

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
4. I REQUEST:		5. I REQUEST A REPAYMENT SCHEDULE OF:	
a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse.)	a. 12 MONTHS OR LESS (Specify number of months)	6. I REQUEST PAYMENT OF THE ADVANCE PAY: a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS. 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.)	
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)		
\$	\$		

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-TAN-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. NOT PRIOR TO _____ (date) WHICH IS 31 - 90 DAYS BEFORE PCS c. 61 - 180 DAYS AFTER REPORTING TO NEW PDS	
b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$	b. 13 - 24 MONTHS (Specify number of months)				
\$	\$				
18. APPROVING OFFICIAL NAME (Last, First, Middle Initial)		19. SIGNATURE OF OFFICIAL			
20. TITLE		21. GRADE		22. DATE (YYMMDD)	

PCS ADVANCE REQUEST FORM

JA

(Privacy Act: Authority: AR 37-106, Chapter 5) Purpose: To obtain information about individual's travel. Uses: Posting information to IATS/ DD 1588/Computer of advance travel. Disclosure: Mandatory. Will be denied payment if requested information is not provided.

For prompt payment of your advance payments, please complete and submit this form thru S1 to Finance up to **30 DAYS before**, but **not less than 10 DAYS prior to your DA 31 sign out date**. All travel advances are **paid @ 80%** with the money being **direct deposited** into your current military pay account. DLA is part of the travel advance. (Requests not received timely will not be processed) Entitlement will not be lost, but monies will be paid when settlement voucher is processed at new station. DFAS-St. Louis inputs/pays travel advances; local DMPO has no control of actual payment date. There are **NO** cash or check payments. Advance Pay Requests are processed separately from travel advances and payment will be processed based on your depart date.

Name: _____ SSN: _____ Sign Out Date: _____

Rank: _____ Present Unit: _____ Daytime Phone #: _____

Leave or home of record address: Street _____
 (No local or unit addresses, please; Advice of City, ST, Zip _____
 Payment sent to this address) (NOTE: Please, no foreign address)

Spouse's Name _____ DOM _____ Is Spouse Military _____ If Yes, SSN _____

Please list Name and date of birth (day, month, year) of children relocating:			
Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____

PLEASE READ CAREFULLY AND COMPLETE ALL SPACES ENTER YES, NO or N/A (not y or n) IN THE SPACES PROVIDED BELOW AS APPLICABLE TO YOUR PCS.

1) Are you requesting an advance for your travel? _____
 Is any of your travel going to be by POV? _____
 If yes, then POV travel is from (City, ST) _____ To (City, ST) _____
 If traveling to overseas or traveling by other than POV travel:
 Are you buying your own ticket _____ Cost \$ _____ or are your tickets being issued to you _____
 Ticket you purchased * is from (City, ST) _____ To (City, ST, Country) _____
 Issued tickets are from (City, ST) _____ To (City, ST or Country) _____
 *Must provide proof of purchase for advance

2) Are your dependents relocating? _____ What date? _____
 Are you requesting an advance for your dependent travel? _____
 Is any of their travel by POV? _____ If yes, number of POVs used for this PCS move _____
 Their POV travel is from (City, ST) _____ To (City, ST) _____
 If dependents are traveling to overseas or are traveling by other than POV travel:
 Are you buying your dependents tickets _____ Cost \$ _____ or are they being issued to you _____
 Tickets you purchased * are from (City, ST) _____ to (City, ST or Country) _____
 Issued tickets are from (City, ST) _____ to (City, ST or Country) _____
 *Must provide proof of purchase for advance

3) Are you requesting an advance for Dislocation Allowance (DLA)? _____
(No advance DLA is authorized for married soldier w/deferred travel for dependents OR if your family will not relocate within 60 days. No advance DLA will be given for single service members E-6 and below. Single Service Member's, E7 and above, must attach a statement that "government quarters will not be used, they intend to reside off post" to receive advance DLA.

4) Are you requesting an advance pay? _____ (If yes, must attach a completed DD 2560. No more than 1 month Basic Pay, less deductions, authorized on PCS out-processing. Pay advance is a separate EFT payment from travel advances.)

5) TDY enroute: Lodging daily cost _____ Meals (circle) Govt/Comm (Must attach DD 1610)

Soldier's Signature _____ Date _____
 Finance Clerk Signature _____ Date _____

REQUEST FOR TDY TRAVEL ADVANCE

Instructions: Please complete all personal data and mark the appropriate blocks. Before an advance can be paid, your orders must read: Travel advance is authorized and traveler does not have a government charge card. If this statement is not in the orders, you must attach a signed statement from the order approving official that the traveler does not have a Government sponsored charge card; (DFAS-DN Regulation 37-1, paragraph 100602). Submit this request, one copy of your orders, any amendments, and the signed memo (if applicable) to your servicing DFAS Travel Office. If you are traveling on *Invitational Travel Orders*, you are authorized a travel advance. The amount of the advance must be approved by the orders approving official and included on the invitational order. The advance will be limited to the authorized amount. LAW DOD FMR Vol. 9, Chapter 5 per 0504, personnel who are not eligible for a government travel card may obtain travel advances only via EFT.

PLEASE PRINT

NAME: _____ GRADE/RANK: _____ SSN# _____

DAYTIME NUMBER () _____ FAX NUMBER _____ E-MAIL _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SUPERVISOR/UA'S NAME _____ PHONE NUMBER () _____

1. Are you going TDY to a Lodging Success Program (LSP) area? If so, did you call the LSP number 1-800-GOARMY1? If a room was not available, enter your LSP non-availability control number # _____ NOTE: for Army personnel only.
2. If TDY is not to a LSP location, contact your servicing commercial travel office (CTO) for lodging arrangements.
3. What will you be paying for lodging per night (not including taxes)? \$ _____ How many nights will you require lodging? _____ Will you have multiple TDY points? If yes, how many nights will you stay at each area? List the TDY points and the nightly cost of lodging at each TDY point. _____
4. Are you going TDY to a military installation? If yes and a room is not available through the billeting office, enter your non-availability control number _____.
5. Will meals be provided for you at no cost? YES _____ NO _____. Will you be required to pay the surcharge rate for meals at a government dining facility? YES _____ NO _____.
6. Is a rental car authorized on your orders? YES _____ NO _____. DAILY RATE: \$ _____ You are required to make the arrangements through a government travel office (CTO).
7. Will you be driving your privately owned vehicle (POV) to the TDY point? YES _____ NO _____. If yes, you may be limited to the cost of round-trip airfare with constructed cab fare unless the orders authorize "POV as more advantageous".
8. Will you be required to pay for a registration/conference fee? If so, how much? \$ _____ Will any meals be included in the cost of the registration/conference fee? If yes, how many? _____.
9. Will you be taking leave before, during or after your TDY? If yes, what dates will you be on leave? _____.

ADDITIONAL COMMENTS: _____

DIRECT DEPOSIT IS THE MANDATORY METHOD OF PAYMENT FOR ADVANCES

EFT INFORMATION: (print clearly)

ENTER YOUR 9 DIGIT BANK ROUTING NUMBER _____

ENTER YOUR CHECKING OR SAVINGS ACCOUNT NUMBER _____

SELECT ONE: _____ SAVINGS ACCOUNT _____ CHECKING ACCOUNT

SIGNATURE AND DATE OF REQUEST

PRIVACY ACT STATEMENT: AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397. PRINCIPAL PURPOSE(S): Used for reviewing, and determining the amount of an authorized travel advance. SSN is used to maintain a numerical identification system for individual requests. ROUTINE USE: To substantiate a request for advance payment for official travel. DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

