



DEPARTMENT OF THE AIR FORCE
42D AIR BASE WING (AETC)
MAXWELL AIR FORCE BASE ALABAMA



MEMORANDUM FOR AIR COMMAND STAFF & AIR WAR COLLEGE STUDENTS

FROM: 42 CPTS/CC

SUBJECT: Finance In-processing Package

1. Welcome to Maxwell Air Force Base! Our goal is to provide world-class financial service so you can focus on your new job and not your pay. If you are attending one of our Air University schools in a permanent party status, a mass in-processing (including all base support agencies) will be scheduled for your class. Similar briefings are conducted for other newly assigned permanent party personnel. Contact your orderly room for more times/locations.
2. To expedite your in-processing and ensure your pay/entitlements are accurately updated, we need your help. Various forms will be collected during in-processing including your travel voucher, copies of orders, and other documents. I highly encourage you to complete as much information as possible prior to the in-processing briefing due to the large number of attendees.
3. Please print and bring all required forms and documents below (if applicable):
 - a. One copy of orders and amendments (front and back; required)
 - b. One copy of the Basic Allowance for Housing (BAH) waiver (if applicable)
 - c. One copy of all receipts (**must be an airfare receipt cannot be itinerary only or reservation**)
 - d. FSM Form 2231, Faststart Direct Deposit (if applicable)
 - e. DD Form 1351-2, Travel Voucher or Subvoucher
 - f. PDT Arrival Worksheet
 - h. Temporary Living Expense (TLE) Certification Statement
 - i. AF Form 594, Application and Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ) or Dependency Redetermination with supporting documentation (marriage certificate, divorce decree, youngest child's birth certificate, etc) (if applicable)
 - j. Financial Management Customer Service Survey

The attached package was developed to assist you in filling out these forms. We will also have an on-site finance team to answer questions and collect all required documents.

4. Again, welcome to the "Educational and Leadership Center of the Air Force"! If you have any questions, please contact our office at 334-953-3288 or email us at maxwell.finance@us.af.mil, or during our business hours M-T-W-F 0830 to 1600 and Th 0830-1200 for assistance.

WILLIAM M. NEECE, Major, USAF
Commander, 42d Comptroller Squadron

Attachment
Instructions for Finance Inprocessing

INSTRUCTIONS FOR COMPLETING:

Direct Deposit (FSM Form 2231)

PURPOSE: *You have the option of sending your travel payments to the same account as your military pay or to a different account. This form is used to designate where your travel payments are sent. If you want your travel pay to continue going to the same account as your military pay, you may skip this form and simply fill out the HQ AU Travel Pay Electronic Funds Transfer (EFT) Memorandum outlined in the next section.*

1. **EMPLOYEE INFORMATION** *(Self-explanatory. Always complete this section)*
2. **TYPE OF ACCOUNT/PAYMENT** *(Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)*
3. **DIRECT DEPOSIT ACCOUNT INFORMATION**

ROUTING TRANSIT NUMBER *(your financial institution's 9-digit routing transit number)*

ACCOUNT NUMBER *(your account number at your financial institution)*

ACCOUNT TITLE *(the depositor's name on the account at the financial institution)*

FINANCIAL INSTITUTION NAME *(the name of the institution to which payments are to be directed)*

The routing number must consist of 9 digits.

The image shows a sample check from Anyplace Bank. The check is dated 12/31/20 and is payable to the order of Paul Maple. The routing transit number (RTN) is 123456789, which is circled in blue and labeled 'RTN'. An arrow points from this circled number to the instruction 'The routing number must consist of 9 digits.' located above the check. The check also shows the account number 1234 and the amount \$1234.00. The check is signed by Lillian Maple.

4. **ALLOTMENT INFORMATION** Skip this portion.
5. **AUTHORIZATION** *(Sign and date the request form after you have carefully read the instructions and Privacy Act Statement)*

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc.). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER **1 2 3 4 5 6 7 8 9**

EMPLOYEE NAME
(as on payroll records)

Doe John

(Last, First, Initials)

TELEPHONE NUMBER (WORK)

(HOME)

2. TYPE OF ACCOUNT

☒ Checking

☐ Savings

TYPE OF PAYMENT

☒ Net Pay

☒ Travel

☐ Other Federal
employment related
payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.

ROUTING TRANSIT
NUMBER

1 2 3 4 5 6 7 8

9

Check Digit

ACCOUNT NUMBER

2 2 9 9 5 5

ACCOUNT TITLE **Doe, John**
(Account Holder's Name)

FINANCIAL INSTITUTION NAME **USAA**

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT

(Check one)

☐ Savings (Whole dollar amounts only)

☐ Discretionary or Third Party

TYPE OF ACCOUNT

(Check one)

☐ SAVINGS

☐ CHECKING

ACTION

(Check one)

☐ START

☐ CANCEL

☐ CHANGE

AMOUNT

(Check one)

☐ INCREASE TO:

☐ DECREASE TO:

New Total \$

ALLOTTEE NAME

(Person/company who
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

5. AUTHORIZATION

*

John Doe
EMPLOYEE'S SIGNATURE

23 Mar 12

DATE

6. AGENCY USE:

INSTRUCTIONS FOR COMPLETING:

DD Form 1351-2, *Travel Voucher or Subvoucher*

PURPOSE: *Form is used to pay and document travel and travel related expenses.*

1. PAYMENT (*payment method already indicated*)

SPLIT DISBURSEMENT (*indicate amount to be split disbursed to the Government Travel Card, if none enter zero or if you are using a CSA card you'll need to put 100%*)

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 <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.			
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ \$1,230.00			
2. NAME (Last, First, Middle Initial) (Print or type) Doe, John		3. GRADE OT	4. SSN 123-45-6789	5. TYPE OF PAYMENT (X as applicable) TDY <input type="checkbox"/> Member/Employee PCS <input checked="" type="checkbox"/> Other Dependent(s) <input type="checkbox"/> DLA	
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 <i>Your email address here</i>					10. FOR D.O. USE ONLY
7. DAYTIME TELEPHONE NUMBER &		8. TRAVEL ORDER/AUTHORIZATION	9. PREVIOUS GOVERNMENT PAYMENTS/		a. D.O. VOUCHER NUMBER

15a. DATE (*enter year travel began*)

FIRST BLOCK: Enter last PDS departure date on the left hand side of **DEP**

SECOND BLOCK: Enter arrival date at new PDS on the left hand side of **ARR**

15b. PLACE

FIRST BLOCK: Enter last PDS on the right hand side of **DEP**

SECOND BLOCK: Enter Maxwell AFB, AL on the right hand side of **ARR**

15c. MEANS/MODE OF TRAVEL (*enter "PA" when mode of travel was private vehicle or rental vehicle*)

15d. REASON FOR STOP (*Enter "MC" for Mission Complete*)

15a. DATE
 Enter year travel began

Enter last PDS

c. MEANS/MODE OF TRAVEL
 Enter "PA" when mode of travel was private auto rental car.

15a. DEP
 Enter departure date from last PDS

15a. ARR
 Enter arrival date at new PDS

15. ITINERARY			MEANS/MODE OF TRAVEL	REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
2007						
10 Jul	DEP	Peterson AFB, CO	PA			
20 Jul	ARR			MC		
	DEP	Maxwell AFB, AL				
	ARR					
	DEP					

Enter Maxwell AFB, AL

d. REASON FOR STOP
 Enter "MC" for Mission Complete

16. POC TRAVEL (*select corresponding block*)

17. DURATION OF TDY TRAVEL (*leave blank*)

18. REIMBURSABLE EXPENSES (*list expenses incurred during PCS, i.e., tolls, Travelers check,*)

19. GOVERNMENT/DEDUCTABLE MEALS (*leave blank*)

20a. CLAIMANT SIGNATURE (*always complete this section*)

20b. DATE (*always complete this section*)

If the Dependents traveled separately, continue below otherwise skip to the PCS ARRIVAL WORKSHEET instructions please.

Blocks 1 through 4, 6 through 14, and 20 will be identical to your voucher.

BLOCK 5: TYPE OF PAYMENT (*indicate payment type, mark Dep, PCS and DLA*)

BLOCK 15: ITINERARY (*Complete only if last PDS was stateside and mode of travel was private auto or rental car, otherwise leave blank and a Finance technician will assist you completing the itinerary*)

15a. DATE (*enter year travel began*)

FIRST BLOCK: Enter last PDS departure date on the left hand side of **DEP**

SECOND BLOCK: Enter arrival date at new PDS on the left hand side of **ARR**

15b. PLACE

FIRST BLOCK: Enter last PDS on the right hand side of **DEP**

SECOND BLOCK: Enter Maxwell AFB, AL on the right hand side of **ARR**

15c. MEANS/MODE OF TRAVEL (*enter “PA” when mode of travel was private vehicle or rental vehicle*)

15d. REASON FOR STOP (Enter "MC" for Mission Complete)

The diagram illustrates the 15. ITINERARY form with various annotations and arrows indicating data entry points:

- 15a. DATE:** Enter year travel began. Points to the DATE column header.
- 15a. DEP:** Enter departure date from last PDS. Points to the 10 Jul entry in the DATE column.
- 15a. ARR:** Enter arrival date at new PDS. Points to the 20 Jul entry in the DATE column.
- Enter last PDS:** Points to the Peterson AFB, CO entry in the PLACE column.
- Enter Maxwell AFB, AL:** Points to the Maxwell AFB, AL entry in the PLACE column.
- c. MEANS/MODE OF TRAVEL:** Enter "PA" when mode of travel was private auto rental car. Points to the PA entry in the MEANS/MODE OF TRAVEL column.
- d. REASON FOR STOP:** Enter "MC" for Mission Complete. Points to the MC entry in the REASON FOR STOP column.

The form itself is structured as follows:

15. ITINERARY		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		g. MEANS/MODE OF TRAVEL	h. REASON FOR STOP	i. LODGING COST	j. POC MILES
3. DATE	2007						
10 Jul	DEP	Peterson AFB, CO		PA			
20 Jul	ARR				MC		
	DEP	Maxwell AFB, AL					
	ARR						
	DEP						

16. POC TRAVEL (*select corresponding block*)

17. DURATION OF TDY TRAVEL *(leave blank)*

20. REIMBURSABLE EXPENSES (list expenses incurred during PCS, i.e., tolls, Travelers check,)

PDT ARRIVAL WORKSHEET

PURPOSE. Form is use to certify PCS arrival entitlements. This information is used to reflect your travel times, leave days, update your housing location/status, determine leave dates, dependents certification, and dislocation allowance. This information is critical for ensuring your new duty location is updated accurately --- and avoid over/under-payments from your last duty station.

PDT ARRIVAL WORKSHEET		ORG Code _____						
<small>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</small>								
SSN <u>999 - 99 - 9999</u>	Name <u>Doe, John</u>	Grade <u>O-4</u>						
Unit <u>ACSC</u>	Office Symbol _____	Duty/Home Phone <u>953-9999</u>						
Final out date <u>MMDDYY</u> Date departed last duty station <u>MMDDYY</u> Port call date <u>MMDDYY</u> If coming from overseas _____								
If applicable, explain delays between final-out and port call / DDLDS (e.g. mass out processing, leave taken prior to departure, holidays, etc.): _____								
Date arrived new station _____ Date "Signed into" station/available for duty _____ Was leave taken upon arrival? Yes <input type="checkbox"/> No <input type="checkbox"/>								
PART A. BAH/OHA/FSH CERTIFICATION STATEMENTS								
<i>I certify that (please initial beside the statement(s) that apply or put N/A):</i>								
1. My dependent(s) is/are residing in Gov Family Quarters (NOTE: Privatized Housing is not Gov Quarters)..... <u>N/A</u> My dependent(s) was/were assigned to quarters on..... <u>N/A</u>								
2. I have a <i>unique situation</i> not mentioned (e.g. dependents are in various locations, moved at personal expense, etc.): Please explain <i>unique situation</i> here, if applicable: _____								
3. I certify I currently reside in: <input type="checkbox"/> Dorms <input type="checkbox"/> Gov't Base/Licensed Housing <input type="checkbox"/> Privatized Base Housing <input type="checkbox"/> Off-base <input type="checkbox"/> Billeting/Temp Ldg Effective Date: <u>MMDDYY</u> NOTE: * Billeting/TLF is not classified as "Gov't Base Housing".								
4. Dependent certification: Name of Spouse _____ SPOUSE _____ MMDDYY _____								
<table border="0" style="width: 100%;"><tr><td style="width: 40%;">Name of Primary Dependent</td><td style="width: 30%;">Relationship</td><td style="width: 30%;">Date of Marriage/Birth</td></tr><tr><td colspan="3"><small>***If claiming ONLY a child as primary dependent, whom is the child residing with (ex-spouse, grandparent, etc)?</small></td></tr></table>			Name of Primary Dependent	Relationship	Date of Marriage/Birth	<small>***If claiming ONLY a child as primary dependent, whom is the child residing with (ex-spouse, grandparent, etc)?</small>		
Name of Primary Dependent	Relationship	Date of Marriage/Birth						
<small>***If claiming ONLY a child as primary dependent, whom is the child residing with (ex-spouse, grandparent, etc)?</small>								
NOTE: *If child resides with a Military member, please provide his/her Name, SSN, and duty location below.								
Name: _____ SSN: _____ Duty Location: _____								
PART B: DISLOCATION ALLOWANCE (DLA) CERTIFICATION STATEMENTS								
NOTE: * DLA is <u>not</u> payable to first duty assignment for single members (JTR 5442.3.1).								
<i>I certify that (Please initial beside the applicable item(s))</i>								
1. I am married to another military member and we relocated at (Same time Separate times)..... <u>N/A</u> a) We lived in the (Same Different) household at old PDS..... <u>N/A</u> b) We live in the (Same Different) household at new PDS..... <u>N/A</u> c) We were stationed at different PDSs before relocating to new PDS..... <u>N/A</u> d) We married en route to new PDS (not married at last PDS)..... <u>N/A</u>								
2. Single or unaccompanied members with dependents must certify they will not be assigned permanent Gov't quarters to receive Single rate DLA (Gov't quarters includes: Dorms, Gov't base housing, Gov't leased housing): a) I am E4-or-above w/3+ yrs service w/o dependents and will not be assigned permanent Gov't qtrs (see note 1): <u>N/A</u> NOTE 1: Mfr whose dependent(s) have not/will not relocate are considered "w/o dep's" for DLA purposes. b) I am E4-or-below w/less than 3 yrs service w/o dependents and will not be assigned permanent Gov't qtrs. (see note 2): <u>N/A</u> NOTE 2: E4 and below w/less than 3 yrs service w/o dependents requires a letter signed by the Commander/Designee at new duty station.								
PART C: *****OCONUS ONLY*****								
Date Arrived in Country: _____ JTR Location: _____ <u>N/A</u>								
<i>I certify that (please fill in the blank or initial, as applicable, beside the statement(s) that apply or put N/A):</i>								
1. I traveled with _____ dependents authorized on my PCS orders.								
2. I am claiming _____ dependents, authorized on my orders and living with me for COLA purposes. (NOTE: report changes to the FSO immediately)								
3. I am currently serving an Accompanied/Unaccompanied Tour _____ (if Unaccompanied, no COLA for dependents at PDS)								
I certify the above information is true and correct:								
Signature: _____ Date: _____								
Version 1 Nov '17								

INSTRUCTION FOR COMPLETING:

TEMPORARY LODGING EXPENSE (TLE) CERTIFICATION STATEMENT

PURPOSE. *Use this form to claim lodging reimbursement at last PDS (only if CONUS PDS), designated location last PDS*

- 1. SPLIT DISBURSMENT** *(enter amount to be split disbursed)*
- 2. NAME** *(always complete this section)*
- 3. GRADE** *(always complete this section)*
- 4. SSN** *(always complete this section)*
- 5. LOSING CONUS PERMANENT DUTY STATION** *(always complete this section)*
- 6. DATE CLEARED GOVERNMENT QUARTERS** *(always complete this section)*
- 7. DATE OF DEPARTURE** *(always complete this section)*
- 8. DATE HOUSEHOLD GOODS PICKED UP** *(always complete this section)*
- 9. DATES OF LODGING** *(always complete this section)*

TLE CLAIM FOR *(always complete this section)*

PLACE OF LODGING *(always complete this section)*

COST PER NIGHT *(always complete this section)*

10-18 *(complete for each every different occurrence)*

19. ARE MARRIED TO ANOTHER MILITARY MEMBER? *(always complete this section if applicable)*

20. CLAIMANT SIGNATURE *(always complete this section)*

21. FSO USE ONLY – DATE RECEIVED *(leave blank)*

INSTRUCTION FOR COMPLETING:

AF Form 594, Application and Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ) or Dependency Redetermination

PURPOSE. Form is use to certify BAH entitlement

PART A – IDENTIFICATION & DUTY LOCATION

1. **NAME** (always complete this section)
2. **SSN** (always complete this section)
3. **GRADE** (always complete this section)
4. **PHONE** (enter duty phone)
5. **DUTY LOCATION** (enter Maxwell AFB, AL 36112)

PART B- MARITAL/DEPENDENTS STATUS

(If Married, effective date is DOM and DOM goes in blk. 8d)

(If Spouse is Guard/Reserve, then your spouse is considered a civilian for pay purposes)

6. (select applicable item(s))
7. Complete if applicable
8. Complete if applicable

If you are claiming a dep in your	8. I <input checked="" type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date DOM: 27 Jun 92)			
	<small>Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)</small>			
	(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
	Doe, Jane	142 Main St Maxwell AFB, AL 36113	Spouse	DOM: 27 Jun 92

The date you acquired that dep, DOM for spouse, DOB for child

Their full name

The physical address the dependent is residing at.

Make sure to list all dependents

DOM for spouse
DOB for child

9. Complete if applicable

PART C- MARITAL/DEPENDENTS STATUS

Complete if receiving with dependent rate BAH, otherwise leave blank

PART C- MEMBERS CERTIFICATION (For members with dependents)	
<input checked="" type="checkbox"/> I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport	
CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)	
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 BAQ. 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 Accounting and Finance Office (AFO). 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
SIGNATURE SIGN HERE>>>> Doe, Jane <<<<SIGN HERE	30 Apr 12

MEMBER'S SIGNATURE (always complete this section)

DATE (always complete this section)

With an "X" and your initials you are certifying you provide adequate support for your dependents