

Retirement and Separation Travel Voucher



If members are separating and relocating, they will need to file a travel voucher once they arrive to their new location. A travel voucher packet may be obtained by submitting an inquiry on CSP (<https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/userprofile.aspx>). This travel voucher packet is for the members to take and complete at the end of all travel to their new location. Once the voucher is complete they can email it to moody.finance@us.af.mil for review. Upon review and completion, Finance will forward it to the Centralized Travel Processing Center. Payments take 30-45 days upon receipt. Members can review the detailed travel voucher on MyPay: <https://mypay.dfas.mil/#/>.

Members must be on PTDY, terminal leave, or already separated in order to start their move home. If leave starts on a Monday, the final out date will be on the prior Friday. Do not move over the weekend--excess leave will be charged and a debt will be created. Separates have 6 months and retirees have 12 months to complete a travel.

A copy of separation orders, AF Form 594, and AF Form 1745 are required to be submitted for a travel claim returning to the home of record.

APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION

PRIVACY ACT STATEMENT

1. NAME (Last, First, MI)

2. SSN

3. GRADE

4. PHONE

5. DUTY LOCATION (Base, State, ZIP Code or Country)

6. ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)
MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:
☐ DIVORCED ☐ LEGALLY SEPERATED

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR ☐ \$.00 PER MONTH FOR DEPENDENT SUPPORT
BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I ☐ CLAIM BAQ FOR THE DEPENDENT ☐ IN ☐ NOT IN MY CUSTODY LISTED BELOW (Effective Date:)
Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child. Include the date of birth (DOB)

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME SSN BRANCH OF SERVICE STATION

10. I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport.

11. I certify that this is my first application ☐ YES ☐ NO If no, give date your last application was filed.

12. I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

13. MEMBER'S SIGNATURE

14. DATE

15. ☐ START ☐ CHANGE ☐ CANCEL ☐ REPORT ☐ STOP ☐ PARTIAL ☐ WITHOUT DEPENDENT ☐ WITH DEPENDENT

16. DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being
☐ Spouse ☐ Single member claiming legitimate child in custody of another ☐ Legitimate child in single members custody ☐ Parents ☐ Stepchild
☐ Adopted Child ☐ Incapacitated Child ☐ Illegitimate child or ☐ Child, member to member marriage

17. I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here.

18. I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base.

19. TITLE OF CERTIFYING OFFICIAL

20. SIGNATURE

21. OFFICE ADDRESS

22. DATE

AF Form 594, NOV 90

PREVIOUS EDITION IS OBSOLETE

ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

1. NAME

2. SSN

3. GRADE

4. PHONE

5. DUTY LOCATION (Base, State, ZIP Code or Country)

6. ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)
MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:
☐ DIVORCED ☐ LEGALLY SEPERATED

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR ☐ \$.00 PER MONTH FOR DEPENDENT SUPPORT
BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I ☐ CLAIM BAQ FOR THE DEPENDENT ☐ IN ☐ NOT IN MY CUSTODY LISTED BELOW (Effective Date:)
Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child. Include the date of birth (DOB)

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME SSN BRANCH OF SERVICE STATION

10. I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport.

11. I certify that this is my first application ☐ YES ☐ NO If no, give date your last application was filed.

12. I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

13. MEMBER'S SIGNATURE

14. DATE

15. ☐ START ☐ CHANGE ☐ CANCEL ☐ REPORT ☐ STOP ☐ PARTIAL ☐ WITHOUT DEPENDENT ☐ WITH DEPENDENT

16. DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being
☐ Spouse ☐ Single member claiming legitimate child in custody of another ☐ Legitimate child in single members custody ☐ Parents ☐ Stepchild
☐ Adopted Child ☐ Incapacitated Child ☐ Illegitimate child or ☐ Child, member to member marriage

17. I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here.

18. I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base.

19. TITLE OF CERTIFYING OFFICIAL

20. SIGNATURE

21. OFFICE ADDRESS

22. DATE

Retirees will submit a AF Form 594, AF Form 1745, and a DD Form 1172-2 (DEERS print-out from MPF) for a travel claim to the retirement location.

APPLICATION FOR IDENTIFICATION CARD/DEPENDENT ENROLLMENT

PRIVACY ACT STATEMENT

1. NAME (Last, First, MI)

2. SSN

3. GRADE

4. PHONE

5. DUTY LOCATION (Base, State, ZIP Code or Country)

6. ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)
MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:
☐ DIVORCED ☐ LEGALLY SEPERATED

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR ☐ \$.00 PER MONTH FOR DEPENDENT SUPPORT
BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I ☐ CLAIM BAQ FOR THE DEPENDENT ☐ IN ☐ NOT IN MY CUSTODY LISTED BELOW (Effective Date:)
Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child. Include the date of birth (DOB)

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME SSN BRANCH OF SERVICE STATION

10. I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport.

11. I certify that this is my first application ☐ YES ☐ NO If no, give date your last application was filed.

12. I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

13. MEMBER'S SIGNATURE

14. DATE

15. ☐ START ☐ CHANGE ☐ CANCEL ☐ REPORT ☐ STOP ☐ PARTIAL ☐ WITHOUT DEPENDENT ☐ WITH DEPENDENT

16. DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being
☐ Spouse ☐ Single member claiming legitimate child in custody of another ☐ Legitimate child in single members custody ☐ Parents ☐ Stepchild
☐ Adopted Child ☐ Incapacitated Child ☐ Illegitimate child or ☐ Child, member to member marriage

17. I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here.

18. I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base.

19. TITLE OF CERTIFYING OFFICIAL

20. SIGNATURE

21. OFFICE ADDRESS

22. DATE

DD FORM 1172-2, APRIL 2020

PREVIOUS EDITION IS OBSOLETE

This form is used for identification card/dependent enrollment.