Filing a PCS Travel Reimbursement

A Quick Guide from HQ RIO

How to correctly fill out and submit a PCS Travel Voucher for reimbursement

This guide is for members that have an approved PCS order. Reimbursement is limited to travel costs from the address on the orders (HOR) to the new PDS and a return trip from the PDS to the HOR.

**Please note that travel days listed on the AF938 orders are inclusive of travel to the new PDS and return. For example: If 5 travel days are authorized on your AF938 order and use those days to travel to the new PDS, you will not be authorized any extra days for the return trip. Your travel back to your HOR will need to happen prior to your order end date.

Required Documents

The required documents for a PCS travel claim are as follows:

⇒ Travel Voucher (DD1351-2) - member & reviewer signed

 \Rightarrow AF Form 938 orders

 \Rightarrow Receipts as applicable (airfare, lodging, any expenses over \$75, etc.)

⇒ FMS 2231 for direct deposit (required if you have <u>never</u> filed a voucher in RTS, optional if your last voucher in RTS was reimbursed less than 6 months ago)

If you are moving your own HHG (Household Goods) you may also be authorized PPM (Personally Procured Move) reimbursement. You will need to upload these documents: \Rightarrow DD Form 2278 (Provided by TMO)

 \Rightarrow Travel Voucher (DD1351-2) w/ "PPM" written over itinerary - member & reviewer signed

 \Rightarrow Weight tickets/receipts (empty & full weight of vehicle/trailer)

 \Rightarrow PPM Checklist (Provided by TMO)

 \Rightarrow Any receipts for moving expenses claimed on the PPM Checklist

If you are staying in TLE before or after traveling, you may also be authorized reimbursement for lodging. You will need to upload these documents:

 \Rightarrow TLE worksheet

 \Rightarrow Lodging receipts

*trips OCONUS - CONUS or CONUS - OCONUS are limited to 7 nights *trips CONUS - CONUS are limited to 14 nights

myFSS: https://myfss.us.af.mil/USAFCommunity/s/

Orders

Block 27 will designate that your orders are for a PCS. If household goods (HHG) are authorized to be moved, there will also be an appropriate line of accounting

listed.

11. Mbr is ordered to MILITAR	RY PERSONNEL APPROPRIATIO	N for 301	* days plus	auth t	vl time. (4 Tvl Da	nys) TRAC	KING #: 11115847
12. WILL REPORT TO (Unit and 86 CPTS, RAMSTEIN AB, GER	l location)	13. REPORT (Hour)	13. REPORTING DATA (Hour) (YYYYMMDD)			14. RELEAS	E DATE (YYYYMMDD)
	0730	202310	003		20240729		
		15. CORPO	RATE LIMITS	3	16. COMMUTING	G AREA	17. BAS CODE S
18. REMARKS AUTH: AFMA exceed DODFMR authorized tra used when available.	N 36-8001 (File travel voucher and co avel time. Per diem is based on avai	ompleted statement lability of gov't quar	of tour of duty ters and mess	withir s; cont	a 5 workdays after fact the base billet	tour completio ing office sinc	n. Travel days will not e gov't quarters must be
SEE NEXT PAGE FOR REMA	IRKS.					CONTI	NUED ON NEXT PAGE
19. TNG-CAT-IND 2S	20. TOUR-IND		2 19	1. ME 99	AN CODE	22. N	IAN-DAY ID
ESTIMATED COST	23. TRAVEL 22 \$0.00 \$0	24. PER DIEM 0.00	25 \$0	5. OTI).00	HER	26. T \$110,5	OTAL 502.97
27. PAY AND . 5743500 324 531 525725 30	ALLOWANCE 5032S	574	4 3500 324 48 4 3500 324 48	HOU 80Z 58 PCS 80Z 58	JSEHOLD GOOE 88.0* 05 525725 : 81.0* 05 525725 .	DS SDN: PB5881 ATAC: G8S1	4002MP0H TAC:G48S 10

If you were approved for an accompanied tour, your dependents will need to be listed on your AF938 orders to be reimbursed for their travel. If you have dependents, but do not see a statement regarding authorized dependents, you will need to contact your DET to determine if an orders MOD is necessary.

w. AUTHORIZED DEPENDENTS: KEN HICKPICKER, SP; BRITTANY HICKPICKER, CH, 20150605; TIFFANY	Y
HICKPICKER, CH, 20180521	

Travel Voucher DD1351-2

Step 1: Any split disbursement amount to your GTC will need to be annotated in the top right.

Block 5 -
please check
the appropriate
blocks related
to your travel.

TRAVEL VOUCH	HER OR SUBV	OUCHER	Read F form. is need	Privacy Ac Use typew ded, contii	t Statement, vriter, ink, or nue in remarl	Penalty Statement ball point pen. PR <s.< th=""><th>t, and li ESS H</th><th>nstructions on ARD. DO NOT</th><th>back l use p</th><th>completing be If more space</th></s.<>	t, and li ESS H	nstructions on ARD. DO NOT	back l use p	completing be If more space	
1. PAYMENT SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reduces the provide the synthesis you elect a different amount. Military personnel 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. Note: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. Year and the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 1,545								results sement represen- uired to			
2. NAME (Last, First, Middle Initia	ial) (Print or type)		3. GRA	DE	4. SSN			5. TYPE OF PAYMENT (X as applicable)			
HICKPICKER, PEG	GY			E6 123-45-6789				TDY	×	Member/Employee	
6. ADDRESS. a. NUMBER AND) STREET	b. CITY			c. STATE	d. ZIP CODE	٦ ×	PCS		Other	
123 MAIN ST		AUR	ORA		CO	80011	×	Dependent(s)	×	DLA	
e. E-MAIL ADDRESS hickp	o@gmail.com; peg	gy.hickpicker@	us.af.m	il			10.	FOR D.O.	NLY		
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATIO AREA CODE 720-555-6518 DA5978				9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES			a.	a. D.O. VOLUNUMBER			
11. organization and station 86 CPTS / RAMSTEIN AB, GERMANY							b. 3	SUBVOU N	UMBER	2	

1a: If dependents are authorized to travel AND travel with you (the member), please complete blocks 12 & 13 with their information. Use date of marriage for spouse, not date of birth.

12. DEPENDENT(S) (X and complete as ap	13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)							
X ACCOMPANIED		UNACCOMPA	123 MAIN ST					
a. NAME (Last, First, Middle Initial)	b. R	ELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	AURORA, CO 80011				
HICKPICKER, KEN	S	POUSE	8/5/14	1				
HICKPICKER, BRITTANY	(CHILD	6/5/15					
HICKPICKER, TIFFANY	(CHILD	5/21/18	14. H	AVE HOUS (one)	EHOLI	D GOODS BEEN SHIPPED?	
				×	YES		NO (Explain in Remarks)	

1b: If you (the member) are single or are traveling unaccompanied, you WILL NOT include dependent information in block 12. Block 13 will need to be completed only if you have dependents and they are not traveling.

12. D	EPENDENT(S) (X and complete as ap	13. D C	PEPENDEN RDERS (In	TS' AD	DRESS ON RECEIPT OF Zip Code)						
	ACCOMPANIED	×	UNACCOMPA	UNACCOMPANIED			123 MAIN ST				
ć	a. NAME (Last, First, Middle Initial)	b. R	ELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	AU	RORA	, CO	80011			
					1						
					14. H. (X	AVE HOUS	EHOL	D GOODS BEEN SHIPPED?			
						YES	×	NO (Explain in Remarks)			

1c: Complete the itinerary with actual travel (dates, stops, etc.). All blocks in 15a need to be filled out. If you flew to your new duty location, your itinerary could look like this:

	15. ITINE	RARY			C.	d.	e.	f.			
	a. DATE 2023		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		MODE OF TRAVEL	FOR STOP	LODGING COST	B POC MILES			
	4 OCT	DEP	AURORA, CO 80011		CA						
	4 OCT	ARR	DENVER AIRDORT CO			AT					
	4 OCT	DEP	DEINVER AIRPORT, CO		СР						
	5 OCT	ARR	FRANKFURT AIRPORT GERMANY			AT					
	5 OCT	DEP	TRANKI OKT AIKI OKT, OLKMANT		CA						
	5 OCT	ARR	RAMSTEIN AR GERMANV			MC					
		DEP	Reduit in the contract of the second se	ITEM	15 - ITINER	ARY - SYME	OLS				
	Refer to the codes on page 2 of the DD1351-2 or means/mode of travel and reasons for stop.				15c. MEANS/MODE OF TRAVEL (Use two letters)						
Ref for					GTR/TKT or (Government Commercial (<i>Own expern</i> Privately Owr Conveyance Note: Transp claimed in Ite	CBA (See No Transportatio Transportatio (se) and (POC) portation ticket m 18 as a re	ote) - T on - G n - C - P ets purchased imbursable ex	Automot Motorcyc Bus Plane Rail Vessel with a CBA mus pense.	oile - A cle - M - B - P - R - V st not b		
				15d.	REASON FO Authorized D Authorized R Awaiting Trar	elay - eturn - nsportation -	AD L AR M AT T	AD Leave En Route - LV AR Mission Complete - MC AT Temporary Duty - TD			
					Hospital Adm Hospital Disc	ittance - harge -	HA V HD	oluntary Return	n - VR		

1d: If you drove from your HOR to your new duty location, your itinerary could look like this:

15. ITINE	RARY		C.	d.	e.	f.
a. DATE 2023		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	FOR STOP	LODGING COST	POC MILES
4 OCT	DEP	AURORA, CO 80011	PA			
8 OCT	ARR			MC		
	DEP	EULIN AFB, FL				

1e: Mark blocks 16 & 17 as it relates to your travel. **If your friend/spouse drove <u>your</u> vehicle to drop you off at the airport, check "own/operate" to claim mileage.

1f: Add reimbursable expenses to block 18. If any expense was incurred in a foreign currency, you will need to claim the expense in USD. If a GTC/ personal CC statement is not included with your claim, we will use OAN-DA.com to determine the currency conversion. This may result in your expense not being fully reimbursed due to a different conversion rate being used.

16. POC TRAVE	L (X one)		OWN/OPERATE	Х	PASSENGE	R	17. DURATION OF TRAVEL			
18. REIMBURSA	ABLE EXPE	NSES							500	
a. DATE		b. NAT	URE OF EXPENSE	c. A	MOUNT	d. ALLOWED		12 HOURS OR L	.E35	
4 OCT 23	AIRFA	RE]	,537.28			MORE THAN 12	HOURS	
4 OCT 23	CTO F	EE			8.57			BUT 24 HOURS OR LES		
4 OCT 23	LYFT	το ι	DIA		45.18		~			
5 OCT 23	SHUT	ΓLE	TO RAMSTEIN		258.54		X	MORE THAN 24	4 HOUKS	
							19. G	OVERNMENT/DE	DUCTIBLE	
								a. DATE	b. NO. O	

1g: You **MUST** sign (wet or digital, typed signatures like the ones below are not acceptable) block 20a and date block 20b. Your supervisor (or someone higher ranking than you that can verify your travel) at your new duty location **MUST** complete blocks 20c-f.

20.a. CLAIMANT SIGNATURE Peggy Kickpicker	· · · · ·	·	b. DATE 10/9/23
c. REVIEWER'S PRINTED NAME	Leviewer signature	e. TELEPHONE NUMBER	f. date
Winifred Bradshaw	Winifred Bradshaw	658-4584	10/12/23

Personally Procured Move (PPM)

If your orders authorize you to move HHG and you elect to move them yourself, you may be authorized to submit a voucher for PPM reimbursement.

For this claim, we need the following documents:

- \Rightarrow DD Form 2278 (Provided by TMO)
- ⇒ Travel Voucher 1351-2 w/ "PPM" written in the itinerary; MUST be signed by member and supervisor/reviewer
- ⇒ Weight tickets/receipts (empty & full weight of vehicle/trailer)
- \Rightarrow PPM Checklist (Provided by TMO)
- ⇒ Any receipts for moving expenses claimed on the PPM Checklist

15. ITINE	RARY		C. MEANS/	d.	e.	f.
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	FOR STOP	LODGING COST	POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
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	DEP					
	ARR					
	DEP	Y				
	ARR					
	DEP					
	ARR 🗸					

20.a. CLAIMANT SIGNATURE			b. DATE
Doddy Highnighan			10/0/22
peggg mekpicker			10/9/23
c. REVIEWER'S PRINTED NAME	d_REVIEWER SIGNATURE	A TELEPHONE NUMBER	f DATE
Winifred Bredehow		050 4504	10/12/22
winined bradshaw	Winitred Bradshaw	058-4584	10/12/23

DD2278 completed by TMO:

CUI (when filled in)

APPLICATIO		DMOVE	1. DATE PREPARE	D 2. SHIPMENT NUMBER		
AND COUNSELING CHECKLIST (Read Privacy Act Statement on back before completing			form.)			
3. CUSTOMER INFORMATION						
a. NAME (Last, First, Middle Initial)	b. RANK/GRADE	c. SSN/EIN	d. AGENCY		
4. THIS SHIPMENT/STORAGE IS	REQUIRED IN	ICIDENT TO THE FOLLOWIN	IG ORDERS:			
a. TYPE ORDERS (X one)	b. DATE OF (ORDERS (DD MMM YYYY)	c. ISSUED BY			
PERMANENT TEMPORARY	d. NEW DUT	Y ASSIGNMENT		e. ORDERS NO	f. NUMBER OF MILES	
g. NAME OF PREPARING OFFIC		h. PAYING OFFICE (See back)				
5. SEND CHECK TO: (Complete Address)			a. STATE OF LEGAL RESIDENCE			
6. ENTITLEMENTS (X and complete as applicable)			7. CUSTOMER RESPONSIBILITY (X and complete as applicable)			
a. Type of vehicle (I.e., Truck, Trailer, Rental, etc.)			a. Operating allowance			
b. PPM move authorized from To:			b. Start date of move (DD MMM YYYY):			
PPM move actual from To:			c. Empty/loaded weight tickets (Required).			
c. Maximum authorized weight.			d. Customer's Name, last four digits of SSN or complete EIN, and Weighmaster's signature required on each weight ticket.			
d. Estimated weight of HHGs, including PBP&E.						
f. Power of Attorney. if required.			□ aboard - weigh entire unit at the same time).			
g. Loss or damage (See back of	of form for more	e information).	DD Form 2278 and weight tigkets must be submitted to an installed			
h. Temporary storage, if pre-approved.			(see back) to receive incentive payment.			
8. COST COMPUTATION			1			
a. ESTIMATED CONSTRUCTIVE	COSTS		b. ADVANCED VOUCHE	R		
(1) Government Constructive Cost		\$	(1) Paid by DSSN			
(2) Advance Operating Allowance		\$	(2) Voucher No.		(3) DATE (DD MMM YYYY)	
(3) Gross Incentive (100%)		\$	(4) I agree to furnish two weight tickets within 45 days from the start of this move. If I fail to do so, I voluntarily consent to collection of all governmen costs of this move from my pay. Lalso voluntarily consent to collection of			
(4) Incentive/Reimbursement \$			any unearned advance operating allowance up to a maximum of \$ from my pay.			
NO INCENTIVES WILL	BE PAID W	ITHOUT ACCEPTABLE	WEIGHT TICKETS A	ND OTHER REQUIR	ED DOCUMENTS.	
9. I CERTIFY THAT I HAVE READ	AND UNDER	STAND MY RESPONSIBILITI	ES AND CONDITIONS PR	RINTED ON THIS FORM		
a. DATE SIGNED b. SIGNAT	JRE OF CUST	OMER/AGENT	c. DATE SIGNED d	SIGNATURE OF COUN	ISELOR	
10. CERTIFICATION OF PPSO/PI	PO: A. ACT	UAL CONSTRUCTIVE COST	S			
(1) Move Type:			(4) Gross Incentive (100%)			
Incentive Move						
(2) Actual Weight			(5) Advanced Payments		\$	
(3) Government Constructive Cost	3) Government Constructive Cost \$		(6) Reimbursement Amount		\$	
11. FUNDING DATA	b. TYPE	D OR PRINTED NAME OF	c. DATE SIGNED d	SIGNATURE		
CLOSEOUT	INDIV	IDUAL				
DD FORM 2278, JUL 2021		CUI (whe	n filled in)	Controlled by: U CUI Category: P	STANSCOM Page 1 of 2 RVCY	
	· L.			LDC: FEDCON POC:		

PPM Checklist completed by TMO:

PERSONALLY - PROCURED MOVE (PPM) CHECKLIST AND EXPENSE CERTIFICATION							
All documents submitted MUST be LEGIBLE and COMPLETE. Illegible or incomplete submissions will be returned for corrective action.							
NAME							
This "PPM Checklist and Expense Certification" - co	mpleted, signed and dated.	IS (IT Applicable):					
DD Form 1351-2, properly completed	USN Requires FMS Form 2231 Direct De	posit					
Advice of Payment (AOP) for <u>PPM</u> advance op	perating allowance requested <u>AND</u> receive	d (available at https://myPay.dfas.mil)					
Completed DD Form 2278 - to include: 🗌 blocks 10a/b customer signed/dated, 📄 blocks 10c/d counselor signed/dated							
Official Travel Orders - include all amendments and/or endorsements issued. USN: Enlistment Contract or Officer Home of Record report							
Power of Attorney (POA) or informal letter of authorization signed by the member/employee							
🗌 Weight tickets MUST meet Service specific requirement (See ** Below) and be 📄 Certified, 📄 Legible, 📄 Unaltered, and							
Adequately descriptive (i.e. FULL/EMPTY 2008 Dodge Ram Pickup with Privately Owned Trailer (POT) etc.)							
Include customer identification; Last Name, El	MPLID/SSN (last 4)						
EACH conveyance (trip/vehicle) used to haul p	property must be supported by a 🛛 FULL and	d EMPTY weight ticket					
** Service Specific Requirements for Weight Tickets: <u>USAF, USA</u> require a FULL and EMPTY weight ticket obtained at either Origin, Destination or a combination thereof. <u>USMC</u> : EMPTY and FULL weight tickets to be obtained at Origin within 50 miles (at a Base Scale if available). <u>USCG</u> : EMPTY and FULL weight tickets at Origin within 50 miles (at a Base Scale if available). <u>USCG</u> : EMPTY and FULL weight tickets must be obtained at Origin. <u>USN</u> : EMPTY and FULL weight tickets at Origin plus a FULL weight ticket at Destination (3-Tickets). <u>USAF, USA, USMC</u> : TDY - a new FULL and EMPTY weight ticket for each leg. PBP&E (Pro Gear) - complete weight calculator and approved by the Origin counseling office. Local Move - One EMPTY weight ticket for each vehicle							
Copy of Contract(s) - identifies: Customer/Family Member; Detailed equipment description; Payment in full							
Copy of paid receipts for eligible expense claimed below - receipts must reflect customers last name, EMPLID/SSN (last 4), item description, unit price, quantity, date, name and address of store, etc. (i.e. fuel receipts that reflect only a pre-paid dollar amount do NOT qualify)							
Copy of privately-owned vehicle (POV) or trailer (POT), Boat, or Motorcycle registration(s) used for hauling personal property; borrowed POV or POT additionally requires a signed, dated statement by registered owner authorizing use of POV/POT for your HHG movement							
 > Ensure documents requiring signature and date are signed and dated by the customer and/or PPSO as required. > Keep a complete copy of your submitted PPM packet - to include receipts (IRS can audit tax records up to 6 years). > The PPM incentive payment is taxable income. Eligible operating expenses (see notes below) can reduce the taxed portion of your incentive. 							
NOTE 1: EXPENSES <u>ELIGIBLE</u> : Rental trucks, trailers, hand/appliance dollies, and furniture pads; weighing fees; authorized moving company services; tolls and parking fees; POV gas and oil that will not be reimbursed as mileage (TDY) or MALT (PCS/PDT); packing/crating materials. NOTE 2: EXPENSES <u>NOT ELIGIBLE</u> : but are not limited to; Auto tow dollies, auto tow bars/hitches, auto transports; any type of insurance, sales tax, general repairs; general maintenance, meals and lodging; POV gas and/or tolls that will be reimbursed in conjunction with customer/dependent personal travel (i.e. mileage allowance for travel), are not eligible to be claimed as PPM operating expenses. ENSURE <u>ALL OPERATING EXPENSES LISTED BELOW ARE SUPPORTED BY PAID RECEIPTS AND/OR CONTRACTS</u> (EXPENSES WHICH DO NOT MEET ELIGIBILITY REQUIREMENTS MAY BE DEDUCTED)							
Contracted expenses (rental truck, traile	r, moving services, etc.):						
Rental equipment/materials (hand/appl	iance dolly, furniture pads, etc.):						
Consumable packing materials (boxes, v	vrapping paper, tape etc.):						
Weighing fees:							
Gas (label receipt to identify vehicle/s fu	ieled):						
Tolls (label receipt to identify vehicle):							
Oil (excludes oil change or service):							
Other (list)							
TOTAL:							
I CERTIFY THE ABOVE EXPENSES WERE LEGITIMATELY INCURRED DURING MY PERSONALLY-PROCURED MOVE AS IDENTIFIED BELOW: Move Date: From: To:							
Authority: 5 U.S.C. 5701-5742, 37 U.S.C. 451-495, and E.O. 9297. ROUTINE USES: To substantiate incentive payment claims for movement of household goods. DISCLOSURE: Voluntary; failure to furnish data may result in partial or total denial of claim and/or improper tax application. NOTE: Expenses verified on this statement reduce taxable income reported on form W-2 and may not be claimed again as moving expenses. Federal tax withholding will be 25% of profit (entitlement less eligible operating expenses).							
I UNDERSTAND THE PENALTY FOR WILLFULLY MAKING A FALSE STATEMENT OF CLAIM IS A MAXIMUM FINE OF \$10,000, MAXIMUM IMPRISONMENT OF FIVE YEARS, OR BOTH (U.S.C., TITLE 18, SECTION 287).	Signature	Date					

Temporary Lodging Expense (TLE)

If you need to stay in a hotel/with friends & family prior to leaving your HOR or after arriving at your new CONUS duty location, you may be authorized reimbursement for lodging and M&IE.

For this claim, you will need to submit the following:

- \Rightarrow TLE worksheet
- ⇒ Lodging receipts
- ⇒ Non-Availability Statement (if no availability at on-base lodging)
- ⇒ AF938 orders (only required if submitting separately from travel voucher)



Submitting Your PCS Travel Claim

myFSS: <u>https://myfss.us.af.mil/USAFCommunity/s/</u>

Log into myFSS and navigate to the IMA Management page either through the tile on the splash page or by using the search bar.



IMA Management Q	
AFR HỌ RIO IMA Management	
Air Force Reserve (AFR) Job Aids - Service Agent	
Air Force Reserve (AFR) Job Aids	

In the IMA Management knowledge article, scroll down to AFR RIO Travel and click the link to go to the TRO page; click "Create a Request".



Choose Travel: PCS/PPM for your request type. After uploading all necessary documents, click "Next".

Congratulations! You've submitted your voucher, but you're not done yet.

You will need to monitor the email associated with your myFSS profile in the event your myFSS case is returned for errors.

Your voucher goes through two levels for approval. Your voucher will be computed and then audited. You will be notified of all forward movement of your voucher, as well as all return messages, via myFSS.