

PERSONALLY - PROCURED MOVE (PPM) CHECKLIST AND EXPENSE CERTIFICATION

All documents submitted MUST be LEGIBLE and COMPLETE. Illegible or incomplete submissions will be returned for corrective action.

NAME

A COMPLETE PPM CLAIM PACKAGE WILL INCLUDE THE FOLLOWING DOCUMENTS (If Applicable):

- This "PPM Checklist and Expense Certification" - completed, signed and dated.
- DD Form 1351-2, properly completed USN Requires FMS Form 2231 Direct Deposit
- Advice of Payment (AOP) for **PPM** advance operating allowance requested **AND** received (available at <https://myPay.dfas.mil>)
- Completed DD Form 2278 - to include: blocks 10a/b customer signed/dated, blocks 10c/d counselor signed/dated
- Official Travel Orders - include all amendments and/or endorsements issued. **USN:** Enlistment Contract or Officer Home of Record report
- Power of Attorney (POA) or Informal letter of authorization signed by the member/employee
- Weight tickets **MUST** meet Service specific requirement (See **** Below**) and be Certified, Legible, Unaltered, and
 - Adequately descriptive (i.e. FULL/EMPTY 2008 Dodge Ram Pickup with Privately Owned Trailer (POT) etc.)
 - Include customer identification; Last Name, EMPLID/SSN (last 4)
 - EACH** conveyance (trip/vehicle) used to haul property must be supported by a FULL and EMPTY weight ticket

**** Service Specific Requirements for Weight Tickets: USAF, USA require a FULL and EMPTY weight ticket obtained at either Origin, Destination or a combination thereof. USMC; EMPTY and FULL weight tickets to be obtained at Origin within 50 miles (at a Base Scale if available). USCG; EMPTY and FULL weight tickets must be obtained at Origin. USN; EMPTY and FULL weight tickets at Origin plus a FULL weight ticket at Destination (3-Tickets). USAF, USA, USMC; TDY - a new FULL and EMPTY weight ticket for each leg.**

BBP&E (Pro Gear) - complete weight calculator and approved by the Origin counseling office. Local Move - One EMPTY weight ticket for each vehicle

- Copy of Contract(s) - identifies: Customer/Family Member; Detailed equipment description; Payment in full
- Copy of paid receipts for eligible expense claimed below - receipts must reflect customers last name, EMPLID/SSN (last 4), item description, unit price, quantity, date, name and address of store, etc. (i.e. fuel receipts that reflect only a pre-paid dollar amount do **NOT** qualify)
- Copy of privately-owned vehicle (POV) or trailer (POT), Boat, or Motorcycle registration(s) used for hauling personal property; borrowed POV or POT additionally requires a signed, dated statement by registered owner authorizing use of POV/POT for your HHG movement

- > Ensure documents requiring signature and date are signed and dated by the customer and/or PPSO as required.
- > Keep a complete copy of your submitted PPM packet - to include receipts (IRS can audit tax records up to 6 years).
- > The PPM incentive payment is taxable income. Eligible operating expenses (see notes below) can reduce the taxed portion of your incentive.

NOTE 1: EXPENSES ELIGIBLE: Rental trucks, trailers, hand/appliance dollies, and furniture pads; weighing fees; authorized moving company services; tolls and parking fees; POV gas and oil that will not be reimbursed as mileage (TDY) or MALT (PCS/PDT); packing/crating materials.

NOTE 2: EXPENSES NOT ELIGIBLE: but are not limited to; Auto tow dollies, auto tow bars/hitches, auto transports; any type of insurance, sales tax, general repairs; general maintenance, meals and lodging; POV gas and/or tolls that will be reimbursed in conjunction with customer/dependent personal travel (i.e. mileage allowance for travel), are not eligible to be claimed as PPM operating expenses.

ENSURE ALL OPERATING EXPENSES LISTED BELOW ARE SUPPORTED BY PAID RECEIPTS AND/OR CONTRACTS
(EXPENSES WHICH DO NOT MEET ELIGIBILITY REQUIREMENTS MAY BE DEDUCTED)

- Contracted expenses (rental truck, trailer, moving services, etc.):
- Rental equipment/materials (hand/appliance dolly, furniture pads, etc.):
- Consumable packing materials (boxes, wrapping paper, tape etc.):
- Weighing fees:
- Gas (label receipt to identify vehicle/s fueled):
- Tolls (label receipt to identify vehicle):
- Oil (excludes oil change or service):
- Other (list) _____
- TOTAL:**

I CERTIFY THE ABOVE EXPENSES WERE LEGITIMATELY INCURRED DURING MY PERSONALLY-PROCURED MOVE AS IDENTIFIED BELOW:

Move Date: _____ From: _____ To: _____

Authority: 5 U.S.C. 5701-5742, 37 U.S.C. 451-495, and E.O. 9297. ROUTINE USES: To substantiate incentive payment claims for movement of household goods. DISCLOSURE: Voluntary; failure to furnish data may result in partial or total denial of claim and/or improper tax application. NOTE: Expenses verified on this statement reduce taxable income reported on form W-2 and may not be claimed again as moving expenses. Federal tax withholding will be 25% of profit (entitlement less eligible operating expenses).

I UNDERSTAND THE PENALTY FOR WILLFULLY MAKING A FALSE STATEMENT OF CLAIM IS A MAXIMUM FINE OF \$10,000, MAXIMUM IMPRISONMENT OF FIVE YEARS, OR BOTH (U.S.C., TITLE 18, SECTION 287).	Signature	Date
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APPLICATION FOR DO IT YOURSELF MOVE AND COUNSELING CHECKLIST <i>(Read Privacy Act Statement on back before completing form.)</i>				1. DATE PREPARED (YYYYMMDD)	2. SHIPMENT NUMBER
3. MEMBER OR EMPLOYEE INFORMATION					
a. NAME (Last, First, Middle Initial)		b. RANK/GRADE	c. SSN	d. AGENCY	
4. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING ORDERS:					
a. TYPE ORDERS (X one)		b. DATE OF ORDERS (YYYYMMDD)		c. ISSUED BY	
<input type="checkbox"/> LOCAL	d. NEW DUTY ASSIGNMENT		e. ORDERS NO.		f. NUMBER OF MILES
<input type="checkbox"/> PERMANENT					
<input type="checkbox"/> TEMPORARY					
g. NAME OF PREPARING OFFICE			h. PAYING (AFO/F&AO) NAVY AND MARINE CORPS		
5. SEND CHECK TO: <i>(Complete address)</i>					6. STATE OF LEGAL RESIDENCE
7. ENTITLEMENTS (X and complete as applicable)			8. MEMBER RESPONSIBILITY (X and complete as applicable)		
a. Option of GBL (Van) and/or DITY move (nontemporary storage).			a. Operating allowance (amount):		
b. DITY move authorized from to			b. Pick up rental vehicle and ensure safe operation. Pick up date (YYYYMMDD):		
c. ITO/TMO provided with accurate estimate weight of HHGs.			c. Empty/loaded weight tickets required for each trip made. Use government, public, commercial scales.		
d. Maximum authorized weight.			d. Name, rank, Social Security Number, Weighmaster's signature required on each weight ticket.		
e. Unauthorized items (POV's, flammables, etc.).			e. Trailers weighed attached to prime mover (no passengers aboard - weigh entire unit at same time).		
f. Power of Attorney, if required.			f. DITY moves require DD Form 1351-2.		
g. Type of vehicle authorized (POV).			g. DD Form 2278 and weight tickets must be submitted to paying office/TMO/ITO to receive incentive payment. Provide Rental Contract (not required for Air Force and Army.)		
h. Loss or damage - maximum government liability.					
i. Temporary storage.					
9. COST COMPUTATION					
a. ESTIMATED CONSTRUCTIVE COSTS			b. PAID BY DSSN		
(1) MTMC RATE SOLICITATIONS PLUS \$5.00 PER CWT X EST. WT. OR WT. ALLOWANCE		\$	c. VOUCHER NO.		d. DATE (YYYYMMDD)
(2) LOCAL RATE PER CWT X EST. WT. OR WT. ALLOW.		\$	e. I agree to furnish two weight tickets within 45 days from the start of this move. If I fail to do so, I voluntarily consent to collection of all government costs of this move from my pay. I also voluntarily consent to collection of any unearned advance operating allowance up to a maximum of \$ _____ from my pay.		
(3) ESTIMATED GROSS INCENTIVE		\$			
(4) ADVANCE OPERATING ALLOWANCE		\$			
NO INCENTIVES WILL BE PAID WITHOUT ACCEPTABLE WEIGHT TICKETS AND OTHER REQUIRED DOCUMENTS.					
10. I CERTIFY THAT I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AND CONDITIONS PRINTED ON THIS FORM.					
a. SIGNATURE OF MEMBER/AGENT		b. DATE SIGNED	c. SIGNATURE OF COUNSELOR		d. DATE SIGNED
11. CERTIFICATION OF ITO/TMO					
a. ACTUAL CONSTRUCTIVE COSTS					
(1) RATE PER CWT _____ PLUS \$5.00 x _____ ACTUAL WT. OR WT. ALLOW. = \$ _____ 0.00			(2) LOCAL RATE PER CWT _____ X ACTUAL WT. OR WT. ALLOW. = \$ _____ 0.00		
b. CONSTRUCTIVE COST OF _____ GBL OR _____ LOCAL MOVE IS \$ _____ <i>(Attach copies of acceptable tare and gross tickets.)</i>					
12. TMO ACCT. DATA:					
a. TYPED OR PRINTED NAME		b. SIGNATURE		c. DATE SIGNED	

