

# SRF-JRMC PCS GAIN CHECKLIST

MEMBER: \_\_\_\_\_ Report Date: \_\_\_\_\_

DOCUMENT	RECEIVED	INITIALS
ORIGINAL ORDERS:	<input type="checkbox"/>	_____
OVERSEAS SCREENING:	<input type="checkbox"/>	_____
FAMILY ENTRY APVL:	<input type="checkbox"/>	_____
ITINERARY:	<input type="checkbox"/>	_____
PAGE 2 VERIF:	<input type="checkbox"/>	_____
SGLI UPDATED:	<input type="checkbox"/>	_____
TRAVEL CLAIM:	<input type="checkbox"/>	_____
EFT BANKING SHEET:	<input type="checkbox"/>	_____
LAST EVAL / FITREP:	<input type="checkbox"/>	_____
PAGE 13:	<input type="checkbox"/>	_____
GOVERNMENT CREDIT CARD:	<input type="checkbox"/>	_____

REMARKS:

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PLR/CPC REVIEW:

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ SIGN: \_\_\_\_\_

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.					
<b>1. PAYMENT</b> <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt to Govt Tvl Charge Card \$ _____				<b>2. TYPE OF PAYMENT</b> ( <i>X as applicable</i> ) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		<b>3. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER _____ b. SUBVOUCHER NUMBER _____			
<b>4. NAME</b> ( <i>Last, First, Middle Initial</i> ) ( <i>Print or type</i> ) _____				<b>5. GRADE</b> _____		<b>6. SSN</b> _____		c. PAID BY _____	
<b>7. ADDRESS:</b> a. NUMBER AND STREET _____			b. CITY _____		c. STATE _____		d. ZIP CODE _____		
<b>8. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> _____		<b>9. TRAVEL ORDER NUMBER</b> _____		<b>10. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b> _____					
<b>11. ORGANIZATION AND STATION</b> _____				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS</b> ( <i>Include Zip Code</i> ) _____					
<b>12. DEPENDENT(S)</b> ( <i>X and complete as applicable</i> ) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME ( <i>Last, First, Middle Initial</i> ) _____ b. RELATIONSHIP _____ c. DATE OF BIRTH OR MARRIAGE _____				<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> <i>(X one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>Explain in Remarks</i> ) _____					
<b>15. ITINERARY</b>				<b>d. COMPUTATIONS</b>					
<b>a. DATE</b>		<b>b. PLACE</b> <i>(Home, Office, Base, Activity, City and State; City and Country, etc.)</i>		<b>c. MEANS/ MODE OF TRAVEL</b>	<b>d. REASON FOR STOP</b>	<b>e. LODGING COST</b>	<b>f. POC MILES</b>		
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
DEP									
ARR									
<b>16. POC TRAVEL</b> ( <i>X one</i> ) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TDY TRAVEL</b>					
<b>18. REIMBURSABLE EXPENSES</b>				12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS					
<b>a. DATE</b>		<b>b. NATURE OF EXPENSE</b>		<b>c. AMOUNT</b>	<b>d. ALLOWED</b>	<b>(1) Per Diem</b>			
						<b>(2) Actual Expense Allowance</b>			
						<b>(3) Mileage</b>			
						<b>(4) Dependent Travel</b>			
						<b>(5) DLA</b>			
						<b>(6) Reimbursable Expenses</b>			
						<b>(7) Total</b>			
						<b>(8) Less Advance</b>			
						<b>(9) Amount Owed</b>			
						<b>(10) Amount Due</b>			
<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>				<b>a. DATE</b> <b>b. NO. OF MEALS</b>		<b>a. DATE</b> <b>b. NO. OF MEALS</b>			
<b>20.a. CLAIMANT SIGNATURE</b> _____				<b>b. DATE</b> _____		<b>c. SUPERVISOR SIGNATURE</b> _____		<b>d. DATE</b> _____	
<b>21.a. APPROVING OFFICER SIGNATURE</b> _____								<b>b. DATE</b> _____	
<b>22. ACCOUNTING CLASSIFICATION</b> _____									
<b>23. COLLECTION DATA</b> _____									
<b>24. COMPUTED BY</b> _____		<b>25. AUDITED BY</b> _____		<b>26. TRAVEL ORDER POSTED BY</b> _____		<b>27. RECEIVED</b> ( <i>Payee Signature and Date or Check No.</i> ) _____		<b>28. AMOUNT PAID</b> _____	

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 5701, 37 USC 404-427, and EO 9397.

**PRINCIPAL PURPOSE(S):** Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

**ROUTINE USE(S):** To substantiate claims for reimbursement for official travel.

**DISCLOSURE:** Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

## 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 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	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
<i>(Own expense)</i>	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance <i>(POC)</i>	- P	Vessel	- V

#### 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

**EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS**

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**UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN**

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**ADMINISTRATIVE REMARKS**

NAVPERS 1070/613 (REV.10-81)

S/N 0106-LF-010-6991

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SHIP OR STATION

**US NAVAL SHIP REPAIR FACILITY AND JAPAN REGIONAL MAINTENANCE CENTER, YOKOSUKA**

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\_\_\_\_\_ : "I fully understand the contents of MILPERSMAN 1300-308 and desire to make my election of an accompanied (with family member(s) or unaccompanied (all others) tour within 90 days after I report to my new duty station."

\_\_\_\_\_  
MEMBER'S SIGNATURE

WITNESSED BY: \_\_\_\_\_

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NAME (Last, First, Middle)

SSN

BRANCH AND CLASS

**USN**

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**ELECTRONIC FUNDS TRANSFR (EFT) FOR TRAVEL CLAIMS**

NAME (Last, First, MI)	RANK/RATE	SSN
<p><b>PRIVACY ACT STATEMENT</b></p> <p>AUTHORITY: 5 USC 5701, 37 USC 404-427 and EO 9397                  PRINCIPAL PURPOSE(S): Used for payment for official travel.                  SSN is used to maintain a numerical identification system for individual claims.                  ROUTINE USE(S): For payment use of travel claims for official travel.                  DISCLOSURE: Voluntary; however, failure to furnish information requested may result in a non-payment of amount claimed.</p>		
<p>DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134)                  ESTABLISHED MANDATORY EFT FOR ALL FEDERAL PAYMENTS. PAYMENTS FOR ALL MY TRAVEL CLAIMS SUBMITTED WILL BE DEPOSITED TO THE FOLLOWING FINANCIAL INSTITUTION.</p>		
NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER	ACCOUNT TYPE:      CHECKING      SAVINGS <input type="checkbox"/> <input type="checkbox"/>	
<p>ALL INFORMATION ON THIS FORM IS REQUIRED UNDER THE INTEGRATED AUTOMATED TRAVEL SYSTEM (IATS). THE INFORMATION PROVIDED WILL BE USED TO PROCESS PAYMENT DATA FROM DFAS-CLEVELAND TO THE FINANCIAL INSTITUTION AND/OR ITS AGENTS. FAILURE TO PROVIDE THE REQUESTED INFORMATION WILL CAUSE DELAY IN PROCESSING YOUR TRAVEL CLAIM AND PREVENT THEREOF.</p>		
<p>COMMENTS:</p>		
SIGNATURE	DATE	

Please read the instructions before completing this form.

# Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply) <input type="checkbox"/> Name or update your beneficiary <input type="checkbox"/> Reduce the amount of your insurance coverage <input type="checkbox"/> Decline insurance coverage	<b>Important:</b> This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.
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Last name	First name	Middle name	Rank, title or grade	Social Security Number
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Branch of Service (Do not abbreviate) UNITED STATES NAVY	Current Duty Location SRF-JRMC Yokosuka JAPAN
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### Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance\***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

**Declining SGLI coverage also cancels all family coverage under the SGLI program.**

I want coverage in the amount of \$ \_\_\_\_\_ Your initials \_\_\_\_\_  
 \_\_\_\_\_

(Write "I do not want Insurance at this time.")

**\*Note:** Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.


### Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>				
1.				
2.				
3.				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
<b>Contingent</b>				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

**SIGN HERE IN INK**  \_\_\_\_\_ Date: \_\_\_\_\_  
 (Your signature. Do not print.)

**Do not write in space below. For official use only.**

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION NAVSHIPPREPFAC JRMC	DATE RECEIVED
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Please read the instructions before completing this form.

## Servicemembers' Group Life Insurance Election and Certificate Beneficiary Continuation

**Instructions:** This page is to be used **ONLY** when the servicemember wants to name more beneficiaries than the number of beneficiary spaces provided on page 2. If this page is completed, it should be copied and distributed together with page 2 of this form.

### Member Information

Last name	First name	Middle name	Rank, title or grade	Social Security Number
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### Beneficiary(ies) and Payment Options

In addition to the beneficiaries I have named on page 2 of this form (SGLV 8286), I also designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>				
5.				
6.				
7.				
8.				
9.				
10.				
<b>Contingent</b>				
5.				
6.				
7.				
8.				
9.				
10.				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This is a continuation of my beneficiary designation on page 2 of this form, Servicemembers' Group Life Insurance Election and Certificate.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of the SGLV-8286, unless otherwise stated above.

**SIGN HERE IN INK** \_\_\_\_\_ Date: \_\_\_\_\_  
(Your signature. Do not print.)

**Do not write in space below. For official use only.**

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
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SRF DATABASE INPUT FORM

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC 301 Departmental Regulations. The principle purpose of the information requested is to provide the command with a command roster, recall listing, and to provide dependent support. Release of this information outside of this command is only upon approval of the Commanding Officer, U. S. Naval Ship Repair Facility, Yokosuka.

COMPLETE ALL DATES IN THE FOLLOWING FORMAT: MM/DD/YY

Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last, First, Middle)

Report Date: \_\_\_/\_\_\_/\_\_\_ PRD: \_\_\_/\_\_\_/\_\_\_

EAOS: \_\_\_/\_\_\_/\_\_\_ ADSD: \_\_\_/\_\_\_/\_\_\_

Code/Department Assigned: \_\_\_\_\_

Designator (Officer only) \_\_\_\_\_ Warfare Qualification: \_\_\_\_\_

US Citizen (circle) Y or N (If N the fill out \*)

\*Date Naturalized: \_\_\_\_\_ \*Certificate Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Passport: (Official) Number: \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_/\_\_\_

(Tourist) Number: \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_/\_\_\_

Home address: (If Navy Lodge, provide room number) \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_

Family Members (Including Secondary Dependents and other persons living with member.)

First Name, MI	Date of Birth	Living w/Sponsor	
_____	_____	Y/N	_____
(Spouse)			(Spouse's Email)
_____	M/F _____	Y/N	
_____	M/F _____	Y/N	
_____	M/F _____	Y/N	
_____	M/F _____	Y/N	

I certify the above information to be correct, and understand that I am required to notify the command of any changes to the above.

\_\_\_\_\_  
Sign your Name



Date: \_\_\_\_\_

**SRF PERSONAL IDENTIFICATION DATA**

SSN (If you have): \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Command: SRF / JRMC Code/Sect/Dept: \_\_\_\_\_

Rate/Grade: \_\_\_\_\_ / \_\_\_\_\_ (For USCS/US contractor, please write down grade or GS equivalent grade such as GS12, GS9E.)

Status: (Military / US Civil Service / US Contractor) (Please circle one.)

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
inch lbs.

Work Phone: 243- \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: M / F  
DD MMM YYYY (Please circle one.)

Badge Expiration Date:  / / (For military / USCS use PRD)  
DD MMM YYYY

Badge Status: New / Re-Issue / Replace / Expired  
(Please circle one.)

**PRIVACY ACT STATEMENT (U.S. PERSONNEL). AUTHORITY:** The authority to request this information is contained in 5 USC 57-1. **PRINCIPAL PURPOSES:** The principal purpose is to provide a request for and authorization to issue an ID badge. The form is used to provide pertinent routine identification to enable personnel of this command to have various personal information, i.e. home address, telephone number, etc. Completion of this form is voluntary. However, we cannot process your request for an ID badge if you do not provide us the information requested. **FOR OFFICIAL USE ONLY – PRIVACY ACT PROTECTED.**

For Official use: Issue / Hold



# Individually Billed Account Travel Card Set Up Form

Citibank® Government  
Travel Card Program

## Instructions:

This form must be completed by both the Department of Defense employee and the Agency Program Coordinator (APC). Use this form to apply for a new Individually Billed Card Account to be used by a Department of Defense employee. Information collected on this application is subject to the Privacy Act of 1974 (5 U.S.C. 552a) and applicable agency regulations. Questions? Contact Commercial Card Services toll-free 1-800-200-7056 from the U.S. and Canada or, if dialing from international locations, call collect 757-852-9076.

Date:

Attention:

Fax: 866-671-5910  
605-338-5745

## Section I: Cardholder Information (\* = Required Fields)

<b>1. Cardholder Name*</b>	Provide first, middle and last name of the applicant as it should appear on the card (maximum of 19 characters)						
<b>2. Cardholder Contact Details</b>	Mail to Attention:						
	<b>Primary Address</b>	A physical address must also be provided if a P.O. Box is your primary mailing address. Enter this address in the section titled "Secondary Address". Applications providing only a P.O. Box will not be processed. For APO/FPO addresses only, a physical address is not required.			<b>Home Mailing Address (No Post Office Box)</b>		
	Address Line 1*:				Address Type:	<input type="checkbox"/> Alternate Mailing Address <input type="checkbox"/> Physical Mailing Address	
	Address Line 2:				Address Line 1:		
	City or APO/FPO*:	State*:			Address Line 2:		
	Zip/Postal Code*:	Country*:			City or APO / FPO:	State:	
	Commercial Office Phone*:	Home Phone*:			Zip/Postal Code:	Country:	
						Email Address:	
<b>3. Cardholder SSN*</b>				<b>4. Date of Birth*</b> (mm/dd/yyyy)			
<b>5. Employment Status:</b>	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Guard <input type="checkbox"/> Civilian			<b>6. Rank / Pay Grade:</b>			

## Section II: Cardholder Signature & Agreement (To be completed by employee. \* = Required fields)

<b>Signature &amp; Agreement*</b>	By signing below, I: (i) acknowledge I have read the Citibank® Department of Defense Services Travel Card Program <i>Cardholder Agreement</i> ; (ii) agree to be bound by the terms and conditions as set forth in the Agreement; and (iii) understand that only the Department of Defense may request particular Authorization Parameters (Section III). <b>This application is for a Department of Defense Travel Card account, which may be standard or restricted, as described in the Cardholder Agreement. I expressly agree to accept whichever type of account is established. Pursuant to requirements of law, including the U.S.A. Patriot Act, the bank is required to request additional information to verify your identity.</b>							
	<b>7. Applicant's Signature*:</b>					<b>8. Date*:</b>		
	<b>9. Consumer Report Authorization*:</b> (initial one)	A. _____ I, as the cardholder, authorize the bank to obtain credit reports on me as described in the agreement			B. _____ I, as the cardholder, DO NOT authorize the bank to obtain credit reports on me. Therefore, I will not be eligible for a standard card.			
	<b>10. Approving Supervisor's Signature*:</b>					<b>11. Date*:</b>		

## Section III: Account Specifications (To be completed by APC. \* = Required fields)

<b>Account Specifications*</b>	<b>12. <input type="checkbox"/> APC Restricted Account Activation / Deactivation Information*:</b>	Date to Activate (mm/dd/yyyy):	Date to Deactivate (mm/dd/yyyy):
	<b>13. Plastic Type*:</b> (select one)	<input type="checkbox"/> Government Standard <input type="checkbox"/> Quasi-Generic	<b>14. Delivery*:</b> (select one) <input type="checkbox"/> Standard <input type="checkbox"/> Expedited (\$20 delivery fee)
	<b>15. Central Account Number</b>		

## Section IV: Reporting Parameters (To be completed by APC. \* = Required fields)

<b>16. Account Hierarchy*</b>	Specify the complete account Hierarchy Level (HL) number that pertains to your organization.						
	HL1	HL2	HL3	HL4	HL5	HL6	HL7

## Section V: Authorization (To be completed by APC. \* = Required fields)

<b>17. Authorized APC*:</b>	By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Card be issued to the employee named in Section I of this application. <b>PLEASE RETAIN A COPY FOR YOUR RECORDS.</b>						
	<b>APC*:</b>	Name (type or print)*		Signature*		Date*	
	Address Line 1*:				Address Line 2:		
	City or APO/FPO*:	State*:			Zip / Postal Code*:		
	Country*:	Commercial Fax*:			Email Address*:		

## Global Transaction Services

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\_\_\_\_\_  
Date

MEMORANDUM TO ALL SRF-JRMC GOVERNMENT CHARGE CARD HOLDERS OR PROSPECTIVE  
CHARGE CARD HOLDER

Subj: DIRECTIONS FOR USE OF THE GOVERNMENT TRAVEL CHARGE CARD

1. As a command issued government charge card holder, you signed an agreement dated \_\_\_\_\_ or prior to reporting to SRF-JRMC that stated in part, "I agree to use the Card for official travel and official travel related expenses ONLY. " You are authorized to use the government credit card for the following purposes:

a) Lodging expenses in connection with official travel orders, including expenses at the travel destination and en route. Such lodging must be in support of government business only.

b) Cash advances and fees not to exceed the amount authorized by travel orders. The ATM cash advance program is to be used in conjunction with, and as a supplement to, the Government Travel Charge/ATM Card program. Therefore, service members must limit their cash advances to those expenses that cannot be charged on the card. Any item that can be charged to the card must be charged to the card rather than paid for by cash advance. Any cash advances are to be used only to support government business.

c) Transportation and expenses may be charged, including airfare and ground transportation, if such expenses are authorized by travel orders. Such travel must be in support of government business only.

2. Use of the command issued government credit card is essential for the efficient administration of official government business. The card is issued pursuant to a GSA contract with the credit card company which provides special benefits to the member and the government. Many members will need to use the card in order to perform their official duties and must maintain their cards in good standing. Misuse of the card is detrimental to the government because it may jeopardize your good standing and cause your card privileges to be revoked. This may make it difficult for you to perform official duties. Misuse of the card may also result in a civil collection action. Therefore, misuse of the card is contrary to good order and discipline, and may tend to bring discredit upon the Navy.

3. To ensure adherence to this agreement, you are directed to use the command issued government credit card for its intended purpose; ONLY for official travel related expenses. Any other use of the card is UNAUTHORIZED and in violation of this order which result in administrative or disciplinary action.

  
S. L. STANCY

\_\_\_\_\_  
Certification: I hereby acknowledge receipt of this notification and understand the contents therein and I also certify that I am familiar with NAVSHIPREPFACINST 7100.1B.

\_\_\_\_\_  
Enclosure (1)

SRF PARKING DECAL REQUEST FOR  
USN/USCS/U.S. CONTRACTOR

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last Name, First Name, MI)

Code/Activity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Rank/Grade: \_\_\_\_\_ (e.g. LCDR, FC2, GS-12, GS-12E, etc.)

First Car:

License Plate Number: \_\_\_\_\_  
(e.g. Yokohama-500-Y-1234)

Vehicle Type/Color: \_\_\_\_\_  
(e.g. Toyota Corolla 1600cc/White)

Second Car:

License Plate Number: \_\_\_\_\_

Vehicle Type/Color: \_\_\_\_\_

Old car license No.: \_\_\_\_\_

- Note: (1) Two cars can be registered, but only one parking space will be assigned for both cars.  
(2) Remove decals and return them to C-810 when:  
- You leave, transfer, or retire from SRF Yokosuka or  
- You sell, change, or dispose of any vehicle (i.e. buy new, use loaner vehicle while other vehicle is inoperable, etc.)  
(3) Re-register your car when you change your car.

\_\_\_\_\_  
(Signature)

SRF Yokosuka 5512/8 (7-00)

PRIVACY ACT STATEMENT (U.S. PERSONNEL). AUTHORITY: The authority to request this information is contained in 5 USC 57-1. PRINCIPAL PURPOSES: The principal purpose is to issue a SRF parking decal and keep SRF database of private vehicles. The form is used to provide pertinent routine identification to enable personnel of this command to have various personal information. Completion of this form is voluntary. However, we cannot issue a parking decal if you do not provide us the information requested.  
FOR OFFICIAL USE ONLY - PRIVACY ACT PROTECTED.

**TEMPORARY LODGING ALLOWANCE (TLA) BRIEFING SHEET**

Rank/Rate:	Name: (Last, First, MI)	SSN:
Command:	UIC:	Work Phone:

I have been briefed and understand the provisions regarding entitlement to Temporary Lodging Allowance (TLA) and understand that: (PLEASE INITIAL EACH ITEM)

- \_\_\_\_\_ The purpose of TLA is to partially reimburse a member for extra expenses incurred at restaurants and approved accommodations in the vicinity of the permanent duty station.
- \_\_\_\_\_ Arrival TLA is for the member and family members who are required to reside in temporary lodging facilities prior to assignment to permanent government quarters or occupying private off-base housing.
- \_\_\_\_\_ Departure TLA is for the member and family members who are required to reside in temporary lodging facilities for up to 10 days prior to departure from the old permanent duty station for personnel that reside in off base housing. Personnel that reside in Military Family Housing, departure TLA will be limited to 1 day in accordance with CNFJ instruction 7220.1T.
- \_\_\_\_\_ Family members must be command sponsored prior to the effective date of orders and the sponsor must agree to serve the accompanied tour.
- \_\_\_\_\_ Arrival TLA is paid in 10-day increments up to a maximum of 60 days computed from the date the military member reported for duty to the overseas duty station. The member's orders must be endorsed as to the date and time he/she reported to the new duty station.
- \_\_\_\_\_ Extensions for arrival/departure TLA should be submitted to the Area Coordinator before the extension period begins. No payments for extensions will be made until member receives written approval.
- \_\_\_\_\_ After reporting to his/her command, accompanied members must check in with the area Housing Office and provide PSD written confirmation of application for military family housing in order to start TLA. Single and unaccompanied personnel must check with the base Billeting Office for certification of non-availability of government quarters prior to reporting to the area Housing Office. Departing personnel must report to the area Housing Office or Base Billeting Office, as appropriate, to obtain housing/BH termination notice before start of the TLA period.
- \_\_\_\_\_ Leave may be granted without disruption of TLA entitlement, provided the member remains in the local metropolitan area.
- \_\_\_\_\_ Arrival TLA will be terminated at 2400 the day prior to the date government quarters or civilian housing becomes available for occupancy. When a member rejects military housing or removes himself/herself from the housing list for any reason, TLA will be terminated at 2400 on the day prior to the date government quarters would have been available, the member was dropped from the housing list or 30 days from the declination date, whichever is greater.
- \_\_\_\_\_ If staying with relatives or friends, only the meal portion of the area's per diem rate will be paid.
- \_\_\_\_\_ Original lodging receipts are required to support claims. Any altered/tampered receipts will be disallowed and the entire claim denied payment as fraudulent. Fraudulent claims will be referred to appropriate authorities for investigation and appropriate disciplinary/administrative action.
- \_\_\_\_\_ The TLA request must be submitted at a minimum of three working days prior to the desired payment date. Normally, TLA payment for all complete claims will be made through Electronic Funds Transfer (EFT), deposited directly to the sponsor's Direct Deposit System bank account. Only under emergencies will payments be made with a paper check. TLA claims whose 10th or final day falls on a weekend or holiday will be processed on the following working day, except for departure TLA which will be processed on the last working day prior to departure.

20/Feb/2008

\_\_\_\_\_  
Signature/Date

## TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET

NAME (Last, First, MI)	RANK/RATE	SSN
COMMAND REPORTING TO/FROM	NAME OF HOTEL	

### FAMILY MEMBERS ON STATION

NAME (Last, First, MI)	RELATIONSHIP	DATE OF BIRTH

**FOR ARRIVAL TLA:**

DATE MEMBER REPORTED TO PRESENT COMMAND: \_\_\_\_\_

DATE FAMILY MEMBER(S) REPORTED TO PRESENT COMMAND: \_\_\_\_\_

THIS IS THE \_\_\_\_\_ CLAIM

MEMBER MUST PRESENT TLA AUTHORIZATION FROM THE HOUSING OFFICE AND A PAID LODGING RECEIPT. A FAMILY MEMBER WHO IS FILING TLA DUE TO THE ABSENCE OF THE SPONSOR MUST HAVE A GENERAL OR SPECIAL POWER OF ATTORNEY SPECIFICALLY STATING TLA IS AUTHORIZED FOR PROCESSING.

**FOR DEPARTURE TLA:**

ACTUAL DATE OF DETACHMENT: \_\_\_\_\_

MEMBERS LIVING OFF-BASE MUST PRESENT A RENTAL RELEASE FROM THE LANDLORD OR REALTOR.

MEMBER LIVING ON-BASE MUST PRESENT A SIGNED STATEMENT FROM THE HOUSING OFFICE CERTIFYING THE DATE GOVERNMENT QUARTERS WERE VACATED.

**MEMBER'S STATEMENT:**

I HAVE INCLUDED HEREIN ALL LODGING RECEIPTS FOR TLA. I CERTIFY THAT I  AM /  AM NOT IN A PER DIEM STATUS. I UNDERSTAND

THAT IF I AM IN A TEMPORARY DUTY PER DIEM STATUS, ONLY MY FAMILY MEMBERS ARE ENTITLED TO TLA. I FURTHER CERTIFY THAT MY FAMILY MEMBERS AND I  DID /  DID NOT UTILIZE GOVERNMENT MESS FOR ANY MEALS DURING THIS PERIOD. MY TEMPORARY QUARTERS  DO /  DO NOT CONTAIN FACILITIES FOR PREPARING AND CONSUMING MEALS.

**WARNING:**

THE PENALTY FOR WILLFULLY MAKING FALSE CLAIM IS: MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT FOR FIVE YEARS, OR BOTH (U.S. CODE, TITLE 18, SECTION 287). BE ADVISED THAT ALL CLAIMS ARE SCREENED AND THOSE SUSPECTED OF BEING FRAUDULENT ARE TURNED OVER TO THE NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS).

**PRIVACY ACT STATEMENT:**

THIS STATEMENT IS PROVIDED IN COMPLIANCE WITH THE PROVISIONS OF THE PRIVACY ACT OF 1974 (PL 93-579) WHICH REQUIRES THAT FEDERAL AGENCIES MUST INFORM INDIVIDUALS WHO ARE REQUESTED TO FURNISH INFORMATION ABOUT THEMSELVES AS TO THE FOLLOWING FACTS CONCERNING THE INFORMATION REQUESTED.

1. AUTHORITY: 37 USC 1006
2. PRINCIPAL PURPOSE: TO PROVIDE INFORMATION REQUIRED TO LEGALLY PAY TEMPORARY LODGING ALLOWANCE (TLA).
3. ROUTINE USE: THE MEMBER PROVIDES INFORMATION ON COST AND TYPE OF LODGING WHICH IS USED TO COMPUTE ENTITLEMENT TO TLA. SUPPORTING DOCUMENTS ARE USED TO DETERMINE ELIGIBILITY AND AMOUNT OF ENTITLEMENT.
4. MANDATORY OR VOLUNTARY DISCLOSURE: VOLUNTARY. IF MEMBER DOES NOT PROVIDE INFORMATION, TLA CANNOT BE PAID.

MEMBER SIGNATURE	DATE
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A. LOCALITY PER DIEM RATE:	B. NUMBER OF PERSONS:	C. PERCENT OF PER DIEM APPLICABLE:
D. MAXIMUM TLA PAYABLE:	E. FSA-I DAILY RATE:	F. BAQ DAILY RATE:
		G. BAS DAILY RATE:

1. DETERMINE THE PERCENTAGE TO BE USED BASED ON NUMBER OF COMMAND SPONSORED DEPENDENTS: \_\_\_\_\_ %
 

MEMBER ONLY or 1 FAMILY MEMBER	65%
MEMBER and 1 or 2 FAMILY MEMBERS	100%
MEMBER and 2 FAMILY MEMBERS	125%

FOR EACH ADDITIONAL FAMILY MEMBER, ADD 25%
2. DETERMINE THE M&IE EQUIVALENCY FROM JFTR APPENDIX B:  
*(If temporary quarters contain facilities for preparing and consuming meals, use 50% of the M&IE rate)* \$ \_\_\_\_\_
3. MULTIPLY PERCENTAGE ( \_\_\_\_\_ %) IN #1 BY AMOUNT (\$ \_\_\_\_\_) IN #2: \$ \_\_\_\_\_
4. DETERMINE DAILY LODGING COST BY DIVIDING TOTAL COST OF LODGING (\$ \_\_\_\_\_) BY NUMBER OF DAYS ( \_\_\_\_\_) IN TLA PERIOD: \$ \_\_\_\_\_
5. ADD AMOUNTS IN #3 AND #4: \$ \_\_\_\_\_
6. DETERMINE THE NET DAILY EQUIVALENCY:
 

FSA-I DAILY RATE	\$ _____
BAQ DAILY RATE	\$ _____
BAS DAILY RATE	\$ _____
7. DEDUCT AMOUNT IN #6 FROM AMOUNT IN #5: \$ \_\_\_\_\_
8. DETERMINE MAXIMUM TLA ALLOWANCE BY MULTIPLYING PERCENTAGE ( \_\_\_\_\_ %) IN #1 BY THE LOCALITY PER DIEM RATE (\$ \_\_\_\_\_) IN JFTR APPENDIX B:  
*(If temporary quarters contain facilities for preparing and consuming meals, multiply the percentage in #1 by the total of the daily lodging amount and 50% of the M&IE allowance)* \$ \_\_\_\_\_
9. DETERMINE THE DAILY RATE: *(the lesser of the amount in #7 and #8)* \$ \_\_\_\_\_
10. DETERMINE THE TOTAL TLA ENTITLEMENT: *(multiply the amount in #9 by the number of days in the TLA period)* \$ \_\_\_\_\_

**TLA COMPUTATION WHEN PERMANENT QUARTERS ARE BEING RENOVATED OR LACK STOVE AND/OR REFRIGERATOR:**

1. FOLLOW PROCEDURES IN #1 THROUGH #3 ABOVE: \$ \_\_\_\_\_
2. ENTER BAS DAILY RATE: *(Block G, above)* \$ \_\_\_\_\_
3. SUBTRACT LINE 2 FROM LINE 1 AND ENTER DIFFERENCE: *(NAVCOMPT 3063 amount)* \$ \_\_\_\_\_
4. ENTER NUMBER OF DAYS IN COMPUTATION PERIOD: \$ \_\_\_\_\_
5. MULTIPLY LINE 3 BY LINE 4 AND ENTER TOTAL: \$ \_\_\_\_\_

<p><b>TLA CHECK LIST:</b></p> <p>_____ MEMBER REVIEWED AND SIGNED TLA BRIEFING SHEET AND TLA WORKSHEET</p> <p>_____ RECEIVED PAID LODGING RECEIPTS</p> <p>_____ RECEIVED TLA AUTHORIZATION FROM HOUSING OFFICE <i>(original required for each TLA payment)</i></p> <p>_____ RECEIVED CERTIFICATION FOR NON-AVAILABILITY OF GOVERNMENT QUARTERS FROM BEQ FOR UNACCOMPANIED/SINGLE PERSONNEL <i>(original required for each TLA payment)</i></p> <p>_____ RECEIVED "ACTIVE HOUSING SEARCH FORM" FROM HOUSING OFFICE <i>(required for 2nd and subsequent TLA payments)</i></p>	<p><b>FOR FINAL TLA PAYMENT: <i>(Additional Requirements)</i></b></p> <p>_____ RECEIVED CERTIFICATION OF ASSIGNMENT TO QUARTERS FROM THE HOUSING/BILLETING OFFICE OR COPY OF LEASE/RENTAL PAPERS</p> <p>_____ RECEIVED OHA CERTIFICATE SIGNED BY HOUSING OFFICER AND THE MEMBER'S COMMANDING OFFICER; START OHA START COLA</p> <p>_____ STOP BAQ FOR PERSONNEL MOVING INTO QUARTERS <i>(except members on unaccompanied tours)</i></p> <p>_____ UPDATE PAGE 2 <i>(NAVPERS 1070/602)</i></p>
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PRINTED NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE COMPLETED
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