



United States Army Student Detachment Finance In-Processing



SERVICE MEMBER (SM) INFORMATION

Name:

Rank:

SSN:

Program:

Component:

Do you have a Government Travel Charge Card

(GTCC): Yes or No (circle one)

Active: Yes or No (circle one)

Functional staff offices of USASD will operate military personnel processing activities to process Soldiers efficiently and expeditiously. Ensure all required documents are uploaded timely and completed accurately to meet in-processing eligibility requirements.

Provide the following REQUIRED documents:

- PCS Orders and amendments (if applicable)
- Request and Authority for leave (w/Control Number) (DA 31, Sep 1993)
- Basic Housing Allowance and all supporting documents if recent changes to dependency status (i.e. divorce decree, marriage certificate, proof of custody, court orders) (DA Form 5960, Sep 1990)
- SmartVoucher (DD Form 1351-2) <https://www.dfas.mil/militarymembers/travelpay/smartvoucher.html>

Provide the following documents if applicable:

- TDY in conjunction with PCS Orders, Amended Orders (if applicable), (2 copies) (DD Form 1610)

CONUS REQUIRED DOCUMENTS:

- Claim for Temporary Lodging Expense (TLE) w/itemized and signed lodging receipts (Provide full physical address in Block 43 for meals only claims) (DFAS Form 9098, Aug 2009)
- Personally Procured Move (PPM) Settlements (formally known as DITY Moves) are processed for reimbursement by your locally designated Transportation Offices (see enclosed instructions)

OCONUS REQUIRED DOCUMENTS:

- Request for Temporary Lodging Allowance (TLA) with daily itemized lodging receipts (TLA memo/authorization form from local Embassy Housing Office)
- Overseas Housing Allowance (OHA) Report (w/Lease Agreement) (DD Form 2367, May 1999)
- Move-In Housing Allowance Claim (Receipts) (DD Form 2556, May 1999)

ADDITIONAL REQUIRED DOCUMENTS (IF APPLICABLE):

- Most recent Foreign Language Proficiency Bonus (FLPB) order and signed DA Form 330 (Language Proficiency Questionnaire) result
- Orders for Special Pay (i.e. Flight, EOD, etc.)
- POV Inspection sheet(s) if travel included stop at Vehicle Processing Center

Upon completion and collection of the above documentation, upload in a PDF file (only) to the following email address for further processing: usarmy.jackson.CAC.mbx.usasd-in-processing@mail.mil

I UNDERSTAND THAT ACTION(S)/UPDATE(S) MADE TO MY FINANCE ACCOUNT WILL NOT BE COMPLETE UNTIL ALL REQUIRED AND ANY APPLICABLE DOCUMENTS HAVE BEEN RECEIVED BY USASD FINANCE PERSONNEL.

SM SIGNATURE:

DATE:

REQUEST AND AUTHORITY FOR LEAVE This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)				1. CONTROL NUMBER	
PART I					
2. NAME (Last, First, Middle Initial)		3. SSN (For security purposes, Requestor or Soldier, is advised to leave the SSN field blank, as (S1) can input your SSN information last.)		4. RANK	5. DATE
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED NA	d. EXCESS NA	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS					
Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):					
Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			