## 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 <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 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 MILITAR	Y PERSONNEL APPROPRIATIO	N for 301	$^{\star}$ days plus auth tvl time. (4 $\mathrm{Tv}$	1 Days) TRACKING #: 11115847
12. WILL REPORT TO <i>(Unit and</i> 86 CPTS, RAMSTEIN AB, GER		13. REPORT (Hour)	NG DATA (YYYYMMDD)	14. RELEASE DATE (YYYYMMDD)
		0730	20231003	20240729
		15. CORPO	RATE LIMITS 16. COMMUT	TING AREA 17. BAS CODE S
	vel time. Per diem is based on avai	•		fter tour completion. Travel days will not illeting office since gov't quarters must be CONTINUED ON NEXT PAGE
19. TNG-CAT-IND 2S	20. TOUR-IND		21. MEAN CODE 199	22. MAN-DAY ID
ESTIMATED COST		24. PER DIEM 0.00	25. OTHER \$0.00	26. TOTAL \$110,502.97
27. PAY AND 2 5743500 324 531 525725 36	ALLOWANCE 1032S		HOUSEHOLD GC 3500 324 480Z 5888.0* 05 5257 PCS 3500 324 480Z 5881.0* 05 5257	25 SDN: PB58814002MP0H TAC:G48S

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 VOUC	HER OR SUB	OUCHER	form.	Use typew	t Statement, riter, ink, or nue in remar	Penalty Statement ball point pen. PR ks.	, and Ir ESS H	nstructions on ARD. DO NOT	back b use p	e e	completing If more space
1. PAYMENT    X   Electronic Fund   Transfer (EFT)   Payment by Check	SPLIT DISBURSEMI ting travel charges for tra designate a payment tha NOTE: A split disbut Pay the following	it equals the total of the cursement is only no	ir outstan ecessar	ding governm <b>y when a G</b>	ent travel card GTCC is used	balance to the GTCC co I while on official tr	ontractor avel fo	: or the Governm	ent.		sement represen- juired to
2. NAME (Last, First, Middle In HICKPICKER, PEC			3. GRA	de E6	4. SSN 12	3-45-6789	5. T	TDY			<i>able)</i> ber/Employee
6. ADDRESS. a. NUMBER AN	ID STREET	b. CITY			c. STATE	d. ZIP CODE	٦×	PCS		Othe	r
123 MAIN ST		AUR	ORA		CO	80011	×	Dependent(s)	×	DLA	
e. E-MAIL ADDRESS hick	p@gmail.com; pe	ggy.hickpicker@i	ıs.af.m	ıil		•	10.	FOR D.O. USE OF	NLY		
7. DAYTIME TELEPHONE NU AREA CODE 720-555-651  11. ORGANIZATION AND STA	8 NUMBER	DA5978	TION	9. PREVIO ADVANO		ENT PAYMENTS/			UMBER		
86 CPTS / I	RAMSTEIN AB,	GERMANY									

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

12. D	EPENDENT(S) (X and complete as ap	plicabl	(e)			EPENDEN ORDERS (Ir		DRESS ON RECEIPT OF Zip Code)
×	ACCOMPANIED		UNACCOMPA	NIED	123	3 MAIN	ST	,
а	. NAME (Last, First, Middle Initial)	b. R	ELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	ΑU	RORA	, CO	80011
HIC	CKPICKER, KEN	S	POUSE	8/5/14	1			
HIC	CKPICKER, BRITTANY	(	CHILD	6/5/15	1			
HIC	KPICKER, TIFFANY	(	CHILD	5/21/18		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. DEPENDENT(S) (X and complete as ap	oplicab	le)		lo	RDERS (II	nclude 2	DRESS ON RECEIPT OF Zip Code)
ACCOMPANIED	×	UNACCOMPA	NIED	123	3 MAIN	I ST	,
a. NAME (Last, First, Middle Initial)	b. F	RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	ΑU	IRORA	, CO	80011
				1			
					AVE HOUS ( one)	SEHOLI	D GOODS BEEN SHIPPED?
				Ì	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 a. DATE 2023	RARY	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEAN MODE TRAVI	OF FOR	LODGING	f. POC MILES
4 OCT	DEP	AURORA, CO 80011	CA			
4 OCT	ARR	DENIVED AIDDONT CO		AT	1	
4 OCT	DEP	DENVER AIRPORT, CO	CP			
5 OCT	ARR	FRANKFURT AIRPORT, GERMANY		AT	1	
5 OCT	DEP	TRAINTURT AIRFORT, GERMANT	CA			
5 OCT	ARR	RAMSTEIN AB, GERMANY		MC		
	DEP		ITEM 15 - ITIN	ERARY - SY	YMBOLS	

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

15c. MEANS/MODE OF TRAVEL (Use two letters) GTR/TKT or CBA (See Note) - T Government Transportation - G Commercial Transportation Automobile - A Motorcycle - M - B - P Bus - C Plane (Own expense) Rail - R Privately Owned Conveyance (POC) Vessel Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense. 15d. REASON FOR STOP Authorized Delay Leave En Route - LV Mission Complete - MC Authorized Return - AR Temporary Duty - TD Voluntary Return - VR Awaiting Transportation - AT
Hospital Admittance - HA
Hospital Discharge - HD

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

15. ITINE	RARY		c. MEANS/	d. REASON	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	ECLIN AED EL		MC		
	DEP	EGLIN AFB, FL				

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 TRAVE	L (X one)		OWN/OPERATE	×	PAS	SENGE	:R	17. D	URATION OF TRA	AVEL
18. REIMBURS	ABLE EXPE	NSES							42 1101100 001	F00
a. DATE		b. NAT	JRE OF EXPENSE	C.	AMOU	NT	d. ALLOWED		12 HOURS OR I	LESS
4 OCT 23	AIRFA	RE			1,53	7.28			MORE THAN 12	HOURS
4 OCT 23	CTO F	EE				8.57			BUT 24 HOURS	
4 OCT 23	LYFT	TO D	IΑ		4	5.18			MORE THAN 24	HOURS
5 OCT 23	SHUTT	TLE 7	ΓO RAMSTEIN		25	8.54		×	MORE THAN 24	HOURS
								19. G	OVERNMENT/DE	DUCTIBLE
									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 Peggy Hickpicker		<u>.</u>	b. DATE 10/9/23
c. REVIEWER'S PRINTED NAME Winifred Bradshaw	Leviewer Signature Winifred Bradshaw	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. ITINE	RARY	· · · · · · · · · · · · · · · · · · ·	C. MEANS/	d. REASON	e.	f.
a. DATE		<ul> <li>b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)</li> </ul>	MEANS/ MODE OF TRAVEL	FOR STOP	LODGING COST	POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP	<b>Y</b>				
	ARR					
	DEP					
	ARR					
	DEP					
	ARR -					

20.a. claimant signature Pøggy Hickpicker	•	•	b. DATE 10/9/23
c. REVIEWER'S PRINTED NAME Winifred Bradshaw	reviewer signature Winifred Bradshaw	e. TELEPHONE NUMBER 658-4584	f. DATE 10/12/23

### DD2278 completed by TMO:

#### CUI (when filled in)

			LY PROCURE	D MC	OVE	1		REPARED	2. SHIPMENT NUMBER
			CHECKLIST before completing	form 1	•		(	,	
3. CUSTOMER INFORMATION	, , , ioi olaloino		zerere cempieung		<u>'</u>				
a. NAME (Last, First, Middle Initial)			b. RANK/GRADE		c. SSN/EIN		d. AGEN	ICY	
4. THIS SHIPMENT/STORAGE IS				_					
a. TYPE ORDERS (X one)	b. DATE OF (	ORDERS (	DD MMM YYYY)	c. I	SSUED BY				
LOCAL									
PERMANENT	d. NEW DUT	/ ASSIGNI	MENT			e. C	ORDERS N	10	f. NUMBER OF MILES
TEMPORARY				T	AVING OFFICE (	D 4	-1-1		
g. NAME OF PREPARING OFFICE	-			n. r	PAYING OFFICE (	see pad	ck)		
5. SEND CHECK TO:								a. STATE	OF LEGAL RESIDENCE
(Complete Address)									
6. ENTITLEMENTS (X and comple		,		7.0	USTOMER RESP	ONSIB	ILITY (X a	nd complet	e as applicable)
a. Type of vehicle (I.e., Truck, T	railer, Rental,	etc.)			a. Operating allow	ance			
b. PPM move authorized from		Т	0:		b. Start date of mo	ve (DD	ммм үү	<b>YY</b> ):	
PPM move actual from		Т	0:		c. Empty/loaded w	eight ti	ckets (Rec	uired).	
c. Maximum authorized weight.	1 E DDD4				d. Customer's Nan Weighmaster's sig				complete EIN, and
d. Estimated weight of HHGs, in e. Unauthorized items (POV's,							•	`	ehicle (no passengers
f. Power of Attorney, if required		·			aboard - weigh en				. , ,
g. Loss or damage (See back of		informatic	na)	呾	f. PPM requires su	bmissio	on of DD F	orm 1351-2	2.
h. Temporary storage, if pre-ap		mornado	niy.		g. DD Form 2278 a (see back) to recei				ubmitted to paying office
8. COST COMPUTATION	proved.			二	(See Dack) to recei	ive ince	nuve payı	nen.	
a. ESTIMATED CONSTRUCTIVE	POSTS			hΛ	DVANCED VOUC	HED			
	30010				Paid by DSSN	IILIX			
(1) Government Constructive Cost		\$			-				
(2) Advance Operating Allowance		\$			Voucher No.		. 14 6 1		(3) DATE (DD MMM YYYY)
(3) Gross Incentive (100%)		\$			move. If I fail to do	o so, I	voluntarily	consent to	5 days from the start of this collection of all government arily consent to collection of
(4) Incentive/Reimbursement		\$			any unearned adva maximum of \$			owance up	
NO INCENTIVES WILL	BE PAID W	/ITHOUT	ACCEPTABLE	WE	GHT TICKETS	AND	OTHER	REQUIRE	D DOCUMENTS.
9. I CERTIFY THAT I HAVE READ	AND UNDER	STAND M	Y RESPONSIBILIT	IES A	ND CONDITIONS	PRINT	ED ON TH	IIS FORM.	
a. DATE SIGNED b. SIGNATU	JRE OF CUST	OMER/AG	ENT	c. E	OATE SIGNED	d. SIG	NATURE	OF COUNS	SELOR
10. CERTIFICATION OF PPSO/PF	PO: A. ACT	UAL CON	STRUCTIVE COST	s					
(1) Move Type:				(4)	Gross Incentive (10	00%)			\$
☐ Incentive Move ☐ Actua	l Cost Reimbur	rsement		\ \ \ \ \ \	`				
(2) Actual Weight				(5)	Advanced Paymen	ts			\$
(3) Government Constructive Cost		\$		(6)	Reimbursement Ar	nount			\$
11. FUNDING DATA									
a. OFFICE PERFORMING CLOSEOUT		D OR PRIN IDUAL	NTED NAME OF	с. [	DATE SIGNED	d. SIG	NATURE		
DD FORM 2278, JUL 2021 PREVIOUS EDITION IS OBSOLE	Œ.		CUI (whe	n fil	led in)		CUI	rolled by: US Category: PR FEDCON :	

#### 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 A COMPLETE PPM CLAIM PACKAGE WILL INCLUDE THE FOLLOWING DOCUMENTS (If Applicable): This "PPM Checklist and Expense Certification" - completed, signed and dated. USN Requires FMS Form 2231 Direct Deposit DD Form 1351-2, properly completed Advice of Payment (AOP) for PPM advance operating allowance requested AND received (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, EMPLID/SSN (last 4) ■ EACH conveyance (trip/vehicle) used to haul property must be supported by a ■ FULL and ■ 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. USMC: EMPTY and FULL weight tickets to be obtained at Origin within 50 miles (at a Base Scale if available). USCG: EMPTY and FULL weight tickets must be obtained at Origin. USN: EMPTY and FULL weight tickets at Origin plus a FULL weight ticket at Destination (3-Tickets). USAF, USA, USMC: 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 ELIGIBLE: 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 NOT ELIGIBLE: 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 ALL OPERATING EXPENSES LISTED BELOW ARE SUPPORTED BY PAID RECEIPTS AND/OR CONTRACTS (EXPENSES WHICH DO NOT MEET ELIGIBILITY REQUIREMENTS MAY BE DEDUCTED) Contracted expenses (rental truck, trailer, moving services, etc.): Rental equipment/materials (hand/appliance dolly, furniture pads, etc.): Consumable packing materials (boxes, wrapping paper, tape etc.): Weighing fees: Gas (label receipt to identify vehicle/s fueled): 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: 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).

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,

Signature

т	Pr Mari	
ч	-	

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 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 TEMPORARY LODGING EXPENSE (TLE) This document contains information that is subject to the Privacy Act of 1974 and is for official use incurred only (FOUO). CERTIFICATION STATEMENT Note: For split disbursement amount reference the attached Travel Voucher (DD 1351-2) OCONUS, you 1. NAME (Last First Middle Initial) 2 GRADE 3. SSN will need to 4. LOSING CONUS PERMANENT DUTY STATION 8. GAINING CONUS PERMANENT DUTY STATION submit your 5. DATE CLEARED GOVERNMENT QUARTERS: 9. DATE ASSIGNED GOVERNMENT QUARTERS: 6. DATE OF DEPARTURE: 10. DATE OF ARRIVAL **Temporary** 7. DATE HOUSEHOLD GOODS PICKED UP: 11. DATE HOUSEHOLD GOODS DELIVERED: For blocks 12-15, fill out one for every different occurrence Lodging 12. DATES OF LODGING: 14. DATES OF LODGING: TLE CLAIM FOR: TLE CLAIM FOR: Allowance MEMBER ONLY MEMBER ONLY MBR & DEPENDENTS - # Deps under 12: MBR & DEPENDENTS # Deps over 12: # Deps under 12: (TLA) claim DEPENDENTS ONLY -DEPENDENTS ONLY -# Deps over 12: \_\_\_\_ # Deps under 12: # Deps under 12: through the PLACE OF LODGING: PLACE OF LODGING: BILLETING BILLETING OFF-BASE (Non-Availability Statement required) OFF-BASE (Non-Availability Statement required) RPO. WITH FRIENDS OR FAMILY WITH FRIENDS OR FAMILY COST PER NIGHT INCLUDING TAX: COST PER NIGHT INCLUDING TAX: \$ \*trips OCONUS 13. DATES OF LODGING: 15. DATES OF LODGING: TLE CLAIM FOR: TLE CLAIM FOR: - CONUS or MBR & DEPENDENTS - # Deps under 12: MBR & DEPENDENTS -# Deps over 12: # Deps under 12: CONUS -DEPENDENTS ONLY -# Deps over 12: # DEPENDENTS ONLY -OCONUS are # Deps under 12: PLACE OF LODGING: PLACE OF LODGING: BILLETING BILLETING limited to 7 (Non-Availability Statement required) (Non-Availability Statement required) nights WITH FRIENDS OR FAMILY WITH FRIENDS OR FAMILY COST PER NIGHT INCLUDING TAX: COST PER NIGHT INCLUDING TAX: \$ 16. ARE MARRIED TO ANOTHER MILITARY MEMBER? \*trips CONUS -IF YES, NAME OF MILITARY SPOUSE: SSN OF MILITARY SPOUSE: DATE 17. NOTES: 18. CLAIMANT SIGNATURE CONUS are 1 If gaining station is OCONUS, reimbursement is limited to 5 days mbursement at or between CONUS stations is limited to 10 days limited to 14 \* Any off-base lodging receipt submitted without a Non-A will be limited 19. FSO USE ONLY - DATE RECEIVED: to the available billeting room rate for member & number of dependents DO NOT USE THIS FORM: 1) If filing for Temporary Lodging Allowance nights (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)

## **Submitting Your PCS Travel Claim**

### myFSS: <a href="https://myfss.us.af.mil/USAFCommunity/s/">https://myfss.us.af.mil/USAFCommunity/s/</a>

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".



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.