



USAFCE FINANCE CHECKLIST

REQUIRED DOCUMENTS TO IN-PROCESS FINANCE

- ☐ 1. Complete set of orders and amendments
- ☐ 2. IPPS-A absence form (leave form) PCS - Abs in Conjunction w/PCS
- ☐ 3. Official Travel Receipts - Flight Receipts, Train Receipts, Etc.
- ☐ 4. DA Form 5960 (BAH)

ADDITIONAL DOCUMENTS AS APPLICABLE

- ☐ 5. DD Form 1610 (TDY-Enroute) – If TDY LOA is not included in the PCS Orders
- ☐ 6. Vehicle Processing Center (VPC) Invoice – If vehicle shipped prior to PCS leave, submit after initial voucher
- ☐ 7. DD 2278 – Personally Procured Move (PPM) and supporting documents (if applicable). Submit vouchers to
- ☐ 8. Hotel Receipts (zero-balanced, itemized) – Temporary Lodging Expense (TLE) or authorized rest stop
- ☐ 9. Receipts for Authorized Expenses over \$75 (if applicable) – Excess baggage, taxis, tolls, pet expenses, etc.
- ☐ 10. PCS Smart Voucher – Completed on smartvoucher.dfas.mil. **Upload all applicable documents to your Smart**

Voucher before submission!

**HOURS OF OPERATION
MONDAY-WEDNESDAY, & FRIDAY**

0830-1200, 1300-1530

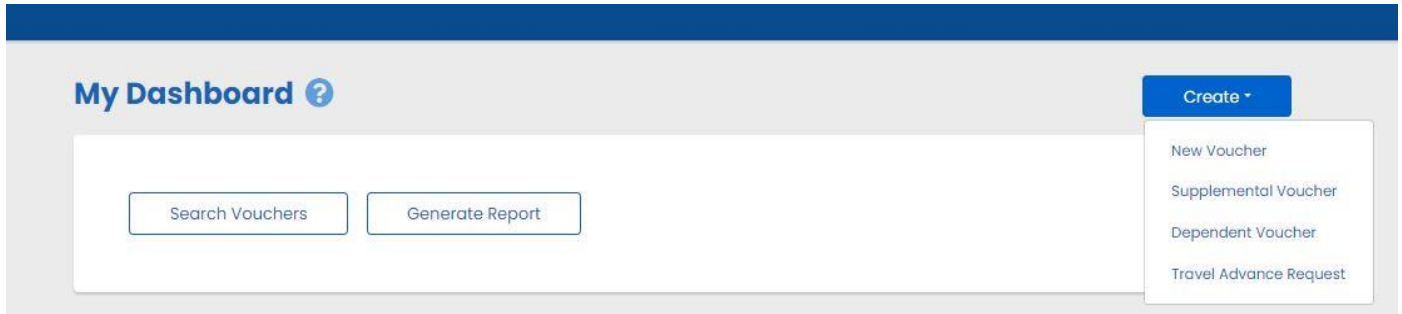
COMM:

EMAIL:

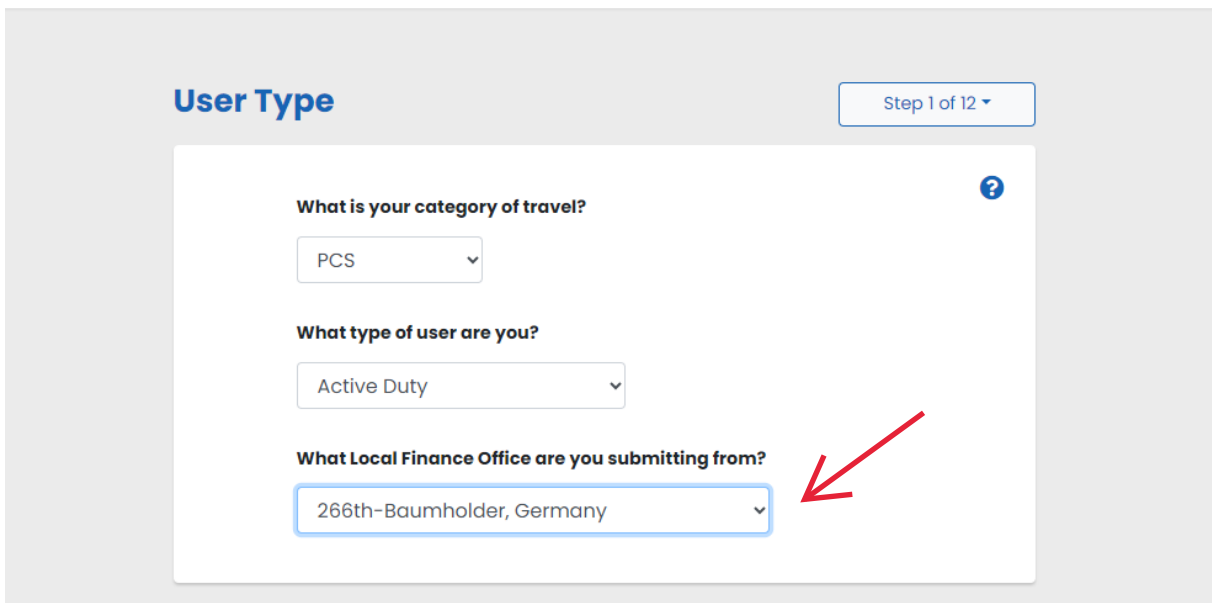
DFAS SMARTVOUCHER

Link: <https://smartvoucher.dfas.mil/>

1. Use drop-down menu to choose “New Voucher.”
 - a. If dependents did not accompany you at **ALL** stops, then do “Dependent Voucher” after completing the New Voucher.
 - b. All corrections/PPM/DITY have to be submitted as a supplemental.



2. Use the drop-down menu to select the following below.
 - a. Finance will first see your submission and send to DFAS Rome if completed.



3. Make sure to attach orders, amendments, absence request, flights, VPC, receipts, TLE, delay in travel docs, and TDY supporting docs (if applicable).
4. Please note that reimbursement will not appear on an LES. Use the “Travel (Advice of Payment)” in MyPay to see a breakdown of what DFAS reimbursed and submit supplemental vouchers if needed.



Scan the QR code for walkthrough assistance.

ATTACH: Complete set of Orders and Amenments, Leave Form (DA 31 or IPPS-A)
ALL Flight Itineraries, and Receipts over \$75, and Vehicle Drop Off Form (if applicable)

SMARTVOUCHER

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. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$600.00					
2. NAME (Last, First, Middle Initial)(Print or Type) Doe, John		3. GRADE E-7	4. SSN		5. TYPE OF PAYMENT (X as applicable) TDY <input checked="" type="checkbox"/> Member/Employee PCS <input type="checkbox"/> Other Dependent(s) <input type="checkbox"/> DLA		
6. ADDRESS: a. NUMBER AND STREET CMR 123 BOX 1234		b. CITY APO	c. STATE AE	d. ZIP CODE 09067	10. FOR D.O. USE ONLY		
e. E-MAIL ADDRESS John.Doe.123456@email.com		7. DAYTIME TELEPHONE NUMBER & AREA CODE 1231234567		8. TRAVEL ORDER NUMBER/AUTHORIZATION NUMBER 123456789		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES IF DLA/TRAVEL ADVANCE WAS SELECTED MUST BE RECONCILED, THERE SHOULD BE INFO HERE	
11. ORGANIZATION AND STATION Unknown		12. DEPENDENTS (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 Sesame St Schenectady NY 12345 USA SHOULD MATCH DEPENDENTS ADDRESS AT TIME ORDERS WERE CUT		a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		15. ITINERARY * DATE b. PLACE (Home, Office, Base, Activity, City, and State; City and Country, etc.)		c. MEANS / MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES		c. PAID BY d. COMPUTATIONS	
12/02/22 DEP Fort Hood, TX, 76544, USA (Last Duty Station)		12/02/22 ARR San Antonio, TX, 78240, USA		PA LV 0			
12/10/22 DEP San Antonio, TX, 78240, USA		12/10/22 ARR San Diego, CA, 92101, USA		CP LV			
12/16/22 DEP San Diego, CA, 92101, USA		12/16/22 ARR Baltimore, MD, 21201, USA		CP AT			
12/17/22 ARR Baltimore, MD, 21201, USA		12/17/22 DEP Baltimore, MD, 21201, USA		GP AT			
12/18/22 ARR Ramstein, GERMANY		12/18/22 DEP Ramstein, GERMANY		PA AT			
12/18/22 ARR Kleber Kaserne, GERMANY (New Duty Station as listed in orders)		12/18/22 DEP		MC			
12/18/22 ARR		12/18/22 DEP					
12/18/22 ARR		12/18/22 DEP					
12/18/22 ARR		12/18/22 DEP					
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TDY TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS <input checked="" type="checkbox"/>		e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due			
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED		19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS					
02/08 Excess Baggage 50.00							
12/04-12/04 Air Ticket - Paid by traveler 200.00							
12/11-12/11 Air Ticket - Paid by traveler 200.00							
20. a. CLAIMANT SIGNATURE Electronically sign on Smart Voucher. (Final Step)		b. DATE					
c. Reviewers Printed Name		d. SIGNATURE		e. TELEPHONE NUMBER f. DATE			
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER d. DATE			
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY			
27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID					

DD FORM 1351-2, MAY 2011

PREVIOUS EDITIONS ARE OBSOLETE.

Exception to SF 1012 approved by GSA/IRMS 12-91

SMARTVOUCHER

**** ALL MOVEMENTS FROM DATE DEPARTED LAST DUTY STATION (START OF LEAVE), TO ANY MAJOR STOPS (I.E. LV, TDY, VPC DROP OFF, AIRPORT, ETC.) TO ARRIVAL AT NEW DUTY AS LISTED IN ORDERS MUST BE PRESENT TO BE COMPLETE. THIS IS VERIFIED WITH ATTACHED DOCS ****