

Air Education and Training Command

Replenishing the Combat Capability of America's Air Force



MAXWELL AFB
FINANCE
WELCOMES ACSC

Points of Contact:

Maxwell.Finance@us.af.mil

U.S. AIR FORCE

Integrity - Service - Excellence



THE PACKAGE



- Your package should contain:
 - DD 1351-2 TRAVEL VOUCHER
 - Personnel from a Data Masked location please identify yourself to Finance personnel.
 - AF Form 594 Authorization to Start, Stop, Change BAQ
 - PDT Arrival Worksheet
 - PDT Voucher Checklist
- Optional Forms
 - TLE Certification
 - Lost Receipt Form
 - Direct Deposit
- **You must use a blue or black pen.**

****Reminder****

****ALL FORMS ARE MANDATORY TO FILL OUT****



AF Form 594 BAH



APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing.

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH

PART A - IDENTIFICATION & DUTY LOCATION

LODGING OFFICIAL

1. NAME (Last, First, MI)

Doe, John

2. SSN

123-45-6789

3. GRADE

O-1

4. PHONE

5A. DUTY LOCATION (Base, State, ZIP Code or Country)

ACSC MAXWELL AFB, AL 36112

5B. E-MAIL ADDRESS

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS

QUARTERS ARE NOT ASSIGNED DATE: _____

ADEQUATE QUARTERS EFFECTIVE DATE: ASSIGNED TERMINATED UNIT # _____

INADEQUATE QUARTERS EFFECTIVE DATE: ASSIGNED TERMINATED UNIT # _____

TRANSIENT QUARTERS OCCUPIED - UNIT # _____

EFFECTIVE DATES FROM: _____ TO: _____

PART B - MARITAL/DEPENDENT STATUS

6 SINGLE, NO DEPENDENTS SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A CIVILIAN MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

TITLE

Mark applicable block

SIGNATURE

DATE

DIVORCED _____ (Date) LEGALLY SEPARATED _____ (Date)



AF Form 594 Cont.



PART B - MARITAL/DEPENDENT STATUS			
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER			
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPARATED _____ (Date)			
TITLE		SIGNATURE	
 		Click to sign	
DATE		 	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ .00 PER MONTH FOR DEPENDENT SUPPORT			
BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): 12 Jul '07			
<i>Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).</i>			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
Doe, Jenny	1797 Fir Tree Blvd Prattville, AL 36066	Child	12 Jul '07
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING			
NAME	SSN	BRANCH OF SERVICE	STATION
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport			
JD CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).			
(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court).			
I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. _____			
I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.			
MEMBER'S SIGNATURE			DATE
Click to sign John Doe			23 Mar 12

List all dependents



DD Form 1351-2, Travel Voucher



1. SPLIT DISBURSEMENT (indicate amount to be split disbursed to the GTC, if none enter zero or if you are using a CSA card you'll need to put 100%)
2. Fill in personal information.
3. Check blocks in part 5 that apply to your claim.

1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> 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.						
		<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:				\$ <u>0.0</u>		
2. NAME (Last, First, Middle Initial) (Print or type) Jane, Doe			3. GRADE O5		4. SSN 123-45-6789		5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS. a. NUMBER AND STREET 550 E Maxwell Blvd			b. CITY Maxwell AFB		c. STATE AL		d. ZIP CODE 36112	
e. E-MAIL ADDRESS Jane.doe.21@us.af.mil							<input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s)	
7. DAYTIME TELEPHONE NUMBER & AREA CODE (334) 884-1234			8. TRAVEL ORDER/AUTHORIZATION NUMBER AK-0000		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00		10. FOR D.O. USE ONLY	
11. ORGANIZATION AND STATION ACSC							a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS 	
<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED					13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 Main St Edwards CA 96818			
a. NAME (Last, First, Middle Initial) Doe, John		b. RELATIONSHIP Spouse	c. DATE OF BIRTH OR MARRIAGE 13Mar97					
Doe, Jenny		Child	12Jun03					
					14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			

NOTE: Make sure to fill out blocks 13, 14



Travel Voucher



4. Do not fill out itinerary at this time. Please wait to complete till the mass briefing

NOTE 1: If you traveled from **OCONUS** please identify yourself to the FM representative that will be in the classes prior to the mass brief.

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2017	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
10 Jul	DEP	Edwards AFB, CA 96818	PA			
15 Jul	ARR	Maxwell AFB AL 36112		MC		
	DEP					

Do not complete

NOTE 2: You do not need to claim a lodging amount as you will receive a flat rate per-diem of \$145/day and \$0.18/mile per vehicle (Maximum 2 Vehicles)



PDT ARRIVAL WORKSHEET



Version 4 Jan 2014

PDT ARRIVAL WORKSHEET

ORG Code _____

Authority: 5 USC Section 5701, 37 USC Section 404-427, 5 USC Section 301, DoDFMR 7000.14-R, Vol. 9, and EO 9397
Routine Use: Disclosures are permitted under 5 USC 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the IRS for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.
Disclosure: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed

SSN 999 - 99 - 9999 Name DOE, JOHN Grade O4
Unit AWC Office Symbol _____ Duty/Home Phone 953-****

Final out date DATE Port call date DATE IF COMING FROM OVERSEAS Date departed last duty station DATE
Date arrived on station (DAS) DATE Was leave taken upon arrival? Yes No
If applicable, explain delays between final-out and port call / DDLDS (e.g. mass out processing, leave taken prior to departure, holidays, etc.): If holiday, down day or act of God/nature precluded you from leaving your last PDS explain here otherwise you will be charged leave for excessive days.

PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS

I certify that (please initial beside the statement(s) that apply or put N/A):

- My dependent(s) is/are residing in Gov Family Quarters (NOTE: Privatized Housing is not Gov Quarters)..... N/A
My dependent(s) was/were assigned to quarters on..... N/A
- I have a **unique situation** not mentioned (e.g. dependents are in various locations, moved at personal expense, etc.):
Please explain **unique situation** here, if applicable:

3. I certify I currently reside in: Dorms Gov't Base Housing Privatized Base Housing Off-base
 Billeting/Temp Lodging Effective Date: DATE MOVED Government Leased Housing (Attaché Personnel)
NOTE: * Billeting/TLF is not classified as "Gov't Base Housing".

4. The following information is true and correct:

<u>NAME OF SPOUSE</u>	<u>SPOUSE</u>	<u>DATE OF MARRIAGE</u>
Name of Primary Dependent	Relationship	Date of Marriage/Birth

***If claiming ONLY a child as primary dependent, whom is the child residing with (ex-spouse, grandparent, etc)?

NOTE: *If child resides with a Military member, please provide his/her Name, SSN, and duty location below.

Name: _____ SSN: _____ - _____ - _____ Duty Location: _____

PART B: TRAVEL CERTIFICATION STATEMENTS

Fill in personal information and answer all questions. If you don't know what to put leave it blank and wait for the mass briefing.



Remember To Include



Things We Need:

1. Orders front and back
2. Receipts for items claimed on voucher
3. TLE lodging receipts
4. BAH Waiver (if applicable)
5. Direct Deposit Form (Guard/Res)
6. Dependency Documents (Marriage Cert/Birth Cert, etc. if changing BAH entitlement)
7. Please have all copies ready to hand over when you report to the mass brief



FAQs



- Q: My dependents are not here, can I get BAH for their location?
 - A: **Only** if you have an **approved** BAH waiver. (Contact MPS for questions on submitting applications)
- Q: Can I get reimbursed for my rental car?
 - A: Only if it is specifically authorized in your orders.
- Q: When will my voucher pay out?
 - A: In approximately 21 days from today.
- Q: How many days of TLE do I get?
 - A: Up to 10 days total = Losing base + Maxwell lodging = 10 days.
- Q: How do I claim TLA?
 - A: Contact the housing office at the losing OCONUS base to file.
- Q: I am a Guard/Reserves, how do I submit my voucher?
 - A: Submit your voucher to your home station.