

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 who 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 all 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)
- ⇒ AF Form 938 orders
- ⇒ Receipts as applicable (Airfare, rental car, any expenses over \$75, etc.)
- ⇒ FMS 2231 for direct deposit (*required if you have never 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 a PPM (Personal Procured Move) voucher. You will need to upload these documents:

- ⇒ DD Form 2278 (Provided by TMO)
- ⇒ Travel Voucher (DD1351-2) w/ "PPM" written in the itinerary
- ⇒ Weight tickets/receipts (empty & full weight of vehicle/trailer)
- ⇒ PPM Checklist (Provided by TMO)
- ⇒ 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:

- ⇒ TLE worksheet
- ⇒ Lodging receipts

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

**trips CONUS - CONUS are limited to 14 nights*

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 MILITARY PERSONNEL APPROPRIATION for 301 * days plus auth tvl time. (4 Tvl Days) TRACKING #: 11115847			
12. WILL REPORT TO (Unit and location) 86 CPTS, RAMSTEIN AB, GER		13. REPORTING DATA (Hour) (YYYYMMDD) 0730 20231003	
14. RELEASE DATE (YYYYMMDD) 20240729			
15. CORPORATE LIMITS <input type="checkbox"/> 16. COMMUTING AREA <input type="checkbox"/> 17. BAS CODE S			
18. REMARKS AUTH: AFMAN 36-8001 (File travel voucher and completed statement of tour of duty within 5 workdays after tour completion. Travel days will not exceed DODFMR authorized travel time. Per diem is based on availability of gov't quarters and mess; contact the base billeting office since gov't quarters must be used when available. SEE NEXT PAGE FOR REMARKS.			
CONTINUED ON NEXT PAGE			
19. TNG-CAT-IND 2S	20. TOUR-IND	21. MEAN CODE 199	22. MAN-DAY ID
ESTIMATED COST	23. TRAVEL \$0.00	24. PER DIEM \$0.00	25. OTHER \$0.00
		26. TOTAL \$110,502.97	
27. PAY AND ALLOWANCE 5743500 324 531 525725 36032S		HOUSEHOLD GOODS 574 3500 324 480Z 5888.0* 05 525725 SDN: PB58814002MPOH TAC:G48S PCS 574 3500 324 480Z 5881.0* 05 525725 ATAC: G8S110	

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 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 VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.	
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 1,545.85			
2. NAME (Last, First, Middle Initial) (Print or type) HICKPICKER, PEGGY		3. GRADE E6	4. SSN 123-45-6789	5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS. a. NUMBER AND STREET 123 MAIN ST		b. CITY AURORA	c. STATE CO	d. ZIP CODE 80011	<input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> DLA
e. E-MAIL ADDRESS hickp@gmail.com; peggy.hickpicker@us.af.mil		7. DAYTIME TELEPHONE NUMBER & AREA CODE 720-555-6518		8. TRAVEL ORDER/AUTHORIZATION NUMBER DA5978	
11. ORGANIZATION AND STATION 86 CPTS / RAMSTEIN AB, GERMANY		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	

1a: If dependents are authorized to travel AND travel with you (the member), please complete blocks 12 & 13 with their information.

12. DEPENDENT(S) <i>(X and complete as applicable)</i>			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS <i>(Include Zip Code)</i> 123 MAIN ST AURORA, CO 80011
<input checked="" type="checkbox"/> ACCOMPANIED	<input type="checkbox"/> UNACCOMPANIED		
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	
HICKPICKER, KEN	SPOUSE	8/5/14	
HICKPICKER, BRITTANY	CHILD	6/5/15	14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? <i>(X one)</i>
HICKPICKER, TIFFANY	CHILD	5/21/18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(Explain in Remarks)</i>			

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. DEPENDENT(S) <i>(X and complete as applicable)</i>			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS <i>(Include Zip Code)</i> 123 MAIN ST AURORA, CO 80011
<input type="checkbox"/> ACCOMPANIED	<input checked="" type="checkbox"/> UNACCOMPANIED		
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? <i>(X one)</i>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(Explain in Remarks)</i>			

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. ITINERARY		a. DATE 2023	b. PLACE <i>(Home, Office, Base, Activity, City and State; City and Country, etc.)</i>	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
DEP	ARR						
4 OCT	DEP		AURORA, CO 80011	CA			
4 OCT	ARR		DENVER AIRPORT, CO		AT		
4 OCT	DEP		DENVER AIRPORT, CO	CP			
5 OCT	ARR		FRANKFURT AIRPORT, GERMANY		AT		
5 OCT	DEP		FRANKFURT AIRPORT, GERMANY	CA			
5 OCT	ARR		RAMSTEIN AB, GERMANY		MC		
	DEP						

Refer to the codes on page 2 of the DD1351-2 for means/mode of travel and reasons for stop.

ITEM 15 - ITINERARY - SYMBOLS	
15c. MEANS/MODE OF TRAVEL <i>(Use two letters)</i>	
GTR/TKT or CBA <i>(See Note)</i> - T	Automobile - A
Government Transportation - G	Motorcycle - M
Commercial Transportation <i>(Own expense)</i> - C	Bus - B
Privately Owned	Plane - P
Conveyance (POC) - P	Rail - R
	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	

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

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

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

16. POC TRAVEL (X one)		OWN/OPERATE	<input checked="" type="checkbox"/> PASSENGER	17. DURATION OF TRAVEL	
18. REIMBURSABLE EXPENSES					12 HOURS OR LESS
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED		MORE THAN 12 HOURS BUT 24 HOURS OR LESS
4 OCT 23	AIRFARE	1,537.28			
4 OCT 23	CTO FEE	8.57			
4 OCT 23	LYFT TO DIA	45.18			
5 OCT 23	SHUTTLE TO RAMSTEIN	258.54		<input checked="" type="checkbox"/>	MORE THAN 24 HOURS
				19. GOVERNMENT/DEDUCTIBLE	
				a. DATE	b. NO. O

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 OANDA.com to determine the currency conversion. This may result in your expense not being fully reimbursed due to a different conversion rate being used.

1g: You **MUST** sign (wet or digital [typed signatures 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 <i>Peggy Kickpiker</i>			b. DATE 10/9/23
c. REVIEWER'S PRINTED NAME Winifred Bradshaw	d. REVIEWER SIGNATURE <i>Winifred Bradshaw</i>	e. TELEPHONE NUMBER 658-4584	f. DATE 10/12/23

Personally Procured Move (PPM)

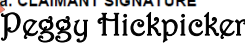
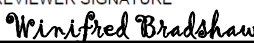
If your orders authorize you to move HHG and you elect to move them yourself, you will be authorized to submit a voucher for PPM reimbursement.

For this claim, we need the following documents:

- ⇒ 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)
- ⇒ PPM Checklist (Provided by TMO)
- ⇒ Any receipts for moving expenses claimed on the PPM Checklist

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

PPM

20.a. CLAIMANT SIGNATURE 		b. DATE 10/9/23	
c. REVIEWER'S PRINTED NAME Winifred Bradshaw	d. REVIEWER SIGNATURE 	e. TELEPHONE NUMBER 658-4584	f. DATE 10/12/23

CUI (when filled in)

APPLICATION FOR PERSONALLY PROCURED MOVE AND COUNSELING CHECKLIST <i>(Read Privacy Act Statement on back before completing form.)</i>			1. DATE PREPARED <i>(DD MMM YYYY)</i>	2. SHIPMENT NUMBER
3. CUSTOMER INFORMATION				
a. NAME <i>(Last, First, Middle Initial)</i>		b. RANK/GRADE	c. SSN/EIN	d. AGENCY
4. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING ORDERS:				
a. TYPE ORDERS <i>(X one)</i>		b. DATE OF ORDERS <i>(DD MMM YYYY)</i>		c. ISSUED BY
<input type="checkbox"/> LOCAL <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		d. NEW DUTY ASSIGNMENT		e. ORDERS NO
f. NUMBER OF MILES		g. NAME OF PREPARING OFFICE		
h. PAYING OFFICE <i>(See back)</i>		5. SEND CHECK TO: <i>(Complete Address)</i>		
a. STATE OF LEGAL RESIDENCE		6. ENTITLEMENTS <i>(X and complete as applicable)</i>		
<input type="checkbox"/> a. Type of vehicle <i>(I.e., Truck, Trailer, Rental, etc.)</i> <input type="checkbox"/> b. PPM move authorized from To: PPM move actual from To: <input type="checkbox"/> c. Maximum authorized weight. <input type="checkbox"/> d. Estimated weight of HHGs, including PBP&E. <input type="checkbox"/> e. Unauthorized items <i>(POV's, flammables, etc.)</i> . <input type="checkbox"/> f. Power of Attorney, if required. <input type="checkbox"/> g. Loss or damage <i>(See back of form for more information)</i> . <input type="checkbox"/> h. Temporary storage, if pre-approved.		7. CUSTOMER RESPONSIBILITY <i>(X and complete as applicable)</i>		
<input type="checkbox"/> a. Operating allowance <input type="checkbox"/> b. Start date of move <i>(DD MMM YYYY)</i> : <input type="checkbox"/> c. Empty/loaded weight tickets <i>(Required)</i> . <input type="checkbox"/> d. Customer's Name, last four digits of SSN or complete EIN, and Weighmaster's signature required on each weight ticket. <input type="checkbox"/> e. Trailers weighed attached to prime moving vehicle <i>(no passengers aboard - weigh entire unit at the same time)</i> . <input type="checkbox"/> f. PPM requires submission of DD Form 1351-2. <input type="checkbox"/> g. DD Form 2278 and weight tickets must be submitted to paying office <i>(see back)</i> to receive incentive payment.		8. COST COMPUTATION		
a. ESTIMATED CONSTRUCTIVE COSTS		b. ADVANCED VOUCHER		
(1) Government Constructive Cost	\$	(1) Paid by DSSN		(3) DATE <i>(DD MMM YYYY)</i>
(2) Advance Operating Allowance	\$	(2) Voucher No.	(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 government costs of this move from my pay. I also voluntarily consent to collection of any unearned advance operating allowance up to a maximum of \$ _____ from my pay.	
(3) Gross Incentive (100%)	\$			
(4) Incentive/Reimbursement	\$			
NO INCENTIVES WILL BE PAID WITHOUT ACCEPTABLE WEIGHT TICKETS AND OTHER REQUIRED DOCUMENTS.				
9. I CERTIFY THAT I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AND CONDITIONS PRINTED ON THIS FORM.				
a. DATE SIGNED	b. SIGNATURE OF CUSTOMER/AGENT	c. DATE SIGNED	d. SIGNATURE OF COUNSELOR	
10. CERTIFICATION OF PPSO/PPPO: A. ACTUAL CONSTRUCTIVE COSTS				
(1) Move Type: <input type="checkbox"/> Incentive Move <input type="checkbox"/> Actual Cost Reimbursement		(4) Gross Incentive (100%)	\$	
(2) Actual Weight		(5) Advanced Payments	\$	
(3) Government Constructive Cost	\$	(6) Reimbursement Amount	\$	
11. FUNDING DATA				
a. OFFICE PERFORMING CLOSEOUT	b. TYPED OR PRINTED NAME OF INDIVIDUAL	c. DATE SIGNED	d. SIGNATURE	

CUI (when filled in)

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 duty location, you will be authorized reimbursement for lodging and M&IE. For this claim, you will need to submit the following:

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

****If lodging is incurred OCONUS, you will need to submit your Temporary Lodging Allowance (TLA) claim through the RPO.**

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

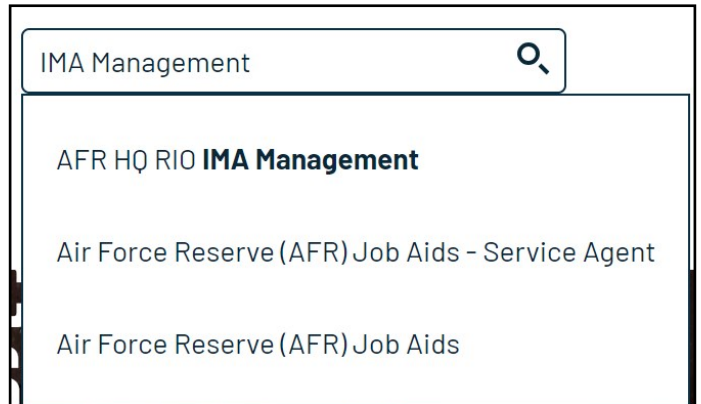
**trips CONUS - CONUS are limited to 14 nights*

TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION STATEMENT		This document contains information that is subject to the Privacy Act of 1974 and is for official use only (FOUO).	
Note: For split disbursement amount reference the attached Travel Voucher (DD 1351-2)			
1. NAME (Last, First, Middle Initial)		2. GRADE	3. SSN
4. LOSING CONUS PERMANENT DUTY STATION		8. GAINING CONUS PERMANENT DUTY STATION	
5. DATE CLEARED GOVERNMENT QUARTERS:		9. DATE ASSIGNED GOVERNMENT QUARTERS:	
6. DATE OF DEPARTURE:		10. DATE OF ARRIVAL:	
7. DATE HOUSEHOLD GOODS PICKED UP:		11. DATE HOUSEHOLD GOODS DELIVERED:	
For blocks 12-15, fill out one for every different occurrence			
12. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MBR & DEPENDENTS - # Deps over 12: _____ # Deps under 12: _____ <input type="checkbox"/> DEPENDENTS ONLY - # Deps over 12: _____ # Deps under 12: _____ 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 INCLUDING TAX: \$ _____		14. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MBR & DEPENDENTS - # Deps over 12: _____ # Deps under 12: _____ <input type="checkbox"/> DEPENDENTS ONLY - # Deps over 12: _____ # Deps under 12: _____ 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 INCLUDING TAX: \$ _____	
13. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MBR & DEPENDENTS - # Deps over 12: _____ # Deps under 12: _____ <input type="checkbox"/> DEPENDENTS ONLY - # Deps over 12: _____ # Deps under 12: _____ 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 INCLUDING TAX: \$ _____		15. DATES OF LODGING: _____ TO _____ TLE CLAIM FOR: <input type="checkbox"/> MEMBER ONLY <input type="checkbox"/> MBR & DEPENDENTS - # Deps over 12: _____ # Deps under 12: _____ <input type="checkbox"/> DEPENDENTS ONLY - # Deps over 12: _____ # Deps under 12: _____ 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 INCLUDING TAX: \$ _____	
16. ARE MARRIED TO ANOTHER MILITARY MEMBER? IF YES, NAME OF MILITARY SPOUSE: _____ SSN OF MILITARY SPOUSE: _____			
17. NOTES: * If gaining station is OCONUS, reimbursement is limited to 5 days. * Reimbursement at or between CONUS stations is limited to 10 days.		18. CLAIMANT SIGNATURE _____ DATE _____	
* Any off-base lodging receipt submitted without a Non-A will be limited to the available billeting room rate for member & number of dependents. DO NOT USE THIS FORM: 1) If filing for Temporary Lodging Allowance (TLA) from an OCONUS Location (this is done via your local Finance Office -OR- 2) If filing for reimbursement of arrival/departure port lodging (This is filed on the Travel Voucher)		19. FSO USE ONLY - DATE RECEIVED: _____	

Submitting Your PCS Travel Claim

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

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



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”.



[AFR RIO Travel](#) - Allows IRs to submit travel vouchers for reimbursement



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.