

Actual Expense Reimbursement for Personally-Procured Shipment or Storage of HHG/POV

1. MEMBER OR EMPLOYEE INFORMATION

a. Name (Last, First, Middle Initial)

b. Orders No.

c. Date of Orders

2. SHIPMENT INFORMATION Type of Reimbursement

a. Weight

b. Shipped From

c. Shipped To

3. I certify that this shipment (including drayage, storage, packing and crating) consisted of household goods and personal effects. These items belonged to me and were used by me (or my dependents) before the effective date of my orders. They were not intended directly or indirectly for any other person or persons or for sale. The following shipments were previously made at Government expense under the same travel orders that support this claim (if no previous shipments show "NONE"). I certify that I did not request payment under the monetary allowance or any other program. I further certify that the declared professional books, paper, and equipment belong to me and are necessary in the performance of my official duties.

a. Signature of Member/Agent

b. Date Signed

c. Signature of Counselor

b. Date Signed

4. The cost for shipment or storage of the property by the Government, had the shipment been made by a shipping or transportation officer, would have exceeded the amount being claimed. All supporting documentation (Orders, DD Form 1351-2, receipts, weight tickets/cube sheet, extensions and POAs or written authorizations) must be provided for reimbursement purposes IAW DOD Financial Management Regulation, Volume 9, Chapter 6, JFTR, JTR and DOD 4500.9-R.

a. Previous shipments made under travel order (List type of shipments/storage, origin, destination and weight)

b. Government Constructive Cost (Breakdown of Costs Below)

c. Amount

d. Member/Employee Expense (Breakdown of Costs Below)

e. Amount

f. Amount Claimed For Reimbursement

Installation Transportation Officer