**YOUR PETS AND OVERSEAS TRAVEL**

Reference: JTR CHAPTER 5 PAR 5430

If you plan on taking your pets overseas, then please review the information in the JTR chapter (listed above) or go to DMO and you can pick up a booklet that is available. AMC pet travel is only authorized for PCS personnel. The member is responsible for the following:

1. Sponsor or sponsor’s family member must accompany the pet on the AMC flight.
2. The traveler must pay for the movement of all pets. Cost for pet shipment must be paid at the AMC ticket counter at check in time.
3. AMC has a 150 lb limit on pets.
4. During summer months, AMC can't fly certain pets, check with DMO (for pet restrictions) to see if your pet is listed/not listed.

Each pet must be in an appropriate size container, you must provide IPAC with container dimensions, (height, width, length, and total weight of the container with pet), **and this is required for each pet.**

**REGULATIONS FOR ANIMALS AS OF 18 MAY 2017**

**OVERSEAS INFORMATION:**

* PER DMO GATES (AMC) HAS NO RESTRICTIONS ON TYPES OF PETS THAT CAN NOW FLY- BUT CUSTOMERS ARE FLYING THEIR PET(S) AT THERE OWN RISK.
* COMMERCIAL FLIGHTS DO HAVE CERTAIN RESTRICTIONS. IF YOU ARE NOT SURE GO TO DMO/PORTCALL OFFICE, OR RESEARCH ONLINE/CALL THE AIRLINES TO GET UPDATED INFORMATION ABOUT YOUR PET(S).

**PER MCO 4600.7** - THERE IS A LIMIT OF TWO PET(S) FOR AMC FLIGHTS PER FAMILY IN PCS STATUS.

GATES REGULATIONS (AMC FLIGHTS):

* FOR SMALL DOGS/CATS IN CABIN: CAGE(S) SIZE 20X16X8.5, (ANIMALS HAVE TO BE ABLE TO STAND UP/TURN AROUND IN THE CAGE/HEADS CANNOT TOUCH TOP OF CAGE(S).
* CAGES CAN BE SOFT SHELL ALL AROUND OR 2 SOFT/2 HARD SIDES.

**\*\*NOTE: NO COLLAPSIBLE CAGES/NO ANIMALS OVER 150LBS TO INCLUDE CAGE(S) ALLOWED, AND NO EXCEPTIONS\*\***

**FOR ALL OTHER ANIMALS:**

* HARD SHELL CAGES MANDATORY.

**\*\*NOTE: THESE ARE SOME ANIMALS THAT ARE RESTRICTED ON FLIGHTS DURING THE SUMMER MONTHS FROM 1 JUN - 30 SEP.**

**THIS IS NOT A COMPLETE LIST. IF YOU ARE NOT SURE PLEASE CONTACT DMO\*\***

* **BOSTON TERRIER**
* **BOXER**
* **ENGLISH/FRENCH BULLDOG**
* **KING CHARLES SPANIEL**
* **LHASA APSO**
* **PUG**
* **SHAR-PEI**
* **SHIH TZU**

DMO INFO: 703-784-2835/2836

**TEMPORARY LODGING EXPENSE/ ALLOWANCE**

**TEMPORARY LODGING EXPENSE ALLOWANCE -** REF: JTR, PAR 5434.

This is to help offset the expense incurred by member and/or their dependents, when it’s necessary for the member or dependents to occupy temporary lodging incident to a PCS. Temporary lodging refers to lodging obtained either by private or commercial sources in the vicinity of a member’s old or new PDS or designated place within Conus.

**TEMPORARY LODGING EXPENSE (TLE) FOR “O’CONUS” ORDERS IS ONLY (5) DAYS**

TLE is payable when Per Diem is not payable (during proceed and travel). It may be used all at one time prior to detaching or after reporting to the new PDS. It may be split between the old PDS and the new PDS (5 days maximum).

**THE MAXIMUM TLE PAYABLE CANNOT EXCEED $290.00 PER DAY**

A member may be entitled to TLE even if assigned to family type government quarters, if the assigned quarters are not inhabitable and not occupied because:

1. Household goods have not yet arrived from the old PDS to the government quarters or;
2. The quarters are undergoing repairs or renovations.

**The following statement is required on your travel claim:**

**“I certify that (I and/or my dependents listed on this claim) incurred Temporary Lodging Expenses on (list dates). The temporary lodging (did/did not) have facilities to prepare and eat meals”.**

You are required to submit the original and 3 copies of your PCS orders, with endorsements. The following is required:

1. Statement of **Non-Availability** of government quarters from your gaining command.
2. Receipts for temporary lodging.

**TEMPORARY LODGING ALLOWANCE (TLA)**

TLA is for overseas moves ONLY. Up to 60 days (may be extended) may be paid for temporary lodging expenses and meal expenses after a military member and (his/her) family arrive at the new overseas location, while they are awaiting housing.

Up to **10 days** of TLA can be paid for temporary lodging expenses in the overseas location, prior to departure.

Actual rules for TLA are in the **JTR CHAPTER 5 PAR 5436** for further information and instructions.

**ADVANCE PAY INFORMATION**

**ADVANCE PAY INFORMATION:** One (1) months Advance Pay is standard to request check the Advance Pay box in the OBI. Any Lance Corporal and below need justification paperwork signed off in order to rate ANY Advance Pay.

**If you DO NOT desire Advance Pay, there is no need to select Advance Pay in the OBI.**

The justification for requesting more than one (1) month(s) Advance Pay has additional forms to be completed. Required forms are behind the Advance Pay Acknowledgement Form and listed below:

1. Justification page for request for advance pay outside of normal parameters
2. Signature page for request for advance pay outside of normal parameters.

When requesting two (2) or three (3) months of Advance Pay. Justification must be in written format to the Commanding Officer and explained in outline format showing the dollar amounts and purpose for which it will be used. (an example is behind the Advance Pay Acknowledgement Form)

**30 WORKING DAYS PRIOR TO DETACHMENT DATE**

Advance Pay requests are submitted to disbursing for payment 30 days prior to your detachment date. A copy of the detaching endorsement and a copy of your web orders are submitted with the advance request. If for any reason your orders are not completed due to Incomplete OBI, inaccurate information, needing more time on contract, lack of significant information for the advance, then your advance CAN and WILL be delayed. All advance payments are made to member(s) via EFT. (MCO 7220.21F)

**INTSTRUCTIONS/GUIDELINES FOR CIRCUITOUS TRAVEL**

**PLEASE READ** THIS AND FOLLOW THE SAMPLE FORMAT ATTACHED. YOU CAN SUBMIT YOUR PACKAGE TO MMIA IN PERSON, FAX, OR VIA E-MAIL.

MMIA IS LOCATED IN THE MARSH BUILDING

**CIRCUITOUS OVERSEAS TRAVEL INFORMATION**

*REF MCO 1000.6/CHAPTER 4*

All requests for circuitous travel must be approved by MMIB-3.

Request should be submitted as soon as possible.

**Request must be submitted in** **letter format or administrative action form via your Chain of Command.**

**YOUR REQUEST MUST CONTAIN THE FOLLOWING REQUIREMENTS:**

(a) Marines must indicate that they have sufficient funds to defray the cost of transportation between the last PDS and the place from which transoceanic transportation at government expense will be furnished.

(b) Marines must have sufficient leave to cover the period in excess of proceed time, and the constructive travel time, by the direct route.

(c) Marines must include a copy of the plans/travel itinerary.

**MMIB-3 POC**

(703) 784-9236

**SAMPLE ONLY FOR CIRCUITOUS TRAVEL**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Date | |  |
|  |  | |  |
|  |  | |  |
|  | From: Marine’s Name/SSN/MOS USMC  To: Commandant of the Marine Corps (MMIA)  Via: Marine’s Chain of command  Ref: (a) MCO P1000.6G  Encl: (1) Copy of plans/travel itinerary  (2) Copy of documents that shows you have sufficient funds to defray any additional  cost that occur  (3) Copy of LES/Leave Balance to cover the period in excess of proceed/travel time  Subj: REQUEST FOR CIRCUITOUS TRAVEL ENROUTE TO OCONUS PDS  1. I request to be granted circuitous travel in conjunction with my OCONUS Permanent Change of Station Orders to (put your new duty station here).  2. Per reference (a), I have provided all required documents.  3. POC for this request can be reached at (phone # work/cell). | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  | | /Signature/ |  |
|  | | YOUR NAME HERE |  |

**AMC PCS STATEMENT**

If I am unable to depart on the AMC flight as scheduled or if my orders are cancelled, it is my responsibility to notify the Distribution Management Office, in advance, at (703) 432-0637/38 and the AMC customer support desk in Seattle-Tacoma, WA at (253) 982-7259. Flight Information can be obtained by calling (253) 982-0555.

The above paragraph is punitive and any violations may result in prosecution under the UCMJ and/or adverse administrative action.

In addition, I may not be reimbursed for personal payments made for a commercial flight. Per paragraph 5018 of the Joint Federal Travel Regulations, when travel is directed by GOVT/GOVT-procured transportation and the member performs transoceanic travel at personal expense, no reimbursement is authorized for the transoceanic travel.

I certify that I have read and understand the statement above.

PRINTED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_

**Proceed Time Statement of Understanding /** **Acknowledgment**

**Single Marine acknowledgment**:

I understand that I am entitled to proceed time due to my request to move/ship household-goods through DMO.

I understand that upon reporting to my new Permanent Duty Station, I will certify during the new join audit process that I in fact did moved my Household Goods through DMO as indicated on my Original Orders and my OBI and that the Finance Office will verify my entitlement to proceed time upon submitting my travel claim/settlement.

SNM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Married Marine acknowledgment**:

I understand that I am entitled to proceed time due to my request to move/ship household-goods through DMO, and I either elected to leave my dependents in place or move my dependents to a designated location prior to executing my Orders for a restricted/unaccompanied tour overseas alone.

I understand that upon reporting to my new Permanent Duty Station, I will certify during the new join audit process that I in fact did moved my Household Goods through DMO as indicated on my Original Orders and my OBI and that such move was for a restricted/unaccompanied tour overseas. I understand that the Finance Office will verify my entitlement to proceed time upon submitting my travel claim/settlement.

SNM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**RELOCATION OF DEPENDENTS**

**STATEMENT OF UNDERSTANDING**

I CERTIFY THAT MY DEPENDENTS WILL RELOCATE,

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street, City and State

I CERTIFY THAT MY DEPENDENTS WILL NOT RELOCATE AND RESIDE,

AT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street, City and State

BY SIGNING THIS SOU I HAVE ACKNOWLEDGED THE ABOVE STATEMENT, MY DEPENDENTS WILL (BE RELOCATED TO THE DESIGNATED ADDRESS) OR (RESIDE AT CURRENT ADDRESS). THIS ADDRESS WILL SERVE AS MY BAH FOR THIS RESTRICTED TOUR.

**MARINE’S SIGNATURE**: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT FULL NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_