



DEPARTMENT OF THE AIR FORCE
42D AIR BASE WING (AETC)
MAXWELL AIR FORCE BASE ALABAMA

JUN 06 2014

MEMORANDUM FOR ACTIVE DUTY AIR FORCE, AIR NATIONAL GUARD AND AIR FORCE RESERVE PERSONNEL ASSIGNED TO MAXWELL/GUNTER

FROM: 42 CPTS/CC

SUBJECT: Finance In-processing Package

1. Welcome to Maxwell Air Force Base! Our goal is to process world-class financial service so you can focus on your new job and not your pay. If you are attending one of our Air University schools in a permanent party status, a mass in-processing (including all base support agencies) will be scheduled for your class. Similar briefings are conducted for other newly assigned permanent party personnel. Contact your orderly room for more times/locations.
2. To expedite your in-processing and ensure your pay/entitlements are accurately updated, we need your help. Various forms will be collected during in-processing including your travel voucher, copies of orders, and other documents. I highly encourage you to complete as much information as possible prior to the in-processing briefing due to the large number of attendees.
3. As applicable, please bring the following information to in-processing:
 - a. Two copies of orders and amendments (front and back)
 - b. One copy of the Basic Allowance for Housing (BAH) waiver (if applicable)
 - c. One copy of all receipts
 - d. FSM Form 2231, Faststart Direct Deposit or 42 CPTS/FMF EFT Memorandum
 - e. DD Form 1351-2, Travel Voucher or Subvoucher
 - f. PDT Arrival Worksheet
 - g. Certification of Missing or Lost Receipt
 - h. Temporary Living Expense (TLE) Certification Statement
 - i. AF Form 594, Application and Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ) or Dependency Redetermination with supporting documentation (marriage certificate, divorce decree, youngest child's birth certificate, etc)
 - j. Financial Management Customer Service Survey

The attached package was developed to assist you in filling out these forms. We will also have an on-site finance team to answer questions and collect all required documents.

4. Again, welcome to the “Educational and Leadership Center of the Air Force”! If you have any questions, please contact MSgt Shilyn Bell at 953-8157 or email us at maxwell.finance@us.af.mil.



LACRESHA A. MERKLE, Major, USAF
Commander, 42d Comptroller Squadron

Attachment
Instructions for Finance Inprocessing

INSTRUCTIONS FOR COMPLETING:

HQ AU TRAVEL PAY ELECTRONIC FUNDS TRANSFER (EFT) MEMORANDUM

PURPOSE: If you do not submit an updated Direct Deposit form (see previous step), then this form authorizes us to send travel payments to the same account where your Military Pay is sent.

Memorandum

To: 42 CPTS/FM Maxwell AFB, AL 36112

From: PRINT NAME: _____ SSN: _____

RE: Travel Pay EFT

I certify that I wish to have PCS Travel Pay disbursed to the same account currently used for my Military Pay Electronic Funds Transfer. This account may also be used for all future Travel Pay disbursements and will remain in effect until changed via MyPay or Maxwell Finance Customer Service.

Signature

Date

INSTRUCTIONS FOR COMPLETING:

Direct Deposit (FSM Form 2231)

PURPOSE: *You have the option of sending your travel payments to the same account as your military pay or to a different account. This form is used to designate where your travel payments are sent. If you want your travel pay to continue going to the same account as your military pay, you may skip this form and simply fill out the HQ AU Travel Pay Electronic Funds Transfer (EFT) Memorandum outlined in the next section.*

1. **EMPLOYEE INFORMATION** (*Self-explanatory. Always complete this section*)
2. **TYPE OF ACCOUNT/PAYMENT** (*Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.*)
3. **DIRECT DEPOSIT ACCOUNT INFORMATION**

ROUTING TRANSIT NUMBER (*your financial institution's 9-digit routing transit number*)

ACCOUNT NUMBER (*your account number at your financial institution*)

ACCOUNT TITLE (*the depositor's name on the account at the financial institution*)

FINANCIAL INSTITUTION NAME (*the name of the institution to which payments are to be directed*)

The routing number must consist of 9 digits.

PAUL MAPLE
LILIAN MAPLE
123 Main Street
Anyplace, NY 10000

1234
15-000010000

20

PAY TO THE
ORDER OF _____ \$ _____

RTN

Anyplace Bank
Anyplace, NY 10000

For
⑆123456789⑆ ⑆0029516⑆ 1234

4. **ALLOTMENT INFORMATION** Skip this portion.
5. **AUTHORIZATION** (*Sign and date the request form after you have carefully read the instructions and Privacy Act Statement*)

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1 EMPLOYEE INFORMATION			
(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/>			
EMPLOYEE NAME <input type="text" value="D"/> <input type="text" value="o"/> <input type="text" value="e"/> <input type="text" value="J"/> <input type="text" value="o"/> <input type="text" value="h"/> <input type="text" value="n"/> <input type="text"/>			
(Last, First, Initials)			
TELEPHONE NUMBER (WORK) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (HOME) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
2 TYPE OF ACCOUNT		3 DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.	
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		ROUTING TRANSIT NUMBER <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> Check Digit	
TYPE OF PAYMENT <input checked="" type="checkbox"/> Not Pay <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments		ACCOUNT NUMBER <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text"/>	
		ACCOUNT TITLE <u>Doe, John</u> (Account Holder's Name)	
		FINANCIAL INSTITUTION NAME <u>USAA</u>	
4 ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.			
TYPE OF ALLOTMENT (Check one) <input type="checkbox"/> Savings (Whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party		TYPE OF ACCOUNT (Check one) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	
		ACTION (Check one) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	
		AMOUNT (Check one) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ _____	
ALLOTTEE NAME (Person/company who will receive allotment) <input type="text"/>			
ALLOTTEE'S ROUTING NUMBER <input type="text"/>			
5 AUTHORIZATION			
* <u>John Doe</u> EMPLOYEE'S SIGNATURE		<u>23 Mar 12</u> DATE	
6. AGENCY USE:			

15a. ARR

Enter arrival date at new PDS

16. POC TRAVEL (*select corresponding block*)

17. DURATION OF TDY TRAVEL (*leave blank*)

18. REIMBURSABLE EXPENSES (*list expenses incurred during PCS, i.e., tolls, Travelers check,*)

19. GOVERNMENT/DEDUCTABLE MEALS (*leave blank*)

20a. CLAIMANT SIGNATURE (*always complete this section*)

20b. DATE (*always complete this section*)

If the Dependents traveled separately, continue below otherwise skip to the PCS ARRIVAL WORKSHEET instructions please.

Blocks 1 through 4, 6 through 14, and 20 will be identical to your voucher.

BLOCK 5: TYPE OF PAYMENT (*indicate payment type, mark Dep, PCS and DLA*)

BLOCK 15: ITINERARY (*Complete only if last PDS was stateside and mode of travel was private auto or rental car, otherwise leave blank and a Finance technician will assist you completing the itinerary*)

15a. DATE (*enter year travel began*)

FIRST BLOCK: Enter last PDS departure date on the left hand side of **DEP**

SECOND BLOCK: Enter arrival date at new PDS on the left hand side of **ARR**

15b. PLACE

FIRST BLOCK: Enter last PDS on the right hand side of **DEP**

SECOND BLOCK: Enter Maxwell AFB, AL on the right hand side of **ARR**

15c. MEANS/MODE OF TRAVEL (*enter "PA" when mode of travel was private vehicle or rental vehicle*)

15d. REASON FOR STOP (*Enter "MC" for Mission Complete*)

15a. DATE
Enter year travel began

Enter last PDS

c. MEANS/MODE OF TRAVEL
Enter "**PA**" when mode of travel was private auto rental car.



15. ITINERARY		c. MEANS MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2007	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
10 Jul	DEP Peterson AFB, CO	PA			
20 Jul	ARR		MC		
	DEP Maxwell AFB, AL				
	ARR				
	DEP				

15a. DEP
Enter departure date from last PDS

Enter Maxwell AFB, AL

d. REASON FOR STOP
Enter "**MC**" for Mission Complete

15a. ARR
Enter arrival date at new PDS

16. POC TRAVEL (select corresponding block)

17. DURATION OF TDY TRAVEL (leave blank)

20. REIMBURSABLE EXPENSES (list expenses incurred during PCS, i.e., tolls, Travelers check,)

INSTRUCTION FOR COMPLETING:

PDT ARRIVAL WORKSHEET

PURPOSE. *Form is use to certify PCS arrival entitlements. This information is used to reflect your travel times, leave days, update your housing location/status, determine leave dates, dependents certification, and dislocation allowance. This information is critical for ensuring your new duty location is updated accurately --- and avoid over/under-payments from your last duty station.*

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 999 - 99 - 9999 Name DOE, JOHN Grade O4
Unit AWC Office Symbol _____ Duty/Home Phone 953-****

Final out date DATE Port call date DATE IF COMING FROM OVERSEAS Date departed last duty station DATE

Date arrived on station (DAS) DATE Was leave taken upon arrival? [] Yes [X] No

If applicable, explain delays between final-out and port call / DDLDS (e.g. mass out processing, leave taken prior to departure, holidays, etc.): If holiday, down day or act of God/nature precluded you from leaving your last PDS explain here otherwise you will be charged leave for excessive days.

PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

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

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

3. I certify I currently reside in: [] Dorms [] Gov't Base Housing [] Privatized Base Housing [X] Off-base
[] Billeting/Temp Lodging Effective Date: DATE MOVED IN [] Government Leased Housing (Attaché Personnel)
NOTE: * Billeting/TLF is not classified as "Gov't Base Housing".

4. The following information is true and correct:

NAME OF SPOUSE SPOUSE DATE OF MARRIAGE
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: TRAVEL CERTIFICATION STATEMENTS

I certify that (Please initial beside the applicable items or N/A)

- 1. I received my overseas air ticket from an on-base CTO (NOTE: If not, need Non-Availability Statement)..... INITIAL OR N/A
2. I used 2 privately owned/operated vehicles (POV) for all or a portion of this move: [X] N/A [] ALL [] A Portion
(Must annotate on DD1351-2 "2 POV's" used) If a portion: from _____ to _____.

PART C: DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS

I certify that (Please initial beside the applicable items or N/A)

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

"Single or unaccompanied members with dependents must certify they will not be assigned perm Government quarters (owned or leased) to receive Single DLA"

2. I am E4-or-above w/at least 3 yrs service w/o Dependents & do not/will not have Gov quarters assigned..... N/A

3. If you are currently in Billeting/TLF but WILL be assigned Dorms or Gov't Base Housing, please check here []

NOTE: * E4-or-below w/less than 3 yrs service w/o dependents require a letter signed by the Commander/Designee at new duty station

* Members whose dependent(s) have/will not relocate are "Single" for DLA purposes, until dependent(s) travel is completed

* DLA is not payable to first duty assignment for single members and members whose dependents do not relocate

PART D: *****OCONUS ONLY*****

Date Arrived in Country: _____ JFTR Location: _____ N/A

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

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

Signature MEMBERS SIGNATURE Date DATE OF IN-PROCESSING

INSTRUCTION FOR COMPLETING:

Certification of Missing or Lost receipt

PURPOSE: *Use this form in lieu of any lost/missing receipts claimed on your settlement voucher*

SECTION I – EXPENSE(S)

- 1. Lodging** *(all block must be filled out for each instance)*
- 2. Airfare** *(all block must be filled out for each instance)*
- 3. Rental Car** *(all block must be filled out for each instance)*
- 4. Taxi/Limousine/Van** *(all block must be filled out for each instance)*
- 5. Other Transportation** *(all block must be filled out for each instance)*
- 6. Registration/Conference Fee** *(all block must be filled out for each instance)*
- 7. Other Expense** *(all block must be filled out for each instance)*

SECTION II – EXPLANATION

Give a full statement as to what happened and why you no longer have the receipt

SECTION III – CERTIFICATION

- 1. Traveler's Name (Last, First, MI)** *(always complete this section)*
- 2. Signature** *(always complete this section)*
- 3. Date Signed** *(always complete this section)*

INSTRUCTION FOR COMPLETING:

TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION STATEMENT

PURPOSE. *Use this form to claim lodging reimbursement at last PDS (only if CONUS PDS), designated location last PDS*

1. **SPLIT DISBURSMENT** *(enter amount to be split disbursed)*
2. **NAME** *(always complete this section)*
3. **GRADE** *(always complete this section)*
4. **SSN** *(always complete this section)*
5. **LOSING CONUS PERMANENT DUTY STATION** *(always complete this section)*
6. **DATE CLEARED GOVERNMENT QUARTERS** *(always complete this section)*
7. **DATE OF DEPARTURE** *(always complete this section)*
8. **DATE HOUSEHOLD GOODS PICKED UP** *(always complete this section)*
9. **DATES OF LODGING** *(always complete this section)*
TLE CLAIM FOR *(always complete this section)*
PLACE OF LODGING *(always complete this section)*
COST PER NIGHT *(always complete this section)*
- 10-18 *(complete for each every different occurrence)*
19. **ARE MARRIED TO ANOTHER MILITARY MEMBER?** *(always complete this section if applicable)*
20. **CLAIMANT SIGNATURE** *(always complete this section)*
21. **FSO USE ONLY – DATE RECEIVED** (leave blank)

INSTRUCTION FOR COMPLETING:

AF Form 594, Application and Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ) or Dependency Redetermination

PURPOSE. Form is use to certify BAH entitlement

PART A – IDENTIFICATION & DUTY LOCATION

1. **NAME** (always complete this section)
2. **SSN** (always complete this section)
3. **GRADE** (always complete this section)
4. **PHONE** (enter duty phone)
5. **DUTY LOCATION** (enter Maxwell AFB, AL 36112)

PART B- MARITAL/DEPENDENTS STATUS

6. (select applicable item(s))
7. Complete if applicable
8. Complete if applicable

If you are claiming a dep in your household

The date you acquired that dep, DOM for spouse, DOB for child

Their full name

8.1 CLAIM BAQ FOR THE DEPENDENT IN NOT IN MY CUSTODY LISTED BELOW (Effective Date): **DOM: 27 Jun 92**

Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)

(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
Doe, Jane	142 Main St Maxwell AFB, AL 36113	Spouse	DOM: 27 Jun 92

The physical address the dependent is residing at.

Only list a child if you are **NOT** claiming a spouse

DOM for spouse
DOB for child

9. Complete if applicable

PART C- MARITAL/DEPENDENTS STATUS

Complete if receiving with dependent rate BAH, otherwise leave blank

With an "X" and your initials you are certifying you provide adequate support for your dependents

PART C- MEMBERS CERTIFICATION (For members with dependents)

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)

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 BAQ. 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 Accounting and Finance Office (AFO). 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: **Doe, Jane** DATE: **30 Apr 12**

MEMBER'S SIGNATURE (always complete this section)

DATE (always complete this section)