

OCT08

OCONUS
PERMANENT CHANGE OF STATION INFORMATION PACKAGE

PLEASE REVIEW THIS ENTIRE PACKAGE FIRST - WE
WILL BE GLAD TO ANSWER QUESTIONS AFTER YOU
REVIEW THE PACKAGE AND COMPLETE AS MUCH AS
POSSIBLE.

READ YOUR ORDERS, IF YOUR ORDERS STATE THAT YOU ARE
REQUIRED TO HAVE OBLIGATED SERVICE, NEED A SECURITY
CLEARANCE/PROOF OF TYPE OF CLEARANCE, PHYSICAL'S, ANY
TYPE OF CHECKLIST, ETC.

THIS IS YOUR RESPONSIBILITY

THE FOLLOWING INFORMATION WAS CONSOLIDATED TO ASSIST YOU WITH YOUR PERMANENT CHANGE OF STATION (PCS) TRANSFER. THIS IS NOT ALL-INCLUSIVE, BECAUSE EACH MARINE TRANSFERRING HAS THEIR OWN UNIQUE SITUATION(S).

FOR OCONUS (OVERSEAS) ORDERS:

THE FIRST PAGES ARE BASIC INFORMATION TO ASSIST YOU. PLEASE READ, IT WILL PROVIDE INFORMATION ABOUT THE TYPES OF ADVANCES YOU CAN/WILL RATE, THE ENTITLEMENTS YOU CAN/WILL RATE, TRAVEL AND TMO INFORMATION, AS WELL AS PHONE NUMBERS. IT WILL ASSIST YOU IN GETTING YOUR PRIORITIES COMPLETED AND MAKE SURE YOU HAVE A SMOOTH TRANSITION TO YOUR NEXT DUTY STATION.

UPON RECEIPT OF A COPY OF YOUR WEB ORDERS, PLEASE CALL THE NAVAL MEDICAL CLINIC IN ORDER TO START YOUR MEDICAL OVERSEAS SCREENING PROCESS. THE SUITABILITY SCREENING COORDINATORS WILL ASSIST YOU. THEY PROVIDE ALL NECESSARY DOCUMENTS NEEDED TO COMPLETE YOUR SCREENING(S).

ALL PERSONNEL MUST BE MEDICALLY QUALIFIED. IF ORDERS ARE FOR
ACCOMPANIED (WITH DEPENDENTS), ALL FAMILY MEMBERS MUST BE
MEDICALLY QUALIFIED AS WELL.

THE REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT HAS TO BE
COMPLETED AND PAGE 4 MUST BE SIGNED BY THE MEMBERS COMMAND (CO,
XO, OR BY DIRECTION AUTHORITY.

PAGE 1 AND 2 OF THE ABOVE CHECKLIST MUST BE COMPLETED BY THE
MEMBER. PAGE 2 - INTERVIEWER HAS TO BE AN E-7 AND ABOVE, OR GS
7 AND ABOVE.

PAGE 3 IS COMPLETED BY THE APPROPRIATE MEDICAL AUTHORITY AT THE NAVAL MEDICAL CLINIC.

PAGE 4 OF THE CHECKLIST (PART IV) HAS TO BE SIGNED BY YOUR COMMANDING OFFICER, EXECUTIVE OFFICER, OR BY DIRECTION AUTHORITY.

UPON COMPLETION OF ALL THESE FORMS, THE ORIGINAL FORMS ARE RETURNED TO THE IPAC ORDERS SECTION. (SEE AREA CLEARANCES).

THERE IS AN ADDITIONAL CHECKLIST REQUIRED BY MCO 1300.8R. THIS CHECKLIST SHOULD BE COMPLETED AT YOUR COMPANY/BATTALION/SECTION LEVEL AND A COPY SHOULD BE PROVIDED TO YOU FOR YOUR RECORD:

AREA CLEARANCES

THIS IS A VITAL KEY TO THE COMPLETION OF YOUR PACKAGE. THIS CLEARANCE IS A REQUEST FOR APPROVAL OF DEPENDENTS TO ENTER THE COUNTRY. THE ORDERS SECTION CANNOT RELEASE A MESSAGE FOR THIS APPROVAL UNTIL YOU PROVIDE A COMPLETED REPORT OF MEDICAL SUITABILITY SCREENING FOR YOURSELF AND DEPENDENT(S) (IF APPLICABLE).

NOTES:

NOTE - 1) MEMBERS IN RECEIPT OF PCS ORDERS TO SEOUL KOREA, IWAKUNI, HOLLAND, AND SOME AREAS OF GERMANY ARE REQUIRED TO MAKE THEIR OWN TRAVEL ARRANGEMENTS VIA PROFESSIONAL TRAVEL, WHICH IS LOCATED AT 2009 ZEILIN ROAD.

NOTE - 2) MARADMIN 238-06, EFFECTIVE 1 JAN 2006, BAH AND OHA POLICY CHANGES THAT AFFECT MEMBERS WITH DEPENDENTS EXECUTING PERMANENT CHANGE OF STATION (PCS) ORDERS BETWEEN CONUS AND OVERSEAS LOCATIONS. BAH IS NO LONGER PAYABLE WHEN A MEMBER WITH DEPENDENTS ASSIGNED TO CONUS IS ISSUED ACCOMPANIED ORDERS OVERSEAS AND THE MEMBER EXECUTES THESE ORDERS, BUT ELECTS TO LEAVE DEPENDENTS IN CONUS DUE TO PERSONAL REASONS. WHEN THIS OCCURS, THE MEMBERS HOUSING ALLOWANCE IS BASED ON THE NEW PDS (OVERSEAS) RATE EFFECTIVE THE DATE THE MEMBER ARRIVES. FOR EXCEPTIONS TO THE NEW RULES, REQUESTS MUST BE SUBMITTED VIA YOUR CHAIN OF COMMAND. THE REQUESTS ARE SUBMITTED TO CMC (MM), SPECIFIC QUESTIONS SHOULD BE ADDRESSED TO YOUR COMMAND.

NOTE: FOR PORT CALL PURPOSES/PROCEDURES, THE FOLLOWING APPLIES:

1. ALL PASSENGERS MUST HAVE A SEAT, TO INCLUDE INFANTS AND CHILDREN
2. IN ORDER TO RESERVE A SEAT, THE CHILD MUST BE BORN.
3. ALL PASSENGERS MUST HAVE A SOCIAL SECURITY NUMBER OR A PASSPORT NUMBER (ADULTS MUST HAVE AN SSN #).

******* STUDENT PERSONNEL *******

PLEASE UTILIZE THE ADMINISTRATIVE CHIEF AT YOUR SCHOOL

ALL PAPERWORK IS SUBMITTED TO THE ADMINISTRATIVE CHIEF AT THE SCHOOL. STUDENTS WHO REQUIRE ADMINISTRATIVE ASSISTANCE WITH THEIR ORDERS WILL CONDUCT BUSINESS THROUGH THE SCHOOL FIRST. THE ADMINISTRATIVE CHIEF AT SCHOOL WILL ALWAYS BE THE LIAISON BETWEEN STUDENT AND IPAC. NO STUDENT(S) SHOULD CONTACT IPAC WITH PRIOR ARRANGEMENT BETWEEN THE ADMINISTRATIVE CHIEF/SECTION AND THE ORDERS CHIEF OF IPAC.

READ THIS PACKAGE PRIOR TO COMPLETING ANY PAPERWORK. ANY QUESTIONS OR CONCERNS CAN BE ADDRESSED TO THE IPAC ORDERS CHIEF "VIA " THE SCHOOL'S ADMINISTRATIVE CHIEF.

ORDERS CHIEF AT IPAC: JESSIE.RETAN@USMC.MIL

YOUR PETS AND OVERSEAS TRAVEL

REFERENCE: JFTR: U5800

IF YOU PLAN ON TAKING YOUR PETS OVERSEAS WITH YOU, THEN PLEASE REVIEW THE INFORMATION IN THE JFTR CHAPTER LISTED ABOVE OR GO TO TMO AND YOU CAN PICK UP A BOOKLET THAT IS AVAILABLE. AMC PET TRAVEL IS ONLY AUTHORIZED FOR PCS PERSONNEL.

THE MEMBER IS RESPONSIBLE FOR: SPONSOR OR A SPONSOR(S) FAMILY MEMBER MUST ACCOMPANY THE PET ON THE AMC FLIGHT. 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.

THE COST PER SPACE IS ABOUT \$90.00. AMC HAS A 100 LB LIMIT ON PETS. DURING SUMMER MONTHS, AMC CANNOT FLY CERTAIN PETS, PLEASE CHECK WITH TMO TO MAKE SURE YOU PET IS/IS NOT ONE OF THE PETS LISTED.

EACH PET MUST BE IN AN APPROPRIATE SIZE CONTAINER. THE CONTAINER DIMENSIONS MUST INCLUDE THE HEIGHT, WEIGHT, LENGTH, AND TOTAL WEIGHT OF THE CONTAINER WITH THE PET IN IT. IF MORE THAN 1 PET, YOU MUST HAVE THIS INFORMATION FOR EACH ONE.

THINGS YOU NEED TO DO

PLEASE COMPLETE THE FORMS IN YOUR PACKAGE AS SOON AS POSSIBLE. IF YOU NEED ASSISTANCE, ANYONE IN THE ORDERS SECTION CAN ASSIST YOU.

- 1) TRANSFER DATA SHEET
- 2) DISLOCATION ALLOWANCE FORM
- 3) REQUEST FOR ADVANCE OF PCS TRAVEL
- 4) REQUEST FOR PORT CALL (FLIGHT ARRANGEMENT VIA GOVERNMENT TRAVEL)
- 5) REQUEST FOR AREA CLEARANCE (ACCOMPANIED ORDERS ONLY)
- 6) MISCELLANEOUS MILITARY PAY ORDER (FOR ADVANCE PAY)

ADVANCE PAY INFORMATION

ONE MONTH(S) ADVANCE PAY IS STANDARD AND THE ONLY FORM TO BE COMPLETED IS THE (NAVMC 11116) MISCELLANEOUS MILITARY PAY ORDER). PLEASE SIGN THE STATEMENT OF UNDERSTANDING ON THIS FORM. (FORM IN PACKAGE). IF YOU DO NOT DESIRE ADVANCE PAY, THERE IS NO NEED TO COMPLETE THE FORM(S).

THE JUSTIFICATION FOR REQUESTING MORE THAN 1 MONTHS ADVANCE PAY HAVE ADDITIONAL FORMS TO BE COMPLETED. YOU WILL REQUEST THOSE FORMS FROM THE ORDERS SECTION.

WHEN REQUESTING 2/3 MONTHS OF ADVANCE PAY. JUSTIFICATION MUST BE IN WRITTEN FORMAT TO THE COMMANDING OFFICER AND EXPLAINED IN BULLET FORMAT SHOWING THE DOLLAR AMOUNTS AND PURPOSE FOR WHICH IT WILL BE USED.

PASSPORTS *** IMMEDIATE PRIORITY***

WEBSITE: [HTTPS://PPTFORM.STATE.GOV](https://pptform.state.gov)

UPON RECEIPT OF YOUR WEBORDERS (ACCOMPANIED WITH DEPNS) PASSPORT APPLICANTS ARE REQUIRED TO UTILIZE THE NEW ELECTRONIC PASSPORT APPLICATION ON THE STATE DEPARTMENTS OFFICIAL WEBSITE. THIS IS MANDATORY. PLEASE COMPLETE THE APPLICATION ON LINE AND PRINT IT OUT. ONCE YOU COMPLETE THAT, PLEASE ASSEMBLE AND FORWARD AS USUAL.

POC NAME/NUMBER: MR. FREDERIC MILLER/GS6 @ 703-784-2758. LOCATED IN LITTLE HALL.

REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT (MEDICAL CHECKLIST)

AT/FP BRIEF: ALL MILITARY PERSONNEL AND FAMILY MEMBERS ACCOMPANIED ORDERS) ARE REQUIRED TO COMPLETE A LEVEL 1 ANTITERRORISM-FORCE PROTECTION BRIEF.

SERVICE MEMBERS YOUR LEVEL I (ATFP BRIEF) CANNOT BE MORE THAN 12 MONTHS OLD.

COMPLETE THE AF/FP BRIEF VIA THE INTERNET AT:

HTTP://WWW.AT-AWARENESS.ORG /ACCESS CODE: AWARE.

AFTER COMPLETION OF THE BRIEF, PRINT OUT THE CERTIFICATE AND TAKE IT TO THE S-3 OFFICE. THEY SHOULD RUN IT ON THE UNIT DIARY. PLEASE PROVIDE A COPY OF THE CERTIFICATE TO THE ORDERS SECTION. IT IS PART OF YOUR OVERSEAS REQUIREMENT. SOME S-3 OFFICES PROVIDE THE BRIEF TO MEMBERS AND DEPENDENT(S). CHECK WITH YOUR S-3.

DISLOCATION ALLOWANCE (DLA) IS FOR MEMBERS WITH DEPENDENTS, E-7'S AND ABOVE, AND ALL OFFICERS.

IF AN EXTENSION OR REENLISTMENT IS REQUIRED IN ORDER TO EXECUTE YOUR PCS ORDERS, CONTACT THE CAREER RETENTION SPECIALIST UPON RECEIPT/NOTIFICATION OF YOUR WEB ORDERS. READ YOUR ORDERS THIS IS YOUR RESPONSIBILITY.

MCO 1000.6 P- 4404.4 - FOR PTAD/HOUSE HUNTING IN CONNECTION WITH PCS ORDERS

YOU MAY BE AUTHORIZED UP TO 10 DAYS PERMISSIVE TEMPORARY ADDITIONAL DUTY (PTAD) FOR THE PURPOSE OF HOUSEHUNTING, AND THEY HAVE TO BE CONSECUTIVE CALENDAR DAYS. PTAD MAY NOT BE USED IN CONJUNCTION WITH PCS, PCA, OR FUNDED TAD ORDERS. THE REQUEST FOR PTAD IS SUBMITTED VIA MOL, THRU YOUR CHAIN OF COMMAND. PTAD CAN BE DONE PRIOR TO YOUR DETACHMENT OR AFTER REPORTING TO YOUR NEW STATION.

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 MISSING INFORMATION, INACCURATE INFORMATION, EAS (EXTENSION/REENLISTMENT), LACK OF SIGNIFICANT INFORMATION FOR THE ADVANCE, THEN YOUR ADVANCE CAN BE/WILL BE DELAYED. ALL ADVANCE PAYMENTS ARE MADE TO MEMBER(S) VIA EFT (MCO 7220.21).

10 WORKING DAYS PRIOR TO DETACHMENT DATE

ALL ADVANCE TRAVEL AND DISLOCATION ALLOWANCES ARE SUBMITTED TO DISBURSING FOR PAYMENT. PAYMENTS ARE MADE TO MEMBER(S) VIA EFT.

TEMPORARY LODGING EXPENSE

REF: JFTR, PARS U5700-U5710.

TEMPORARY LODGING EXPENSE ALLOWANCE IS TO HELP OFFSET THE EXPENSE INCURRED BY MEMBERS AND/OR THEIR DEPENDENTS WHEN IT IS NECESSARY FOR THE MEMBER OR DEPENDENTS TO OCCUPY TEMPORARY LODGING INCIDENT TO A PERMANENT CHANGE OF STATION. TEMPORARY LODGING REFERS TO LODGING OBTAINED EITHER BY PRIVATE OR COMMERCIAL SOURCES IN THE VICINITY OF A MEMBER'S OLD OR NEW PERMANENT DUTY STATION OR DESIGNATED PLACE WITHIN CONUS.

TEMPORARY LODGING EXPENSE FOR "O'CONUS" ORDERS IS ONLY (5) DAYS

TEMPORARY LODGING EXPENSE IS PAYABLE FOR A MAXIMUM OF "10" DAYS WHEN THE NEW PERMANENT DUTY STATION IS CONUS AND 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 \$180.00 PER DAY.

A MEMBER MAY BE ENTITLED TO TEMPORARY LODGING EXPENSE EVEN IF ASSIGNED TO FAMILY TYPE GOVERNMENT QUARTERS, IF THE ASSIGNED QUARTERS ARE NOT INHABITABLE AND NOT OCCUPIED BECAUSE:

(A) HOUSEHOLD GOODS HAVE NOT YET ARRIVED FROM THE OLD PDS TO THE GOVERNMENT QUARTERS OR;

(B) THE QUARTERS ARE UNDERGOING REPAIRS OR RENOVATIONS.

ADVANCE PAYMENT OF TEMPORARY LODGING EXPENSE IS AUTHORIZED:

TO REQUEST AN ADVANCE OF TLE, A MCB FORM 7200/16 (TEMPORARY LODGING EXPENSE WORKSHEET) FORM IS REQUIRED TO BE COMPLETED BY THE MEMBER.

REIMBURSEMENT OF TLE IS DONE UPON COMPLETION OF YOUR TRAVEL CLAIM WHEN YOU ARE JOINED AT YOUR NEW DUTY STATION. (EXCEPTION IS THE FIRST AND LAST PCS WHERE THERE IS NO ENTITLEMENT TO TLE).

THE FOLLOWING STATEMENT WILL BE REQUIRED TO BE MADE ON YOUR TRAVEL CLAIM: "I CERTIFY THAT (I AND OR MY DEPENDENTS LISTED ON THIS CLAIM) INCURRED TEMPORARY LODGING EXPENSES ON (LIST INCLUSIVE 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:

- (A) STATEMENT OF NON-AVAILABILITY OF GOVERNMENT QUARTERS FROM YOUR LOCAL COMMAND.
- (B) RECEIPTS FOR TEMPORARY LODGING

TEMPORARY LODGING ALLOWANCE (TLA)

TEMPORARY LODGING ALLOWANCE 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 JFTR, PAR: U9150 - U9195 FOR FURTHER INFORMATION AND INSTRUCTIONS.

PROCESS FOR OVERSEAS ORDERS

PER BUMEDINST 1300.2, MEDICAL SUITABILITY SCREENING(S) MUST BE COMPLETION WITHIN 30-45 DAYS UPON RECEIPT OF ORDERS. UNDER MOST CIRCUMSTANCES, THE SCREENING IS VALID FOR 1 YEAR. UPON RECEIPT OF ORDERS FROM IPAC, THE SCREENING GENERALLY ENCOMPASSES A TWO-STEP PROCESS. THE FIRST STEP IS THE PRE-SCREENING INTERVIEW WITH A NAVAL MEDICAL SUITABILITY COORDINATOR. AT THE PRE-SCREENING INTERVIEW, THE COORDINATOR WILL REVIEW YOUR HEALTH RECORD AND IDENTIFY WHAT REQUIREMENTS YOU NEED TO COMPLETE FOR MEDICAL CLEARANCE OVERSEAS. ONCE YOU COMPLETE THESE REQUIREMENTS, A SECOND APPOINTMENT WITH THE SCREENING COORDINATOR IS SCHEDULED TO DO A FINAL REVIEW OF YOUR PACKET. IF ALL REQUIREMENTS HAVE BEEN MET, THE APPROPRIATE AUTHORITY AT THE NAVAL MEDICAL CLINIC WILL SIGN OFF ON THE CHECKLIST TO CERTIFY THAT YOU AND DEPENDENTS (IF APPLICABLE) ARE QUALIFIED FOR OVERSEAS ASSIGNMENT.

FOR YOUR CONVIENCE CALL OR EMAIL TO SCHEDULE ALL APPOINTMENTS.

MEDICAL SUITABILITY SCREENING COORDINATORS - LOCATED IN THE PATIENT ADMINISTRATION HALL OF THE MAIN CLINIC.

Ms. Cathy Chapman

703-784-1540/ROOM 1C-12

EMAIL: CATHY.CHAPMAN@MED.NAVY.MIL

Ms. Helen Williams

703-784-1734/ROOM 1C-11

EMAIL: HELEN.WILLIAMS@MED.NAVY.MIL

**** NO WALK IN'S ARE ACCEPTED ****

STEPS TO TAKE PRIOR TO SUITABILITY PRE-SCREENING INTERVIEW

(A) GO TO NAVAL MEDICAL CLINIC AND PICK UP A PRE-SCREENING PACKET(S). ONE PACKET IS REQUIRED FOR EACH DEPENDENT GOING OVERSEAS WITH THE MEMBER (ACCOMPANIED ORDERS ONLY). THIS PACKET CONTAINS A FORM (DD 2807-1) REPORT OF MEDICAL HISTORY, ONE FORM IS REQUIRED FOR EACH DEPENDENT.

(B) COMPLETE THE EFMP AND MENTAL HEALTH QUESTIONNAIRE.

WHAT TO BRING TO THE SUITABILITY PRE-SCREENING INTERVIEW

- (A) COMPLETED SUITABILITY SCREENING PACKAGE FOR EACH PERSON
- (B) HEALTH RECORDS FOR EACH PERSON REQUIRING SCREENING AND A COPY OF PCS ORDERS
- (C) IMMUNIZATION RECORDS FOR EACH ACCOMPANYING FAMILY MEMBER
- (D) COPY OF THE COMPLETED EXCEPTIONAL FAMILY MEMBER PROGRAM EFMP APPLICATION IF APPLICABLE.

Suitability Screening Package Contains:

- A. NAVPERS 1300/16 - REPORT OF SUITABILITY (4 PAGES)
- B. DD 2807-1 REPORT OF MEDICAL HISTORY
- C. NAVMED 1300/1 (Part 1&2) MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING
- D. NAVMED 1300/2 MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING WORKSHEET
- E. NAVAL MEDICAL CLINIC MENTAL HEALTH AND EFMP QUESTIONNAIRE

NOTES

UPON RECEIPT OF YOUR SUITABILITY SCREENING CHECKLIST HERE AT IPAC FOR YOU AND FAMILY MEMBERS (IF APPLICABLE), THE AREA CLEARANCE IS SUBMITTED TO YOUR GAINING COMMAND FOR YOU. THE APPROVAL PROCESS CAN TAKE 14-30 DAYS FOR A RESPONSE TO BE SENT BACK TO IPAC.

AFTER THE AREA CLEARANCE APPROVAL HAS BEEN SENT BACK TO US, THE REQUEST FOR SPONSORSHIP IS THEN SUBMITTED TO THE GAINING COMMAND VIA THE AREA CLEARANCE APPROVING AUTHORITY.

UPON RECEIPT OF THE AREA CLEARANCE APPROVAL AT IPAC, IT IS THEN FORWARDED TO THE MEMBER FOR THERE INFORMATION.

PLEASE PRINT YOUR AREA CLEARANCE APPROVAL FOR YOUR REVIEW AND FOLLOW ANY ADDITIONAL INSTRUCTIONS PROVIDED TO YOU.

TRANSPORTATION MANAGEMENT OFFICE (TMO)

TMO ARRANGES FOR THE MOVEMENT OF YOUR HOUSEHOLDS GOODS AND WILL ASSIST YOU WITH SETTING UP FLIGHT ITINARIES AS/IF NEEDED.

TMO IS LOCATED IN BUILDING #2009, ZEILIN ROAD (BEHIND PMO BUILDING) THEY ARE LOCATED ON THE 2ND DECK

PERSONAL PROPERTY SECTION (HOUSEHOLD GOODS):

PHONE NUMBERS ARE PROVIDED SO YOU CAN CALL AND SCHEDULE THE APPOINTMENT TO SET-UP YOUR PCS MOVE: 703-784-2831/2832/2833

PROFESSIONAL TRAVEL: THE PHONE NUMBER IS PROVIDED SO YOU CAN CALL OR WALK-IN AND MAKE NECESSARY TRAVEL (FLIGHT) ARRANGEMENTS WHEN REQUIRED, MEMBERS THAT WILL BE TRANSFER TO HAWAII, SCHEDULE THEIR OWN FLIGHTS: 703-640-7101

A COPY OF THE BASIC ORIGINAL WEB ORDERS ARE REQUIRED BY TMO IN ORDER TO SETUP YOUR HOUSEHOLD GOODS MOVE. ORDERS MUST REFLECT "ORIGINAL ORDERS", LIST APPROPRIATION DATA, SHOW BASE ENDORSEMENT ON BACK, AND LIST ALL DEPENDENTS TRAVELING WITH YOU FOR TRANSPORTATION/TRAVEL ENTITLEMENTS.

IF ORDERS ARE MODIFIED, COPY OF ANY/ALL MODIFICATION'S ARE REQUIRED

TMO REQUIRES 4-6 COPIES OF YOUR WEB ORDERS TO ACCOMPANY EACH HOUSEHOLD GOODS SHIPMENT. UPON COMPLETION OF THE ENDORSEMENT TO YOUR WEB ORDERS AND UPON SIGNATURE BY THE ORDERS OIC A COPY IS ALSO PROVIDED TO TMO VIA THE MEMBER

****STORAGE/SHIPMENT OF POV**** REF: JFTR CHAPTER 5 / U5400

NOTE: ONLY TMO CAN AUTHORIZE STORAGE/SHIPMENT OF VEHICLES. THIS IS NOT AUTHORIZED AT COMMAND LEVELS. TMO IS THE AUTHORITY FOR SHIPPING/STORING VEHICLES. ANY UNUSUAL SITUATION/PROBLEMS, CAN BE ADDRESS DIRECTLY TO TMO OR FOUND ON THIS WEB SITE:

*** MTPPPAP@MTMC.ARMY.MIL ***

YOU ARE REQUIRED TO PROVIDE IPAC WITH A COPY OF THE DOCUMENTATION AUTHORIZING STORAGE OF YOUR POV. THAT INFORMATION IS INCLUDED IN THE ENDORSED ORDERS GENERATED BY IPAC AS AN AUTHORIZED ENTITLEMENT.

IF SHIPPING YOUR VEHICLE, YOU NEED TO INFORM IPAC SO THAT THE ENDORSED ORDERS RELECT THE ADDRESS WHERE POV IS BEING SHIPPED FROM.

POC AT TMO: GS9 PAUL LESHER @ 703-784-2831

REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

SUPPORTING DOCUMENTATION OPNAVINST 1300.14C

MEMBER'S NAME:		SSN:	DATE:
PRESENT SHIP/STATION:	UIC:	OVERSEAS LOCATION:	UIC:
NUMBER OF DEPENDENTS:			
<p>PART I: COMMAND REVIEW - The purpose of the Command Review is to determine, via record review and personal interview, member and spouse/family member(s)' suitability for overseas duty/life in the assigned overseas location. (To be completed by Commanding Officer of transferring command.) Refer to MILPERSMAN Articles 1300-302 and 1300-304. Any questions checked "YES" (with the exception of questions 11 and 15), disqualifies member for overseas assignment. If command still recommends member should be considered for overseas assignment, submit waiver request per MILPERSMAN 1300-302.</p>			
1.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the member or any spouse/family member(s) previously been reassigned, prior to normal tour completion, due to their unsuitability?	
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	(For Enlisted Personnel) Does the member refuse to obligate sufficient service (OBLISERV) to complete the prescribed tour? If "NO", ensure member reenlists (NAVPERS 1070/621) to incur sufficient OBLISERV, per MILPERSMAN 1306-106. Page 13 entries for OBLISERV are prohibited. (OBLISERVE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS). For SRB issues, see the current NAVADMIN.	
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	(E5 and above) Does the member, spouse, or family member(s) have serious problems of indebtedness, credit loss or other financial problems which have not been reconciled with the creditor(s) or interested parties (i.e., bankruptcy)?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	a. (E4 and below) Member must complete debt-to-income (DTI) ratio screening IAW OPNAVINST 1740.5A, (Command Financial Specialist Training Manual 15608). Is DTI ratio 30% or greater?	
4.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the member been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or had any involvement in any ongoing civil or criminal action?	
5.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has spouse or any family member(s) been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or have any involvement in any ongoing civil or criminal action?	
6.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the member have a record of any involvement with illegal drugs or alcohol within the past 24 months? For alcohol related cases, if member has completed an education or early intervention program, they are suitable for overseas assignment and this question can be answered "NO".	
7.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the spouse/family member(s) have a record of any involvement with illegal drugs or alcohol within the past 24 months?	
8.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the member or spouse/family member(s) involved in an open FAP (Family Advocacy Program) case that is still under investigation or for which treatment is still ongoing? (Any case/cases that has/have been adjudicated "Closed," shall not be considered disqualifying).	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	a. In any case, does the local FAP representative have any reason to NOT favorably endorse member with family members for overseas duty?	
9.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Was the member's spouse previously a member of the armed forces and the characterization of separation other than "Honorable"? Explain in the remarks section.	

MEMBER'S NAME:		SSN:	DATE:
10.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any concerns whether member/spouse has legal custody of all accompanying minor family members?	
11.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are any of the member's family members covered in a custody agreement? If "NO," go to question 12.	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	a. Does agreement prevent removal of family members from CONUS without prior court approval or agreement between the interested parties? If "NO," go to question 12.	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by state law? (Please note: Navy policy does not require a separate agreement if not required by state law.)	
12.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Single parents/military couples with family members. Are there any reasons why family member care requirements can not be met in accordance with OPNAVINST 1740.4A?	
<p>NOTE: While the unique situation of single parents with family members is not in itself disqualifying, this fact should be pointed out upon submission of message certification of screening to NAVPERSCOM (PERS-40)/(EPMAC.)</p>			
13.	<input type="checkbox"/> YES <input type="checkbox"/> NO	(For Enlisted Personnel) Is member an initial accession enroute to their first duty station with pre-service moral waiver(s) (drug, alcohol, or criminal)?	
14.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does member have a history of unsatisfactory or below standard performance (any mark below 3.0) in the last two years?	
15.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has member and adult dependents received "Level I" Antiterrorism Force Protection (Level III for O-5/O-6 Commanding Officer Awareness Training), prior to transfer, and recorded on Page 13? (Contact your local Family Service Center if training is not available at your command)	
<p>FOR PERSONNEL E-3 AND BELOW: Ensure the member has been counseled that personnel in these paygrades, having family members, will not be assigned accompanied overseas duty. Members can be assigned unaccompanied based on readiness needs. (NOTE: Single E-3 and below who acquire (a) family member(s) en route and bring them without dependent entry approval/command sponsorship, will most probably return them at personal expense and serve the complete area tour unaccompanied.)</p>			
I have been counseled on the above: <input type="checkbox"/> YES <input type="checkbox"/> NO			
MEMBER'S SIGNATURE:			DATE:
REMARKS:			
<p>I, _____, am aware that the failure to divulge disqualifying information or amplifying information (medical, dental, personal) pertaining to the questions on this checklist may ultimately result in disciplinary action punishable under the UCMJ.</p>			
MEMBER (NAME, RANK/RATE):		MEMBER (SIGNATURE):	DATE:
INTERVIEWER (NAME, RANK/RATE, COMMAND TITLE):		INTERVIEWER (SIGNATURE):	DATE:

MEMBER'S NAME:	SSN:	DATE:
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PART III: CMC/COB/SEA ENDORSEMENT

On the basis of all available information, I endorse / I do not endorse the member's orders for the overseas assignment.

CMC/COB/SEA (NAME, RANK)	CMC/COB/SEA (SIGNATURE)	DATE
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PART IV: COMMANDING OFFICER'S ENDORSEMENT

On the basis of all available information, I endorse / I do not endorse the member's orders for the overseas assignment.

Commanding Officer (Name, Rank)	Commanding Officer (Signature)	Date
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REMARKS:

PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS OR FAILURE TO PROVIDE REQUIRED INFORMATION, MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.

REQUEST FOR PORTCALL
(EXCLUDES HAWAII / IWAKUNI)

1. FULL NAME: _____
2. SEX: _____
3. GRADE/TITLE, SSN, MOS: _____
4. SEATS REQUIRED: _____
5. SPECIAL PASSENGER CATEGORY: _____
6. ACCOUNT HANDLING: _____
7. EXCESS BAGGAGE: _____
8. TRANSPORTATION MOVEMENT PRIORITY: _____
9. TYPE OF TRAVEL: _____
10. AVAILABILITY DATE: _____
11. AVAILABILITY DATE CODE: _____
12. MANDATORY DEPARTURE DATE: _____
13. ORIGIN STATION: _____
14. AVAILABILITY POINT: _____
15. OVERSEAS DESTINATION: _____
16. AUTHORITY FOR MOVEMENT: _____
CIC#: _____
17. ANTICIPATED LEAVE DATES: _____
18. ANTICIPATED DETACH DATE: _____
19. LEAVE ADDRESS: _____
20. TELEPHONE NUMBER: _____
21. POINT OF CONTACT/NAME/PHONE NUMBER: _____

22. TAD LOCATION: _____
23. TAD DATES: _____

24. NAMES/GRADES/SSN'S/MOS'S OF ADDITIONAL PASSENGERS: _____

25. NAMES/SSN'S/RELATIONSHIPS/BIRTH DATES OF FAMILY MEMBERS: _____

(SSN'S ARE MANDATORY TO COMPLETE THIS REQUEST)

26. EXPIRATION OF ACTIVE SERVICE: _____

27. PAY ENTRY BASE DATE: _____

28. EXPECTED DELIVER DATE: _____

29. COUNTRY OF CITIZENSHIP: _____

30. DEPENDENTS AREA CLEARANCE: YES / NO / N/A (CIRCLE ONE)

31. SPONSOR'S LTS AND RTD: _____

32. PASSPORT INFORMATION: APPLIED FOR / RECEIVED (PHYSICAL CUSTODY)

33. MCC AND RUC: _____

34. QSN: _____

35. PORTCALL DESTINATION: SEATTLE

36. PET INFORMATION: _____

A. TYPE OF ANIMAL: _____

B. CONTAINER DIMENSIONS: HEIGHT: _____

WEIGHT: _____

LENGTH: _____

C. TOTAL WEIGHT OF CONTAINER W/PET: _____

37. REMARKS/SPECIAL REQUEST: _____

C. E. BARE
By direction

REQUEST FOR AREA CLEARANCE
(FOR ACCOMPANIED TOURS ONLY)

A. SPONSOR'S GRADE: _____

B. NAME/SSN: _____

C. DATE OF MARRIAGE: _____

D. NATIONALITY OF SPONSOR AND FAMILY MEMBERS: _____

E. ORIGIN DUTY STATION: _____

F. ADDRESS OF FAMILY MEMBERS: _____

G. DATE DEPARTING CONUS: _____

H. MONTHS SEPARATED FROM FAMILY MEMBERS: _____

I. TRANSFER AUTHORITY: _____

J. DETACHMENT DATE: _____

K. ULTIMATE DUTY STATION: _____

L. ESTIMATED DATE OF ARRIVAL AT NEW DUTY STATION: _____

M. HOUSING PREFERENCE: GOVERNMENT / CIVILIAN: _____

N. PASSPORT STATUS: APPLIED FOR / NOT APPLIED FOR

O. STATEMENT OF ELIGIBILITY:

(1) NUMBER OF MONTHS TOUR - _____

(2) PROJECTED ROTATION DATE - _____

(3) EAS (ENLISTED ONLY) - _____

P. FAMILY MEMBERS SUITABLE FOR OVERSEAS ASSIGNMENT: YES / NO

Q. REMARKS: _____

INSTRUCTIONS/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 P1000.6/PAR 4101.1

All requests for circuitous travel must be approved by CMC-MMIA.

Request should be submitted as soon as possible. Request must
be submitted in LETTER FORMAT OR ADMINISTRATIVE ACTION FORM and
always 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.

MMIA POC'S

LTCOL PAUL M. MORENO
GYSGT BRIAN S. IMLER
703-784-9211

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

TRANSFER DATA SHEET

RANK	LAST NAME	FIRST NAME	MI	SSN	MOS
------	-----------	------------	----	-----	-----

Desired Detach Date: _____ **Work Number:** _____
Cell Number: _____ **Current Company/Command:** _____
Marital Status: _____ **End of Active Service:** _____

DEPENDENT INFORMATION: List ALL Dependent(s) **APPROVED** for travel.

NAME	RELATIONSHIP	DATE OF BIRTH

Requested **MODE of TRAVEL** to your new Duty Station/ or Port of Call – **Check One of the following:**

POV(S) CIRCLE ONE: SINGLE / DUAL
 PLANE (ALL OCONUS TRAVEL VIA AIR)
 MIXED MODE(S)

Proceed Days: _____
 Travel Days: _____
 REPORT DATE: _____

If specific travel plans are required/requested, such as **MIXED MODES/ADDITIONAL TRAVEL DAYS FOR POV STORAGE (Requires letter from TMO), Explain in detail on reverse side of form.** If relocating dependent(s) prior to transfer in CONUS/OCONUS, provide address on reverse side. **(SHIPMENT of POV requires address vehicle is being shipped from).**

Vehicle Processing Center name/address: _____

Number of LEAVE Days Requested: _____ (Rate MAX days of 45) 46 or more **REQUIRES HQMC approval** prior to/or with submission of this form.

Complete Leave Address: _____

Complete Leave Phone Number: _____ **(Best number to get hold of you)**

EMERGENCY Contact Name: _____ **(Person NOT traveling with you)**

Complete Address: _____

Phone Number: _____ **Relationship:** _____

ADVANCE PAY: **Number of Months Requested:** (Circle One) **1 / 2 / 3 / or NONE**

Number of Months Repayment: (Circle One) **12 / 24**

JUSTIFICATION required for 2 months or more (“outside of normal parameters”)

Request Advance Travel Pay Allowance: **YES / NO** (Complete Request for Advance of PCS Travel Pay Form)

Request Advance Dislocation Allowance: **YES / NO** (Complete Auth. For Adv Dep Travel and/or Dislocation Allow Form)

 SNCOIC Signature & Date (ALL E-5 & Below)

 Unit/Command S-1 Signature & Date

 OIC Signature & Date (ALL E-5 & Below)

 SNM/SNO Signature & Date



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
2 NAVY ANNEX
WASHINGTON, DC 20380-1775

MCO 7220.21E
MPP-54
3 JUL 89

MARINE CORPS ORDER 7220.21E

From: Commandant of the Marine Corps
To: Distribution List

Subj: ADVANCE PAY INCIDENT TO A PERMANENT CHANGE OF STATION
(PCS)

Ref: (a) DoD Military Pay and Allowances Entitlements Manual, Paragraph
40101
(b) Joint Federal Travel Regulations (JFTR) for Uniformed Service
Members, Volume 1

1. Purpose. To establish Marine Corps policy guidelines and procedures governing the administration of an advance of basic pay incident to a permanent change of station.
2. Cancellation. MCO 7220.21D.
3. Action. The policy set forth in this Order will be followed throughout the Marine Corps.
4. Definitions
 - a. Basic Pay Less Deductions. The sum of money for an individual's basic pay, less deductions, as delineated in the DoDPM, Table 4-1-1 (reference (a)).
 - b. Permanent Change of Station (PCS). As defined in the JFTR, appendix A (reference (b)).
5. Policy
 - a. The purpose of advance pay incident to PCS is to provide Marines with funds to meet the extraordinary expenses of a Government-ordered relocation. It is intended to assist with out-of-pocket expenses that exceed or precede reimbursements incurred during a PCS move which are not typical of day-to-day military living.
 - b. To qualify for advance pay within the normal parameters, the individual must be a corporal or above. The normal parameters for advance pay are: 1-month's basic pay, less deductions; a 12-month repayment schedule; and receipt of advance pay 30 days before departure to 60 days after arrival.
 - c. Requests for advance pay outside the normal parameters shall be provided in writing to the commanding officer. The commanding officer's written authorization is required on all requests outside the normal parameters (i.e., requests for advance pay from Marines in the grades of lance corporal and below, requests for extended repayment, requests for more than 1-month's advance pay, and requests for payment outside the eligibility window). The maximum parameters for advance pay have not changed and remain: 3-months advance pay, 24-month repayment schedule, and receipt of advance pay 90 days before departure or 180 days after arrival.

d. An advance of basic pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements (e.g., member or dependent travel allowance and per diem, overseas station housing allowance, basic allowance for quarters or variable housing allowance, and dislocation allowance), if such advances are used. If the incurred or anticipated expenses exceed those covered by the other advances or reimbursements, Marines may be authorized an advance of basic pay.

e. An advance of pay for a PCS move in the same geographic area of the Marine's prior duty station, home port, or place from which ordered to active duty, is only authorized when movement of the Marine's household is at Government expense in accordance with reference (b) chapter 5, part D and the household is actually moved.

6. Responsibilities. Commanding officer's oversight is important in the administration of advance pay and the strict adherence to this Order is imperative. The commanding officer will ensure that Marines are aware of the options available to ease the financial burden of a PCS move. Commanding officers will ensure that Marines requesting advance pay are aware of the intent of the advance and sign a statement stating the purpose and intended use of the funds. Commanding officers will provide written authorization on all requests for advance pay outside the normal parameters.

7. Procedures

a. All Marines requesting advance pay are required to sign a statement which states the purpose of the program and confirms that the intended use of the funds is in accordance with the stated purpose.

(1) For payments within the normal parameters, a copy of the permanent change of station orders will be affixed to the statement of understanding.

(2) For payments outside the normal parameters, a Miscellaneous Military Pay Order (NAVMC 11107) will be used to affix the statement of understanding and acknowledge approval by the commanding officer.

(3) The following statement will be typed/stamped on the permanent change of station orders, or in the remarks section of the Miscellaneous Military Pay Order and will be signed by the Marine:

"I understand that advance pay is to provide funds to meet extraordinary expenses incident to permanent change of station orders. It is not intended to provide funds for such items as investments, vacations, or purchases of consumer goods that are not the result of direct expenses from my move to a new duty station."

b. Marines must provide written justification when requesting an advance outside the normal parameters. The justification will be attached to the Miscellaneous Military Pay Order and must illustrate extenuating circumstances, severe hardship, or unusually large expenses that require an extension of the normal parameters. When the commanding officer approves the request, the Marine's written justification will be attached to a copy of the Miscellaneous Military Pay Order and retained in the command's files.

(1) Marines who request greater than 1-month's basic pay, less deductions, must clearly indicate out-of-pocket expenses that meet the amount of advance requested.

(a) Justification will include at least: A list of actual or anticipated expenses, and an explanation of individual circumstances which cause the greater than normal expenses to be incurred. (House or apartment hunting

trip, supporting two households when a service member is unable to rent or sell the house at the old duty station, the down payment on purchase of a house, or excess household goods shipment charges are examples of circumstances which might cause greater expenses to be incurred.)

(b) Commanding officers may approve up to a maximum of 3-month's basic pay, less deductions, when warranted and fully justified by the Marine.

(2) Marines who request a repayment schedule in excess of 12 months must demonstrate that severe hardship would result for a liquidation period of 12 months.

(a) Marines must provide specific justification on the situation that might indicate a financial hardship in repaying the advance in the normal 12-month time period. (Outstanding debts that significantly reduce the Marines take-home-pay and support of a large number of dependents are examples of situations which might cause a financial hardship.)

(b) Commanding officers may approve a repayment schedule up to a maximum of 24 months when the Marine can justify a 12-month repayment would create severe hardship. Extended repayments are clearly for exceptional cases and should be authorized with discretion and only when fully justified by compelling reasons of hardship.

(c) Commanding officers will not approve requests for repayment schedules that extend beyond a subsequent PCS move (e.g., a Marine has orders to a 1-year overseas unaccompanied tour and requests a 24-month repayment schedule). Repayment schedules for 1st-term Marines must provide for repayment to be completed at least 3 months before separation. In all cases, repayment schedules will not be established that extended beyond the Marine's expected date of separation.

(3) Marines who request an advance outside the window of 30 days before departure to 60 days after arrival must be specific and indicate the circumstances requiring an early or late advance of pay.

(a) Specific circumstances may include, but are not limited to; early departure or late arrival of dependents, and an extended delay in acquiring permanent housing.

(b) Commanding officers may approve an advance up to 90 days before departure or 180 days after arrival when the Marine can justify extenuating circumstances.

8. Approval. This Order has been reviewed by the Military Pay and Allowance Committee per 37 U.S.C. 1001.

9. Reserve Applicability. This Order is not applicable to the Marine Corps Reserve.

J. M. MYATT
By direction

DISTRIBUTION: A

ADVANCE PAY OUTSIDE OF NORMAL PARAMETERS INFORMATION SHEET

Ref: (a) DoDFMR Vol. 7A, Chap 32
(b) APSM, Chap 8
(c) MCO 7220.21
(d) MPO-40 determination dtd 070824

1. Only "Commanding Officers" or those officially "Acting" can approve requests for advance pay outside of normal parameters.

2. The following requests are considered outside of normal parameters and require both justification by the member and approval by the Commanding Officer:

- Advance pay requests from Marines in the grades of E-3 and below
- Any request (regardless of rank) that seeks:
 - An extended repayment period (more than 12 months)
 - More than 1-month's advance pay
 - Payment outside the eligibility window of 30 days prior to departing a PDS or 60 days after arriving at a PDS.

Justification for more than 1-month's advance pay will include (at a minimum): A list of actual expenses and an explanation of individual circumstances which cause greater than normal expenses to be incurred (house or apartment hunting trip, supporting two households when a service member is unable to rent or sell the house at the old duty station, the down payment or purchase of a house, excess household goods shipment charges).

Justification for payment outside the eligibility window (30 days prior to departing a PDS or 60 days after arriving at a PDS) may include, but is not limited to early departure or late arrival of dependants, or an extended delay in acquiring permanent housing (relating to your PCS move).

3. Per MCO 7220.21_ the maximum parameters for advance pay that a Commanding Officer can authorize is: 3-months advance pay, 24-month repayment schedule, and receipt of advance pay 90 days before departing a PDS or 180 days after arriving at a PDS.

4. I understand advance pay is to provide funds to meet extraordinary expenses incident to Permanent Change of Station (PCS) Orders. It is not intended to provide funds for such items as investments, vacations, or purchases of consumer goods that are not the result of direct expenses from my move to a new duty station.

(PRINTED RANK/NAME)

(SIGNATURE)

(DATE)

EXAMPLE ADVANCE PAY REQUEST

I am requesting 2 months of advance pay incident to my Permanent Change of Station (PCS) orders to be repaid in 24 months.

<u>Actual/Anticipated Expenses</u>	<u>Anticipated Cost</u>	
1. <u>Winter Clothing for my family</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/>
2. <u>Snow tires for my 2 vehicles</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/>
3. <u>Shipment fee for 1 car</u> (from Hawaii to Long Beach, CA)	<u>\$300.00</u>	<input checked="" type="checkbox"/>
4. <u>Money in case my cars breaks down during trip to Chicago</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/>
	TOTAL <u>\$2,000.00</u>	

Subj: REQUEST FOR ADVANCE PAY OUTSIDE NORMAL PARAMETERS

(Date)

From: Commanding Officer

To: Officer in Charge, IPAC, MCB, Quantico VA

1. _____
(Marine requesting the advance - Rank, Last Name, First Name, MI, Last 4 SSN)
has been counseled on advance pay requirements in accordance with MCO 7220.21.

2. Advance pay for 1 / 2 / 3 Month(s) is approved.
(circle one)

3. Payback is authorized for 12 / 24 or _____ months.
(circle one) (fill in)

4. Payment is authorized outside of the normal eligibility window (30 days before departure to 60 days After arrival). Request funds be disbursed on or about _____

() M. C. Flemming, Major, Commanding Officer **TACO** _____
(Signature)

() S. A. Tynan, Major, Commanding Officer **TECO** _____
(Signature)

() M. S. Johnson, Major, Commanding Officer **HQCO** _____
(Signature)

() J. K. Chancy, Major, Commanding Officer **OPSCO** _____
(Signature)

() D. Arispe, Major, Commanding Officer **SVCO** _____
(Signature)

() M. G. Glavy, Colonel, Commanding Officer **HMX-1** _____
(Signature)

() R. F. Hedelund, Colonel, Commanding Officer **MCWL** _____
(Signature)

() R. C. Jackson, Colonel, Commanding Officer **OCS** _____
(Signature)

() R. G. Oltman, Colonel, Commanding Officer **STYBN** _____
(Signature)

() W. R. Costantini, Colonel, Commanding Officer **WTBN** _____
(Signature)

() R. W. Magnuson, LtCol, Commanding Officer **MCAF** _____
(Signature)

DISLOCATION ALLOWANCE

DLA IS AUTHORIZED FOR MEMBERS WITH DEPENDENTS, E-7'S & ABOVE,
AND ALL OFFICERS.

IF YOU ARE IN RECEIPT OF BAH OWN RIGHT PRIOR TO DETACHING FROM
THE COMMAND YOU MAY BE/CAN BE AUTHORIZED TO REQUEST ADVANCE DLA.

THIS ALLOWANCE IS AUTHORIZED TO ASSIST YOU IN SETTING UP A NEW
HOUSEHOLD IN CONNECTION WITH YOUR PCS MOVE. THIS ALLOWANCE IS
SPECIFICALLY FOR RENT DEPOSITS, ACTIVATION OF UTILITIES, AND
CLOSING COSTS ASSOCIATED WITH THE PURCHASE OF A HOME. IF YOU
WILL BE UTILIZING BACHELOR OFFICER QUARTERS (BOQ), DLA IS NOT
AUTHORIZED. DLA IS PAID ON A FLAT RATE ACCORDING TO YOUR RANK.

REF: JFTR, Table U5G-1

Table U5G-1:

A. Primary DLA Rates (Table U5G-1)

PRIMARY DLA RATES Effective 1 January 2009

Table U5G-1		
Grade	Without-Dependent Rate	With-Dependent Rate
O-10	\$3,318.33	\$4,084.83
O-9	\$3,318.33	\$4,084.83
O-8	\$3,318.33	\$4,084.83
O-7	\$3,318.33	\$4,084.83
O-6	\$3,044.30	\$3,678.02
O-5	\$2,932.06	\$3,545.24
O-4	\$2,717.18	\$3,125.18
O-3	\$2,177.60	\$2,585.57
O-2	\$1,727.36	\$2,207.77
O-1	\$1,454.55	\$1,973.62
O-3E	\$2,351.42	\$2,778.73
O-2E	\$1,998.96	\$2,507.16
O-1E	\$1,718.91	\$2,316.41
W-5	\$2,760.62	\$3,016.54
W-4	\$2,451.60	\$2,765.48
W-3	\$2,060.52	\$2,533.70
W-2	\$1,829.98	\$2,330.91
W-1	\$1,531.80	\$2,015.87
E-9	\$2,013.46	\$2,654.41
E-8	\$1,848.07	\$2,446.80
E-7	\$1,578.89	\$2,271.76
E-6	\$1,429.19	\$2,099.14
E-5	\$1,318.15	\$1,887.89
E-4	\$1,146.73	\$1,887.89
E-3	\$1,125.01	\$1,887.89
E-2	\$913.77	\$1,887.89
E-1	\$814.81	\$1,887.89

**AUTHORIZAION FOR ADVANCE DEPENDENTS
AND/OR DISLOCATION ALLOWANCES (7200)
NAVMC 11115 (REV. 5-02) (EF)**

PRIVACY ACT STATEMENT
The Privacy Act Statement for information on this form is contained on NAMC Form 11000, Privacy Act Statement for Marine Corps Personnel and Pay Records.

PART I - MARINES APPLICATION

SECTION A	NAME OF INDIVIDUAL (Last, first, MI.)		GRADE	SSN	PEBD
	UNIT			DATE OF DETACHMENT	
	I desire advance payment of: <input type="checkbox"/> DISLOCATION ALLOWANCE		<input type="checkbox"/> DEPENDENT'S TRAVEL ALLOWANCE		

I CERTIFY that my dependents will relocate from:

_____ (Street, City and State)

to: _____, where
_____ (City and State)

THEY WILL ESTABLISH A BONA FIDE RESIDENCE INCIDENT TO MY PERMANENT CHANGE OF STATION. THE FOLLOWING DEPENDENTS ARE ELIGIBLE FOR TRANSPORTATION IN ACCORDANCE WITH JTR, PARA M7000:

SECTION B	NAME (Last, First, MI)	RELATIONSHIP	DATE OF BIRTH

I understand that, in the event my dependents do not relocate, repayment of the advance is subject to immediate recoupment action. Anticipate travel to commence _____ and to be completed on _____ (Day, month, year) (Day, month, year)

I have applied for shipment/storage of household effects or a "DITY" move on _____ (Day, month, year)

I hereby make application for advance payment of dislocation allowance incident to my permanent change of station to:

_____ (New permanent duty station)

APPLICANT'S SIGNATURE	DATE
-----------------------	------

PART II - COMMANDER'S CERTIFICATION

CERTIFICATION of dependent's eligibility information and household effects shipment/storage or "DITY" move information contained in Part I is hereby rendered:

SIGNATURE OF COMMANDING OFFICER	DATE
---------------------------------	------

GREGORY T. NEWTON CWO2 BY DIRECTION
DISTRIBUTION: ORIGINAL TO DISBURSING OFFICER
DUPLICATE TO DISBURSING OFFICER'S SUSPENSE FILE
TRIPPLICATE TO COMMANDING OFFICER
QUADRUPPLICATE TO MARINES

TRAVEL ALLOWANCE INFORMATION SHEET

PER DIEM RATES:

MEMBER -	\$109.00	PER DAY FOR AUTHORIZED/USED TRAVEL DAYS
DEPENDENT SPOUSE -	\$ 81.75	PER DAY FOR AUTHORIZED/USED TRAVEL DAYS
DEPENDENT CHILD 12/UP -	\$ 81.75	PER DAY FOR AUTHORIZED/USED TRAVEL DAYS
DEPENDENT CHILD 12/UNDER	\$ 54.50	PER DAY FOR AUTHORIZED/USED TRAVEL DAYS

MILEAGE RATES:

(FLAT RATE AS OF 1 JUL 08)

.24 CENTS PER MILE FOR MEMBER AND ALL DEPENDENT(S)

DAYS OF TRAVEL (POV MILEAGE)

NUMBER OF DAYS YOU RATE

0 - 400	1
401 - 750	2
751 - 1100	3
1101 - 1450	4
1451 - 1800	5
1801 - 2150	6
2151 - 2500	7
2501 - 2850	8
2851 - 3200	9
3201 - 3550	10

PER THE JFTR PAR U3005, 1 TRAVEL DAY IS ALLOWED FOR EACH 350 MILES OF OFFICIAL DISTANCE OF ORDERED TRAVEL. IF THE EXCESS DISTANCE IS 51 OR MORE MILES AFTER DIVIDING THE TOTAL OFFICIAL DISTANCE BY 350, ONE ADDITIONAL TRAVEL DAY IS ALLOWED. WHEN THE TOTAL OFFICIAL DISTANCE IS 400 OR FEWER MILES, 1 DAY OF TRAVEL TIME IS ALLOWED.

COMMERCIAL/GOVERNMENT AIR

75 % OF AREA M&IE RATE
75 % OF MEMBERS ENTITLEMENT
50 % OF MEMBERS ENTITLEMENT

REQUEST FOR ADVANCE OF PCS TRAVEL PAY

NAME: _____ SSN: _____ RANK: _____

UNIT: _____ DISCHARGE DATE: _____

CHECK AS APPROPRIATE:

_____ Personal Travel _____ Request Advance Travel for Two (2) POV'S

_____ I intend to perform ALL travel between old and new station/port of call by:

_____ (Indicate private vehicle, plane, other)

_____ I intend to travel by various modes to my new duty station

By _____ From _____ To _____
(Private vehicle, plane, other)

By _____ From _____ To _____

By _____ From _____ To _____

_____ Dependent Travel. I elect travel for my dependent and/or Dislocation Allowance.
(Complete reverse side of this form)

_____ DITY Move Advance. I elect a DITY move advance.
Attach DITY move paperwork.

_____ TAD Per Diem.

*****MCAS IWAKUNI JAPAN ONLY*****

MEMBER AND EACH DEPENDENT AUTHORIZED TO OBTAIN TRAVEL ADVANCE
IN THE OF \$300.00 TO COVER RAIL/MISCELLANEOUS EXPENSES.

READ WEB ORDERS, USUALLY AUTHORIZED IN THE ORDERS.

ATTACH A COPY OF ALL ORIGINAL ORDERS TO THIS FORM

(Applicant's Signature)

(Date)

RELOCATION ASSISTANCE PROGRAM CLASS SCHEDULE FOR 2010
Religious & Family Services Annex
3019 Embury Loop, Room 104

	Welcome Aboard Inbound Personnel	PCS Conus (Smooth Move)		Sponsorship Those Identified as Sponsors	PCS Overseas Out-bound Personnel with orders to overseas Locations	Homebuying Potential Homebuyers
		Out-bound Personnel with orders to stateside locations				
January	13th, 0830 -1130	14th, 0900-1200		19th, 0900-1100	21st, 0900-1200	None
February	3rd, 0830 - 1130	4th, 0900-1200		16th, 0900-1100	18th, 0900-1200	None
March	3rd, 0830 -1130	4th, 0900-1200		16th, 0900-1100	18th, 0900-1200	TBD
April	14th, 0830-1130	15th, 0900-1200		28th, 0900-1100	29th, 0900-1200	TBD
May	12th, 0830-1130	13th, 0900-1200		25th, 0900-1100	27th, 0900-1200	TBD
June	2nd, 0830-1130	3rd, 0900-1200		15th, 0900-1100	17th, 0900-1200	TBD
July	14th, 0830-1130	15th, 0900-1200		20th, 0900-1100	22nd, 0900-1200	TBD
August	11th, 0830-1130	12th, 0900-1200		24th, 0900-1100	26th, 0900-1200	TBD
September	8th, 0830-1130	9th, 0900-1200		21st, 0900-1100	23rd, 0900-1200	TBD
October	13th, 0830-1130	14th, 0900-1200		26th, 0900-1100	28th, 0900-1200	TBD
November	10th, 0830-1130	16th, 0900-1200		18th, 0900-1100	23rd, 0900-1200	TBD
December	15th, 0830-1130	16th, 0900-1200		None	23rd, 0900-1200	TBD

Attendance to Commanders Welcome Aboard is mandatory per MCO 1320.11E, PAR 5C(4)

Attendance to PSC CONUS and PCS Overseas workshops are mandatory per MCO P1700.24B PAR 4203.1A & MCO 1320.11E PAR 5B(5)

SPOUSES ARE ENCOURAGED TO ATTEND ALL CLASSES

Please check MCO 1320.11E and MCBO 1320.3A Sponsorship Program. Commands are responsible for assigning Sponsorship Coordinators and sponsors.

Advance Sign-up is Required for all Classes. For More information or to sign-up for a workshop, please contact the Relocation Office at 703-784-4961/2 or 703-784-2659