

PCS Checklist

DOCUMENTS WILL BE SUBMITTED IN THE FOLLOWING ORDER

- ❑ 1. Complete set of orders and amendments
- ❑ 2. DA Form 5960 (BAH) – If on an “All-Others/Unaccompanied” Tour and dependents are stateside
- ❑ 3. DD Form 1610 (TDY-Enroute) – If the travel is not included in the PCS Orders
- ❑ 4. Official Travel Receipts - Flight Receipts, Train Receipts, Etc
- ❑ 5. Vehicle Processing Center (VPC) Invoice – If the vehicle was dropped off during PCS leave
- ❑ 6. IPPS-A absence form (leave form) PCS - Abs in Conjunction w/PCS
- ❑ 7. PCS Smart Voucher – Completed on smartvoucher.dfas.mil.

Hours of Operation

Monday, Tuesday, Wednesday & Friday
08:30 – 11:45 & 13:00 – 15:00

Thursday

Closed

Everyday from 11:45 – 13:00

DSN: 314-523-3551

Commercial: 0611-143-5233551

Wiesbaden FINANCE IS CLOSED

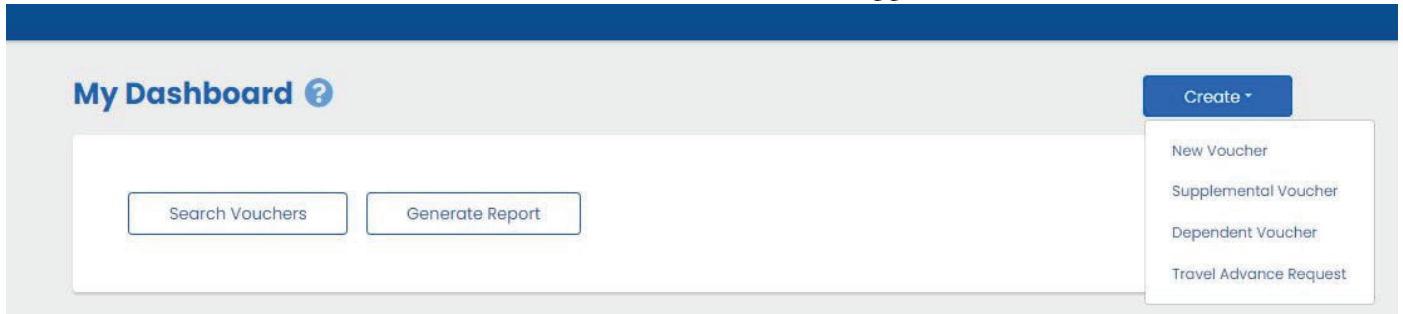
ON

**Thursday and ALL
FEDERAL HOLIDAYS**

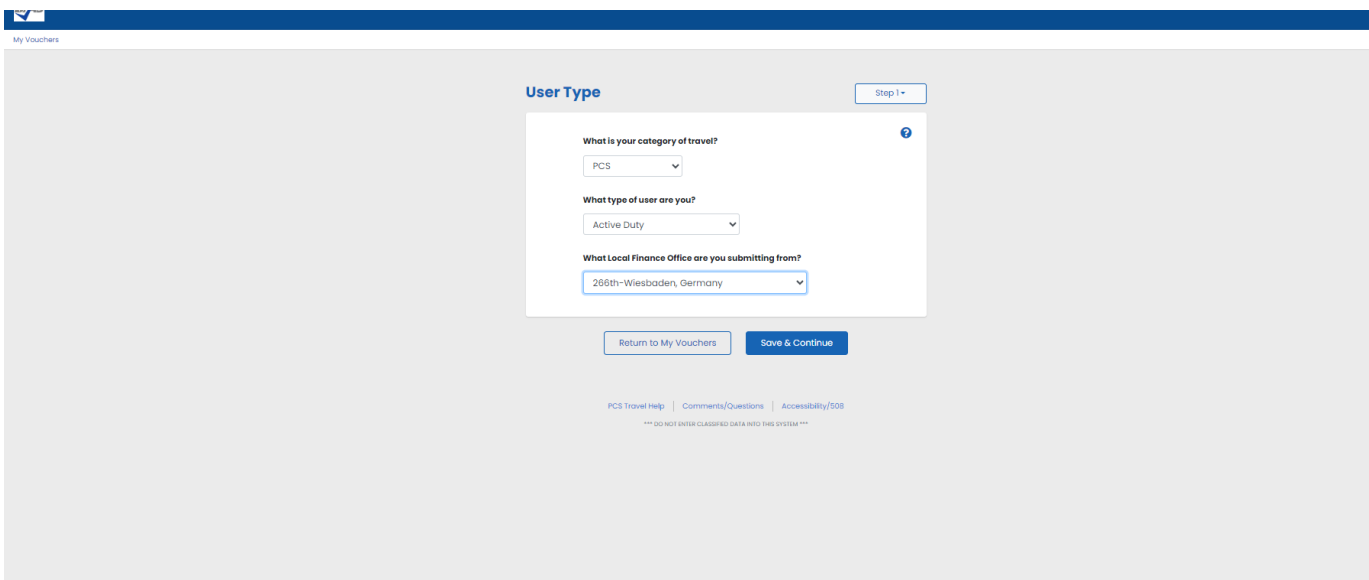
DFAS SMARTVOUCHER

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.
 - b. You will receive correspondence via email on your voucher status.



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.



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		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"/>	Electronic Fund Transfer (EFT)	Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$3,066.10						
	Payment by Check							
2. NAME (Last, First, Middle Initial)(Print or Type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)				
NEED, MONEY		E-5		<input type="checkbox"/> TDY	<input checked="" type="checkbox"/> Member/Employee			
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input checked="" type="checkbox"/> PCS	<input checked="" type="checkbox"/> Other		
CMR 405 Box:		Smith Barracks	AE	09034	<input checked="" type="checkbox"/> Dependent(s)	<input checked="" type="checkbox"/> DLA		
e. E-MAIL ADDRESS				10. FOR D.O. USE ONLY				
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER NUMBER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER			
(915) 706-7350		0904208			b. SUBVOUCHER NUMBER			
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY		
Delta 5-7 ADA								
12. DEPENDENTS (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				
<input checked="" type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED				
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		d. COMPUTATIONS			
		SPOUSE						
		DEPENDENT						
15. ITINERARY				16. POC TRAVEL (X one)				
a. 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	
2022-2022								
04/25/22	DEP	Camp Carroll , KOREA (SOUTH)		GB				
04/25/22	ARR	Osan AB , KOREA (SOUTH)			AD	150	0	
04/27/22	DEP	Osan AB , KOREA (SOUTH)		GP				
04/27/22	ARR	Seattle , WA , 98158 , USA			AT			
04/27/22	DEP	Seattle , WA , 98158 , USA		CP				
04/27/22	ARR	El Paso , TX , 79936 , USA			LV		0	
05/14/22	DEP	El Paso , TX , 79936 , USA		CP				
05/14/22	ARR	Dublin , NH , 03444 , USA			LV		0	
06/05/22	DEP	Dublin , NH , 03444 , USA		CP				
06/05/22	ARR	Baltimore , MD , 21240 , USA			AD	266		
06/08/22	DEP	Baltimore , MD , 21240 , USA		GP				
06/08/22	ARR	Ramstein , GERMANY			AT			
06/09/22	DEP	Ramstein , GERMANY		GB				
06/09/22	ARR	Wiesbaden GERMANY			MC			
17. DURATION OF TDY TRAVEL				e. SUMMARY OF PAYMENT				
12 HOURS OR LESS				(1) Per Diem				
MORE THAN 12 HOURS BUT 24 HOURS OR LESS				(2) Actual Expense Allowance				
MORE THAN 24 HOURS				(3) Mileage				
				(4) Dependent Travel				
				(5) DLA				
				(6) Reimbursable expenses				
				(7) Total				
				(8) Less Advance				
				(9) Amount Owed				
				(10) Amount Due				
18. REIMBURSABLE EXPENSES				19. GOVERNMENT/DEDUCTIBLE MEALS				
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
06/05-06/08	Lodging Tax Baltimore		34.42					
04/18-04/18	Air Ticket - Paid by traveler		1,685.10					
04/04-04/04	Air Ticket - Paid by traveler		735.00		<input checked="" type="checkbox"/>			
04/18-04/18	Air Ticket - Paid by traveler		480.00					
20.a. CLAIMANT SIGNATURE				20.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	