

Finance Retirement/Separation Checklist

Customer Use

Name (Last, First, MI)	Grade	SSN	DOS
Work Private	Duty Location (Base, State, Zip)	Telephone Work Private	

Leave

- I Please confirm projected leave balance with your servicing Finance. _____ days. (N/A if you're not taking any terminal/permissive)
- II All Permissive and Terminal Leave requests are processed and approved in LeaveWeb before departure. G Series Commander approved, finance authorized.
- III Permissive leave will be done under "**Type T, Rule 2.**" to be correctly routed in LeaveWeb.
- IV If you take any portion of your Permissive leave in conjunction with Terminal Leave, please check the box "In conjunction with Terminal Leave."
- V Leave numbers will be assigned after all leave is approved and final out documents are returned to the Finance office.
- VI If you take ordinary leave instead of terminal leave, return 15 days before scheduled separation date to prevent pay problems.
- VII Per AFI 36-3003 table 3.6, rule 2, CONUS locations are authorized 20 days of permissive leave to the following authorized members: incentive separatees, special benefits separatees, and retirees.

Type	Start Date	End Date
Permissive		
Terminal		

Checklist & Instructions

Read each line and insert your full initials to confirm understanding

- ☐ -As my dependents are not listed on my orders, I understand that I must retrieve a copy of my DD Form 1172-2 per the instructions on the SOU, block 8 to claim civilian dependents on a final travel voucher. If single with no dependents, N/A.
- ☐ -My unit APC has confiscated or destroyed my GTC and provided me with a GTC deactivation memo.
- ☐ -If I have any pending debts, remission or waiver requests for a debt, or have any bonus payments that need to be recouped, I have notified Finance.
- ☐ -I plan on taking permissive leave in conjunction with terminal and will input through LeaveWeb. Please refer to VII above.
- ☐ -I plan on taking terminal leave up to my date of separation and will input through LeaveWeb.
- ☐ -I understand that I am only authorized to sell a maximum of 60 days of leave in my military career.
- ☐ -I understand that if I am under a different base's hierarchy in LeaveWeb, I must contact the that base's Finance office to have it authorized.
- ☐ **-For AGR Members ONLY:** I do not wish to sell my leave and would like to to have it transferred. If yes, Please complete AF Form 1089. If not, N/A.
- ☐ -I understand that separate travel time is not granted and I must be on leave or separated to depart the PDS IAW AFMAN 65-114, para 6.7.5.
- ☐ -I am able access MyPay with login ID and password in order to retrieve final LES's, W-2's, and future 1099-R's for retiree's.
- ☐ **-To be signed off on my vMPF checklist and have my leave authorized I will return a copy of my orders, this checklist, AF Form 594, the address change form, AF Form 1089 (if applicable), and a copy of my DD Form 1172-2 if I have dependents.**
- ☐ **-For Retirees ONLY:** I understand that selecting a home outside the 50 states, I must select a HOS within the CONUS for comparison purposes (JTR 051003 B.3). If Home of Record (HOR) or Place from Which Called or Ordered to Active Duty (PLEAD) is OCONUS then travel entitlements to that locations are authorized.
- ☐ -I understand that if I reside in base privatized housing or enrolled in the Rental Partnerships Program (RPP), I will coordinate termination with the contractor and Base Housing Office.
- ☐ -I understand Approved Terminal and Permissive leave is reviewed and authorized by Finance. If my leave is going to start within a week without an authorization, I can call 240-612-3160 opt #2 to request authorization after all required forms have been submitted to Finance.

Member's Name & Rank	Signature	Date
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**Joint Base Andrews 316
Comptroller Squadron
RETIREMENT/SEPARATIONS**

MEMORANDUM FOR RETIREE/SEPARATEE
FROM: 316 CPTS/FMF
1500 West Perimeter Rd. Suite 2780
JB Andrews, MD 20762
SUBJECT: Retirement and Separations Information Statement of Understanding

1. FINAL PAY: This is the last paycheck you will receive for your active duty service and it will include unpaid pay and allowances and accrued leave, if applicable. Final pay is processed manually through the base Finance Office, not DFAS. Since it is processed manually, your LES will reflect a \$0.00 for your last paycheck. You will receive your final pay within 10 business days after your retirement or separation date. The payment will be sent to the same account where you normally receive your Active Duty pay. If you would like the payment to go to a different account, please provide us with an updated SF 1199A (direct deposit).

2. BAH: You will continue to receive the local rate of BAH through your DOS even if you relocate while on your final leave. If you are *mil-to-mil*, your spouse will need to update their BAH with their servicing finance office to claim you as a civilian dependent. They will need to provide a AF 594, your DD 214, and a copy of your marriage certificate.

3. TERMINAL & PERMISSIVE: Your Terminal and Permissive TDY will be input into LeaveWeb NOT a manual AF Form 988. Permissive leave is limited up to 20 days and is approved at the discretion of your Commander, for Retirees and Eligible Separating Members (as per SPD code on orders). You can take the 20 days straight or break it up into shorter periods, but you may not bridge weekends i.e. you must work a Monday or Friday otherwise you will need to take the weekend as well. If you take any portion of the PTDY in conjunction with your Terminal, when you select Permissive leave, select Rule 2 and check the box that pops up "In conjunction with Terminal leave?" Terminal leave is all ordinary leave you will have accrued through your DOS and is input as Type P leave into LeaveWeb.

4. LEAVE SETTLEMENT: You can only be paid a TOTAL of 60 days of leave during your military career. Leave is payable at the daily rate of your basic pay. To get this rate, divide your monthly basic pay by 30 days to get the daily rate; multiply the daily rate by the number of leave days you are eligible to sell back to get the total amount of your leave settlement. Federal Taxes will deduct at a rate of 22% plus any additional state taxes, if applicable.

5. PERMISSIVE TDY: All members retiring are authorized permissive TDY. The only separatees eligible PTDY are voluntary separation incentive, special separation benefits and involuntary separatee. Permissive TDY is only used for house and/or job search per AFI 36-3003, Table 3.6, Rule 2. A member is authorized up to twenty days of permissive TDY for CONUS members and up to thirty days is authorized for overseas retirees.

6. ALLOTMENTS:

Separatees: Your allotments will be paid through your last **FULL** month of active duty. If you separate after the 15th of the month, your mid-month pay will indicate a deduction for your allotments, however, the amount will be refunded in your final pay.

Retirees: All of your allotments, with the exception of charity, TSP, SGLI, and Met Life allotments, will transfer to your retired pay. TSP does not deduct from your pay the last month on Active Duty. Changes to your allotments must be made NLT 30 days prior to your retirement date to affect your active duty pay. After you retire, you may start, stop, or make changes to your allotments by contacting DFAS or using myPay. Insurance allotments cannot be started after retirement.

7. OUTSTANDING DEBTS: All debts on your record at the time of separation will be satisfied with any available funds on your military pay account. If the FSO is aware of a debt, the repayment will be accelerated to satisfy as much of the debt as possible before your DOS. If you anticipate having a debt(s) that may not be satisfied by your DOS, you are advised to make arrangements to satisfy the debt(s). Once a debt becomes Out of Service debt, Active duty finance office cannot arrange any options.

8. FINANCE RETIREMENT/SEPARATION OUT-PROCESSING:

Customer Phone Hours: Monday - Friday, 0900-1500

Phone: 240-612-3160 opt #2

Email: 316.cpts.customer.service@us.af.mil - Used for sending in Travel voucher ONLY - all other inquiries must go through the Comptroller Services Portal (CSP) :

<https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/Home.aspx>

9. RETIRED PAY INQUIRIES: For any questions concerning your AD Pay up until your last AD paycheck, please contact the local Finance Office. Retired pay inquiries should be directed to DFAS. The CPTS does not compute retirement pay. A retired pay estimate can be obtained via the AFPC Retired Pay Calculator located at <http://www.dfas.mil/retiredmilitary/plan/estimate.html>

You should ensure that you have created a myPay pin and password so that you can access your final LES, W-2, and 1099-Rs. You should be able to see the shell of your retired myPay account before your DOS. If not, ensure you filed your Survivor Benefit Plan (SBP) paperwork with the A&FRC counselor. If it was properly filled out and filed with their office, contact us so that we may establish a CMS case for AFPC and DFAS to resolve the issue.

The Air Force Retiree Services site is located at <http://www.retirees.af.mil/>
Retired and Annuity Pay Contact Center: 1-800-321-1080 or (216) 522-5955 Defense Finance and Accounting Service
U.S. Military Retired Pay
8899 E 56th Street
Indianapolis, IN 46249-1200

10. RETIREMENTS AND SEPARATIONS TRAVEL ALLOWANCE INFORMATION: Travel time for POV is determined by the official distance between the ordered points. One day of travel is allowed for each 350 miles of the official distance with an extra day allowed from a remainder of 51 or more miles. If a commercial carrier is used (i.e. airplane, rail, or bus), the actual fare paid must be claimed in block #18 of the travel voucher and the paid, zero-balance receipt provided. Expenses will be reimbursed not to exceed the government rate for the same mode of transportation. The use of two POVs is authorized for military personnel whose authorized dependent operates the second vehicle; this must be annotated on the travel voucher. Unlike a regular PCS move, Retirees/ Separatees are **not authorized additional travel time, Dislocation Allowance**

(DLA) or Temporary Lodging Expense (TLE). In accordance with AFMAN 65-114 para 6.7.5, a member may depart the PDS **on or after** the **START DATE** of permissive TDY/ Terminal Leave. Departing **prior** will cause excess travel time charge. Separatees serving less than **90%** of their initial active duty enlistment or service commitment receives no per diem for travel (applies to dependents too). Reimbursement of transportation allowances for services members and dependents is limited to the least expensive mode of transportation available. If transportation is personally procured reimbursement is limited to the amount the Government would have paid for the least costly mode of transportation (normally a bus ticket).

Retirees: Travel is authorized from the permanent duty station to the home of selection for retirement. Retiring members have one year from the date of Retirement for completing a move to your home of selection. Separatees: Travel is authorized to the place of enlistment or home of record (indicated on orders) for separatees. Separatees have six months to complete your move limited to the cost to return to your PLEAD or Home of Record.

Contact your nearest Traffic Management Office (TMO) for guidance of a possible extension.

Effective September 1, 2016 members will need to provide their DD Form 1172-2 DEERS printout to substantiate the dependents claimed on their final travel voucher.

- How to pull your 1172:
 1. Log on to the following link:
https://www.dmdc.osd.mil/self_service/rapids/unauthenticated?execution=e4s1
 2. *Click* Print Family List
 3. Select all family members
 4. Review privacy act statement then select "I Agree"
 5. Review the Summary page then select "Proceed"
 6. Select "Display Form" and then Print DD Form 1172-2

I acknowledge all of the above about final payments & fully understand the estimated timeframe of when my final payment will be made.

SIGNATURE

DATE

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

AUTHORITY: 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 tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, 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

LODGING OFFICIAL

1. NAME (Last, First, MI)

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS

2. SSN

3. GRADE

4. PHONE

QUARTERS A

ADEQUATE C

EFFECTIVE D

5A. DUTY LOCATION (Base, State, ZIP Code or Country)

INADEQUATE

EFFECTIVE D

TRANSIENT C

EFFECTIVE C

5B. E-MAIL ADDRESS

PART B - MARITAL/DEPENDENT STATUS

6 ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

TITLE

SIGNATURE

DATE

☐ DIVORCED (Date) ☐ LEGALLY SEPARATED (Date)

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR ☐ \$.00 PER MONTH FOR DEPENDENT SUPPORT

BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8.1 ☐ CLAIM BAH FOR THE DEPENDENT ☐ IN ☐ NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date):

Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).

(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT 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 members with dependents)

☐ I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport

CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).

(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court).

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

OFFICIAL USE ONLY - FINANCE

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

PRIMARY DEPENDENT CERTIFICATION: I have determined that the above named individual is dependent on the member based on being

☐ Spouse
 ☐ Single member claiming legitimate child in custody of another
 ☐ Legitimate child in single member's custody
 ☐ Stepchild
 ☐ Adopted Child
☐ Illegitimate child or
 ☐ Child, member to member marriage

SECONDARY DEPENDENT DETERMINATION/REDETERMINATION

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

☐ I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here

☐ I have verified that member is E-7 or above and there is no military necessity that requires the member to reside on base

TITLE OF CERTIFYING OFFICIAL

SIGNATURE

OFFICE ADDRESS

DATE

ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

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

- 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.
- DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.

Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.

SECTION 1

NAME	Social Security #	CHECK ONE: AD <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/>
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NEW MAILING ADDRESS

NUMBER, STREET, PO BOX
CITY, STATE, ZIP, APO/FPO

NEW ORGANIZATIONAL ADDRESS

UNIT/OFFICE SYMBOL	DUTY PHONE	BOX NO	RNLTD	DEPARTURE DATE	EST ARR DATE
GRADE	LOCAL ADDRESS			HOME PHONE	

FORWARDING ADDRESS

SECTION 2

ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS

B O N D #1	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #2	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO
B O N D #3	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #4	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO

SIGNATURE OF MEMBER/EMPLOYEE	DATE
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IF TRANSFERING LEAVE BACK TO GUARD/RESERVE

LEAVE SETTLEMENT OPTION			
<p style="text-align: center; margin: 0;">PRIVACY ACT STATEMENT</p> <p style="margin: 0;">AUTHORITY: 10 U.S.C., Chapter 833, Enlistments, Executive Order 9397 (SSN), as amended.</p> <p style="margin: 0;">PURPOSE: To document the member's decision on selling all, part, or no leave in conjunction with their reenlistment or first voluntary extension.</p> <p style="margin: 0;">ROUTINE USE: Disclosures generally permitted under 5 U.S.C. 552 a(b) of the Privacy Act, may be specifically disclosed outside DoD as a routine use pursuant to 5 U.S.C. 552a(b)3, the "Blanket Routine Uses" Apply.</p> <p style="margin: 0;">DISCLOSURE: VOLUNTARY. However, if the information is not provided, the request to settle leave balance may not be processed.</p> <p style="margin: 0;">SORN(s): F036 AF PC G, Selective Reenlistment Consideration</p>			
I. IDENTIFICATION DATA			
NAME (Last, First, Middle Initial)		GRADE	SSN
UNIT OF ASSIGNMENT	DUTY PHONE (DSN)	ETS	DOS
II. LEAVE SETTLEMENT ON REENLISTMENT			
<p style="margin: 0;">In conjunction with my reenlistment on _____, I hereby make the leave settlement election as indicated below. I understand if I am in an advance leave or excess leave status at this time, I should immediately report to the Accounting and Finance Office for counseling concerning the treatment of advance or excess leave upon reenlistment. I understand and acknowledge that I cannot sell more than 60 days accrued leave during my entire military career. I UNDERSTAND AND ACKNOWLEDGE THAT I WILL NOT BE ALLOWED TO CHANGE MY ELECTION ONCE I HAVE REENLISTED.</p>			
INITIAL/MARK			INITIAL/MARK
A. CASH SETTLEMENT FOR ALL OF MY ACCRUED LEAVE.			<input type="checkbox"/>
B. CARRY FORWARD ALL OF MY ACCRUED LEAVE.			<input type="checkbox"/>
C. CASH SETTLEMENT FOR _____ DAYS.			<input type="checkbox"/>
III. LEAVE SETTLEMENT ON ENTRY INTO FIRST EXTENSION OF ENLISTMENT			
<p style="margin: 0;">In conjunction with me entering my first extension on _____, I hereby make the leave settlement election as indicated below. I acknowledge full understanding that I cannot sell any accrued leave on entry into a second or later extension I make to my current enlistment. I understand that if I apply for voluntary separation, any leave sold upon entry into my first extension of enlistment will effect the number of terminal leave days I have available. I also understand that if I am in an advance leave or excess leave status at this time, I should immediately report to the local Accounting and Finance Office for counseling concerning the treatment of advance or excess leave upon entry into an extension. I understand and acknowledge that I cannot sell more than 60 days accrued leave during my entire military career. I UNDERSTAND AND ACKNOWLEDGE THAT I WILL NOT BE ALLOWED TO CHANGE MY ELECTION ONCE I AM WITHIN 10 CALENDAR DAYS OF THE EFFECTIVE DAY OF MY ENTRY INTO THE EXTENSION OF ENLISTMENT.</p>			
			INITIAL/MARK
A. CASH SETTLEMENT FOR ALL OF MY ACCRUED LEAVE.			<input type="checkbox"/>
B. CARRY FORWARD ALL OF MY ACCRUED LEAVE.			<input type="checkbox"/>
C. CASH SETTLEMENT FOR _____ DAYS.			<input type="checkbox"/>
IV. MPS VERIFICATION SECTION			
MPS REMARKS			
MPS SIGNATURE			DATE
V. MEMBERS VERIFICATION SECTION			
SIGNATURE OF MEMBER			DATE

All forms above this page must be completed and turned in to finance in order to be signed off of vMPF and have permissive/terminal leave approved. Include orders and a copy of DD Form 1172-2 if you have dependents.

Upload at:

<https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/Home.aspx>

All forms below this page are to be completed after travel has been completed if traveling after separating/retiring. Please send to 316.cpts.customer.service@us.af.mil

SEPARATION & RETIREMENT TRAVEL VOUCHER CHECKLIST

INSTRUCTIONS: Complete the information below and utilize the checklist to ensure necessary documents have been provided for travel voucher processing.

1. Name: _____
2. SSN: _____
3. Rank: _____
4. Phone #: _____
5. I certify (*show complete address*) to be my final home of selection/record:

Signature: _____

6. I certify that my dependents traveled (circle one) concurrently / non-concurrently on this move.
Non-concurrent: Ensure separate DD Form 1351-2s are completed showing dependents (or your) separate travel schedules.
7. If final move was by privately owned vehicle(s), indicate the number of POVs by listing authorized travelers (**yourself and dependents**) below.

VEHICLE #1		
Name	Relationship	Date of Birth/Marriage

VEHICLE #2		
Name	Relationship	Date of Birth/Marriage

9. I (*circle one*) did / did not receive a travel advance payment.
11. All DITY/PPM documents must be submitted to TMO office.
DO NOT SEND TO FINANCE.
12. Voucher required documents (confirm these are attached by utilizing the checklist below):

SEPARATION		RETIREMENT	
Separation Orders	<input type="checkbox"/>	Retirement Orders	<input type="checkbox"/>
AF IMT 973 (if applicable)	<input type="checkbox"/>	Amendments	<input type="checkbox"/>
DD Form 1351-2(s)	<input type="checkbox"/>	DD Form 1351-2(s)	<input type="checkbox"/>
SF1199A (if applicable)	<input type="checkbox"/>	SF1199A (if applicable)	<input type="checkbox"/>
AF IMT 100 (front and back)	<input type="checkbox"/>	DD Form 1172-2	<input type="checkbox"/>

3. Send complete voucher to Finance via email at 316.cpts.customer.service@us.af.mil.

Travel Voucher Instructions

- **Block 2 - Block 4:** Self-explanatory.
- **Block 5:** This block is for who traveled.
 - If you do not have dependents, check “Member/Employee.”
 - If you have dependents that traveled concurrently, check “Member/Employee” and “Dependent(s).”
 - If you have dependents that traveled separately, you will need to file two separate travel vouchers. One, mark only “Member/Employee” and the other mark only “Dependent(s).”
- **Block 6:** This is the address that you are relocating to, NOT your previous address.
- **Block 8:** Order number.
 - This will be found at the top left corner of retirement orders or block 30 of separation orders. Annotate the order number as the first two letters and last four numbers (AL-123456 = AL3456)
- **Block 9:** Previous government advances.
 - Annotate the type and amount (ex. DITY Adv.) or write “N/A.”
- **Block 10c:**
 - Mark the number of Privately Owned Vehicles (POVs) were driven in conjunction with this move.
 - Initial the line indicating the account you wish to use is the same as where your AD pay was sent.
- **Block 11:** The organization that you separated from (ex. 11 CES / JB Andrews).
- **Block 12:** Dependent(s).
 - If you have no dependents, mark unaccompanied.
 - If you have dependents that traveled concurrently with you, mark “accompanied” and list them below.
 - If you have dependents that traveled separately, mark unaccompanied on both vouchers. On the member’s voucher, do not list their information. On the dependents’ voucher, list their information.
- **Block 13:** Dependents’ address when you received your orders.
 - If you have dependents that traveled, this will be the address where they lived prior to moving.
- **Block 14:** Have your household goods been shipped?
 - Yes or no. If no, explain in the blank space in block 10d.
- **Block 15:** Itinerary.
 - The departure location in the first block **must match the duty location on your orders.**
 - Driving: The next block will be the address listed above in block 6.
 - Flying: The next block will be your departure airport (ex. Reagan National Airport). Layovers are NOT annotated, the next block will be your arrival airport. The final block will be the address listed above in block 6.
 - Block 15a: “Date,” you will write the year you completed your travel in this large block “20XX” (blocks underneath will only be day and month).
 - Dates: Ensure dates are formatted as “1 Aug.” This ensures no confusion when processing your voucher.
 - Means/Mode of Travel: “PA” for personal auto, “CA” for commercial auto, and “CP” for commercial plane.
 - Reason for Stop: “AT” (awaiting transportation) for stops at airports and “MC” for mission complete.
 - Lodging costs do not need to be annotated, as they will be reimbursed by per diem.
- **Block 16:** Check whether you were the operator or passenger in the vehicle used for travel.
- **Block 17:** Check the applicable duration of travel for your entire trip.
- **Block 18:** Reimbursable expenses.
 - You will claim Airfare, Taxi or Tolls here, as applicable.
- **Block 22:** Applies only to Retirees.

Please sign blocks 20a and 22 once you have completed the voucher and email it to the separation/retirement org box: 316.CPTS.Customer.Service@us.af.mil with a copy of your orders, applicable receipts, and DD Form 1172-2 for retirees (if you are claiming dependent travel).

DD FORM 1351-2, MAY 2011 PREVIOUS EDITION IS OBSOLETE. Exception to SF 1012 approved by GSA/IRMS 12-91. Adobe Professional 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 (<i>See Note</i>)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(<i>Own expense</i>)	- 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.

FAST START

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

EMPLOYEE NAME

(as on payroll records)

(Last, First, Initials)

TELEPHONE NUMBER (WORK)

(HOME)

2. TYPE OF ACCOUNT

☐ Checking

☐ Savings

TYPE OF PAYMENT

☐ Net Pay

☐ Travel

☒ Other Federal employment related payments

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.

ROUTING TRANSIT
NUMBER

Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

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)

☐ Savings (whole dollar amounts only)

☐ Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)

☐ SAVINGS

☐ CHECKING

ACTION
(Check One)

☐ START

☐ CANCEL

☐ CHANGE

AMOUNT
(Check One)

☐ INCREASE TO:

☐ DECREASE TO:

New Total \$ _____

ALLOTTEE NAME
(person/company who
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION



EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE:

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 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.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE


You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

1. EMPLOYEE INFORMATION (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 to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

The diagram shows a check with the following fields and labels:

- 3 - NAME OF DEPOSITOR
STREET ADDRESS
CITY, STATE
- 101 - PAY TO THE ORDER OF: _____ \$ _____
DOLLARS
- 19 - NAME OF YOUR BANK
- 4 - Payable Through Another Bank
- 5 - For _____
- ROUTING NUMBER: 021001082
- ACCOUNT NUMBER: 123 456 789
- CHECK NUMBER: 0101

1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol  appears on the check or card.)
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.)

Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)

ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)

AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.

ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.

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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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Separation and Retirement Travel Entitlements

Travel by POV

1. POV Mileage
Member \$0.17 per mile (PCS travel rates effective 1 January 2020)
Dependents No additional MALT payments are authorized if in same vehicle.

Note: When two POVs are authorized, the MALT allowance is paid for both vehicles.

2. Per Diem
Member \$151.00 per day
Spouse & child 12 & over \$113.25 per day (75% of member's entitlement)
Child under 12 \$075.50 per day (50% of member's entitlement)

Note: When dependents travel non-concurrently from the member, the spouse or authorized dependent driver of second vehicle is entitled to the full daily per diem rate (\$151.00).

3. Paid Travel Days: One travel day is authorized for each 350 miles or more of the official distance.
4. Other Entitlements: Please note that TLE and DLA are **not** payable upon separation and retirement from the active-duty Air Force.

Transportation Request or Government Air

1. Travel Days and Per Diem: If the government furnishes all of your transportation to the final destination, then per diem is paid based on airport location. Normally, only one (1) day of travel is authorized for air transportation.
2. Other Entitlements: You must provide receipts for reimbursable expenses of \$75.00 or more.

Procuring Commercial Transportation

1. You may elect to procure your own commercial transportation to your home of selection, home of record, or port of debarkation. However, your reimbursement will be limited to what it would cost the government to procure the transportation.
2. The government cost is normally lower than commercial rates due to the fact that the government receives contracted rates for airfare. Normally, only one (1) day is authorized for most air travel.
3. Other Entitlements: Taxi, baggage or luggage tips at the airport terminals may be authorized and should be reimbursed. You must provide receipts for claimed expenses of \$75.00 or more.

NOTE: A separating member who has not completed at least 90% of an initial enlistment/commitment and/or depending on character of discharge and SPD code; may only be entitled to the cost of the least expensive mode of transportation to their home of record or place of entry (as indicated in blocks 14., 17., and 19., separation orders). The separation order will state "not authorized full JTR travel entitlements".