

PCS SUPPLEMENTAL DEPENDENTS **TRAVEL SETTLEMENT INFORMATION**

1. Follow example on Fort Carson DMPO website
<http://www.carson.army.mil/organizations/dmpo.html>
2.
 - a. To update your mypay information
<https://www.dfas.mil/militaryseparations/HowtoupdatemyPay.html>
 - b. Directions:
 - i. Complete 1351-2,
 - a. Make sure Block 5 is marked Dependents and DLA. (must mark both, even if you have received the advance for DLA)
 - b. Complete Block 12, list all dependents in Block 12. Make sure to mark accompanied.
 - c. List prior duty station address in Block 13, or home address if SM is coming from AIT.
 - d. Examples for dependents who drove and flew can be found on the Fort Carson DMPO website.
 - e. If claiming TLE mark Block 5 and follow example to complete TLE worksheet DFAS 9098.
 - f. Sign Block 20A claimant signature and date Block 20B
 - g. Have someone from S3 shop sign as reviewer and date.
 - ii. Complete all Questions
 - iii. Reimbursable expenses are limited to actual travel days not to exceed authorized days.
 - c. You will need the following documents:
 - i. 1351-2(Travel Voucher).
 - ii. 1 Copy of orders and amendments. ****Note orders must state dependents yes***** If traveling from overseas location must be command sponsored.
 - iii. If family flew and Sm did not obtain tickets thru SATO/Carlson Wagonlit, include airfare receipts. (note if orders do not state IBA SM may not be reimbursed) Always get tickets thru SATO building 1525 to avoid out of pocket cost.
 - iv. TLE form completed to include hotel receipts for Fort Carson area or losing CONUS duty station. (if applicable)
 - v. Lodging receipts even ones purchased with GTCC.
 - vi. If lodging receipts are from Hotel.com, Expedia, Air BNB, SM will also complete a statement in Lieu of Receipt. (see forms)
3. Where to submit your travel Claim:
 - a. E-mail: DFAS-MILPCS@mail.mil (this is preferred method)
 - b. Travel Voucher Direct: through the smart voucher application
<https://smartvoucher.dfas.mil/voucher/>
4. Entitlements: For the latest information on entitlements please go to
<https://www.dfas.mil/militarymembers/travelpay/armypcs.html>

5. Reminders:

1. You will be reimbursed for authorized travel and lodging expenses only.
2. Your final settlement will be **EFT (Direct Deposit)**
3. Please make a **copy** of all paper work you submit for your file.
4. **Reimbursement will be paid on days traveled not to exceed days authorized.**
5. **SUBMIT ALL AIRAFRE AND LODGING RECEIPTS**

6. If you have any questions please call DFAS-ROME – 1-888-332-7366

For the forms you may access them online at:

<https://www.dfas.mil/militarymembers/travelpay/forms.html>

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT

Electronic Fund Transfer (EFT)
 Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.
NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.
 Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$

2. NAME (Last, First, Middle Initial) (Print or type)
 SMITH, JOHN

3. GRADE
 E5

4. SSN
 123-45-6789

5. TYPE OF PAYMENT (X as applicable)
 TDY
 PCS
 Dependent(s)
 Member/Employee
 Other TLE
 DLA

6. ADDRESS. a. NUMBER AND STREET
 MAIN STREET

b. CITY
 ANYWHERE

c. STATE CO **d. ZIP CODE** 11111

e. E-MAIL ADDRESS MILITARY OR CIVILIAN

7. DAYTIME TELEPHONE NUMBER & AREA CODE
 719-111-2222

8. TRAVEL ORDER/AUTHORIZATION NUMBER
 ORIGINAL ORDERS

9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

c. PAID BY

11. ORGANIZATION AND STATION
 UNIT, FORT CARSON

12. DEPENDENT(S) (X and complete as applicable)

ACCOMPANIED UNACCOMPANIED
 a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
 YES NO (Explain in Remarks)

d. COMPUTATIONS

15. ITINERARY

a. DATE YEAR b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)

c. MEANS/MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES

DATE YEAR	PLACE	MEANS/MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES
ARR	TLE ONLY				
DEP	TLE ONLY				
ARR					
DEP					
ARR	TLE ONLY				
DEP	TLE ONLY				
ARR					
DEP					
ARR	TLE ONLY				
DEP	TLE ONLY				
ARR					
DEP					
ARR					
DEP					

e. SUMMARY OF PAYMENT

- (1) Per Diem
- (2) Actual Expense Allowance
- (3) Mileage
- (4) Dependent Travel
- (5) DLA
- (6) Reimbursable Expenses
- (7) Total
- (8) Less Advance
- (9) Amount Owed
- (10) Amount Due

16. POC TRAVEL (X one) OWN/OPERATE PASSENGER

17. DURATION OF TRAVEL

12 HOURS OR LESS
 MORE THAN 12 HOURS BUT 24 HOURS OR LESS
 MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20. a. CLAIMANT SIGNATURE SM SIGNATURE

b. DATE CURRENT DATE

c. REVIEWER'S PRINTED NAME S3 OR UNIT REPRESENTATIVE

d. REVIEWER SIGNATURE REVIEWERS SIGNATURE

e. TELEPHONE NUMBER **f. DATE** CURRENT DATE

21. a. APPROVING OFFICIAL'S PRINTED NAME

b. SIGNATURE

c. TELEPHONE NUMBER **d. DATE**

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY

25. AUDITED BY

26. TRAVEL ORDER/AUTHORIZATION POSTED BY

27. RECEIVED (Payee Signature and Date or Check No.)

28. AMOUNT PAID

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://dpclb.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		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	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 CTO.

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 E5	2. LAST NAME SMITH	3. FIRST NAME JOHN	4. SSN 123-45-6789	5. PHONE NUMBER +1 (719) 111-2222
6. STREET ADDRESS MAIN STREET		7. CITY ANYWHERE	8. STATE CO	9. ZIP 11111
10. CURRENT UNIT ASSIGNMENT UNIT, FORT CARSON				11. PHONE NUMBER
12. MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DUAL MILITARY		13. IF MILITARY, SPOUSE'S SSN DUAL MIL	14. SPOUSE'S CURRENT DUTY STATION DUAL MIL ONLY	
15. DID YOU STAY IN OFF-POST LODGING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. STATEMENT OF NON-AVAILABILITY # N/A PRIVATIZED AT FT CARSON		(Without an SNA# from housing you are only authorized reimbursement for the on-post rate)

SECTION I - LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:

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

21. DATE HHG PICKED UP DATE	22. DATE HHG DELIVERED DATE IF APPLIES	23. DID YOU DO A DITY MOVE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24. IF YES, WHAT DATE? 180101
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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.

ADD ROW	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
	20180115	20180125	10	COLORADO SPRING	CO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$107.00	1	1	2
						<input type="checkbox"/> YES <input type="checkbox"/> NO				

32. DATE TERMINATED QUARTERS (IF APPLICABLE)	33. DATE ASSIGNED QUARTERS (IF APPLICABLE)
34. DEPARTURE DATE FROM OLD DUTY STATION	35. ARRIVAL DATE AT NEW DUTY STATION

I hereby certify that I was required to obtain temporary lodging for the days noted above:

36. DATE OF SIGNATURE 20180201	37. PRINTED NAME SM PRINTS NAME AND SIGNS	38. SIGNATURE
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THIS DEPOSIT WILL BE MADE ELECTRONICALLY TO YOUR PAYROLL DIRECT DEPOSIT ACCOUNT.

39. DATE OF SIGNATURE 20180201	40. TIME	41. PRINTED NAME OF FINANCE CLERK UNIT SOMEONE S3 AND SIGNS	42. SIGNATURE OF FINANCE CLERK
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43. COMMENTS

CLAIM FOR TEMPORARY LODGING EXPENSE

PRIVACY ACT STATEMENT

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10. CURRENT UNIT ASSIGNMENT UNIT, FORT CARSON				11. PHONE NUMBER
12. MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DUAL MILITARY		13. IF MILITARY, SPOUSE'S SSN DUAL MIL	14. SPOUSE'S CURRENT DUTY STATION DUAL MIL ONLY	
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				CITY	STATE			SM	OVER 12	UNDER 12
	20180115	20180125	10	COLORADO SPRING	CO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
						<input type="checkbox"/> YES <input type="checkbox"/> NO				

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43. COMMENTS

TLE FACT SHEET

TLE partially offsets the added living expenses within CONUS incurred by a member and dependents incident to a PCS

It is a reimbursement for lodging at your losing or gaining station or combination of both - not to exceed 10 days maximum (see the JFTR, U5710, B. Temporary Increase – for any exceptions)

You are authorized 10 days of TLE on CONUS to CONUS moves or OCONUS to CONUS moves

CONUS to OCONUS moves - up to 5 days maximum

You may only certify TLE if you have completed your stay

You must have:

Itemized receipts for lodging; original lodging receipt with a zero balance paid in full.

Certificate of Non-Availability is no longer required since it was recently privatized.

Daily lodging ceiling and M&IE rate:

To determine your daily lodging ceiling and M&IE rate you multiply the applicable percentage in the table below by the applicable locality lodging and M&IE rates.

No. of Eligible Persons Occupying Temporary QTRS	Percentage Applicable
Member or 1 dependent:	65%
Member and 1 dependent, or 2 dependents only:	100%
For each additional dependent age 12 and over, add:	35%
For each additional dependent under age 12, add:	25%

***NOTE: The above percentage factors are used for both lodging and M&IE unless:
1. For member-married-to-member couples, each spouse begins with 65%. Each dependent then increases the percentage for the member claiming that dependent.***

For PER DIEM rates can be found at <http://www.defensetravel.dod.mil/> - Travel Regulations and Allowances – PER DIEM – Quick Links and Resources - PER DIEM Rates Query.

Completing DFAS 9098

Blocks 1-15 as needed. Special note block 12 dual military you must also complete blocks 13 and 14

Section 1 you can keep adding rows for your dependents who traveled. If you have a civilian spouse list here first and then all other dependents who traveled

Section II lodging Information. If the nightly rate is the same use one line to cover all dates. Include the daily room rate and taxes. No pet fees or other charges are reimbursable.

Block 29 make sure to mark yes or no. If you stayed with friends or family you can claim meals only.

Blocks 36-38 completed by SM

Blocks 39-42 by your local finance team. Come to the briefing at 0900 to have this signed, do not go to BLDG