PERSONALLY - PROCURED MOVE (PPM) CHECKLIST AND EXPENSE CERTIFICATION - 20160921 All documents submitted MUST be LEGIBLE and COMPLETE. Illegible or incomplete submissions will be returned for corrective action. PRINTED NAME:		
A COMPLETE PPM CLAIM PACKAGE WILL INCLUDE THE FOLLOWING DOCUMENTS (If Applicable):		
This "PPM Checklist and Expense Certification" - comp	pleted, signed and dated.	
DD Form 1351-2, properly completed	USN Requires FMS Form 2231 Dir	ect 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: <u>USAF, L</u> combination thereof. <u>USMC:</u> EMPTY and FULL weight tickets weight tickets must be obtained at Origin. <u>USN:</u> EMPTY and <u>USAF, USA, USMC</u> : TDY - a new FULL and EMPTY weight ticke PBP&E (Pro Gear) - complete weight calculator and approved	s to be obtained at Origin within 50 miles FULL weight tickets at Origin plus a FUL et for each leg.	s (at a Base Scale if available). <u>USCG</u> : EMPTY and FULL L weight ticket at Destination (3-Tickets).
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 <u>ELIGIBLE</u> : 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 CONTRACTS AND/OR PAID RECEIPTS (when required for "Actual Expense PPM") (EXPENSES WHICH DO NOT MEET ELIGIBILITY REQUIREMENTS MAY BE REMOVED) *Receipts for the below expenses will only be accepted if PPM is being claimed as "Actual"		
Contracted expenses (rental truck, trailer, n	· · · ·	
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:	I	⁻ O:
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: