



PACIFIC REGION SEPARATION INSTRUCTIONS



THIS CHECKLIST WILL ENSURE A SMOOTH TRANSITION OUT OF THE PACIFIC AREA FOR EMPLOYEES WITH ENTITLEMENTS



Applicability: This guidance is to assist employees who are separating from Federal Service due to resignation, retirement, termination or Leave without Pay (LWOP).

☐ REQUEST SEPARATION TRAVEL ORDERS

- Please request your separation travel orders immediately by initiating a request through the [Travel Order Processing System \(TOPS\)](#).
- When submitting the request for separation travel orders through [TOPS](#), please attach the following documents:
 - A signed SF-52 Request for Personnel Action (RPA). NOTE: For retirees – a copy of an RPA is included in the retirement packet. All other separations – please request a blank SF 52 from your school's secretary.
 - Before Separation Orders can be issued all employees must have completed the Level I Antiterrorism Training. The Level I Antiterrorism Training may be taken online at <https://tkodirect.jten.mil>. Once the certificate is issued a copy must be uploaded in [TOPS](#) and submitted with request for separation travel orders. The Level I Antiterrorism certificate is good for one calendar year.
 - If you are currently serving on a transportation agreement and will be separating before your agreement is served; you must submit a request for a waiver of your transportation agreement to your servicing HR representative. If approved, please attach approval letter to [TOPS](#) to request for separation travel orders. **(EMPLOYEES ON 1YEAR TOUR ASSIGNMENTS: DO NOT SUBMIT THIS IF YOU WILL BE SEPARATING AT THE END OF THE SCHOOL YEAR).**
 - All other supporting documents must be submitted through [TOPS](#) as an attachment to your request for separation travel orders.
- You may contact the DoDEA Pacific HR Division for assistance with your travel orders.

☐ ARRANGE FOR YOUR TRAVEL

- Arrange all request for travel with your nearest Military Transportation Office/Commercial Travel Office.

☐ ARRANGE FOR SHIPMENT OF HOUSEHOLD GOODS (HHG)/NON-TEMPORARY STORAGE (NTS)

- This is coordinated with your nearest Military Transportation Office. PCS Orders are required to make arrangements for pack-out dates. Due to limited availability, please ensure you arrange for shipment of HHG as soon as orders are received.
- Your HHG will be stored in transit (SIT) at government expense not to exceed 90 days. Extension beyond the initial 90 days requires submission of a request to HQs with the reasons beyond your control for the extension. At no time may SIT be stored more than 180 days. Any extension request **MUST BE SUBMITTED** in advance of the expiration of the first 90 days! Your request should be in memorandum format and you should attach any supporting documents. JTR 5672 SECOND 90 DAYS OF SIT (FTR §302-7.9)
- Typically CHRA will indicate on your order your NTS weight. Remember your total HHG includes NTS.
- If you wish to have an alternate destination for the NTS, you need to notify CHRA to add that remark in your orders. Be advised that DoDEA will only pay for the constructive cost of shipment to your home of record. Anything above that cost, you will be responsible to pay any difference. Once you have your orders, you need

to meet with TMO and make arrangements to remove your NTS.

- The JTR (5656) provides for split transportation of HHG provided the combined HHG shipment does not exceed the (1) Authorized HHG weight allowance, and (2) cost of Government-procured HHG transportation of the maximum HHG weight allowance in one lot between authorized places. The TMO can provide additional information on this subject.
- NTS at government expense terminates on the first day of the second month following the last day of work at your duty station. So if your last day of work is 12 June, then 1 August will be the date your NTS at government expense terminates. You will be obligated for the storage expenses beyond that date if the NTS items are not delivered by that date. **THERE IS NO EXTENSION OF NTS at government Expense. (JTR 5658)**
- If the SIT or NTS is converted to you for payment you will **STILL** have government delivery entitlement, up to the constructive cost of delivery to your HOR.

☐ **LIVING QUARTERS ALLOWANCE (LQA)**

- ❌ LQA ends effective the day you are released from private quarters.
- ❌ You must submit your SF-1190, Application for Foreign Allowances, to stop LQA via [DAPS](#) immediately upon release from private quarters or as soon as you know the date you will be moving out of private quarters.
- ❌ Employees, who are receiving bi-weekly LQA payments for utilities and fail to stop their LQA on time, will continue to receive utility payment, thus creating an LQA overpayment.
- ❌ Repayment instructions for unused LQA.
 - You are required to repay the unused portion of any advanced LQA received. The Payroll CSR will provide you with the amount to repay. It is your responsibility to repay the unused LQA regardless of whether or not you received the money from the landlord.
 - You must submit a helpdesk ticket through Global Service Desk as soon as you receive your lease termination date so the Payroll CSR can prepare any unused advance LQA calculation and procedures or repayment. GSD: <https://globalservicedesk.ds.dodea.edu/workcenter/tmtrack.dll?shell=srp#catalog> (we highly suggest using google chrome)

☐ **POST ALLOWANCE (PA) - APPLICABLE TO ALL EMPLOYEES WITH A FULL TIME WORK SCHEDULE**

- Post Allowance ends the last day in pay status or the day before TQSA starts while in pay status.
- Submit an Application for Foreign Allowance, SF-1190, via [DAPS](#) to request stop payment of Post Allowance at the appropriate time.
- Employees cannot receive PA while in an outgoing or incoming TQSA status.

☐ **POST DIFFERENTIAL (PD) - (if applicable to your current PDS)**

- Post Differential stops upon your departure.
- Submit an Application for Foreign Allowances, SF-1190, via [DAPS](#), to request stop payment of Post Differential effective the day after you leave Korea.

☐ **OUTGOING TQSA**

- Separating employees entitled to LQA are also entitled to outgoing TQSA. Immediately scan/email lodging receipts to your respective HR representative.
- TQSA may be authorized for up to 30 days prior to your departure date. To request reimbursement of outgoing TQSA, please submit a hard copy of your Application for Foreign Allowances, SF-1190 (<http://www.state.gov/documents/organization/80162.pdf>) along with the itemized worksheet (http://aoprals.state.gov/content/documents/1851_TQSA.pdf). Be sure to submit all receipts with your request.
- If you require a TQSA/LQA overlap, an overlap for up to 5 days is permissible if necessary for household cleaning and repairs. Your overlap must begin the date of your HHG/s pack-out. Documents from TMO showing your pack-out dates must support your request if 3 or more days are being requested. Overlap requests for personal convenience will NOT be approved. An overlap request memo is included in Enclosure 1 of this packet.

☐ **TEACHER LQA UPON SEPARATION**

- Per the DoDI 1400.25, Vol 1250, if an educator will not be returning for the following year, the educator may receive payment of LQA until his or her last day in a duty status. The allowance may be continued up to 14 calendar days or the date of departure, whichever is earlier and on a case by case basis, for an educator who is required to await authorized transportation if appropriate documentation is provided by the transportation office.

☐ **BASE AND SCHOOL CLEARANCE - APPLICABLE TO ALL EMPLOYEES**

- You must complete these out-processing procedures before you leave your current duty station in the overseas area. Information on these procedures can be obtained from your school's secretary.
- You must turn in your current DoD ID card!
- A Base and School clearance checklist is included in Enclosure 2 of this packet.

☐ **CHANGE OF ADDRESS FORM - APPLICABLE TO ALL EMPLOYEES**

- Change of Address form is required in order to forward any payroll related information that may arise after you separate, including the W-2 at the end of the Tax year. The address change form is included in Enclosure 2 of this packet.

☐ **OFFICIAL PASSPORTS - APPLICABLE TO ALL EMPLOYEES**

- Official passports must be turned in to DoDEA HQ Passport Office at:
DODEA/PASSPORT OFFICE
4800 MARK CENTER DRIVE
ALEXANDRIA, VA 22350
(571)-372-0789
Note: Passports should be mailed via Priority mail, Express mail, or FedEx with which a tracking number will be assigned.

☐ **SUBMISSION OF TRAVEL VOUCHER**

- Remember to take a copy of the form DD 1351-2, Travel Voucher or Sub-voucher, with you in order to file your reimbursement claim for travel expenses.
- Forward your completed travel voucher to your Supervisor for signature approval.
- Once you receive your approved voucher, forward it, along with all supporting documents by email to:

HQPCSRATVouchers@hq.dodea.edu

For additional contact information, please refer to page two, Section III of your travel orders.

- A sample travel voucher is included in Enclosure 2 of this packet. The fillable form may be found at <http://www.dfas.mil/civilianemployees/travelpay/forms.html>.

☐ **POINT OF CONTACT FOR FUTURE QUESTIONS**

- Should you require further information regarding your personnel record, you may contact your Pacific Human Resources Team.

☐ **REMINDER** ☐

Missing and/or incomplete forms may slow the processing of your personnel documents. Ensure that all forms are filled out completely and that you have all the necessary documentation attached. If you have any questions or need assistance before leaving the Pacific Area, please contact your school secretary or your HR Team representative.

Pacific Human Resources Division

ENCLOSURE 1

ALLOWANCE INFORMATION



- Friendly Reminder Form
- TQSA/LQA Overlap memo



FRIENDLY REMINDER FORM

Please e-mail a copy of this form to your HR Specialist

Employee Name: _____ SSN#: _____

School: _____

☐ I submitted a request in DAPS to stop Post Allowance on _____

☐ I submitted a request in DAPS to stop Post Differential on _____
(put N/A if not applicable to your PDS)

☐ I submitted a request in DAPS to stop LQA on _____

☐ A copy of my check & certified mail receipt for repayment of advance
LQA was scanned/e-mailed to Payroll CSR on _____

☐ I mailed my unused advance LQA check via certified mail on _____

☐ I scanned/e-mailed the outgoing TQSA Request Worksheet, and receipts to Pacific HR
Specialist on _____

Employee Signature

Date



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
PACIFIC AREA OFFICE
UNIT 35007
APO AP 96376-5007**

PRE-DEPARTURE TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (TQSA)

Employees are authorized up to 30 calendar days of TQSA immediately preceding departure from a foreign post in conjunction with a transfer or separation (resignation or retirement). The employee must be eligible for Living Quarters Allowance to be authorized TQSA.

Pre-departure TQSA may start the day the employee occupies temporary quarters (hotel or billeting), the date the employee terminates permanent quarters, or 30 calendar days preceding their permanent departure from the overseas post, whichever occurs later. Employees may be granted a brief period of not more than 5 calendar days of TQSA that overlaps with LQA if requested by the employee and approved by the Human Resources Division. The overlap days are approved if needed to clean and repair the permanent quarters prior to terminating a lease.

Employees must claim actual expenses for TQSA. They cannot claim a “flat” or “standard” amount. Employees must maintain a daily record of meals and lodging expenses. Receipts are required for lodging and may be required for meals and laundry/dry cleaning. Receipts for meals and laundry/dry cleaning must be retained in the event they are required to support a TQSA claim.

Employees may claim meal expenses from dining at restaurants and other eating establishments and may claim the cost of food from a grocery store or commissary. The cost of the food purchased at a grocery store or commissary should be spread out over the days when the food was consumed for meals.

The following items **cannot** be claimed as TQSA expenses:

- Toiletry and sundry items (deodorant, hair spray, shampoo, toothpaste, tooth brushes, soap, cleaning supplies, perfume or cologne, shaving supplies, suntan lotion, hand lotion, etc.)
- Childcare products (diapers, baby wipes, baby powder, toys, etc.)
- Smoking products (cigarettes, cigars, lighters, chewing tobacco, etc.)
- Alcohol, including drinks at a restaurant (wine, beer, mixed drinks, liquor)
- Entertainment (movies, video games, refreshments at movies or other venues, such as sodas, popcorn, candy, ice cream, etc.)

Employees are required to exercise the same prudence and judgment as if the lodging and subsistence expenses were being paid by the employee. TQSA is not intended to reimburse the employee for extravagant lodging or meals. Receipts will be required to support any TQSA claim that is determined to be excessive.

TQSA claims must be filed through the DoDDS automated DoDEA Allowance Processing System (DAPS). Employees can receive assistance from the school secretary or the Human Resources Division on the use of DAPS.

I certify that I have read the above and understand the above conditions regarding the payment of TQSA expenses.

(Printed Name/Signature)

(Date)



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
PACIFIC AREA OFFICE
UNIT 35007
APO AP 96376-5007

REQUEST FOR Temporary Quarters Subsistence Allowance

(TQSA)/Living Quarters Allowance (LQA) OVERLAP

NAME: _____ SCHOOL/OFFICE: _____

DATE LEAVING THE COUNTRY _____
dd/mm/yyyy

I am requesting an overlap of LQA and TQSA for _____ days.

Specifically, the requested dates of overlap are from _____ to _____
dd/mm/yyyy dd/mm/yyyy

HHG packed out on: _____
dd/mm/yyyy

Lease/Government Quarters will be terminated on: _____
dd/mm/yyyy

The date checked into hotel/billeting is: _____
dd/mm/yyyy

I certify that the overlap of TQSA/LQA was necessary to move out, clean and repair my permanent quarters prior to termination of the lease.

DoDDS Employee Signature

Date

Note: If requesting 3 or more days of TQSA/LQA overlap, you must submit documentation from the Travel Management Office verifying your HHG pack out dates, i.e. DD Form 1299, Termination of Lease or Final Inspection Notice.

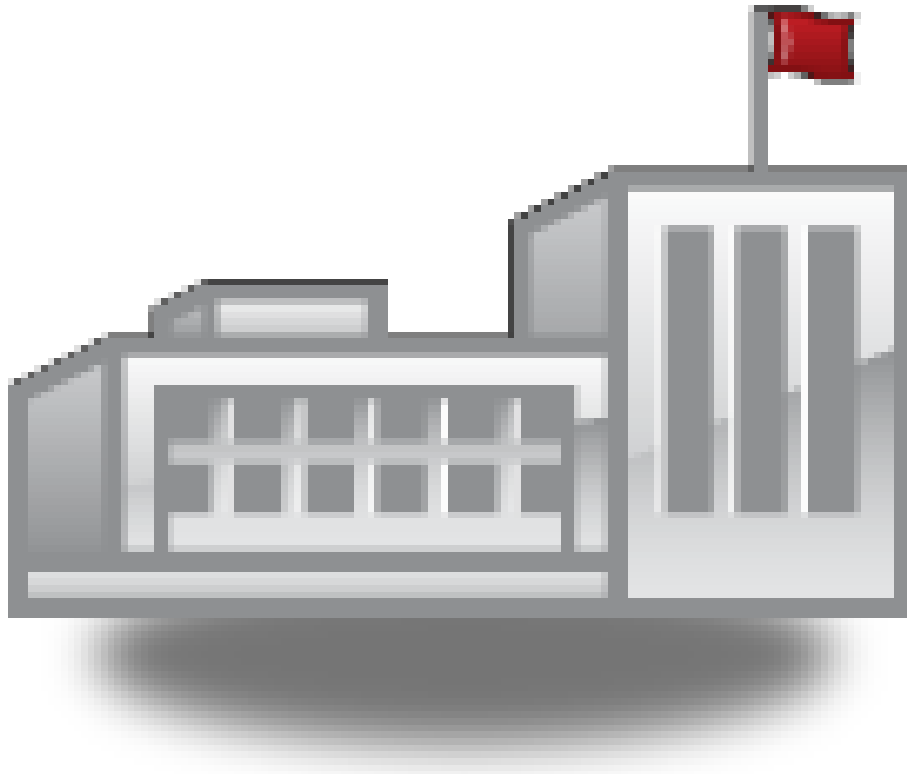
☐ This request is approved for an overlap of _____ days from:

_____ to _____
dd/mm/yyyy dd/mm/yyyy

☐ This request is disapproved for the following reason(s).

Chief, HR Division

ENCLOSURE 2



- Base and School Clearance checklist
- Change of Address Form
- Blank Travel Voucher
- DFAS Travel Voucher instruction



DoDEA Pacific Area and Base Out-Processing Checklist

NAME: _____ DATE: _____

TEMPORARY LOCAL ADDRESS: _____ PHONE NUMBER: _____

FORWARDING ADDRESS: _____ PHONE NUMBER: _____

DATE DEPARTING THE COUNTRY: _____

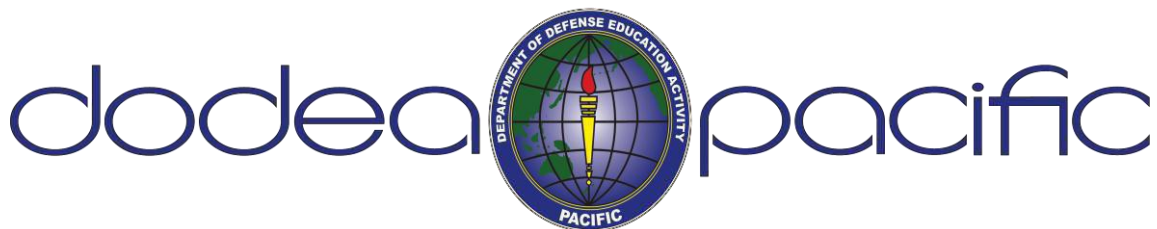
ONLY OUT-PROCESS WITH THE OFFICES THAT ARE APPLICABLE TO YOU (PLACE N/A FOR THOSE THAT DON'T)			
BASE AGENCIES	INITIALS		INITIALS
AAFES (DPP/VIDEO RENTAL)		HOUSING OFFICE	
RATION CONTROL		CABLE TV	
BANK/CREDIT UNION		INTERNET PROVIDER	
BASE LIBRARY		POST OFFICE Leave forwarding address	
CLINIC/HOSPITAL/DENTAL for Copies of record		VETERINARY SERVICES	
NCO/OFFICER CLUB BILLING		STARS & STRIPES	
OFF BASE PACIFIC CHECKLIST & ACCOUNT CANCELLATION (This is for those who have off base accounts)		TELEPHONE SERVICE OFFICE BASE PHONE ONLY	
		PASS & ID/AUTO DE-REGISTRATION	
DODDS	INITIALS	DODDS	INITIALS
ONLY FOR THOSE RETIRING OR SEPARATING: Turn in ID card(s) to your school secretary prior to departure		CLEARING PAYROLL: Turn in SF-1190 and Change of Address forms to your servicing HR Specialist, update your banking information and forwarding address in the payroll system	
LQA ACCOUNT: Terminate private rental and turn in SF-1190 to stop LQA		TQSA ACCOUNT: Turn in SF-1190 to claim TQSA Allowance	
PA ACCOUNT: Turn in SF-1190 to stop Post Allowance		MISC (Keys, etc.)	

I have no outstanding debts in this area either personal or official (telephone, clubs, etc) and I have no unauthorized government property in my possession and all my responsibilities are cleared.

SIGNATURE

DATE

RETURN THIS SHEET TO YOUR ADMINISTRATOR BEFORE YOU LEAVE THE COUNTRY



ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

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

- 1. AUTHORITY:** 37 U.S.C. 101 et seq. 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67, 71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943.
- 2. PRINCIPAL PURPOSES:** To permit address changes for the Joint Uniform Military Pay system (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.
- 3. ROUTINE USES:** Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. Treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.
- 4. Disclosure:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earning Statement, Net Pay Advices, and miscellaneous pay-related documents.

NAME

SSN

SCHOOL/DIVISION

NEW MAILING ADDRESS

STREET ADDRESS/PSC BOX

CITY, STATE, APO/FPO

ZIP

EMPLOYEE SIGNATURE

DATE

Exception to SF 1012 approved by GSA/IRMS 12-91.
Adobe Designer 8.0

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.
Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNs/component/dfas/preamble.html>.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

Filing a Travel Claim





Now that you've gathered all of your supporting documents, let's file your travel claim. Below is some information you should be aware of when filing your claim.

- **Filing a travel claim is your responsibility**
- **Travel claims are not processed by CHRA or DoDEA Human Resources Division**
- **Travel Voucher must be prepared in ink, typewriter, or computer generated**
 - A sample travel voucher is included in Enclosure 2 of this packet. The fillable form may be found at <http://www.dfas.mil/civilianemployees/travelpay/forms.html>.
- **Ensure all forms are legible and accurate**
- **Review bank account details on direct deposit form for accuracy**
- **Your claim must be approved and signed by your supervisor/school administrator.**
- **Travel claim and all supporting documents must forwarded to via the following methods:**

Mailing the Voucher	Department of Defense Education Activity ATTN: Resources Management - Travel Branch - 05F04-02 4800 March Center Drive Alexandria, VA 22350-1400
E-Mailing the Voucher	<u>HQPCSRATVouchers@hq.dodea.edu</u>

SAMPLE

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 <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
2. NAME (Last, First, Middle Initial) (Print or type) Doe, Jane E.		3. GRADE GS-11	4. SSN 000-00-1234		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
6. ADDRESS. a. NUMBER AND STREET PSC 000 Box 0000		b. CITY APO	c. STATE AP	d. ZIP CODE 96367			
7. DAYTIME TELEPHONE NUMBER & AREA CODE 0000000000		8. TRAVEL ORDER AUTHORIZATION NUMBER PC000 (CHECK ORDERS)		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
11. ORGANIZATION AND STATION DoDEA Pacific				12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH (MM/DD/YYYY) Doe, John E. Spouse 05/07/01 Doe, Suzie Q. Daughter 08/10/31		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) PSC 000 Box 0000 APO, AP 96367	
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input 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 1 Dec DEP OKINAWA, JAPAN CP 1 Dec ARR CHICAGO, IL. AT 150.00 7220 2 Dec DEP CINCINNATI, OH. MC 295 2 Dec ARR DEP ARR DEP ARR DEP ARR DEP ARR		16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER	
17. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED 1 Dec TAXI TO AIRPORT 45.00 1-2 Dec LODGING 150.00 2 Dec TAXI FROM AIRPORT 50.00				18. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS		19. SUMMARY OF PAYMENT (1) For Dicom (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	
20. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS							
21. CLAIMANT SIGNATURE *****FORM MUST BE SIGNED AND DATED*****				22. DATE 12/15/14			
23. REVIEWER'S PRINTED NAME SUPERVISOR		24. REVIEWER SIGNATURE SUPERVISOR SIGN		25. TELEPHONE NUMBER 0000000000		26. DATE 12/15/14	
27. APPROVING OFFICIAL'S PRINTED NAME SUPERVISOR		28. SIGNATURE SUPERVISOR SIGN		29. TELEPHONE NUMBER 0000000000		30. DATE 12/15/14	
31. ACCOUNTING CLASSIFICATION							
32. COLLECTION DATA AGENCY USE ONLY							
33. COMPUTED BY AGENCY USE		34. AUDITED BY AGENCY USE		35. TRAVEL ORDER/ AUTHORIZATION POSTED BY AGENCY USE		36. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE	
						37. AMOUNT PAID	

Check Your Form

Blocks 1-11: Be sure the information is legible and accurate. Do not leave any fields blank. Provide a duty phone number and e-mail address. Make sure all of the information matches your travel orders, i.e. name, SSN, and the travel order number. If you did not receive a Travel Payment Advance, be sure to put "NONE" in Block 9.

Block 12: Only list family members whose travel was concurrent to yours.

Block 15: Columns (a) through (e) must be completed using dates, modes of travel, and reason for stops. **Refer to the reverse page of the DD 1351-2 for correct "modes of travel" and "reason for stop" codes.** Your voucher **will be returned** if any of the dates or codes are omitted. Is the itinerary complete (i.e., Port of Embarkation – Home/Post/Rome, Italy to U.S. Debarkation Port of entry to HOR/Alternate Destination of Embarkation to Camp Foster/KAB, Okinawa, etc.). Are the correct Modes of Travel/Reasons for Stop completed? If the government is purchasing your ticket/s the mode of Travel will be TP, if you are purchasing your own ticket/s the mode of Travel will be CP, if you're traveling on government air, it will be GP.

Block 16: Be sure (POC travel) is checked if mileage is claimed. Examples of POC (PA) mileage is: airport to HOR/Alternate Destination, vice/versa, and number of miles driven. Indicate the number of people of per POC, if more than one POC is authorized and used. If you are claiming Taxi's to/from airport terminals, be sure to list the origin and destination for the taxi service used.

Block 17: Must be completed indicating the duration of your travel period

Block 18: List all expenses for which you are claiming reimbursement. Receipts must be attached for all airline tickets and lodging or certified statement explaining why receipts are not attached. Receipts are not required for taxi fares under \$75.00.

Make sure your form is signed and dated by you and your supervisor before sending to payroll.



DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

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

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
CITY	STATE	ZIP CODE																			
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (Check only one) <table><tr><td><input type="checkbox"/> Social Security</td><td><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td></tr><tr><td><input type="checkbox"/> Supplemental Security Income</td><td><input type="checkbox"/> Mil. Active _____</td></tr><tr><td><input type="checkbox"/> Railroad Retirement</td><td><input type="checkbox"/> Mil. Retire. _____</td></tr><tr><td>Civil Service Retirement (OPM)</td><td>Mil. Survivor _____</td></tr><tr><td>VA Compensation or Pension</td><td>Other _____ (specify)</td></tr></table>		<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active _____	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire. _____	Civil Service Retirement (OPM)	Mil. Survivor _____	VA Compensation or Pension	Other _____ (specify)								
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C CLAIM OR PAYROLL ID NUMBER Prefix _____ Suffix _____																					
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE	DATE	SIGNATURE	DATE																		
SIGNATURE	DATE	SIGNATURE	DATE																		

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.													
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE										

Financial institutions should refer to the GREEN BOOK for further instructions

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO
THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

NSN 7540-01-058-0224

FINANCIAL INSTITUTION COPY

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury		15-51 000						
<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>08</td> <td>31</td> <td>84</td> </tr> </table>		Month	Day	Year	08	31	84	AUSTIN, TEXAS
Month	Day	Year						
08	31	84						
29-693-775-00		(C)						
Pay to the order of	JOHN DOE 123 BRISTOL STREET HAWKINS BRANCH TX 76543	(A)						
28 28		(F)						
VA COMP								
<table border="1"> <tr> <th>DOLLARS</th> <th>CTS</th> </tr> <tr> <td>\$****100</td> <td>00</td> </tr> </table>		DOLLARS	CTS	\$****100	00			
DOLLARS	CTS							
\$****100	00							
NOT NEGOTIABLE								
":00000518": 041571926"								

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

SAMPLE

SAMPLE

SAMPLE

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1075

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

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ADDRESS (street, route, P.O. Box, APO/FPO) 123 Main St		E DEPOSITOR ACCOUNT NUMBER <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		1	2	3	4	5	6	7	8	9								
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CITY Somewhere	STATE GA	ZIP CODE 12345																		
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C CLAIM OR PAYROLL ID NUMBER SSN 123-45-6789 Prefix Suffix		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																		
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NAME AND ADDRESS OF FINANCIAL INSTITUTION MONEY BANK SOMEWHERE, GA., 12345		ROUTING NUMBER <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		1	2	3	4	5	6	7	8	9	CHECK DIGIT <table border="1"> <tr> <td>9</td> </tr> </table>	9
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PAYEE COPY

1199-207

Designed using Perform Pro, WHS/DIOR, Mar 97

****Ensure all Fields are complete on your direct deposit form. Check your bank account details for accuracy. ****