

PDT ARRIVAL WORKSHEET

ORG Code F8BG

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 24 TRS Office Symbol _____ OTS _____ Duty/Home Phone _____

Final out date _____ Port call date _____ Date departed last duty station _____

Date I notified unit that I was available for duty _____ Was leave taken upon arrival? Yes No

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

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 to unauthorized location 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 Off-base Billeting/Temp Lodging **Effective Date:** _____ Government Leased Housing (Attaché Personnel)

NOTE: * Billeting/TLF is not classified as "Gov't Base Housing".

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

(E4 & below with less than 3 yrs service & w/o dependents need Commander approval to reside off base & receive BAH)

5. The following information is true and correct:

Name of Primary Dependent _____ Relationship _____ Date of Marriage/Birth _____

***If claiming **ONLY** a child as primary dependent who is not in your custody, with whom is the child residing (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)..... N/A

2. I used 2 privately owned/operated vehicles (POV) for all or a portion of this move: N/A ALL A Portion

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 permanent Gov 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.....

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

1. I travelled with _____ dependents

2. I am currently serving an Accompanied/Unaccompanied Tour _____

Signature _____ Date _____

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
<input type="checkbox"/> Payment by Check		2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE OT		4. SSN	
6. ADDRESS. a. NUMBER AND STREET 550 E MAXWELL BLVD		b. CITY MAXWELL AFB		c. STATE AL		d. ZIP CODE 36113	
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
11. ORGANIZATION AND STATION OTS MAXWELL AFB		12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		10. FOR D.O. USE ONLY	
<input checked="" type="checkbox"/> ACCOMPANIED		<input checked="" type="checkbox"/> UNACCOMPANIED		a. D.O. VOUCHER NUMBER		b. SUBVOUCHER NUMBER	
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		c. PAID BY	
						d. COMPUTATIONS	
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY		a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/MODE OF TRAVEL	
						d. REASON FOR STOP	
						e. LODGING COST	
						f. POC MILES	
						e. SUMMARY OF PAYMENT	
						(1) Per Diem	
						(2) Actual Expense Allowance	
						(3) Mileage	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
16. POC TRAVEL (X one)		<input type="checkbox"/> OWN/OPERATE		<input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL	
18. REIMBURSABLE EXPENSES		a. DATE		b. NATURE OF EXPENSE		c. AMOUNT	
						d. ALLOWED	
19. GOVERNMENT/DEDUCTIBLE MEALS		a. DATE		b. NO. OF MEALS		a. DATE	
						b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE						b. DATE	
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE				e. TELEPHONE NUMBER	
						f. DATE	
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE				c. TELEPHONE NUMBER	
						d. DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
						28. AMOUNT PAID	

**APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ)
OR DEPENDENCY REDETERMINATION**

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. SECTIONS 403 AND 405 ; EXECUTIVE ORDER 9397.

PURPOSE: TO DOCUMENT A MEMBER'S REQUEST FOR, AND SUBSEQUENT AUTHORIZATION OF, AN ADVANCE HOUSING ALLOWANCE.

ROUTINE USES: INFORMATION COLLECTED ON THIS FORM BECOMES PART OF THE JOINT UNIFORM MILITARY PAY SYSTEM (JUMPS), AND IS SUBJECT TO ALL THE ROUTINE DISCLOSURES MADE BY THAT SYSTEM AS MORE FULLY DESCRIBED IN AFP 12-36. ROUTINE RECIPIENTS OF JUMPS DISCLOSURES INCLUDE, BUT ARE NOT LIMITED TO, OTHER FEDERAL AGENCIES SUCH AS INTERNAL REVENUE SERVICE, SOCIAL SECURITY ADMINISTRATION, VETERANS ADMINISTRATION, AND THE DEPARTMENT OF JUSTICE; THE AMERICAN RED CROSS, AND LOCAL GOVERNMENTS FOR TAX AND WELFARE PURPOSES.

DISCLOSURE IS VOLUNTARY: IF REQUESTED INFORMATION IS NOT PROVIDED, IT MAY CAUSE A DELAY IN PROCESSING OF PAYMENT

PART A – IDENTIFICATION & DUTY LOCATION

HOUSING OFFICE OR BILLETING OFFICIAL-NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS

1. NAME (LAST, FIRST, MI)			QUARTERS ARE NOT ASSIGNED	DATE:	
2. SSN	3. GRADE OT	4. PHONE	ADEQUATE QUARTERS	ASSIGNED	TERMINATED
5. DUTY LOCATION (BASE, STATE, ZIP OR COUNTRY) 24 TRS BOT CLASS #			EFFECTIVE DATE:	UNIT #	
			INADEQUATE QUARTERS	ASSIGNED	TERMINATED
			EFFECTIVE DATE:	UNIT#	
PART B – MARITAL/DEPENDENT STATUS			TRANSIENT QUARTERS OCCUPIED – UNIT #		
			EFFECTIVE DATE:	TO:	

6 SINGLE, NO DEPENDENTS SINGLE, CLAIMING DEPENDENTS

MARRIED – SPOUSE IS A CIVILIAN MILITARY MEMBER
IF MILITARY SPOUSE – NAME SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE :

DIVORCED _____ (DATE) LEGALLY SEPARATED _____ (DATE)

TITLE

SIGNATURE

DATE

7. NON-CUSTODIAL PARENTS: I PAY _____ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ OR \$ _____ PER MONTH FOR DEPENDENTS SUPPORT
BASED ON a DIVORCE DECREE, b COURTORDER, c LEGAL SEPARATION AGREEMENT OR d WRITTEN AGREEMENT WITH CHILDS CUSTODIAN

8. I CLAIM BAQ FOR THE DEPENDENT IN NOT IN MY CUSTODY LISTED BELOW(EFFECTIVE DATE) _____

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 DATE OF BIRTH (DOB).

a. NAME (LAST, FIRST, MI)	b. ADDRESS, CITY, STATE, ZIP OR COUNTY	c. RELATIONSHIP	d. (DOB) or DOM

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE OTHER PARENTS IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

PART C- MEMBER'S CERTIFICATION (FOR MEMEBRS 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 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 FALSE CLAIM, OR A 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 (AFO). I ALSO UNDERSATAND 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 _____

OFFICIAL USE ONLY

START	CHANGE	CANCEL	REPORT	STOP	PARTIAL	WITHOUT DEPENDENT	WITH DEPENDENT

DEPENDENCY DETERMINATION: 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, _____ PARENTS, STEPCCHILD, _____ ADOPTED CHILD, _____ INCAPACITATED CHILD, _____ ILLEGITIMATE CHILD OR _____ CHILD, MEMBER TO MEMBER MARRIAGE.

I HAVE DETERMINED THAT THE ABOVE NAMED INDIVIDUAL IS NOT DEPENDENT ON MEMBER OR ELIGIBLE TO BE A DEPENDENT OF MEMBER. REASONS FOR DISSAPPROVAL ARE NOTED HERE.

I HAVE REVIEWED DOCUMENTS THAT SUPPORT CLAIM THAT MEMBER IS E-7 OR ABOVE AND NO MILITARY NECESSITY REQUIRES THE MEMBER TO RESIDE ON BASE.

TITLE OF CERTIFYING OFFICIAL	SIGNATURE	OFFICE ADDRESS	DATE
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STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)

PRIVACY ACT STATEMENT

AUTHORITY: Title 37, U.S. Code, Section 427.
PRINCIPAL PURPOSE: To evaluate member's application for FSA.
ROUTINE USES:
 a. Serves as substantiating document for FSA payments and input into the member's pay account.
 b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.
 c. Provides a record in service member's pay account and for safekeeping.
DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER <i>(Last, First, Middle Initial)</i>	2. GRADE OT	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION USAF/OTS/BOT
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PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA

5. TYPE II *(X as applicable)*
 FSA-T (Temporary) FSA-R (Restricted) FSA-S (Ship) **6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)**

7. DATE (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION *(Mobilized Members)*

8. I CERTIFY TO THE FOLLOWING FACTS *(X applicable box(es))*

- a. I am not divorced or legally separated from my spouse.
- b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.
- c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty.
- d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.
- e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.
- f. I am married to another military member currently serving on active duty and my spouse was was not residing with me immediately before being separated by execution of my military orders.
 Spouse's SSN: _____ Branch and Component: _____
- g. My last TDY or deployment, if any, was was not within the last 30 days from this TDY or deployment.

9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.

a. DATE (DDMMYY) **b. SIGNATURE OF MEMBER**

PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW

10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. *(Attach a blank page for continuation if necessary.)*

a. LOCATION	b. INCLUSIVE DATES OF TDY/IT <i>(From/To)</i>	c. NO. OF DAYS

11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ on _____ *(Last permanent duty station)* *(DDMMYY)* and was on leave en route _____ *(Inclusive leave dates - DDMMYY)*, proceed time _____ *(Inclusive dates)* and the member reported to _____ *(PDS)* on _____ *(DDMMYY)*. Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.

12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing *(DDMMYY)* _____

a. NAME OF SHIP/UNIT **b. HOMEPORT**

13. Travel performed under authority of orders _____, dated _____

14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.

16. DATE (DDMMYY)	16. CERTIFYING OFFICER	
	a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. TITLE
	c. ORGANIZATION	d. SIGNATURE



FINANCIAL MANAGEMENT (COMPTROLLER) CUSTOMER SERVICE SURVEY



We believe the benchmarks for superior customer service are Attitude, Aptitude, and Teamwork. We solicit your feedback to help us reach and maintain GREAT SERVICE TO YOU, THE CUSTOMER. Whether you visited our office in person or handled your transaction by phone or e-mail, please take a moment to complete this form.

Type of Service			
Lobby Walk In <input type="checkbox"/>	BOT/COT/OTS In-processing Briefing <input type="checkbox"/>	PCS In-processing Briefing <input type="checkbox"/>	Separations/Retirements <input type="checkbox"/>

Please place an "X" in the appropriate block below

SCALE: 5-Outstanding, 4-Excellent, 3-Satisfactory, 2-Marginal, 1-Unsatisfactory, N/A-not applicable

ATTITUDE	5	4	3	2	1	N/A
Appearance of personnel	<input type="checkbox"/>					
Courtesy/Friendliness of personnel	<input type="checkbox"/>					
Professional environment (clean, neat, etc)	<input type="checkbox"/>					
APTITUDE						
Knowledge of personnel	<input type="checkbox"/>					
Accuracy of service provided	<input type="checkbox"/>					
Information was understandable	<input type="checkbox"/>					
TEAMWORK						
Promptness of service	<input type="checkbox"/>					
Timely follow-up	<input type="checkbox"/>					
Overall Evaluation	<input type="checkbox"/>					
COMMENTS/RECOMMENDATIONS FOR IMPROVEMENTS						
WOULD YOU LIKE TO BE CONTACTED TO FURTHER DISCUSS OUR SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/>						
NAME (OPTIONAL)		GRADE		DUTY PHONE		

Your Customer Service Representative: Date: