. ROUTINE USEs: Winneys provide and actes charges for the Aont Union Multillary Pay System and Universe. 3. ROUTINE USEs: Winneys provide and actes charges for a system and universe. 3. ROUTINE USEs: Winneys provide and actes charges for a system and universe. 3. ROUTINE USEs: Winneys provide and actes charges for a system and universe. 4. REV Addates, how and universe for a system and universe. 4. REV Addates, how and universe for a system and universe for a system and universe. 4. REV Addates, how and universe for a system and universe for a system and universe for some or all of your payoid deduction U.S. Saving Book Charges for a system and universe. 4. REV Addates for some or all of your payoid deduction U.S. Saving Book Charges for a system and universe for some or all of your payoid deduction U.S. Saving Book Charges for a system and universe for a system and universe for some or all of your payoid deduction U.S. Saving Book Charges for a system and universe for some or all of your payoid deduction U.S. Saving Book Charges for a system and universe fore	PRIVACY ACT STATEMENT									
Complete sector 1 to change for any equatizational address for pay related terms. Complete Sector 2 to change the mailing address for some or all of your payroll deductor U.S. Savings Bonds. Civilian employees do not use Sector 2 to thords. Section 1 Section 1 Section 1 Section 2 CHECK ONE:	1. / 2. sy: 3. pui 4.	 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 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. 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. 								
NAME Social Security # CHECK ONE: AD RET CIV C GUAD/RES NUMBER, STREET, PO BOX NEW MAILING ADDRESS PSC BOX OTY, STATE, ZIP, APO/FPO APO NUT/OFFICE SYMBOL DUTY PHONE BOX DUTY PHONE GRADE LOCAL ADDRESS HOME PHONE HOME PHONE FORWARDING ADDRESS BOX MAME TO WHOM MAILED NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX MI CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NUMBER, STREET, PO BOX MI CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NUMBER, STREET, PO BOX MINAME TO WHOM MAILED NUMBER, STREET, PO BOX NAME TO WHOM MAILED <td>Co</td> <td>mplete section 1 to change your mailing or organiza</td> <td>ational address for pay</td> <td>related ite conds.</td> <td>ms. C</td> <td>omplete Se</td> <td>ction 2 to c</td> <td>hange the mailing addr</td> <td>ess for so</td> <td>me or all of your payroll</td>	Co	mplete section 1 to change your mailing or organiza	ational address for pay	related ite conds.	ms. C	omplete Se	ction 2 to c	hange the mailing addr	ess for so	me or all of your payroll
AD X RET CV C GUARD/RES CV CV AIR FORCE ARMY C AIR FORCE ARMY C			-		-					
NUMBER, STREET, PO BOX PSC Box CITY, STATE, ZIP, APO/FPO APO NEW ORGANIZATIONAL ADDRESS UNIT/OFFICE SYMBOL UNIT/OFFICE SYMBOL UNIT/OFFICE SYMBOL UNIT/OFFICE SYMBOL UCCAL ADDRESS ESCTION 2 COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NUMBER, STREET, PO BOX CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX N N CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX N NUMBER, STREET, PO BOX N N CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX N NUMBER, STREET, PO BOX N NUMBER, STREET, PO BOX N N CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX N N N CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX N N N CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX N N N N N N N N N N N N N N N N N N N	NAM	E		,			ļ	AD 🔀 RET 🗌 C D/RES 🗌		
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 NEW NEW ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NAME TO WHOM MAILED NEW NAME TO WHOM MAILED NEW NUMBER, STREET, PO BOX N NUMBER, STREET, PO BOX N NEW NEW NEW NEW NUMBER, STREET, PO BOX N NUMBER, STREET, PO BOX N NEW NEW NEW			NEW	MAILING	g adi	DRESS				
CITY, STATE, ZIP, APO/FPO APO NEW ORGANIZATIONAL ADDRESS UNIT/OFFICE SYMBOL DUTY PHONE BOX NO RNLTD DEPARTURE DATE EST ARR DATE OUTY PHONE BOX NO RNLTD DEPARTURE DATE EST ARR DATE FORWARDING ADDRESS FORWARDING ADDRESS FORWARDING ADDRESS	NUM	BER, STREET, PO BOX								
CITY, STATE, ZIP, APO/FPO APO NEW ORGANIZATIONAL ADDRESS UNIT/OFFICE SYMBOL DUTY PHONE BOX NO RNLTD DEPARTURE DATE EST ARR DATE OUTY PHONE BOX NO RNLTD DEPARTURE DATE EST ARR DATE FORWARDING ADDRESS FORWARDING ADDRESS FORWARDING ADDRESS	PSC	Box								
APO NEW ORGANIZATIONAL ADDRESS UNIT/OFFICE SYMBOL DUTY PHONE BOX NO RNLTD DEPARTURE DATE EST ARR DATE GRADE LOCAL ADDRESS HOME PHONE HOME PHONE HOME PHONE FORWARDING ADDRESS SECTION 2 HOME PHONE Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Check HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 Image: STREET, PO BOX										
NEW ORGANIZATIONAL ADDRESS UNIT/OFFICE SYMBOL DUTY PHONE BOX NO RNLTD DEPARTURE DATE EST ARR DATE GRADE LOCAL ADDRESS HOME PHONE HOME PHONE HOME PHONE HOME PHONE FORWARDING ADDRESS ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NEW ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NEW NEW ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NEW NEW NAME TO WHOM MAILED NAME TO WHOM MAILED NAME TO WHOM MAILED NAME TO WHOM MAILED NAME MINUMBER, STREET, PO BOX MD ND NUMBER, STREET, PO BOX ND NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NEW NEW <td>CITI</td> <td>, STATE, ZIF, AFO/I FO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	CITI	, STATE, ZIF, AFO/I FO								
NEW ORGANIZATIONAL ADDRESS UNIT/OFFICE SYMBOL DUTY PHONE BOX NO RNLTD DEPARTURE DATE EST ARR DATE GRADE LOCAL ADDRESS HOME PHONE HOME PHONE HOME PHONE HOME PHONE FORWARDING ADDRESS ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NEW ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NEW NEW ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NEW NEW NAME TO WHOM MAILED NAME TO WHOM MAILED NAME TO WHOM MAILED NAME TO WHOM MAILED NAME MINUMBER, STREET, PO BOX MD ND NUMBER, STREET, PO BOX ND NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NEW NEW <td>APO</td> <td>)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	APO)								
GRADE LOCAL ADDRESS FORWARDING ADDRESS HOME PHONE FORWARDING ADDRESS SECTION 2 ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 NEW Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 NAME TO WHOM MAILED NAME TO WHOM MAILED B Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED B Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 Image: Not the town town thand cock BELOW)		_	NEW ORG	GANIZATI	IONA	L ADDRE	SS			
SECTION 2 SECTION 2 ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW Image:	UNIT	/OFFICE SYMBOL	DUTY PHONE	BOX N	0	RNLTD		DEPARTURE DA	TE	EST ARR DATE
SECTION 2 SECTION 2 ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW Image:										
SECTION 2 SECTION 2 ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW Image:	004									DUONE
SECTION 2 ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NEW ADD COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) Image: Check	GRA	DE	LOCAL ADDRESS						HOME	PHONE
SECTION 2 ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NEW ADD COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) Image: Check										
SECTION 2 ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW NEW NEW ADD COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NUMBER, STREET, PO BOX Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED Image: Check Here if THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) Image: Check	FOR	WARDING ADDRESS								
ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS NEW Image: Check here if the same malling address as in section 1 AND COMPLETE first BLOCK BELOW) NEW NAME TO WHOM MAILED B CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NUMBER, STREET, PO BOX N N N #1 CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX N Image: Check here if the same malling address as in section 1 AND COMPLETE FIRST BLOCK BELOW) NUMBER, STREET, PO BOX N Image: Check here if the same malling address as in section 1 AND COMPLETE FIRST BLOCK BELOW) NUMBER, STREET, PO BOX NEW Image: Check here if the same malling address as in section 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NEW Image: Check here if the same malling address as in section 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NAME TO WHOM MAILED Image: NUMBER, STREET, PO BOX N N N N Image: NUMBER, STREET, PO BOX N										
NEW NEW AND COMPLETE FIRST BLOCK BELOW) AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED B N NUMBER, STREET, PO BOX #1 CITY, STATE, ZIP, APO/FPO Image: Complete First Block Below) NUMBER, STREET, PO BOX N NUMBER, STREET, PO BOX #1 CITY, STATE, ZIP, APO/FPO Image: Complete First Block Below) NUMBER, STREET, PO BOX N NUMBER, STREET, PO BOX Max CITY, STATE, ZIP, APO/FPO Image: Complete First Block Below) NUMBER, STREET, PO BOX N NUMBER, STREET, PO BOX Image: Complete First Block Below) NUMBER, STREET, PO BOX NAME TO WHOM MAILED Image: Complete First Block Below) NAME TO WHOM MAILED B Number, STREET, PO BOX Number, STREET, PO BOX Number, STREET, PO BOX ND Max CITY, STATE, ZIP, APO/FPO										
B CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED B CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 NAME TO WHOM MAILED NAME TO WHOM MAILED NAME TO WHOM MAILED NUMBER, STREET, PO BOX N NUMBER, STREET, PO BOX CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX MI CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX NAME TO WHOM MAILED NEW CITY, STATE, ZIP, APO/FPO NAME TO WHOM MAILED NEW CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX NAME TO WHOM MAILED B CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NAME TO WHOM MAILED NAME TO WHOM MAILED B N NAME TO WHOM MAILED NUMBER, STREET, PO BOX N N N H CITY, STATE, ZIP, APO/FPO NUMBER, STREET, PO BOX N			DRESS CHANGE	FOR PA	YROL	L DEDUC	TION BC			
AND COMPLETE FIRST BLOCK BELOW) AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED B NAME TO WHOM MAILED B NUMBER, STREET, PO BOX N #1 CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO NAME TO WHOM MAILED NEW Image: Complete First Block Below) NUMBER, STREET, PO BOX NAME TO WHOM MAILED NEW Image: Name To WHOM MAILED NEW Image: Name To WHOM MAILED NAME TO WHOM MAILED NAME TO WHOM MAILED B NAME TO WHOM MAILED B Image: Name To WHOM MAILED B Image: Name To WHOM MAILED B Name To WHOM MAILED B Name To WHOM MAILED B Image: Name To WHOM MAILED CITY, STATE, ZIP, APO/FPO <td></td>										
B NUMBER, STREET, PO BOX N #1 NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX #1 CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO Image:		AND COMPLETE FIRST BLOCK BELOW)	ADDRESS AS IN SECT	FION 1			ID COMPL	ETE FIRST BLOCK BE		DRESS AS IN SECTION 1
NUMBER, STREET, PO BOX N #1 CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO Image: City of the state of the same mailing address as in section 1 AND COMPLETE FIRST BLOCK BELOW) CITY, STATE, ZIP, APO/FPO NAME TO WHOM MAILED BO NOMBER, STREET, PO BOX NUMBER, STREET, PO BOX NUMBER, STREET, PO BOX N H CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO		NAME TO WHOM MAILED				NAME	TO WHO	M MAILED		
#1 CITY, STATE, ZIP, APO/FPO #2 CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO NEW CITY, STATE, ZIP, APO/FPO Image: Constraint of the same mailing address as in section 1 AND COMPLETE FIRST BLOCK BELOW) NEW NAME TO WHOM MAILED Image: City, State, ZiP, APO/FPO NUMBER, STREET, PO BOX Number, Street, PO BOX Image: City, State, ZiP, APO/FPO #4	Ν	NUMBER, STREET, PO BOX			N	NUMB	ER, STRE	ET, PO BOX		
B NUMBER, STREET, PO BOX Image: Citry, state, zip, apo/fpo										
B CITY, STATE, ZIP, APO/FPO Image: Complete compl		CITT, STATE, ZIP, APO/FPO					STATE, Z	IP, APO/FPO		
B CITY, STATE, ZIP, APO/FPO Image: Complete compl		NEW				1		NEW	1	
AND COMPLETE FIRST BLOCK BELOW) AND COMPLETE FIRST BLOCK BELOW) NAME TO WHOM MAILED NAME TO WHOM MAILED B O N NUMBER, STREET, PO BOX B O CITY, STATE, ZIP, APO/FPO #4			DDRESS AS IN SECT	FION 1			CHECK HE			DRESS AS IN SECTION 1
NAME TO WHOM MAILED NAME TO WHOM MAILED B 0 N NUMBER, STREET, PO BOX D 0 #3 #4 CITY, STATE, ZIP, APO/FPO 4										
O N N NUMBER, STREET, PO BOX B N #3 NUMBER, STREET, PO BOX CITY, STATE, ZIP, APO/FPO #4 CITY, STATE, ZIP, APO/FPO	_	NAME TO WHOM MAILED			_	NAME	TO WHO	M MAILED		
N NUMBER, STREET, PO BOX N D #3 CITY, STATE, ZIP, APO/FPO #4 CITY, STATE, ZIP, APO/FPO										
D #3 CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO CITY, STATE, ZIP, APO/FPO		NUMBER STREET PO BOX				NUMB	-R STRF			
CITY, STATE, ZIP, APO/FPO	D				D		, 01116			
	" 3	CITY, STATE, ZIP, APO/FPO			#4	CITY. S	STATE. Z	IP, APO/FPO		
SIGNATURE OF MEMBER/EMPLOYEE DATE							-, -			
	SIGN	ATURE OF MEMBER/EMPLOYEE			1	1			DATE	
										-
AF Form 1745, NOV 90 (Word 6.0)		rm 1745 NOV 90 (Word 6 0)								

PREVIOUS EDITION WILL BE USED

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 <u>or</u> 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).