

United States Army Student Detachment
Green to Gold
In-Processing

SERVICE MEMBER (SM) INFORMATION

Name:

SSN:

REQUIRED DOCUMENTS:

- PCS Orders and amendments (if applicable)
- DA Form 31, Sep 1993 (Request and Authority for Leave (W/Control Number))
- DD Form 93, Jan 2008 (Record of Emergency Data)
- SGLV 8286, Jun 2014 (Service Members' Group Life Insurance Election & Certificate)
- DA Form 705, May 2010 (Army Physical Fitness Test Scorecard (Current))
- SF 312, Jul 2013 (Classified Information Nondisclosure Agreement)
- DA Form 7415, Jun 2009 (Exceptional Family Member Program (EFMP) Querying Sheet)
- Contact TRICARE to update medical coverage (toll free numbers enclosed)
- United States Army Student Detachment Policies Memorandum of Understanding (signed and dated)
- Update ADPAAS (<https://adpaas.army.mil>) ****Print screen to show it has been updated****

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancée), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)

2. SSN

3a. SERVICE/CIVILIAN CATEGORY

ARMY NAVY MARINE CORPS AIR FORCE DoD CIVILIAN CONTRACTOR

b. REPORTING UNIT CODE/DUTY STATION

4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

SINGLE DIVORCED WIDOWED

6. CHILDREN

a. NAME (Last, First, Middle Initial)

b. RELATIONSHIP

c. DATE OF BIRTH (YYYYMMDD)

d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

6a. FATHER NAME (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

7a. MOTHER NAME (Last, First, Middle Initial)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

8a. DO NOT NOTIFY DUE TO ILL HEALTH

b. NOTIFY INSTEAD

9a. DESIGNATED PERSON(S) (Military only)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)

INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. **Military:** Mark X in appropriate block. **Civilian:** Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.

- List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None".
- List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655. **NOT APPLICABLE to civilians.**

ITEM 9b. Address and telephone number of Designated Person(s). **NOT APPLICABLE to civilians.**

ITEM 10. Contracting Agency and Telephone Number (Contractors only). **NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity (**Military only**). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

- (1) To the surviving spouse of the person, if any;
- (2) To any surviving children of the person and the descendants of any deceased children by representation;
- (3) To the surviving parents or the survivor of them;
- (4) To the duly appointed executor or administrator of the estate of the person;
- (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. **NOT APPLICABLE to civilians.**

Item 11b. Relationship. **NOT APPLICABLE to civilians.**

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. **NOT APPLICABLE to civilians.**

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (Military only). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in Item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. **NOT APPLICABLE to civilians.**

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. **NOT APPLICABLE to civilians.**

ITEM 13b. Address and telephone number of PADD. **NOT APPLICABLE to civilians.**

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an ink entry and must be completed on all copies.



Prudential

Office of Servicemembers' Group Life Insurance

Print Form

Save Completed Form

Clear Form

Servicemembers' Group Life Insurance Election and Certificate

1. About You

Print Name (First, Middle, Last)

Rank, title or grade

Social Security Number

Duty Location

Branch of Service

Current Amount of SGLI

2. About Your Coverage

I am completing this form to: (Check all that apply)

- Check boxes for: Name or update my SGLI beneficiary, Increase or restore my SGLI coverage, Reduce my SGLI coverage, Decline or cancel SGLI coverage.

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

3. About Your Beneficiaries Complete this section unless you are declining coverage

Table with 5 columns: Primary Name and Address, Social Security Number (if available), Relationship to you, Share to each (% or \$ amounts), Payment Option (Lump sum* or 36 equal monthly payments). Rows 1-4 for Primary and Secondary beneficiaries.

Have more beneficiaries? Check the box and complete Supplemental-SGLI Beneficiary Form, SGLV-8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account, by check, or Electronic Funds Transfer (EFT).

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777.

4. About Your Health Complete this section *ONLY* if you are restoring or increasing coverage.

Your gender Female
 Male

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Have you had, been treated for, or had known indications of:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. A heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A neurological disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cancer or tumors? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been diagnosed as having a disease of the immune system? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you have any known physical impairments, deformities, or ill health not covered above? | <input type="checkbox"/> | <input type="checkbox"/> |

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.

If you answered yes to any question above, your request to increase coverage will not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered no to all the questions above, your request for increased coverage takes effect immediately.

5. Your Signature You must complete this section.

I have read the instructions and understand that:

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, spouse SGLI automatically covers my spouse. If my spouse is also a member of the uniformed services and we were married on or after January 2, 2013, spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline spouse SGLI coverage by completing SGLV 8286A.
- I am free to name anyone I want as my beneficiary. I certify that I understand if I have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that if I am married, my spouse may be notified that he/she (or my child) is not my designated beneficiary.
- I certify that the information provided on this form is true and correct to the best of my knowledge and belief. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

Address

Submit this form to your Unit Personnel Clerk.

For Branch of Service Use Only

For OSGLI Use Only

Name of Personnel Clerk

Representative

Rank, title or grade

Approve

Contact telephone/email

Disapprove

Date

Date

Address

Information for the Service Member

About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you...	Then...
are married and decline coverage upon entry into service.	your spouse will be notified that you declined coverage.
are married and designate any person other than your spouse or child for any amount of insurance	your spouse will be notified in writing that he/she or your child is not the named beneficiary, unless: – your spouse has been previously notified, OR – your spouse is not designated as beneficiary for any amount of insurance prior to the new election.
are married and your spouse is designated as beneficiary and you decline coverage or elect less than maximum coverage, and that election reduces your coverage from the automatic maximum or from a previously elected amount of coverage	your spouse will be notified in writing of your election to decline or reduce coverage.
have any life event such as marriage, divorce, or children after completing this form	you should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
name more than one beneficiary	the sum of the shares must equal 100% or the full dollar amount of your insurance.
want to name more than four primary or secondary beneficiaries	you must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.
name minors as beneficiaries	<ul style="list-style-type: none"> ▪ SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate if the beneficiary is a minor at time of claim. ▪ you can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. ▪ naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	SGLI will pay the shares equally among the remaining primary beneficiaries.
want to name a Trust as a beneficiary	you must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Trust documents are not needed until a claim is submitted.)
have no surviving primary beneficiaries	SGLI will divide the insurance benefit among the secondary beneficiaries.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	<p>SGLI will pay the insurance benefit in the following order:</p> <ol style="list-style-type: none"> 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to...	Then...
receive the insurance proceeds in one lump sum	<p>write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account[®], by check, or Electronic Funds Transfer (EFT).</p> <p>* Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.</p>
receive the insurance proceeds in 36 equal monthly payments	<ul style="list-style-type: none"> ▪ write "36" under the Payment Option. ▪ your beneficiary cannot change this payment option.
have a choice	write the phrase "lump sum" under Payment Option or leave blank.

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member...	The Personnel Clerk should inform the service member...	Then the Personnel Clerk should...
has just entered the service	he or she is automatically insured for \$400,000 SGLI, unless the service member declines or reduces coverage.	have the service member designate beneficiaries by completing SGLV 8286.
is increasing or restoring SGLI	he or she must complete Section 4, <i>About Your Health</i> .	<ul style="list-style-type: none"> ▪ approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions. ▪ send form to OSGLI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGLI.
Reduces, declines, or cancels SGLI	<ul style="list-style-type: none"> ▪ an application with health questions is required to increase, elect, or restore coverage at a later date. ▪ of the following: <ul style="list-style-type: none"> – the purpose and role of life insurance in financial planning. – the difference between term life insurance and whole life insurance. – the availability of commercial life insurance. – the relationship between SGLI and VGLI. – declining or canceling SGLI will also cancel Family SGLI—both spouse and dependent child coverage—and Traumatic Injury Protection (TSGLI). 	<ul style="list-style-type: none"> ▪ forward the form to payroll to change SGLI premium deductions. ▪ if canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to end TSGLI premium deductions. ▪ if the member is married and reduces, declines, or cancels SGLI, inform the member that his/her spouse may be notified in writing of the member's election based on Title 38, USC 1967 (f).
is married or gets married after completing this form (and is not married to another member of the uniformed services)	<ul style="list-style-type: none"> ▪ spouse SGLI automatically covers spouse. ▪ he or she must register their spouse in DEERS for payroll to deduct premiums. ▪ If the member wants to decline coverage or take a lesser amount of spouse coverage, the member must complete SGLV 8286A. 	if applicable, forward the form to payroll to begin premium deductions for the spouse coverage.
gets married to another member of the uniformed services on or after January 2, 2013	spouse SGLI coverage is not automatic and the member may apply for spouse SGLI coverage by completing SGLV 8286A.	if member wants spouse SGLI coverage, provide the member with SGLV 8286A, Spouse Coverage Election and Certificate, and follow the instructions therein.
has questions about this form	the advice of a military attorney is available at no expense.	direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S.	attach the Supplemental Beneficiary Form to the 8286.
designates any person other than his/her spouse or child for any amount of insurance	<ul style="list-style-type: none"> ▪ while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will receive the benefit. ▪ if the member is married, the member's spouse will be notified in writing that he/she or the member's child is not the named beneficiary, unless: <ul style="list-style-type: none"> – the spouse has been previously notified, OR – the spouse is not designated as beneficiary for any amount of insurance prior to the new election. 	<p>have the member sign SGLV 8286 to certify that he/she understands that:</p> <ul style="list-style-type: none"> ▪ he/she is free to name anyone as beneficiary. ▪ if he/she designated someone other than his/her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds. ▪ if married, the spouse will be notified that he/she (or any child) is not the designated beneficiary.

2. After the form is completed, Personnel Clerk should:

- File a copy in the member's official personnel file
- Provide a copy to the service member
- Provide a copy of the form to the payroll office for the member's unit
- Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGLI
PO Box 41618
Philadelphia, PA 19176-9913

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN

AND THE UNITED STATES

(Name of Individual - Printed or typed)

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 13526, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in sections 1.1, 1.2, 1.3 and 1.4(e) of Executive Order 13526, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of sections 641, 793, 794, 798, *952 and 1924, title 18, United States Code; *the provisions of section 783(b), title 50, United States Code; and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.

6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of sections 793 and/or 1924, title 18, United States Code, a United States criminal law.

8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

10. These provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling.

(Continue on reverse.)

11. These restrictions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by Executive Order No. 13526 (75 Fed. Reg. 707), or any successor thereto section 7211 of title 5, United States Code (governing disclosures to Congress); section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); section 2302(b) (8) of title 5, United States Code, as amended by the Whistleblower Protection Act of 1989 (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential Government agents); sections 7(c) and 8H of the Inspector General Act of 1978 (5 U.S.C. App.) (relating to disclosures to an inspector general, the inspectors general of the Intelligence Community, and Congress); section 103H(g)(3) of the National Security Act of 1947 (50 U.S.C. 403-3h(g)(3)) (relating to disclosures to the inspector general of the Intelligence Community); sections 17(d)(5) and 17(e)(3) of the Central Intelligence Agency Act of 1949 (50 U.S.C. 403g(d)(5) and 403q(e)(3)) (relating to disclosures to the Inspector General of the Central Intelligence Agency and Congress); and the statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798, *952 and 1924 of title 18, United States Code, and *section 4 (b) of the Subversive Activities Control Act of 1950 (50 U.S.C. section 783(b)). The definitions, requirements, obligations, rights, sanctions, and liabilities created by said Executive Order and listed statutes are incorporated into this agreement and are controlling.

12. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this agreement and its implementing regulation (32 CFR Part 2001, section 2001.80(d)(2)) so that I may read them at this time, if I so choose.

* NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

SIGNATURE	DATE	SOCIAL SECURITY NUMBER (See Notice below)
-----------	------	---

ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER) (Type or print)

WITNESS		ACCEPTANCE	
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.		THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.	
SIGNATURE	DATE	SIGNATURE	DATE
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (Type or print)	

SECURITY DEBRIEFING ACKNOWLEDGEMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE	DATE
-----------------------	------

NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS
---------------------------------	----------------------

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Public Law 104-134 (April 26, 1996). Your SSN will be used to identify you precisely when it is necessary to certify that you have access to the information indicated above or to determine that your access to the information indicated has been terminated. Furnishing your Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent you being granted access to classified information.

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING SHEET

For use of this form, see AR 808-75; the proponent agency is ACSIM.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC 1071-1085; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-75, EFMP.

PRINCIPAL PURPOSE: To identify soldiers that have family members for enrollment in the EFMP.

ROUTINE USES: To federal, state, and local medical agencies in order to provide an exceptional family member with medical treatment when the Department of the Army does not have a suitable treatment facility.

DISCLOSURE: Disclosure of the requested information is mandatory. Failure to provide the information may result in disciplinary and/or administrative action. Additionally, failure to provide the information may result in an EFM not receiving necessary medical care.

1. NAME OF SOLDIER	2. RANK
--------------------	---------

3. UNIT

4a. HOME ADDRESS	b. HOME PHONE NUMBER
------------------	----------------------

5a. DUTY ADDRESS	b. DUTY PHONE NUMBER
	c. FAX NUMBER

d. EMAIL ADDRESS

6. Do you have a family member (*child or adult*) with a physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, counseling, equipment, assistance or medical care above the level of a general practitioner? YES NO

7. If the answer to the above question is yes, is the family member enrolled in EFMP? YES NO

8. The EFMP works with the other military and civilian agencies to provide comprehensive, coordinated community support, educational, housing, personnel, and medical services to families with special needs. Enrollment in EFMP is mandatory and benefits the family by considering medical and special education needs in the military personnel assignment process. Medical needs are considered in the worldwide assignment process whereas special education needs are only considered in overseas assignments.

9. The above information is true and correct to the best of my knowledge.

a. SIGNATURE OF SOLDIER	b. DATE SIGNED (YYYYMMDD)
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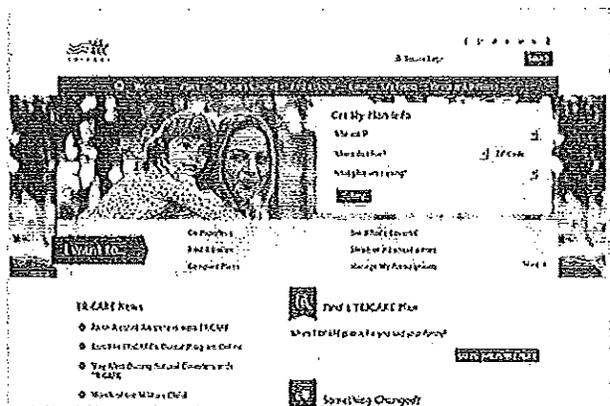
TRICARE® Resources for Service

This overview provides a snapshot of TRICARE service and support resources offered through a variety of convenient Internet options and toll-free call centers.

Visit the "I want to ..." section at www.tricare.mil to:

- Enroll in or Purchase a Plan
- File or Check a Claim
- View Referrals and Prior Authorizations
- Find a Doctor
- Go Paperless
- Change Your Primary Care Manager
- See What's Covered
- Compare Plans
- Manage Prescriptions

... and more



TRICARE Regional Contractors

Regional contractors work with the Department of Defense to administer the TRICARE medical benefit.

STATESIDE



North Region
Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)
www.hnfs.com



South Region
Humana Military, a division of
Humana Government Business
1-800-444-5445
Humana-Military.com



West Region
UnitedHealthcare Military & Veterans
1-877-988-WEST (1-877-988-9378)
www.uhcmilitarywest.com

OVERSEAS

TRICARE Overseas Program (TOP)
International SOS Government Services, Inc.
www.tricare-overseas.com



TOP Regional Call Centers

Eurasia-Africa
+44-20-8762-8384 (overseas)
1-877-678-1207 (stateside)

Latin America and Canada
+1-215-942-8393 (overseas)
1-877-451-8659 (stateside)

Pacific (Singapore)
+65-6339-2676 (overseas)
1-877-678-1208 (stateside)

Pacific (Sydney)
+61-2-9273-2710 (overseas)
1-877-678-1209 (stateside)

SIGN UP FOR eCORRESPONDENCE

Visit <http://milconnect.dmdc.mil> to provide your e-mail address and opt in to receive eCorrespondence for important information about your TRICARE benefit.

KEEP YOUR DEERS INFORMATION UP TO DATE!

The key to receiving timely TRICARE benefits is keeping your information in the Defense Enrollment Eligibility Reporting System (DEERS) up to date.

www.tricare.mil/deers

You have several convenient options for updating DEERS:

- milConnect: <http://milconnect.dmdc.mil>
- 1-800-538-9552 or 1-866-363-2883 (TDDITTY)
- 1-831-655-8317 (fax)

Find a local identification card-issuing facility:
www.dmdc.mil/rsi

TRICARE PROGRAM COSTS

Health care costs vary depending on your TRICARE program option. Get the latest TRICARE cost information including dental and pharmacy costs.

www.tricare.mil/costs

TRICARE COVERED SERVICES

Get details about TRICARE coverage, limitations, and exclusions.

www.tricare.mil/coveredservices

GETTING CARE

Find a doctor: www.tricare.mil/findaprovider

Military hospital and clinic appointments online:
www.tricareonline.com

Military hospital and clinic locator: www.tricare.mil/mtf

TRICARE Programs and Resources

TRICARE Pharmacy Program
www.tricare.mil/pharmacy
Express Scripts, Inc.
www.express-scripts.com/TRICARE
1-877-363-1303

TRICARE Active Duty Dental Program
www.tricare.mil/addp
www.addp-uccl.com
1-866-984-2337
United Concordia Companies, Inc.

TRICARE Dental Program
www.tricare.mil/trdp
MetLife
www.metlife.com/tricare
1-855-638-8371 (stateside)
+1-855-638-8372 (overseas)

TRICARE Retiree Dental Program
www.tricare.mil/trdp
Delta Dental of California
www.trdp.org
1-888-838-8737

TRICARE For Life
www.tricare.mil/tfl
Wisconsin Physicians Service
www.TRICARE4U.com
1-866-773-0404

Continued Health Care Benefit Program
www.tricare.mil/chcbp
Humana Military
Humana-Military.com
1-800-444-5445

US Family Health Plan
www.tricare.mil/usfhp
www.usfhp.com
1-800-748-7347

Tobacco-Cessation Resources

North Region Smoking Quitline: 1-866-459-8766
South Region Smoking Quitline: 1-877-414-9949
West Region Smoking Quitline: 1-888-713-4597

TRICARE Web site: www.tricare.mil/tobaccocessation
Ucanquit2 Web site: www.ucanquit2.org

New to TRICARE

Learn more about TRICARE—watch an overview video and take the free public TRICARE Fundamentals course online:
www.tricare.mil/new

ADDITIONAL RESOURCES

TRICARE Contacts: www.tricare.mil/contacts

TRICARE SMART Site (*view/download TRICARE materials*):
www.tricare.mil/smart

Claims: www.tricare.mil/claims

Enrollment: www.tricare.mil/enroll

Forms: www.tricare.mil/forms

Frequently Asked Questions: www.tricare.mil/faqs

Mental Health Care: www.tricare.mil/mentalhealth

Defense Health Agency—Great Lakes: 1-888-647-6676

Customer Service Community Directory:
www.tricare.mil/bcacdcao

TRICARE Nurse Advice Line: 1-800-TRICARE (1-800-874-2273)

National Suicide Prevention Lifeline: 1-800-273-8255

Military OneSource: www.militaryonesource.mil

Report Fraud and Abuse: www.tricare.mil/fraud



DEPARTMENT OF THE ARMY
UNITED STATES ARMY STUDENT DETACHMENT
5450 STROM THURMOND BOULEVARD ROOM 244
FORT JACKSON SOUTH CAROLINA 29207

ATZJ-DBI-SD

MEMORANDUM OF UNDERSTANDING

SUBJECT: United States Army Student Detachment (USASD) Policies

1. I have read and understand the USASD policy memorandums under the USASD downloads tab at <http://usasd.armylive.dodlive.mil/>.
2. I understand that these memorandums are guidelines that I must follow while assigned to the USASD, along with guidelines established by United States Army Cadet Command.
3. I understand it is my responsibility to regularly view the USASD website to stay abreast of any changes or requirements that may occur during my tenure as a Cadet.
4. I understand that I should check my AKO/Enterprise email account(s) at least 3 times a week.
5. I understand it is mandatory to participate in Personnel Asset Inventory (PAI) twice a year and submit required documents as posted in the USASD website.
6. My signature below confirms my understanding of USASD policies and guidelines.

_____ (Print Name)

_____ (Rank/Branch)

_____ (Signature)

_____ (Date)

**United States Army Student Detachment
Green to Gold
Finance In-Processing**

SERVICE MEMBER INFORMATION

Name:

SSN:

REQUIRED DOCUMENTS:

- PCS Orders and amendments (if applicable)
- (DA 31, Sep 1993) Request and Authority for leave (W/Control Number)
- (DA Form 5960, Sep 1990) Basic Housing Allowance
- (DD Form 1351-2, Aug 1997) Travel Voucher or Sub Voucher (Not Required for No-Cost Moves)
- Government Travel Charge Card (GTCC) Travel Card Program (Travel Card 101) training at <https://www.defensetravel.dod.mil/Passport/bin/Passport.html> (Provide Training Certificate with In-processing documents) (Current within two (2) years) (Mandatory)
- Government Travel Charge Card Program and Statement of Understanding
- Government Travel Charge Card Program Update your Information (Cardholders only)
- Individual Billed Account (IBA) Government Travel Card Application (May, 2014) (Non-cardholders)

ADDITIONAL DOCUMENTS IF APPLICABLE:

- (DD Form 2560, Mar 1990) Advance Pay Certification/Authorization
- Request for Temporary Lodging Allowance (TLA) with daily itemized lodging receipts (TLA memo/authorization form from local Embassy Housing Office)
- (DD Form 2367, May 1999) Individual Overseas Housing Allowance (OHA) Report
- (DD Form 2556, May 1999) Move-In Housing Allowance Claim (Receipts)
- (DD Form 1351-2C, May 2011) Travel Voucher or Sub Voucher (Continuation Sheet)
- (DFAS Form 9098, Aug 2009) Claim for Temporary Lodging Expense (TLE) w/daily itemized and signed lodging receipts (Provide full physical address in Block 43 for meals only claims)
- Personally Procured Move (PPM) Settlements (formally known as DITY Moves) are processed for reimbursement by your locally designated Transportation Offices (see enclosed instructions).

I UNDERSTAND THAT NO ACTION/UPDATE WILL BE MADE TO MY FINANCE ACCOUNT UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED BY USASD FINANCE PERSONNEL.

SM CONFIRMATION:

SIGNATURE:

DATE:

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)</small>				PRIVACY ACT STATEMENT					
1. NAME (Last, First, MI)				AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397.		PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.			
2. SOCIAL SECURITY NUMBER		3. GRADE		ROUTINE USE:					
4. TYPE OF ACTION									
<input type="checkbox"/> START		<input type="checkbox"/> CANCEL		<input type="checkbox"/> CHANGE				<input type="checkbox"/> REPORT	
<input type="checkbox"/> CORRECT		<input type="checkbox"/> STOP		<input type="checkbox"/> RECERTIFICATION					
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)				6. DATE/ACTION (YYYYMMDD)		7. BAQ TYPE			
				<input type="checkbox"/> WITH DEPENDENTS		<input type="checkbox"/> PARTIAL			
				<input type="checkbox"/> WITHOUT DEPENDENTS					
8. MARITAL/DEPENDENCY STATUS				9. QUARTERS ASSIGNMENT/AVAILABILITY					
<input type="checkbox"/> a. SINGLE		<input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3))		<input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3))		<input type="checkbox"/> a. ADEQUATE (see block (1))		<input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4))	
<input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3))		<input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))		<input type="checkbox"/> c. TRANSIENT (see block (3))		<input type="checkbox"/> d. NOT AVAILABLE			
(1) Spouse/Former Spouse SSN		(2) Spouse/Former Spouse Duty Station		(3) Date of Marriage, Divorce/Separation		(1) QUARTERS NO.		(2) FAIR RENTAL VALUE \$	
(4) Child in Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other				(3) FROM:		TO:			
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.				<input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above)		<input type="checkbox"/> COMMANDER DETERMINATION (Attached)			
(6) If child support received from another military member, complete (1), (2) & (3).									
10. DEPENDENTS/SHARERS (Continue on back if required)									
NAME OF DEPENDENT/SHARER			COMPLETE CURRENT ADDRESS (Include ZIP Code)			RELATIONSHIP		DOB OF CHILDREN	
11. CERTIFICATION OF DEPENDENT SUPPORT									
<input type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.									
<input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period									
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON									
My permanent duty station:			My dependent's location:			Both my permanent duty station and dependent's location.			
a. Monthly Expenses:		Member		Dependent		b. Sharer/Lease Information		c. Address Information	
(1) Mortgage (PITI) or Rent						(1) Rental/Residential Address:		(1) Landlord's Name and Address:	
(2) Insurance						(2) Effective Date:		(3) Expiration Date:	
(3) Other						(2) Landlord's Phone No.			
TOTALS									
(4) Number of Sharers (show name(s) and address in block 10.)									
<small>I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.</small>									
13. MEMBER'S SIGNATURE				14. DATE		15. CERTIFYING OFFICER'S SIGNATURE		16. DATE	

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.
Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

ROUTINE USE(S): Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNS/component/dfas/preamble.html>.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note) - T	Automobile - A
Government Transportation - G	Motorcycle - M
Commercial Transportation (Own expense) - C	Bus - B
Privately Owned Conveyance (POC) - P	Plane - 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	

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR C/O.

GOVERNMENT TRAVEL CHARGE CARD PROGRAM

Overview

The DoD Government Travel Charge Card (GTCC) Program provides travelers an effective, convenient, and commercially available method to pay for expenses related to official travel.

Policy

Use is mandatory for all personnel (military or civilian) to pay for ALL official travel costs for TDY/TAD and PCS (where applicable).

The travel card is intended for official travel-related use only and using the card for personal purchases or to cover another traveler's expenses is prohibited.

Features

Online and Mobile Account Management — Access your GTCC account anytime, from anywhere using CitiManager. Through CitiManager you can:

- View statement activity and check balance
- View monthly statements
- Make payments
- Set up and manage email/mobile alerts
- Update contact information

Go to www.citimanager.com to register for an account.

Paperless Statements — Elect to receive electronic statements online via CitiManager instead of waiting on a paper statement to arrive in the mail.

Automated Card Status Check — Your card may be de-activated for use when you are not in official government travel status. When you get ready to book travel, verify that your card is ready to accept charges without having to speak to a representative. Just call Citi customer service number on the back of your card and follow the prompts.

Customer Support

- Agency Program Coordinators (APCs) are the primary points of contact for travel card information.
- Citi Customer Service: 1-800-200-7056 (call collect from outside the U.S. 757-852-9076)

Training

Training is available for cardholders and APCs through Travel Explorer (TraX), DTMO's web portal, at www.defensetravel.dod.mil/passport.

- "Programs and Policies — Travel Card Program (Travel Card 101)" mandatory training for cardholders
- Travel Card Program Management training for APCs

Traveler Benefits

- No need to use personal funds for mission-related travel expenses
- No interest charges
- Delayed late fees
- Extended payment terms
- Insurance coverage for rental car, lost luggage and personal injury
- Streamlined payment with Defense Travel System (DTS) split disbursement
- Online and mobile account management

If you receive a new card, remember to update your GTCC information in your DTS user profile.



DEFENSE TRAVEL MANAGEMENT OFFICE
The DoD Center for Travel Excellence

www.defensetravel.dod.mil

*Information current as of 5/2014



DEPARTMENT OF DEFENSE (DoD) STATEMENT OF
UNDERSTANDING
GOVERNMENT TRAVEL CHARGE CARD PROGRAM

I certify that I have read the attached DoD government travel card policy and procedures in DoDFMR 7000.14-R, VOL 9, CH 3 (http://comptroller.defense.gov/Portals/45/documents/fmr/Volume_09.pdf). The DoD policy is that the Government Travel Charge Card (GTCC) will be used by all DoD personnel (military or civilian) to pay for all costs related to official government travel. Official government travel is defined as travel under official orders while performing duties pertaining to official government assignments such as temporary duty (TDY) and permanent change of station (PCS). The purpose of the GTCC is to serve as the primary payment method for official travel expenses incurred by DoD personnel (military or civilian) and it also allows the cardholder access to the GSA City Pair Program. The GTCC reduces the need to issue traditional travel advances (cash/electronic funds transfer), eliminates the need for the traveler to pay for their own expenses, and provides financial readiness to DoD personnel (military or civilian). Refer to the Travel and Transportation Reform Act of 1998 (TTRA), Public Law 105-264 for additional information regarding mandatory use of the travel card. I also understand that I am authorized to use the card only for these necessary and reasonable expenses incurred by me for official travel. I will abide by these instructions issued by the Department.

The above limitation on card usage also applies to automated teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed the cash limits established on the card. If my account is not delinquent and my travel orders authorize a larger advance, I can request an increase in the ATM limit through the Agency Program Coordinator (APC). I will, however, endeavor to charge expenses to the account wherever feasible rather than use cash withdrawals.

I understand the Department's policy requires mandatory use of split disbursement for all outstanding charges on the travel card for military personnel and civilian personnel where labor bargaining obligations have been met. I understand that the issuance of this GTCC to me is an extension of the employee/employer relationship and that I am being specifically directed to:

Abide by all rules and regulations with respect to the GTCC.

- Activate my GTCC upon receipt.
- Pay all undisputed charges by the due date on the monthly billing statement.
- File travel vouchers promptly within appropriate guidelines.
- Notify the APC of any problems with respect to my usage of the GTCC.
- Ensure my contact information in DTS and with the travel card vendor is kept current.
- Notify the travel card vendor and the APC if my GTCC is lost or stolen.

(Card applicants must check off all the above provisions.)

I also understand that failure on my part to abide by these rules or otherwise misuse the GTCC may result in disciplinary action being taken against me. I also acknowledge the right of the travel card vendor and/or the APC to revoke or suspend my GTCC privileges if I fail to abide by the terms of this agreement or the cardholder agreement with the travel card vendor.

Applicant's Signature:

Supervisor's Signature:

CITI Government Travel Charge Card (GTCC)

To update your GTCC information:

1. Contact CITI toll-free at 1-800-200-7056, collect at (757) 852-9076 or you may send an email to dodtravelcard@citi.com. Please allow three business days for them to respond. Provide your new residential address, business and residence telephone number.
2. Please provide the United States Army Student Detachment (USASD) Agency Program Coordinator with the following information to transfer your account to our hierarchy level.

Rank/Name: _____ SSN: _____

Travel Card Account: _____ Expiration date: _____

Address: _____

AKO Email Address: _____

3. Incomplete forms will not be processed. A completed form must be on file at USASD in order for the GTCC to be activated.
 4. Your GTCC account will remain with you during your permanent change of station move. **Do not destroy your GTCC.**
 5. Renewed cards will be sent no earlier than 40 calendar days before the expiration date of the existing card and no later than 20 calendar days before the expiration date to the current residential address on file.
 6. For GTCC questions, please contact USASD Agency Program Coordinator at (803)751-5393/6542/5564/4340 or visit the USASD Military Pay webpage at <http://usasd.armylive.dodlive.mil/out-processing-2/>.
-



Individually Billed Account Travel Card Set Up Form

Citibank® Government Travel Card Program

Instructions:

This form must be completed by the Department of Defense employee, approving supervisor and the Agency Program Coordinator (APC). Use this form to apply for a new Individually Billed Card Account to be used by a Department of Defense employee. Information collected on this application is subject to the Privacy Act of 1974 (5 U.S.C. 552a) and applicable agency regulations. Questions? Contact Commercial Card Services toll-free 1-800-200-7056 from the U.S. and Canada or, if dialing from international locations, call collect 757-852-9076. See pages 2-4 for detailed instructions on completing this form.

Fax: 866-671-5910
605-338-5745

Section I: Reporting Parameters (To be completed by APC. * = Required fields)

1. Citi Account Hierarchy*	Specify the complete 5-digit account Hierarchy Level (HL) numbers that pertain to your organization. Each Hierarchy Level consists of 5 digits.																					
	HL1	HL2	HL3	HL4	HL5	HL6	HL7															

Section II: Cardholder Information (To be completed by employee. * = Required fields)

2. Applicant Name*	Provide full name: First, Middle Initial and Last name of the applicant as it should appear on the card (maximum of 21 characters - including spaces)																								
3. Applicant SSN*															4. Date of Birth (mm/dd/yyyy)*										
5. Applicant Address Details*	If your Primary Address is a P.O. Box or if your Card should be shipped to an Alternate Address, please complete the Alternate Address section below. Applications providing only a P.O. Box will not be processed; a physical address is required. For APO/FPO addresses only, an Alternate/physical Address is not required. For Expedited Card Delivery a physical address is required.																								
	<input type="checkbox"/> Expedited Card Delivery (Note: A \$20 fee will be charged) <input type="checkbox"/> Ship Card to Alternate/Physical Address																								
	Primary Address* (this is where your statement will be mailed)										Alternate/Physical Mailing Address* (No Post Office Box)														
	Mail to Attention										Mail to Attention														
	Address Line 1*										Address Line 1*														
	Address Line 2										Address Line 2														
City or APO/FPO*										State*					City or APO/FPO*						State*				
Zip/Postal Code*										Country*					Zip/Postal Code*						Country*				
6. Applicant Contact Details*	E-mail Address*										Home Phone* ()														
	Commercial Office Phone* ()										Cell Phone ()														

Section III: Cardholder Signature & Agreement (To be completed by employee. * = Required fields)

Signature & Agreement*	By signing below, I: (i) acknowledge I have read the Citi® Department of Defense Services Travel Card Program Cardholder Agreement; (ii) agree to be bound by the terms and conditions as set forth in the Agreement; and (iii) understand that only the Department of Defense may request particular Authorization Parameters (Section II). This application is for a Department of Defense Travel Card account, which may be standard or restricted, as described in the Cardholder Agreement. I expressly agree to accept whichever type of account is established. Pursuant to requirements of law, including the U.S.A. PATRIOT ACT, the bank is required to request additional information to verify your identity.																															
	7. Applicant's Signature*										8. Date*																					
	9. Credit Report Authorization* (Initial one)										A. _____ I, as the cardholder, authorize the bank to obtain credit reports on me as described in the agreement											B. _____ I, as the cardholder, DO NOT authorize the bank to obtain credit reports on me. Therefore, I will not be eligible for a standard card.										
	10. Approving Supervisor's Signature*										11. Date*																					

Section IV: Account Specification (To be completed by APC. * = Required fields)

12. <input type="checkbox"/> Restricted by APC (See detailed instructions pages 2-4)																				
a) Date to Activate (mm/dd/yyyy)										b) Date to Deactivate (mm/dd/yyyy)										

Section V: Authorization (To be completed by APC. * = Required fields)

13. Authorized APC*	By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Department of Defense Travel Card be issued to the employee named in Section I of this application. PLEASE RETAIN A COPY FOR YOUR RECORDS.																				
	APC Name (type or print)*										E-mail Address*										
	APC Signature*										Date*										
	Commercial Office Phone* ()																				



Individually Billed Account Travel Card Set Up Form

Citibank® Government Travel Card Program

Instructions Sheet – Supplement to Cardholder Application

IMPORTANT INFORMATION about opening a new Citi® Department of Defense Travel Card account:

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: When you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security Number, that Federal law requires us to obtain. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation.

Please maintain copies in the Cardholder and Agency Program Coordinator's files.

Purpose:	Complete this form to apply for an individually billed cardholder travel card account for a Department of Defense employee. This form should only be used to request the opening of a new account for a new cardholder.				
Instructions:	Who:	<p>Cardholders: This form is only to be used to open a new account. Fill out Section II: Cardholder Information, Section IIa: Paper-Free Option and Section III: Cardholder Signature & Agreement, items 7,8,9. Please print or type all information. Required fields are identified by asterisk (*). Incomplete applications will not be processed and may be returned at the direction of the DTMO Travel Card Program Management Office.</p> <p>Approving Supervisor: Complete Section III, #10, 11. This form is only to be used to open a new account. Please provide your signature and the date signed. Required fields are identified by asterisk (*). Incomplete applications will not be processed and may be returned at the direction of the DTMO Travel Card Management Office.</p> <p>APCs: Complete Section I, IV and V. This form is only to be used to open a new account. Please print or type all information. Required fields are identified by asterisk (*). Incomplete applications will not be processed and may be returned at the direction of the DTMO Travel Card Management Office.</p>			
	When:	Complete this form when there is a need to open a new individually billed Citi Government Travel Card account.			
	How:	<table border="1"> <tr> <td>Section I:</td> <td> Reporting Parameters (To be completed by an APC) 1. Citi Account Hierarchy (required): The Citi hierarchy unit number under which the new account will be established. Complete as many hierarchical levels as are appropriate for your organization. Each level of hierarchy consists of a five-digit number; up to seven levels of hierarchy may be assigned. Citi hierarchy levels are sequential and indicate the organization's pedigree as illustrated in the EXAMPLE below: HL1 = Department of Defense HL2 = Branch of Military Service or DoD Independent Agencies HL3 = Major Command or Individual DoD Agency name Etc. A complete hierarchy level number always begins with Level 1 and contains successive level numbers, down to the lowest level assigned. It is required to determine the reporting group to which a cardholder's account will belong. </td> </tr> <tr> <td>Section II:</td> <td> Cardholder Information (This section to be completed by Department of Defense Employee) 2. Applicant Name (required): Print or type the first, middle (if applicable) and last name of the applicant (maximum of 21 characters including spaces). 3. Applicant SSN (Social Security Number) (required): Enter the employee's social security number. The accuracy of the SSN is critical for split disbursement payments to be posted accurately and timely to the card account. 4. Date of Birth (required): Enter the date of birth for the individual applying for the card in mm/dd/yyyy format (example: 01/01/1973). Applicants must be 18 years of age or older. </td> </tr> </table>	Section I:	Reporting Parameters (To be completed by an APC) 1. Citi Account Hierarchy (required): The Citi hierarchy unit number under which the new account will be established. Complete as many hierarchical levels as are appropriate for your organization. Each level of hierarchy consists of a five-digit number; up to seven levels of hierarchy may be assigned. Citi hierarchy levels are sequential and indicate the organization's pedigree as illustrated in the EXAMPLE below: HL1 = Department of Defense HL2 = Branch of Military Service or DoD Independent Agencies HL3 = Major Command or Individual DoD Agency name Etc. A complete hierarchy level number always begins with Level 1 and contains successive level numbers, down to the lowest level assigned. It is required to determine the reporting group to which a cardholder's account will belong.	Section II:
Section I:	Reporting Parameters (To be completed by an APC) 1. Citi Account Hierarchy (required): The Citi hierarchy unit number under which the new account will be established. Complete as many hierarchical levels as are appropriate for your organization. Each level of hierarchy consists of a five-digit number; up to seven levels of hierarchy may be assigned. Citi hierarchy levels are sequential and indicate the organization's pedigree as illustrated in the EXAMPLE below: HL1 = Department of Defense HL2 = Branch of Military Service or DoD Independent Agencies HL3 = Major Command or Individual DoD Agency name Etc. A complete hierarchy level number always begins with Level 1 and contains successive level numbers, down to the lowest level assigned. It is required to determine the reporting group to which a cardholder's account will belong.				
Section II:	Cardholder Information (This section to be completed by Department of Defense Employee) 2. Applicant Name (required): Print or type the first, middle (if applicable) and last name of the applicant (maximum of 21 characters including spaces). 3. Applicant SSN (Social Security Number) (required): Enter the employee's social security number. The accuracy of the SSN is critical for split disbursement payments to be posted accurately and timely to the card account. 4. Date of Birth (required): Enter the date of birth for the individual applying for the card in mm/dd/yyyy format (example: 01/01/1973). Applicants must be 18 years of age or older.				

(continued on next page)



Individually Billed Account Travel Card Set Up Form

Citibank® Government Travel Card Program

	Section II: (continued)	<p>5. Applicant Address Details (required):</p> <ul style="list-style-type: none"> • Primary Address (required): Indicate the address to which the billing statements should be mailed (Includes Street, City or APO/FPO, State/Province, Zip/Postal Code and Country). This is also the address the card will be mailed to unless an Alternate Address is provided and the Ship Card to Alternate/Physical Address box is marked. If a P.O. Box is provided as the Primary Address, an Alternate Address must also be provided. • Expedited Card Delivery: Indicate whether the card should be mailed within 2-3 business days. A \$20 fee will be charged for expedite card deliveries. A physical address must be provided for expedited card delivery. • Mall to Attention: Indicate the name of the individual to whom the new card should be mailed. • Alternate Address: Complete this section if a P.O. Box is being provided as the Primary Address or the card is being sent to an alternate address. <p>6. Applicant Contact Details (required):</p> <ul style="list-style-type: none"> • E-mail Address: Indicate the e-mail address of the individual applying for the card. • Commercial Office and/or Home Phone (required): Indicate the business and/or home phone numbers (including area code) of the individual applying for the card. For locations outside of the U.S., include the applicable two-to-three digit country code. Note: an international access code, such as "011" is not required. • Cell phone number: Indicate the cell phone number (including area code) of the individual applying for the card. For locations outside of the U.S., include the applicable two-to-three digit country code. Note: an international access code, such as "011" is not required.
	Section III:	<p>Cardholder Signature & Agreement (This section to be completed by Department of Defense Employee)</p> <p>7. Applicant's Signature (required): The applicant's signature</p> <p>8. Date (required): Enter the date the applicant signed the application</p> <p>9. Credit Report Authorization (required): Applicant reads options A and B and places first and last initials next to the option they agree to</p> <p>10. Approving Supervisor's Signature (required): Signature of supervisor approving application</p> <p>11. Date (required): Enter the date the supervisor signed the application</p>
	Section IV:	<p>Account Specification (To be completed by an APC)</p> <p>12. Restricted by APC: By selecting this box, the cardholder will be issued a restricted account regardless of credit worthiness score. Restricted cards are mailed in a deactive status.</p> <ul style="list-style-type: none"> • a & b Date to Activate/Deactivate: <ul style="list-style-type: none"> • If restricted by APC: APC enters the dates the card is to be initially available for use as well as the date to deactivate following initial use, if known. -OR- • If Restricted based on Credit Worthiness: APCs may proactively enter Activate/Deactivate dates in the event the cardholder (who selected a standard account) is issued a restricted account based on credit worthiness. • Note: If no dates are provided, the card will be issued in a deactivated status and must be activated by the APC before the cardholder will be able to use it. Cardholder confirmation of card receipt will not result in automatic activation.



Individually Billed Account Travel Card Set Up Form

Citibank® Government Travel Card Program

	Section V:	Authorization (To be completed by APC) 13. Authorized APC (required): The name and contact information of the Agency/Organization Program Coordinator, for this applicant, completing this section of the setup/application form. Required information includes: <ul style="list-style-type: none">• APC Name (type or print)*• E-Mail Address (required): The APC's e-mail address.• Signature (required): The APC's signature.• Date (required): The date the APC signed the application.• Commercial Office Phone: The APC's commercially accessible business phone number, including the area code. For locations outside of the U.S., include the applicable two-digit to three-digit country code. An international access code, such as "011" is not required.
		Submit first page ONLY of request form via mail or fax as follows: Citibank, N.A. P.O. Box 6408 Sioux Falls, SD 57117-6408 CONUS FAX number: 1-866-671-5910 OCONUS FAX number: 1-605-338-5745



Individually Billed Account Travel Card Set Up Form

Citibank® Government Travel Card Program Department of Defense Travel Card Program Cardholder Account Agreement

IMPORTANT: BEFORE YOU SIGN OR USE THE DEPARTMENT OF DEFENSE (DoD) TRAVEL CARD, READ THIS AGREEMENT THOROUGHLY. PLEASE RETAIN THIS AGREEMENT FOR YOUR RECORDS. In this Agreement ("Agreement"), "Card" means the enclosed Citibank Department of Defense Travel Card (and all replacements) issued by Citibank, N.A. (which will be referred to as the "Bank") under the General Services Administration (GSA) contract no. GS-23F-T0003 ("GSA Contract"). "Agency/Organization" means the United States Department of Defense which has requested/authorized the Bank to open an account for me. The words "I," "me," "my" and "mine" refer to the DoD employee named on the Card and who has agreed to be bound by this Agreement.

(1) THIS AGREEMENT

By activating, signing or using the Card or the account established in connection with it ("Account"), I am agreeing to the terms of this Agreement. If I do not agree to the terms of this Agreement, I will cut the card in pieces and return a portion of those pieces to both the Bank and to my Agency Program Coordinator before using the Card. I agree that I will be bound to the terms of this Agreement to the extent that I use the Card.

(2) TYPE/USE OF THE CARD

- A. **Type of Card:** You have been issued either a Restricted or Standard Account. A Restricted Account generally has a lower credit limit and is subject to greater usage restrictions. The reason(s) a Restricted Account may have been established include, but are not limited to: (i) you, as the cardholder did not provide authorization for us to acquire a credit report on your financial history; (ii) the Agency/Organization Program Coordinator requested a Restricted Account; or (iii) your credit did not meet the minimum requirements set by the Agency/Organization to qualify for the Standard Account. Your Agency/Organization may change your Account from a Standard Account to a Restricted Account or from a Restricted Account to a Standard Account. Limits may be increased or decreased at any time by the Bank as directed by your Agency.
- B. **Expedited Card Delivery:** \$20 for any request for expedited card delivery (premium delivery by other than U.S. Postal Service standard first class bulk postage) for individuals not in a travel status, except emergency replacement of damaged, lost or stolen cards or situations deemed an emergency by DoD (i.e., APC).
- C. **Use of the Card:** Charging and cash advance privileges (if allowed) on the Card and Account are provided by the Bank pursuant to the GSA Contract and the DoD Task Order and are subject to this Agreement. I agree to use the Card only for official travel and official travel-related expenses away from my official station/duty station in accordance with DoD policy. I agree not to use the Card for personal, family or household purposes. I understand that the Card is not transferable and will be used by me alone only after I have signed the Card on the back above the words "authorized signature." I agree that I will not charge the expenses of others on this card. In the event that I do make such charges, I understand that I am fully liable for all such transactions made. Unless canceled, the Card will be valid through the expiration date printed on its face. By agreeing to the terms of this Agreement, I am requesting that the Bank issue a renewal Card to me before the current Card expires. The Bank will continue to issue renewal Cards until the DoD or I tell the Bank to stop. Charging and cash advance privileges will be automatically withdrawn: (i) upon request of the U.S. Government; (ii) upon termination of my employment with the DoD; (iii) upon termination of the GSA Contract and/or task order between the Bank and the DoD; (iv) if the card is reported lost or stolen; or (v) as noted in Section 10 of this agreement.

(3) LOSS, THEFT OR UNAUTHORIZED USE

I agree to notify the Bank and the DoD immediately of any loss, theft or unauthorized use of the Card or Account. I will notify the Bank, by phone at 1-800-200-7056, toll free in the continental United States, Hawaii, Alaska, Virgin Islands, Puerto Rico, or Canada, collect at 757-852-9076 outside these areas or TDD at 1-800-855-2880. If my Card is returned to me after I have notified the Bank, I agree not to use the Card. I will not be liable for unauthorized charges that are made on my Card.

(4) PAYMENT

The Bank will provide me monthly with a billing statement, which sets forth billing data with respect to all my charges, cash transactions and fees relating to the Card and Account. My billing statement is due and payable, in full, upon receipt of the statement but must be received by the Bank no later than 25 calendar days from the closing date on the statement in which the charge appeared. In the event that a diversion account is used, certain charges may be billed directly to the DoD and will appear on my billing statement as a memorandum item only. In the event these charges are later billed to my Account, I agree to pay such charges in full. Payments must be made in U.S. currency, in electronic form or with a money order payable in U.S. dollars, or with a draft or a check drawn on a bank in the U.S. and payable in U.S. dollars. If the Bank decides to accept a payment made in some other form, payment will not be credited to my Account until my payment is converted into one of the forms just mentioned. The Bank may accept late payments, partial payments or checks and money orders marked "payment in full" or with other restrictive endorsements without losing any rights under this Agreement or under the law.



Individually Billed Account Travel Card Set Up Form

Citibank® Government Travel Card Program

(5) CHARGES MADE IN FOREIGN CURRENCIES

- A. **Information on Foreign Currency Conversion Procedures:** If I make a transaction in a foreign currency, other than a cash advance made at a branch or ATM of one of the Bank's Citi affiliates, Visa will convert the amount into U.S. dollars. Visa will act in accordance with their operating regulations or foreign currency conversion procedures then in effect. Visa currently uses a conversion rate in effect on its applicable central processing date. Such a rate is either a rate it selects from the range of rates available in wholesale currency markets, which may vary from the rate it receives, or the government-mandated rate. If a cash advance is made in a foreign currency at a branch or ATM of one of the Bank's affiliates, the amount will be converted into U.S. dollars by a Citi affiliate in accordance with its foreign currency conversion procedures then in effect. The Bank's Citi affiliate currently uses a conversion rate in effect on its applicable processing date. Such rate is either a mid-point market rate or the government-mandated rate. The foreign currency conversion rate in effect on the applicable processing date for a transaction may differ from the rate in effect on the sale or posting date on my billing statement.
- B. **Transaction Fee for Transactions Made in Foreign Currencies:** For each purchase made in a foreign currency, the Bank will pass along all charges assessed by the bankcard associations. The fee will appear as a separate transaction on the billing statement.

(6) DISHONORED CHECKS

If any money order, check or draft is delivered to the Bank and cannot be processed, or is not honored for its face amount when presented, I agree that the Bank may impose as liquidated damages for its costs a charge of \$29.

(7) BILLING INQUIRIES/PROBLEMS WITH GOODS AND SERVICES

If I have any question, problem or dispute about the billing statement, I will notify the Bank in writing or by telephone, within 60 days of the billing date on the statement. The Bank will take all reasonable and appropriate steps to provide the information I request or resolve my dispute. I understand that I cannot hold the Bank accountable, and the Bank is not responsible, for problems such as malfunctions, failures due to lack of quality, or other defects relating to the goods or services that I purchase with my Card or Account. In these types of disputes, I must pay the Bank the charge and settle my dispute with the establishment where the goods or services were purchased. The Bank will not be responsible if any establishment refuses to honor the Card, or for any other problem I may have with such establishment.

(8) PURCHASES AND CASH ADVANCES

- A. **Purchases:** I understand that I may use the Card or Account for purchases wherever the Card is honored, in accordance with DoD policies and procedures.
- B. **Cash Advance:** The DoD may approve my Card or Account for cash advance privileges. This will enable me to use my Card to obtain cash from automated teller machines ("ATMs") operated by a bank, other institutions, or a Citibank branch teller, when authorized by the DoD.
- C. **Cash Advance Transaction Fee:** Each time I use my Card to obtain cash, I will be assessed a transaction fee of 2.2%. If the DoD has negotiated a lower fee, the lower amount will apply. The transaction fee will be billed to me on my billing statement. In some cases, a surcharge may be imposed by ATM operators.
- D. **Personal Identification Number:** If I am approved for cash advance privileges, I will either receive or choose a confidential number code. This code is my personal identification number ("PIN"). To obtain cash from an ATM, my PIN must be entered into the ATM after I insert my card. I agree to take all reasonable precautions to prevent any other person from learning my PIN or using my Card to make unauthorized transactions. I agree not to write my PIN on my Card or on any material I keep with my Card. I understand that I should not give my card and/or PIN to another person for use. In the event that I do give my card and/or PIN to someone else, I understand that I am fully liable for all such transactions.
- E. **My Ability to Get Cash at an ATM or Citibank Branch Bank:** Any limits for obtaining cash are set by DoD policy. Limits on the number of and the dollar amount of transactions may be restricted by the operators of the ATM.
- F. **Citibank, N.A. Card Liability:** The Bank will not be liable for any losses or damages resulting from any use or attempted use of the cash advance privileges including, but not limited to, situations where:
- ATMs or any computer systems, including Citibank systems, do not work properly;
 - ATMs do not have enough cash;
 - Or circumstances beyond the control of the Bank.

(9) TRAVELLERS CHEQUES

- A. **Purchases:** The DoD may approve my Account for travellers cheque purchases. This will enable me to make purchases of American Express travellers cheques through my Card or Account. A fee of 3.3% will be applied.
- B. **Loss, Theft or Unauthorized Use:** I agree to notify American Express immediately at 1-800-721-7282, free in the United States, Virgin Islands, Canada, and Puerto Rico, of any loss, theft or unauthorized use of my travellers cheques.



Individually Billed Account Travel Card Set Up Form

Citibank® Government Travel Card Program

(10) SUSPENSION AND CANCELLATION

The Bank may suspend or cancel my Card or Account privileges as set forth in this Section 10.

- A. **Suspension:** My Account is considered delinquent if payment for the undisputed principal amount has not been received 45 calendar days from the closing date on the billing statement in which the charge appeared. I will receive notification from the Bank requesting payment of the undisputed past due amount. If payment has not been received 55 calendar days from the closing date, the DoD and I will be notified that the suspension process will be initiated. The DoD and I will be notified of a point of contact to assist in resolving the past due account. If payment for the undisputed principal amount has not been received 61 calendar days from the closing date, my Account will be suspended, unless otherwise directed by the DoD. DoD or the GSA Contracting Officer has the right to suspend my Account for any reason. Upon payment of the undisputed principal amount to the Bank, my Account will be reinstated.
- B. **Cancellation:** Citi may initiate cancellation of my Card or Account if: (i) my Card is used for unauthorized purposes and the Bank has the DoD's permission to cancel; (ii) my Account is past due for the undisputed amounts 120 calendar days past the closing date and all suspension procedures have been met by the Bank; (iii) my Account has been suspended two times during a 12-month period for undisputed amounts and is past due again. The DoD and I will be notified that the cancellation process will be initiated. If payment for the undisputed principal amount has not been received 126 calendar days from the closing date, my Card or Account will be canceled unless otherwise directed by the DoD; or (iv) my Account has been paid with checks returned by my financial institution for insufficient funds ("NSF") two or more times in a 12-month period. In this event, my Account is subject to immediate cancellation. In the event of cancellation, I understand that I must still pay all undisputed amounts due to the Bank under this Agreement. I understand that my Account information may be reported to credit reporting agencies if my Account is canceled. I will surrender the Card upon request to the DoD. I understand that use of the Card or Account after its cancellation will be considered fraudulent and may cause the Bank to take legal action against me.
- C. **Late Fee:** The late fee of \$29.00 will be assessed when payment for the full undisputed charges identified on the monthly Statement of Account is not remitted within two billing cycles plus 15 days past the statement closing date on the Statement of Account in which the Charge first appeared. If the Account is subject to split disbursement and the Government notifies Citibank that payment delay was caused by the Government and not the cardholder, then the late fee will be assessed if full payment is not received within 30 days after the government notification to Citibank of such payment error. The late payment fee of \$29.00 will continue to be assessed each billing cycle until the past due amounts are brought current.
- D. **Reinstatement of Canceled Accounts:** The Bank may reinstate canceled Accounts upon payment of the undisputed principal amount and late fee. The Bank may conduct a credit worthiness check on me prior to reinstatement of my canceled Account. I will be charged a fee of \$29 upon successful reinstatement. If the account is not reinstated, there will be no fee assessed. Late fees are assessable against my canceled Account irrespective of whether the Bank reinstates my Account.
- E. **Waiver of Suspension/Cancellation Rights:** If the Bank does not enforce its Suspension and Cancellation rights under this Agreement within 180 days of the closing date on the billing statement in which the charge first appeared, it will lose them.
- F. **Collection:** The Bank may use a collection agency to collect against canceled Accounts. Court costs and reasonable attorneys' fees, not to exceed fifteen percent (15%) of the amount owed, may be added to the Account if the Bank must refer all or any part of the Account to an outside attorney or agency for collection.
- G. **Collection Payment Plan Fees:**
 - a. **Salary Offset:** In the event that salary offset is requested by the Bank for collection of your account balance, a fee will be assessed to your account in the amount of either (i) \$80.00 if your enrollment in a salary offset program is accepted, or (ii) \$85.00 if the request for salary offset is denied due to non-eligibility.
 - b. **Reduced Payment Plan:** Upon your written agreement to be enrolled in a Reduced Payment Plan offered by the Bank, your account will be assessed a fee. An initial enrollment fee of \$45.00 and a monthly maintenance fee of \$10.00 will be billed to your account.

(11) CHANGING THIS AGREEMENT

The Bank may, upon written approval by the GSA and the DoD, change this Agreement. The Bank will notify me in writing at least 30 days prior to the date of the change. If I do not agree to the changes, I will cut the card in half and return the pieces to the Bank within 25 days of the date the change in terms becomes effective. I agree that I will be bound by the new terms if I use the Card after the effective date of the new terms.

(12) LIABILITY FOR CHARGES

I am responsible for all purchases, cash advances and fees charged to the Card issued to me, and the Bank will seek payment for all charges directly from me regardless of whether I have been reimbursed by the DoD.



Individually Billed Account Travel Card Set Up Form

Citibank® Government Travel Card Program

(13) DISCLOSURE OF INFORMATION

In addition to routine uses under the Privacy Act, I authorize the Bank to: (I) provide information about my Account to the Bank's service providers administering my Account under the GSA Contract; and (II) disclose all necessary Account information to outside attorneys, collection agencies or credit reporting agencies, if the Bank refers all or part of my Account for collection in accordance with the GSA Contract and the DoD Task Order. I understand that past due Accounts will be reported to the DoD. By signing the Individually Billed Account Set Up Form and using my account, I am providing my written consent to the disclosure of information as provided in this Section 13. The Bank may provide to the DoD, monthly or as often as requested, any information obtained by the Bank about my Account. This information can include Account status, any Account delinquency information, and charge activity. The information can also include detailed information about specific items or services purchased or paid for using my Account, including information from merchants that accept the card itemizing the components of my transaction with the merchant. The Bank may contact an APC for assistance in managing my Account balance. The DoD is authorized to provide information about me to the Bank for the purpose of assisting the Bank in managing my Account.

(14) TELEPHONE MONITORING

I understand that from time to time the Bank may monitor and/or record telephone calls regarding my Account to assure the quality of its service.

(15) GOVERNING LAW

This Agreement and my Account are subject to the GSA Contract and shall be governed by South Dakota law and the laws of the United States.

PRIVACY ACT NOTICE:

In accordance with the Privacy Act (5 U.S.C. 552a), the following notice is provided: The information requested on the card application form is collected pursuant to Executive Order 9397 and chapter 57, title 5, United States Code, for the purposes of recording travel expenses incurred by the employee/member and to claim entitlements and allowances prescribed in applicable federal travel regulations. The purpose of the collection of this information is to provide Government agencies necessary information on the GSA travel card contract which provides travelers with charge cards for official travel and related expenses, attendant operational and control support, and management information reports for expense control. Routine uses which may be made of the collected information and other account information in the system of records entitled "Travel Charge Card Program GSA/GOVT-3" are as follows: (1) transfers to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, administrative, or regulatory investigations; (2) pursuant to a request of another Federal agency in connection with hiring, retention, issuing a security clearance, reporting an employee investigation, clarifying a job, letter or contract or issuing a license, grant, or other benefit; (3) to a Member of Congress or to a Congressional Staff Member in response to an inquiry of the Congressional Office made at the request of the individual about whom the record is maintained; (4) to officials of labor organizations when necessary to their duties of exclusive representation; (5) to a Federal agency for accumulating reporting data and monitoring the system; (6) GSA contract travel agents assigned to agencies for billing of travel expenses; (7) listing, reports, and records to GSA by the contractor to conduct audits of carrier charges to the Government; and (8) any other use specified by GSA in the system of records entitled "Travel Charge Card Program GSA/GOVT-3," as published in the Federal Register periodically by GSA. The information requested is not mandatory. Failure to provide the information will nullify the application, and a charge card will not be issued to the employee/member.

(16) CONSUMER CREDIT REPORTS

Unless on my Individually Billed Card Account Set Up Form I instructed the Bank not to obtain reports concerning my credit, I authorize the Bank and my Agency to obtain from credit bureaus and other credit reporting agencies reports concerning my credit, consistent with my Agency/Organization's agreement with union officials (if applicable).

(17) CHANGES TO NAME, ADDRESS OR EMPLOYMENT

I understand that the Bank will send my Statement of Account, replacement or renewal Cards, or other notices to the address shown in its records. I will promptly notify the Bank of any changes in my name, physical address, e-mail address, phone numbers or changes specific to my Agency or employment.

ADVANCE PAY CERTIFICATION/AUTHORIZATION

Privacy Act Statement

AUTHORITY: 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN).

PRINCIPAL PURPOSES: To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.

ROUTINE USES: Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.

DISCLOSURE: Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

PART I. REQUEST

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NO.	3. GRADE
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4. I REQUEST:	5. I REQUEST A REPAYMENT SCHEDULE OF:	6. I REQUEST PAYMENT OF THE ADVANCE PAY:
a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse.)	a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS.
b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed.) (Specify amount) \$	b. 13 - 24 MONTHS (Parts III and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)	b. 31 - 90 DAYS BEFORE MY PCS (Parts II and V must be completed.)
		c. 61 - 180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed.)

PART II. CERTIFICATION OF EXPENSES (Actual or Anticipated) (Continue in Item 23 on reverse if necessary.)

7. EXPENSE	8. AMOUNT	10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (Up to 90 days before and 180 days after).
a.	\$	
b.	\$	
c.	\$	
d.	\$	
e.	\$	
f.	\$	
9. TOTAL	\$ 0.00	

PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK
(Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)

11. NO. OF DEPENDENTS	12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (Continue in Item 23 on reverse if necessary.)
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PART IV. MEMBER CERTIFICATION

Penalty: The penalty for willfully making a false claim/statement is a maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287).

If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.

I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.

13. SIGNATURE	14. DATE (YYMMDD)
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PART V. APPROVAL OF MEMBER'S COMMANDER

15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:	16. WITH LIQUIDATION OVER:	17. AND PAYMENT OF THIS ADVANCE:
a. ONE MONTH BASIC PAY LESS DEDUCTIONS	a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING AT PDS
b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$	b. 13 - 24 MONTHS (Specify number of months)	b. NOT PRIOR TO _____ (date) WHICH IS 31 - 90 DAYS BEFORE PCS
		c. 61 - 180 DAYS AFTER REPORTING TO NEW PDS
18. APPROVING OFFICIAL NAME (Last, First, Middle Initial)	19. SIGNATURE OF OFFICIAL	
20. TITLE	21. GRADE	22. DATE (YYMMDD)

23. REMARKS

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

- a. Overseas station housing allowance;
- b. Servicemember and/or dependent travel allowances and per diem;
- c. Dislocation allowance;
- d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

AIR FORCE MEMBERS ONLY: E4/SRA and below must have Commander's approval for all PCS advance pay payments.

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT <i>Before completing, read Privacy Act Statement and Warning on reverse side.</i>	INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR REPORT CONTROL SYMBOL DD-P&R(AR)1697
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PART A - IDENTIFICATION AND HOUSING INFORMATION

1. SERVICEMEMBER a. NAME (Last, First, Middle Initial) b. PAY GRADE c. SSN d. DUTY STATION OR HOMEPORT (1) Station Name (2) City (3) Country (4) Duty Phone		3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country) 4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD) 5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one) <i>(See instructions on reverse side if you pay rent three or more months in advance.)</i> a. LOCAL CURRENCY (Specify name of currency. Report amount in item 6.) b. U.S. DOLLARS
2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one) YES (Specify location) NO or NOT APPLICABLE		6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5. a. LEASED/RENTED (Enter monthly rent below. If sharing, report TOTAL rent, not your share.) b. OWNED (Enter original purchase price. include only cost of home, EXCLUDE closing costs, taxes, etc.)

HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8.

7. UTILITIES (Excluding telephone) (X appropriate block) a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD. c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating utilities/services of which your landlord provides the MAJORITY.) (1) Electricity (2) Heating (3) Air conditioning (X if window units used and landlord provides electricity.) (4) Water or Sewer (5) Trash Disposal	8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category c.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">X</td> <td>a. MYSELF</td> <td style="text-align: center;">1</td> </tr> <tr> <td></td> <td>b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")</td> <td></td> </tr> <tr> <td></td> <td>c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)</td> <td></td> </tr> <tr> <td></td> <td>d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)</td> <td></td> </tr> <tr> <td></td> <td>e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)</td> <td></td> </tr> <tr> <td></td> <td>TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer".)</td> <td style="text-align: center;">1</td> </tr> </table>	X	a. MYSELF	1		b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")			c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)			d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)			e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)			TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer".)	1
X	a. MYSELF	1																	
	b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")																		
	c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)																		
	d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)																		
	e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)																		
	TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer".)	1																	

9. If Block 8.b. or 8.d. is marked, report their full name(s), Social Security Number(s) and Branch of Service in "Remarks" on reverse.

PART B - CERTIFICATIONS

10. SERVICEMEMBER. I certify that: a. The information I have reported is true and correct. b. I will immediately inform my commanding officer if any changes occur to the information I have reported. c. The attached copy of my housing lease/rental/sale agreement (or certification from landlord) is true and correct, if applicable. d. I have read the overseas housing allowance briefing sheet provided by my commander or authorized representative, if applicable. e. SIGNATURE	11. HOUSING OFFICER or APPROPRIATE OFFICIAL. I have reviewed and verified the member's lease/rental/sale agreement and information from it was properly reported. a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one) (1) Yes (2) No If Yes, entitlement is: (a) Initial (b) Subsequent b. SIGNATURE c. DATE SIGNED (YYYYMMDD) d. TITLE
f. DATE SIGNED (YYYYMMDD)	

12. CERTIFYING OFFICIAL. I have reviewed this action and certify the entitlement. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes.

a. TYPE HOUSING ALLOWANCE ACTION (X one) (1) Start (3) Stop (5) *Cancel (2) Change (4) Correct (6) *Report <i>*For Air Force use only</i>	b. MIHA/MISCELLANEOUS ENTITLEMENT (X one) (1) Initial (2) Subsequent (3) None c. EFFECTIVE DATE OF ACTION (YYYYMMDD)
d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? (1) Yes (2) No	e. SIGNATURE f. TITLE g. DATE SIGNED (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC Section 405, and EO 9397.

PRINCIPAL PURPOSE(S): To determine eligibility for, to start, adjust or terminate Overseas Housing Allowance.

ROUTINE USE(S): In addition to being used by officials and employees of the applicant's Uniformed Service in determining eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, members of Congress, State and local government, and U.S. and State courts.

DISCLOSURE: Voluntary; however, failure to provide SSN may preclude timely consideration of your request for an allowance determination.

WARNING: Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both.

SPECIAL INSTRUCTIONS FOR MEMBERS PAYING THREE OR MORE MONTHS RENT IN ADVANCE

In certain countries it is customary to pay advance rent rather than month-to-month rent. If you pay your rent more than three months in advance, X block 5b. (U.S. Dollars) even though you paid your advance rent in local currency. In Part C, "Remarks," enter the following information:

- (1) "Rent paid ____ months in advance."
(2) Amount of advance rent (in local currency, if that is how you paid).
(3) Exchange rate at which you converted your dollars to local currency to pay the advance rent, if applicable.

Compute monthly rent as follows and report in Item 6.a.:

- (1) Divide advance rent by number of months rent paid in advance to determine monthly rent.
(2) If applicable, convert monthly rent to dollars by dividing by exchange rate at which you converted your dollars to local currency.

Those paying rent in advance should realize that rental ceilings set by the Department of Defense may decrease due to periodic exchange rate fluctuations. Accordingly, their OHA, which is computed as a monthly entitlement, may also decrease during the months when rental payments are not actually being made.

If upon expiration of the advance rental period the member must again pay rent three or more months in advance, another DD Form 2367 must be completed unless the derived rental amount previously reported in Item 6.a. remains unchanged.

PART C - REMARKS

MOVE-IN HOUSING ALLOWANCE CLAIM FOR PERSONNEL OCCUPYING PRIVATELY LEASED/OWNED QUARTERS OVERSEAS <i>(Read Warning, Privacy Act Statement, and Instructions on reverse before completion)</i>		INTERAGENCY REPORT CONTROL NUMBER 0370-DOD-AR
		REPORT CONTROL SYMBOL DD-P&R(AR)1834
PART A - SERVICEMEMBER IDENTIFICATION AND RESIDENCE INFORMATION		
1. NAME <i>(Last, First, Middle Initial)</i>		2. GRADE
3. SOCIAL SECURITY NUMBER		
4. DUTY LOCATION OR HOMEPORT		5. RESIDENCE ADDRESS <i>(Street, Apt. No., City, Country)</i>
a. STATION NAME		
b. LOCATION CODE <i>(Official Use)</i>		
c. CITY	d. COUNTRY	e. DUTY TELEPHONE NO.
PARTS B - C - EXPENSES ASSOCIATED WITH OCCUPYING RENTED/OWNED QUARTERS		
a. EXPENSE ITEMS <i>(List all expense items in Parts B and C below. Enter "None" if appropriate. If a sharer, only one sharer may report an expense item. Report all amounts in dollars and cents. Refer to Instructions and Appendix N, JFTR, to determine what can and cannot be reported.)</i>		b. AMOUNT CLAIMED <i>(If payment made in foreign currency, convert to dollars at actual conversion rate.)</i>
		c. AMOUNT ALLOWED <i>(If certifier excludes any amount, provide explanation on separate sheet.) (Official Use)</i>
PART B - RENT-RELATED EXPENSES <i>(Not applicable to homeowners)</i>		
6. PART B SUBTOTAL <i>(Official Use)</i>		0.00
PART C - SECURITY-RELATED EXPENSES <i>(Allowed only in selected areas. See Appendix N.)</i>		
7. PART C SUBTOTAL <i>(Official Use)</i>		0.00
PART D - REIMBURSEMENT TO MEMBER <i>(Official use only. Servicemember - skip to Part E.)</i>		
8. AMOUNT FROM LINE 6		0.00
9. AMOUNT FROM LINE 7		0.00
10. AMOUNT DUE MEMBER <i>(Sum of Lines 8 and 9)</i>		\$0.00
PART E - CERTIFICATIONS		
11. SERVICEMEMBER. I certify that the information reported in Parts A - C is true and correct.		
a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)
12. HOUSING OFFICER OR DESIGNATED AUTHORIZING/APPROVING OFFICIAL. I have reviewed this claim and certify that information was properly reported. I have entered monthly rent <i>(in dollars using Part B conversion rate, if appropriate)</i> and total sharers from member's DD Form 2367. <i>(If homeowner, report "rent" as original purchase price divided by 120.)</i>		
a. RENT	b. TOTAL SHARERS	c. TITLE
d. SIGNATURE		e. DATE SIGNED (YYYYMMDD)

WARNING: Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both.

PRIVACY ACT STATEMENT

AUTHORITY: Title 5, 37 U.S. Code, Section 405, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To determine eligibility for and authorize payment of selected one-time costs associated with occupying privately leased/owned housing.

ROUTINE USE(S): In addition to being used by officials and in determining payment eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining payments, and to other Federal agencies, members of Congress, State and Local government, and U.S. and State courts.

DISCLOSURE: Voluntary; however, failure to provide the SSN may preclude timely consideration of your request for payment determination.

INSTRUCTIONS

Entitlement claims for the Move-In Housing Allowance (MIHA) are covered by two forms. This form covers qualifying rent- and security-related expenses (Parts B and C) and should be completed only if the member incurs such expenses. Miscellaneous expenses are covered by the DD Form 2367, "Individual Overseas Housing Allowance (OHA) Report" (Part C). To qualify for MIHA, a member must be eligible for the Overseas Housing Allowance (OHA). Additional rules and detailed instructions for completing this form and DD Form 2367, Part C, are contained in Appendix N, Joint Federal Travel Regulations (JFTR), Volume I. To qualify for full or partial reimbursement for Part B or C expenses, receipts/documents showing actual costs must be provided. If expense reported in Part B or C is incurred in foreign currency, convert to dollars using the rate member actually converted dollars to foreign currency. If the member is a "sharer" under the OHA program, only one sharer can claim an individual Part B or C expense. Members may submit more than one form while assigned to a duty location (e.g., to claim rent-related expenses (Part B), then again to claim security expenses (Part C)).

The Move-In Housing Allowance (MIHA) covers only reasonable costs. Accordingly, the Services place a significant responsibility on the approving official to exclude extraordinary, unjustifiable expenses.

There are three MIHA categories:

MIHA/Rent (covered by Part B). These are typically one-time, non-refundable charges levied by the landlord/agent or a foreign government which the member must pay before or upon occupying the unit. Examples are real estate agent's fees, redecoration fees, and one-time lease taxes. Refundable security deposits and advance rental payments cannot be reported. Recurring costs are also excluded.

MIHA/Security (covered by Part C). This part may be completed only by members assigned to areas where dwellings must be modified to minimize exposure to terrorist threat. Qualifying areas are listed in Appendix N of the JFTR. Examples of permissible items are security doors, bars, locks, lights, and alarm systems. Expenditures which are not related to the physical dwelling, such as for personal security guards or dogs, are not permitted.

MIHA/Miscellaneous (covered by Part C, DD Form 2367). This category reflects average expenditures made by members to make their dwellings habitable. This lump-sum-payment (receipts not required) recognizes that items such as sinks, toilets, light fixtures, kitchen cabinets, door/window locks, and a refrigerator and stove are sometimes not provided in overseas dwellings. The amount payable is prescribed in Appendix K of the JFTR. Only one payment is authorized at a duty station unless special provisions contained in Appendix N apply.

CLAIM FOR TEMPORARY LODGING EXPENSE

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 301, Departmental Regulations, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol 9, Joint Federal Travel Regulation (JFTR) Vol 1, Chapter 5, Part H, and E. O. 9397 (SSN).

Purpose: To substantiate and evaluate the amount claimed for Temporary Lodging Expenses.

Routine Use(s): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the DFAS compilation of systems of records notices apply.

Disclosure: Voluntary, however, failure to provide the requested information may result in a delay or suspension of your claim(s) for reimbursement.

1. RANK	2. LAST NAME	3. FIRST NAME	4. SSN	5. PHONE NUMBER
6. STREET ADDRESS		7. CITY	8. STATE	9. ZIP
10. CURRENT UNIT ASSIGNMENT				11. PHONE NUMBER
12. MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> DUAL MILITARY		13. IF MILITARY, SPOUSE'S SSN	14. SPOUSE'S CURRENT DUTY STATION	
15. DID YOU STAY IN OFF-POST LODGING? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. STATEMENT OF NON-AVAILABILITY #	(Without an SNA# from housing you are only authorized reimbursement for the on-post rate)	

SECTION I - LIST DEPENDENTS YOU ARE CLAIMING THE FOR:

	17. NAME	18. RELATIONSHIP	19. DATE OF MARRIAGE	20. DATE OF BIRTH
ADD ROW				
REMOVE ROW				
REMOVE ROW				

21. DATE HHG PICKED UP	22. DATE HHG DELIVERED	23. DID YOU DO A DUTY MOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. IF YES, WHAT DATE?
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SECTION II - LODGING INFORMATION

PCS VOUCHER, ORIGINAL LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.

IF YOU NEED MORE DAYS PUSH THE ADD ROW BUTTON BELOW.

	25. FROM DATE	26. TO DATE	27. NO. OF DAYS	28. LOCATION OF LODGING		29. MEALS ONLY/PER DIEM	30. DAILY LODGING COSTS	31. NUMBER OF PERSONS CLAIMED			
				CITY	STATE			SM	OVER 12	UNDER 12	
ADD ROW						<input type="checkbox"/> YES <input type="checkbox"/> NO					
REMOVE ROW						<input type="checkbox"/> YES <input type="checkbox"/> NO					

32. DATE TERMINATED QUARTERS (IF APPLICABLE)	33. DATE ASSIGNED QUARTERS (IF APPLICABLE)
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34. DEPARTURE DATE FROM OLD DUTY STATION	35. ARRIVAL DATE AT NEW DUTY STATION
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I hereby certify that I was required to obtain temporary lodging for the days noted above:

36. DATE OF SIGNATURE	37. PRINTED NAME	38. SIGNATURE
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THIS DEPOSIT WILL BE MADE ELECTRONICALLY TO YOUR PAYROLL DIRECT DEPOSIT ACCOUNT.

39. DATE OF SIGNATURE	40. TIME	41. PRINTED NAME OF FINANCE CLERK	42. SIGNATURE OF FINANCE CLERK
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43. COMMENTS

PERSONALLY PROCURED MOVE (PPM) Settlement Instructions

PPMs are to be settled by the destination transportation office, regardless of branch of service. Check block 4h of the DD Form 2278 for your responsible transportation office. This also applies to postal and storage reimbursements.

If there is any confusion on where to take/send your documents visit the Defense Personal Property System (DPS) website at http://www.move.mil/common/locator_maps/transportation_offices.cfm.

- Choose your state
- Choose the transportation office you feel is closest. Contact information will be provided in the drop down Menu.

PPM packets should include the documents listed below along with this checklist:

- DD Form 2278 (Application For Do It Yourself Move And Counseling Checklist)
- DD Form 1351-2 (Travel Voucher or Subvoucher) Complete blocks 4 thru 11, and 20.
- Weight tickets - Loaded and empty tickets must include: The identity of the vehicle weighed, the member's name and weigh master's signature.
- Advance Voucher - Only if you received an advance payment for the PPM.
- Expense Claim Form - Completed and signed.
- Truck/Trailer Rental Receipts - Submit receipts for the pick-up and turn-in.
- Receipts (claimable expenses).
 - **CLAIMABLE** expenses include rental vehicles, packing materials, gas, tolls, etc.
 - **NOT CLAIMABLE** include but is not limited to, tow bars, auto transporters, INSURANCE, SALES TAX, FOOD AND LODGING.