

**\*ONLY fill out highlighted portions of the forms**

**\*Do NOT electronically sign any documents until a Financial Technician has verified and reviewed them.**

### PDT Arrival Worksheet Details

PDT ARRIVAL WORKSHEET      ORG Code \_\_\_\_\_

Authority: 5 USC Section 5701, 37 USC Section 404-427, 5 USC Section 301, DoDFMR 7000.14-R, Vol. 9, and EO 9397  
Routine Use: Disclosures are permitted under 5 USC 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the IRS for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.  
Disclosure: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed

SSN 123-45-6789      Name Doe, John C      Grade E3  
Unit 7 AMXS      Office Symbol CSS      Duty/Home Phone 696-6735

Final out date 190901      Date departed last duty station 190901      Port call date \_\_\_\_\_

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

Date arrived new station 190903      Date "Signed into" station/available for duty \_\_\_\_\_      Was leave taken upon arrival? Yes  No

#### PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

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

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

3. I certify I currently reside in:  Dorms  Gov't Base/Leased Housing  Privatized Base Housing  Off-base  Billeting/Temp Ldg  
Effective Date: 190903      NOTE: \* Billeting/TLF is not classified as "Gov't Base Housing".

4. Dependent certification:

Doe, Beth A      Spouse      190705  
Name of Primary Dependent      Relationship      Date of Marriage/Birth

\*\*If claiming ONLY a child as primary dependent, whom is the child residing with (ex-spouse, grandparent, etc)?

NOTE: \*If child resides with a Military member, please provide his/her Name, SSN, and duty location below.

Name: \_\_\_\_\_      SSN: \_\_\_\_\_      Duty Location: \_\_\_\_\_

#### PART B: DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS

NOTE: \* DLA is not payable to first duty assignment for single members (JTR 5442.3.1).

I certify that (Please initial beside the applicable items).

- I am married to another military member and we relocated at (Same time  Separate times ):
  - We lived in the (Same  Different ) household at old PDS.....
  - We live in the (Same  Different ) household at new PDS.....
  - We were stationed at different PDSs before relocating to new PDS.....
  - We married en route to new PDS (not married at last PDS).....
- Single or unaccompanied members with dependents must certify they will not be assigned permanent Gov't quarters to receive Single rate DLA (Gov't quarters includes: Dorms, Gov't base housing, Gov't leased housing):
  - I am E4-or-above w/3+ yrs service w/o dependents and *will not* be assigned permanent Gov't qtrs (see note 1): \_\_\_\_\_  
NOTE 1: Mbr whose dependent(s) have not/will not relocate are considered "w/o dep's" for DLA purposes.
  - I am E4-or-below w/less than 3 yrs service w/o dependents and *will not* be assigned permanent Gov't qtrs. (see note 2): \_\_\_\_\_  
NOTE 2: E4 and below w/less than 3 yrs service w/o dependents requires a letter signed by the Commander/Designee at new duty station.

#### PART C: \*\*\*\*\*OCONUS ONLY\*\*\*\*\*

Date Arrived in Country: \_\_\_\_\_      JTR Location: \_\_\_\_\_

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

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

I certify the above information is true and correct:

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

## PDT Arrival Worksheet Details Instructions

### Section 1

- SSN - Self explanatory.
- Name - Self explanatory.
- Grade/Rank - Self explanatory.
- Unit- The unit you are assigned to at Dyess AFB.
- Office Symbol - If you do not know your office symbol, use **CSS**.
- Duty/Home Phone - DSN or commercial number to contact you.
- Final Out Date - The date that you out-processed with Personnel (MPF) and Finance at your last duty station.
- Date Departed Last Duty Station - The day you physically left your last duty station.
- Port Call Date - If you are coming from an overseas assignment, this is the date you physically arrive in the States.
- Date arrived on station- Day you physically arrived in Dyess AFB
- Date "Signed into" station - The date you checked in with your unit.
- Was leave taken upon arrival? - If leave was taken AFTER your arrival to Dyess AFB, please check the applicable box and indicate dates to the side and for the reasons (ex: house hunting, etc).

### Part A BAH/OHA/FSH Certification Statements

3. **I certify I currently reside in:** Check where you **currently** live at.  
**Effective Date:** The date you physically moved in.

### Part B Dislocation Allowance Certification Statements

1. If you are married military to military, check and initial all that apply. If not, then disregard and proceed to the next section.
- 2A. E-4 with more than 3 years of services, coming from an unaccompanied tour with no dependents and not **assigned** the dorms.  
INITIAL
- 2B. E-4 with less than 3 years of service, initial the appropriate blank and provide a memo from your unit commander stating that you are authorized single rate DLA.

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### In-processing Checklist Details

\* Print your Name and SSN

Order # is optional but can be found on Block 27 of your orders

Active Duty PDT Entitlements (PDT, PPM, TLE, Dep Tvl, etc.) Checklist							
			CUSTOMER USE				
Traveler's Name		Doe, John C					
Traveler's SSN:		123-45-6789	Order #:	AM-9900	YES	NO	N/A
1	DATA MASKED Information-Does voucher or supporting documents contain data masked (classified) information? Was any portion of your travel to/from a data masked (classified) location?						
2	Is your personal information correct and legible? (Name, grade, SSN, mailing address, email address and phone number)						
3	Does the travel order number on the voucher match the travel order number filed with the voucher?						
4	Is itinerary correct and legible to include verification of dates traveled, places, modes of travel, reasons for stops, lodging costs and POC/Terminal mileages (if applicable)?						
5	Split disbursements are mandatory for Government Travel Charge Card (GTCC) holders. Is split disbursement amount identified?						
6	Are previous advances claimed on the DD Form 1351-2 (Annotated in Block 9)?						
7	Are your dependents listed on DD Form 1351-2 and is the accompanied or unaccompanied block checked? Does this information match your orders?						
8	Did you check Block 16, POC Travel? Check appropriate block (Owner/Operator or Passenger)						
9	Are all expenses claimed and required receipts attached to include itemized lodging and any expense \$75.00 or more? Use DD Form 1351-2C for additional expenses. If you are missing receipts for any expense claimed, use a local "missing receipt form" (obtained from The Finance Office).						
10	Are Non-Availability Statements or Contract Quarters Authorization numbers attached for off-base lodging not authorized in orders? (if applicable)						
11	If you shipped a vehicle at government expense, is DD Form 788 (front and back) with appropriate signatures attached?						
12	For Personally Procured Moves (PPM), did you attach TMO required worksheets?						
13	Are you claiming expenses not authorized in your orders? Did the approving official print name, sign, list telephone number, date DD Form 1351-2 in Block 21a? Did they specify what reimbursable expense(s) they're approving and annotate on the DD Form 1351-2 in Block 29? (MANDATORY, if you claim expenses not authorized in orders)						
14	Are copies of travel orders attached to include amendments? NOTE: Front and back of orders (if applicable) are required.						
15	If TDY enroute and leave was taken, is any period(s) of leave taken while at the TDY enroute location annotated on the voucher to prevent the payment of Per Diem while on leave? Is the leave form(s) approved by the TDY Commander attached?						
16	Did you sign and date the DD Form 1351-2? (MANDATORY)						
17	If this is your first Permanent Duty Travel (PDT), ensure you establish your travel payment account information by completing SF 1198A or FMS 2231. NOTE: You cannot be reimbursed for travel expenses until this information is provided.						
18	For TDY enroute only: 1) If locations listed are not on orders, are amendments attached or variations authorized? 2) If TDY was LESS THAN 12 hours, did you claim actual meal cost in reimbursable expenses?						
19	Did you complete the PDT arrival worksheet and included it with your voucher?						
20	Traveler's signature		Date:				

\* ONLY ONE COPY OF THE TRAVEL VOUCHER, ORDERS AND RECEIPTS ARE REQUIRED WITH THIS CHECKLIST

\* TO BE CONSIDERED A VALID RECEIPT IT MUST SHOW THE COMPANY NAME, DATE SERVICES WERE PROVIDED, UNIT PRICE OF ITEM/SERVICE, AMOUNT PAID AND AMOUNT DUE OF \$0.00 OR EVIDENCE OF PAYMENT

\* IT IS YOUR RESPONSIBILITY TO RETAIN A COPY OF THE TRAVEL VOUCHER, ORDERS, AND RECEIPTS. THE FINANCE OFFICE DOES NOT RETAIN COPIES.

FINANCE USE ONLY							
			YES	NO	N/A		
1	DATA MASKED Information-Does voucher or supporting documents contain data masked (classified) information that needs to be submitted on an AF Form 32? (refer to AFFSC- Base Level Business Rules) If so, remove classified data, complete AF Form 32 and submit via FSI Workflow.						
2	Verification check - has the customer completed requirements listed above? Are all expenses claimed and required receipts attached to include itemized lodging and any expense \$75.00 or more? If not, RETURN VOUCHER TO CUSTOMER						
3	Is the voucher date stamped?						
4	Split Disbursements are mandatory for GTC holders, is split disbursement amount identified?						
5	Is the member's banking account information built in RTS? If not, attach SF 1198A or FMS 2231.						
6	Is the PDT arrival worksheet attached and dates verified against itinerary? Has member provided current mailing address for their W-2 and a valid email address for payment/debt notification?						
7	For Ret/Sep final vouchers, have DUMS, RTS and DTS been checked for outstanding debts? Ref: AFMAN 65-116V1, Para 69.14.3. If debts are found document them and include in the voucher submission to AFFSC with a screen shot from DUMS showing outstanding debt amount. The remaining debt will be collected from any amounts due the member for transportation of dependents, shipment of personal property, and separation travel (officers only).						
8	Are copies of the travel orders attached (to include amendments)? NOTE: Front and back page of orders are required.						
9	Are orders properly certified and the line of accounting legible?						
10	For TDY enroute only: 1) Are meal statements on all orders validated for accuracy to ensure computation of correct daily per diem? Are CED order meal statements circled or underlined? 2) If member is entitled to FSA (for TDY over 30 days), advise member to submit a DD Form 1561 with the voucher and provide the location of dependents. 3) Are PSR and PSR annotated and legible? 4) Verified TDY obligation has been recorded in the accounting system.						
11	Checklist audited by (Printed Name):		Date:				
12	Checklist audited by (Printed Name):		Date:				

Privacy Act-1974 as amended applies to this memo. This memo may contain information which must be protected IAW AFI 33-332 and DoD Regulation 5400.11 and is for Official Use Only (FOUO)

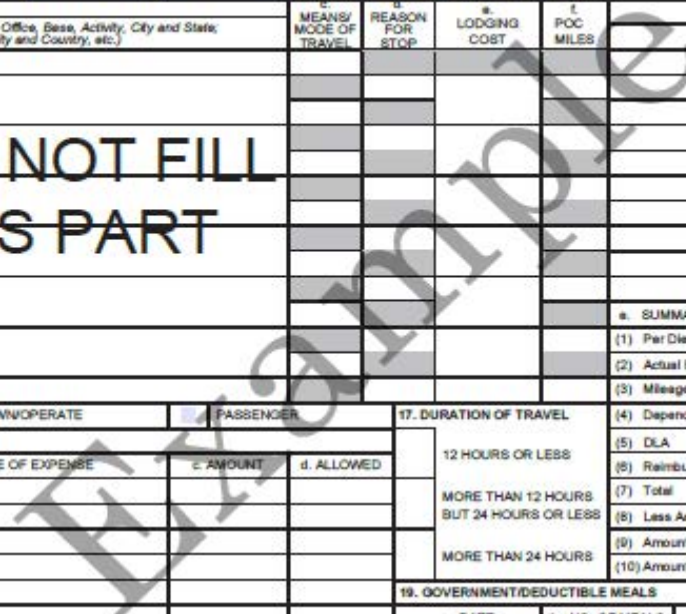
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### Travel Voucher 1351-2 Details

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.				
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>						
		<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: <span style="float: right;">0</span>						
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> Doe, John C		<b>3. GRADE</b> E3	<b>4. SSN</b> 123-45-6789		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA			
<b>6. ADDRESS, a. NUMBER AND STREET</b> 490 Ave B		<b>b. CITY</b> Dyess AFB	<b>c. STATE</b> TX	<b>d. ZIP CODE</b> 79607				
<b>e. E-MAIL ADDRESS</b> john.doe@us.af.mil						<b>10. FOR D.O. USE ONLY</b>		
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 696-6735		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> AM-9900		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b> DLA Advance		<b>a. D.O. VOUCHER NUMBER</b>		
<b>11. ORGANIZATION AND STATION</b> 7 AMXS CSS Dyess AFB, TX 79607						<b>b. SUBVOUCHER NUMBER</b>		
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b> 123 Street Dallas, TX 56748		<b>c. PAID BY</b>		
<b>a. NAME (Last, First, Middle Initial)</b> Doe, Beth A		<b>b. RELATIONSHIP</b> Spouse		<b>c. DATE OF BIRTH OR MARRIAGE</b> 190705				
				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		<b>d. COMPUTATIONS</b>		
<b>15. ITINERARY</b>								
<b>a. DATE</b>		<b>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</b>			<b>c. MEANS/ MODE OF TRAVEL</b>	<b>d. REASON FOR STOP</b>	<b>e. LODGING COST</b>	<b>f. POC MILES</b>
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						<b>a. SUMMARY OF PAYMENT</b>		
						(1) Per Diem		
						(2) Actual Expense Allowance		
						(3) Mileage		
						(4) Dependent Travel		
						(5) DLA		
						(6) Reimbursable Expenses		
						(7) Total <span style="float: right;">0.00</span>		
						(8) Less Advance		
						(9) Amount Owed <span style="float: right;">0.00</span>		
						(10) Amount Due		
<b>16. POC TRAVEL (X one)</b> <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER								
<b>17. DURATION OF TRAVEL</b>								
12 HOURS OR LESS								
MORE THAN 12 HOURS BUT 24 HOURS OR LESS								
MORE THAN 24 HOURS								
<b>18. REIMBURSABLE EXPENSES</b>								
<b>a. DATE</b>		<b>b. NATURE OF EXPENSE</b>		<b>c. AMOUNT</b>		<b>d. ALLOWED</b>		
<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>								
<b>a. DATE</b>		<b>b. NO. OF MEALS</b>		<b>a. DATE</b>		<b>b. NO. OF MEALS</b>		
<b>20. a. CLAIMANT SIGNATURE</b> <span style="color: red;">(Signature)</span>								
<b>b. DATE</b>								
<b>c. REVIEWER'S PRINTED NAME</b>				<b>d. SIGNATURE</b>		<b>e. TELEPHONE NUMBER</b>		
<b>21. a. APPROVING OFFICIAL'S PRINTED NAME</b>				<b>b. SIGNATURE</b>		<b>c. TELEPHONE NUMBER</b>		
<b>22. ACCOUNTING CLASSIFICATION</b>								
<b>23. COLLECTION DATA</b>								
<b>24. COMPUTED BY</b>		<b>25. ADDED BY</b>		<b>26. TRAVEL ORDER/ AUTHORIZATION POSTED BY</b>		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>		
<b>28. AMOUNT PAID</b>								

DO NOT FILL THIS PART



## Travel Voucher 1351-2 Instructions

<u>Block</u>	<u>Action</u>
1	<b><u>Split Disbursement</u></b> : If you use your GTC and you want to specify an amount of the reimbursement. Put down the amount you want to your GTC. If you do not have a GTC, please disregard this section.
2-4	List your <b>Name, Grade, and SSN</b>
6-7	List your <b>Current Address, Email Address (work or personal), and Phone Number</b> (If you do not have a current address, use <a href="#">490 Ave B, Dyess AFB, TX 79607</a> )
9	If any advances were taken prior to PCSing, annotate which advances were taken (i.e. DLA Advance or PPM Advance). If no advances were taken, put N/A.
11	Put your <b>squadron</b> and ' <b>Dyess AFB</b> ' in this block
12	Mark whether your trip was <b>accompanied</b> or <b>unaccompanied</b> . List all dependents and their relationship with date of birth or marriage.
13	List your address of your dependents in accordance to your orders. ( <b>Block 17</b> on your orders)
14	Did someone from TMO pick-up your household goods and deliver it to you?

**\*ONLY fill out highlighted portions of the forms**

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### AF Form 594 Details

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			
<b>PART A - IDENTIFICATION &amp; DUTY LOCATION</b>		<b>LODGING OFFICIAL</b>	
1. NAME (Last, First, MI) Doe, John C		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
2. SSN 123-45-6789	3. GRADE E3	4. PHONE 696-6735	ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #
5A. DUTY LOCATION (Base, State, ZIP Code or Country) Dyess AFB, TX 79607		INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
5B. E-MAIL ADDRESS john.doe@us.af.mil		TRANSIENT QUARTERS OCCUPIED - UNIT # EFFECTIVE DATES FROM: TO:	
<b>PART B - MARITAL/DEPENDENT STATUS</b>		TITLE	
6. <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:     <input type="checkbox"/> DIVORCED (Date) <input type="checkbox"/> LEGALLY SEPARATED (Date)		SIGNATURE	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ .00 PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN		DATE	
8. I <input type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): 190705		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) Doe, Beth A	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP Spouse	(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
<b>PART C - MEMBER'S CERTIFICATION (For members with dependents)</b>			
<input checked="" type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> 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

## AF Form 594 Instructions

### Part A - Identification & Duty Location

1. Name - Self explanatory
2. SSN - Self explanatory
3. Grade - Self explanatory
4. Phone - Duty phone or commercial
- 5A. Duty Location - Put 'Dyess AFB, TX 79607'
- 5B. Email address - Work or Personal

### Part B - Marital/Dependent Status

6. Current Marital Status. If you are married military to military, put their name, SSN, branch of service, duty station, and date of marriage. If divorced, put the date. If legally separated, put the date.
7. If paying any garnishments, put the amount and check what is applicable
8. If you are claiming dependents including civilian spouse, check 'Claim BAH for dependent', check 'IN', and put the date of marriage. On the table provided, list **ALL** your dependents' information
9. Check the box next to 'I certify that I provide support...' only if you have dependents

**\*ONLY fill out highlighted portions of the forms**

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**TLE Form**

<b>TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION STATEMENT</b>		This document contains information that is subject to the Privacy Act of 1974 and is for official use only (FOUO).	
Note: Please annotate split disbursement amount on the DD 1351-2, Travel Voucher.			
<b>1. NAME (Last, First, Middle Initial)</b> DOE, JOHN		<b>2. GRADE</b> E3	<b>3. SSN</b> 123-45-6789
<b>4. LOSING CONUS PERMANENT DUTY STATION</b> SHAW AFB		<b>8. GAINING CONUS PERMANENT DUTY STATION</b> DYESS AFB	
<b>5. DATE CLEARED PERMANENT QUARTERS:</b> 12/31/19		<b>9. DATE OF ARRIVAL:</b> 2/1/20	
<b>6. DATE OF DEPARTURE:</b> 12/31/19		<b>10. DATE ASSIGNED PERMANENT QUARTERS:</b> 2/10/20	
<b>7. HHGS SHIPPED:</b> NO: YES: DTE SHIPPED:		<b>11. HHGS DELIVERED:</b> NO: YES: DTE DELIVERED:	
For blocks 12-15, fill out one for every different occurrence			
<b>12. DATES OF LODGING:</b> _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS -# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY -# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$ _____		<b>14. DATES OF LODGING:</b> _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS -# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY -# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$ _____	
<b>13. DATES OF LODGING:</b> _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS -# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY -# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$ _____		<b>15. DATES OF LODGING:</b> _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MEMBER & DEPENDENTS -# DEPS: ____ <input type="checkbox"/> DEPENDENTS ONLY -# DEPS: ____ PLACE OF LODGING: <input type="checkbox"/> BILLETING <input type="checkbox"/> OFF-BASE (Non-Availability Statement required) <input type="checkbox"/> WITH FRIENDS OR FAMILY COST PER NIGHT: \$ _____	
<b>16. I AM MARRIED TO ANOTHER MILITARY MEMBER?</b> YES ___ NO ___ IF YES, NAME OF MILITARY SPOUSE: _____ SSN OF MILITARY SPOUSE: _____			
<b>17. NOTES:</b> * If gaining station is OCONUS, reimbursement is limited to 5 days. * Reimbursement at or between OCONUS and CONUS is limited to 15 days. * Any off-base lodging receipt submitted to the available billeting room rate for member & number of dependents.		<b>18. CLAIMANT SIGNATURE</b> _____ <b>DATE</b> _____	

**\* Temporary Lodging Expense (TLE): ONLY For member(s) who incurred additional costs for temporary lodging prior to departing losing station or after arriving at gaining station.**

**1-3: Name, Grade, SSN**

**4. Losing CONUS Permanent Duty Station: Previous Duty Location (CONUS/OCONUS)**

**5. Date Cleared Permanent Quarters: The Date that you moved out from you last duty location**

**6. Date of Departure: The date that you actually depart your last duty location**

**7. HHGS Shipped: Did someone from TMO pick up your household goods and ship it at government expense? If yes, put down the date.**

**8. Gaining CONUS Permanent Duty Station: Current Duty Location (Dyess AFB, TX)**

**9. Date of Arrival: The date that you actually arrived in Dyess**

**10. Date Assigned Permanent Quarters: The date that you got a permanent house/apartment in Dyess. (N/A if does not apply to you)**

**11. HHGS Delivered: Did TMO deliver your household goods to you? If yes, put down the date.**

**16. Mil-to-Mil: Please fill it out if you are mil-to-mil**