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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:

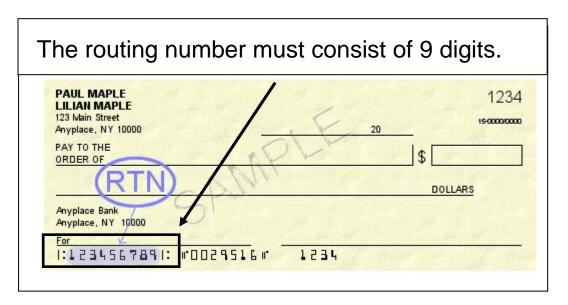
Direct Deposit (FSM Form 2231)

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)



- 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 X POSIT

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 relimbursement, 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 - tee pretruenant on back of form.

The second contract of	a sarings of auternationary anothern - see instruction	Fon back of form.
1 EMPLOYEE INFORMATI	ION	
(SSN) EMPLOYEE PAYRO	LL IDENTIFICATION NUMBER 123456	6 7 8 9
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EMPLOYEE las on payroli		
las en baltan	(Last, First, Initials)	
TELEPHONE NUMB	• • • • • • • • • • • • • • • • • • • •	(HOME)
2. TYPE OF ACCOUNT	3 DIRECT DEPOSIT ACCOUNT INFORMAT	ION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for
Checking	Biotments) A voided personal check/sheredra section. See instructions on back of this form.	If they be attached in lieu of completing this
Savings		
	ROUTING TRANSIT 1 2 3 4 5 6 7	18 9
TYPE OF PAYMENT	NUMBER	Check Digit
Not Pay	ACCOUNT NUMBER 2 2 9 9 5 5	
Travel	ACCOUNT TITLE Doe, John	
Other Federal	(Account Holder's Name)	
employment related	FINANCIAL INSTITUTION NAME USA	ΔΔ
4. ALLOTMENT INFORMAT	THANGSE INSTITUTION NAME	11
TYPE OF ALLOTT (Check one)	bril to start, concel or change the amount of a cavings or dis	ACTION AMOUNT
(Check one) Savings (Whele dollar Discretionary or Third	amounts only) SAVINGS	(Check one) (Check one) STABL (NORTHERSE TO: DECREASE TO: CHANGE New Total S
ALLOTTEE NAME (person/company v will receive allotme ALLOTTEE'S ROU		
5 AUTHORIZATION	0 00	
	John Dog	23 Mar 12
* EMP	PEE'S SIGNATURE	DATE
6. AGENCY USE:		Direc

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%)

100									
	TRAVEL VOUCHER O		complet pencil.	ting form. Use If more space	tement, Penalty Sta e typewriter, ink, on e is needed, continu	r ball Je in	l point pen. PRE remarks.	SSH	ARD. DO NOT use
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I		signate a payment that equal							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ı		e following amount of this	reimbursement dire	ectly to the Gov	vernment Travel Ch	arge	Card contractor:	\$	\$1,230.00
	2. NAME (Last, First, Middle Initial) (Print or	r type)	3. GRADE	4. SSN		5.	TYPE OF PAYMEN	T (X a	s applicable)
	Doe, John		ОТ	123-4	15-6789		TDY	\checkmark	Member/Employee
ı	6. ADDRESS. a. NUMBER AND STREET	b. CITY	•	c. STATE	d. ZIP CODE	V	PCS	П	Other
ı	550 E. Maxwell Blvd	Max	velIAFB	AL	36112		Dependent(s)	\checkmark	DLA
ı	e. E-MAIL ADDRESS Your email add	dress here				10	FOR D.O. USE O	NLY	·
I	7. DAYTIME TELEPHONE NUMBER & 8	8. TRAVEL ORDER/AUTHORIZ	ATION 9. PREVIO	OUS GOVERNM	ENT PAYMENTS/	9	. D.O. VOUCHER N	NUMB	ER

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

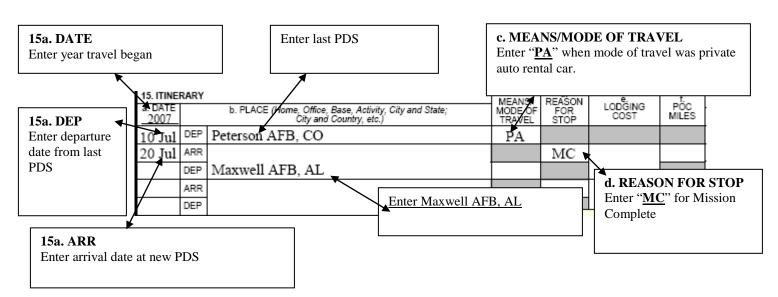
FIRST BLOCK: Enter last PDS departure date on the left hand side of **DEP SECOND BLOCK:** Enter arrival date at new PDS on the left hand side of **ARR**

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)



- **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)

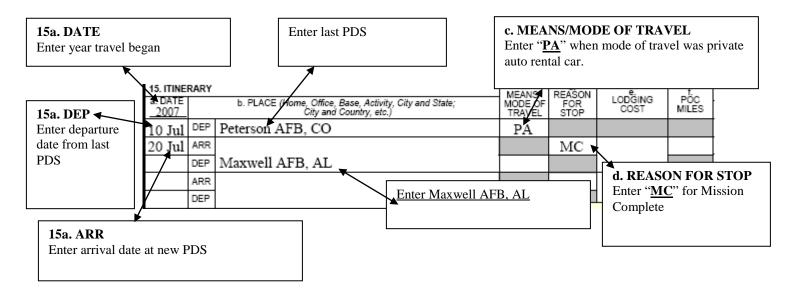
FIRST BLOCK: Enter last PDS departure date on the left hand side of **DEP SECOND BLOCK:** Enter arrival date at new PDS on the left hand side of **ARR**

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)



- **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 ARRIVAI	L WORKSHEET	ORG	Code
Routine Use: Disclose travel allowances, whi	ares are permitted un ch are subject to Fed	ection 404-427, 5 USC Section 301, Dol der 5 USC 552a(b), Privacy Act of 1974 eral income taxes, and for any DoD "Bl- furnish the information requested may re	 as amended. In addition, in anket Routine Use" as publisi 	nformation may b hed in the Federa	il Register.
SSN _999	999999	Name _Doe, John		Gr	ade _O-4
UnitACS	c	Office Symbol	Duty/Home Ph	one953-9	999
oberseas_ If applicable, exp departure, holida	olain delays betw sys, etc.):		<i>DLDS</i> (e.g. mass out p	rocessing, le 	ave taken prior to
Date arrived new taken upon arriv		Date "Signed into" sta	ition/available for dut	у	Was leave
PART A. BAH/	OHA/FSH CE	RTIFICATION STATEM	ENTS		
My dependent(s) My dependent(s) I have a unique s	is/are residing in (was/were assigne	the statement(s) that apply or progover Family Quarters (NOTE: Priva d to quarters on toned (e.g. dependents are in varioure, if applicable:	stized Housing is not Gov		_N/A
3. I certify I current Effective Date:N 4. Dependent certifi	AMDDYY	nns Gov't Base Leased Housing NOTE: * Billeting/TLF is not class	Privatized Base Housi ified as "Gov't Base Hous	ng Doff-base sing".	Billeting/Temp Ldg
Name of Spous	e	SPO	USE	MMDDYY_	
	LV a child as prima	ary dependent, whom is the child re y member, please provide his/her N		andparent, etc)	?
Name:		SSN:	Duty Location:		
PART B: DISL NOTE: * DLA is n	OCATION AI ot pzyable to first	LLOWANCE (DLA) CERT duty assignment for single membe	TIFICATION STAT	EMENTS	
 I am married to a a) We lived in th 	mother military me ne (Same Differer	the applicable items) ember and we relocated at (Same tive) nt) household at old PDS		N/A	
c) We were stati d) We married e	oned at different I n route to new PD	f) household at new PDS PDSs before relocating to new PDS S (not married at last PDS)		N/A	
d) We married e 2. Single or unacco rate DLA (Gov't qu a) I am E4-or-ab	n route to new PD: mpanied members arters includes: Do ove w/3+ yrs serv	PDSs before relocating to new PDS S (not married at last PDS) with dependents must certify they wms, Gov't base housing, Gov't lea ice w/o dependents and will not be i) have not will not relocate are con-	will not be assigned permi used housing): assigned permanent Gov't		A arters to receive Single
d) We married e 2. Single or unacco rate DLA (Gov't qu a) I am E4-or-ab NOTE 1: Mbr v b) I am E4-or-be NOTE 2: E4 an station.	n route to new PD: mpanied members arters includes: Do sove w/3+ yrs servi whose dependent(s elow w/less than 3 id below w/less tha	S (not married at last PDS)	will not be assigned permi ned housing): assigned permanent Gov't sidered "w'o dep's" for Di I not be assigned permane	N/AN/A anent Gov't qu t qtrs (see note LA purposes. nt Gov't qtrs. (arters to receive Single 1):N/A see note 2):_N/A
d) We married e 2. Single or unacco rate DLA (Gov't qu a) I am E4-or-ab NOTE 1: Mbr v b) I am E4-or-be NOTE 2: E4 an	n route to new PD: mpanied members arters includes: Do ove w/3+ yrs serv whose dependent(s elow wless than 3 ad below wless tha **COCONUS ON	S (not married at last PDS)	will not be assigned permi ned housing): assigned permanent Gov't sidered "w'o dep's" for Di I not be assigned permane	M/A N/A anent Gov't qu t qtrs (see note LA purposes. ant Gov't qtrs. (Commander/I	arters to receive Single 1):N/A see note 2):_N/A
d) We married e 2. Single or unacco rate DLA (Gov't qu a) I am E4-or-ab NOTE 1: Mbr v b) I am E4-or-b NOTE 2: E4 an station. PART C: ***** Date Arrived in Cou I certify that (plea 1. I traveled with 2. I am claiming FSO immediately)	m route to new PD: mpanied members arters includes: Do ove w/3+ yrs serv; whose dependent(s elow wless than 3 id below wless that COONUS ON mitry	S (not married at last PDS)	will not be assigned permised housing); assigned permanent Gov't assigned permanent Gov't didered "wo dep's" for Di I not be assigned permane uires a letter signed by the JTRLocation	N/A N/A N/A anent Gov't qu t qtrs (see note LA purposes. nt Gov't qtrs. (Commander I N/A apply or put. es. (NOTE: re	arters to receive Single 1):N/A see note 2):_N/A Designee at new duty N/A): port changes to the
d) We married e 2. Single or unacco rate DLA (Gov't qu a) I am E4-or-b NOTE 1: Mbt v b) I am E4-or-b NOTE 2: E4 an station. PART C: ***** Date Arrived in Cule I certify that (plea 1. I traveled with 2. I am claiming FSO immediately) 3. I am currently se	m route to new PD: mpanied members arters includes: Do sove w3+ yrs servi whose dependent(s elow wless than 3 d below wless than 3 d below wless than FOCONUS ON mrv:	S (not married at last PDS) with dependents must certify they wans, Gov't base housing, Gov't leastie wio dependents and will not be a have not will not relocate are comyrs service who dependents and will an 3 yrs service who dependents required to the service who dependents required to the service who dependents required to the service who dependents are the service who dependents required to the service who dependents are the s	will not be assigned permised housing); assigned permanent Gov't assigned permanent Gov't didered "wo dep's" for Di I not be assigned permane uires a letter signed by the JTRLocation	N/A N/A N/A anent Gov't qu t qtrs (see note LA purposes. nt Gov't qtrs. (Commander I N/A apply or put. es. (NOTE: re	arters to receive Single 1):N/A see note 2):_N/A Designee at new duty N/A): port changes to the

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 SIGNTURE** (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

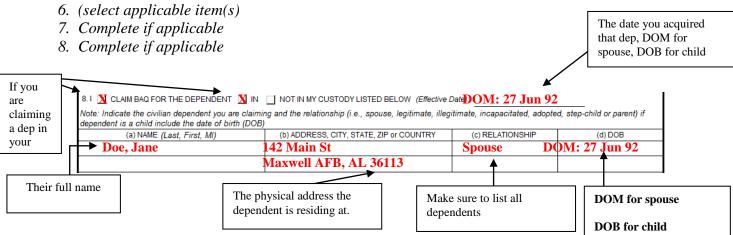
PART A – IDENTIFICATION & DUTY LOCATION

- **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)



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) 👿 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, incanacitated child or sten-child) I certify that this is my first application YES 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 <<<<SIGN HERE SIGN HERE>>>> **Doe.** 30 Apr 12 SIGNATURE MEMBER'S SIGNATURE (always complete this section) **DATE** (always complete this section) With an "X" and your

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