Retirement and Separation Travel Voucher

If members are separating <u>and</u> 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. Separatees have 6 months and retirees have 12 months to complete a travel.

		RIZATION TO START, RS (BAQ) OR DEPENDI	ENCY REDETE		LLOWA	NCE			
AUTHORITY: 37 USC 043, Public Law 90			EMENT						
PURPOSE: To start, adjust or terminate									
ROUTINE USE(S): Information may be di- tax deducted, Department of Veteran Affa									
possible violations of the law, the America	in Red Cross	s for information concerning the	e needs of the mem	ber or dependents	emergency	situations, the Air Force			
to determine needs of a member or deper	idents in em	ergency situations and for verti	fication of loan appli	cations, state and	local goven	nments for tax and welfare			
Insurance companies for allotment informations DISCLOSURE: Voluntary. However, fallul				SSM) may result in	nonpavme	nt of BAQ			
PART A - IDENTIFICATION				OUSING OFFICE					
1. NAME (Last, First, MI)			NON-AVAILA	BILITY/ASSIGNMI	ENT/TERM	INATION OF QUARTERS			
QUARTERS ARE NOT ASSIGNED DATE:									
2. SSN	3. GRADE	4. PHONE		ADEQUATE QUARTERS ASSIGNED TERMINATED					
5. DUTY LOCATION (Base, State, ZIP Code	or Country)		INADEQUATE QUARTERS TERMINATED						
				EFFECTIVE DATE: ASSIGNED TERMINATED UNIT #					
PART B - MARITAL/DE				TRANSIENT QUARTERS OCCUPIED - UNIT#					
6 SINGLE, NO DEPENDENTS	AIMING DEPENDENT(8)		EFFECTIVE DATES FROM: TO:						
MARRIED - SPOUSE IS A CIVILIAN	MILITAR	Y MEMBER	TITLE						
IF MILITARY SPOUSE - NAME, SSN, BRAN	CH OF SERV	ICE, STATION AND DATE	OLGANIA POE						
OF MARRIAGE:			SIGNATURE						
			DATE						
DIVORCED LEGALLY SEPERATED									
(Date)		(Date)							
7. NON-CUSTODIAL PARENTS: I PAY THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR 5									
BASED ON: a. DIVORCE DECREE b. COURT ORDER C. LEGAL SEPARATION AGREEMENT, OR d. WRITTEN AGREEMENT WITH CHILD'S									
8. I CLAIM BAQ FOR THE DEPENDENT IN NOT IN MY CUSTODY LISTED BELOW (Effective Date):									
Note: Indicate the civilian dependent you					of adopted	rton child or nameti #			
dependent is a child include the date of bi	rth (DOB)	and the relationality (i.e., apou	se, regramate, mega	инате, инсараснате	u, auopieu	, step-critic or parent) ii			
(a) NAME (Last, First, MI)		(b) ADDRESS, CITY, STATE, Z	or COUNTRY (c) RELATIONSHIP			(d) 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	88N	BRANCH C	STATION						
	PART	C- MEMBERS CERTIFICATION	For members with o	dependents)					
I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that fallure to adequately support the above									
named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate incanacitated child or step-child)									
I certify that this is my first application YES NO If no, give date your last application was filed.									
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									
well as any charges in my nousing arrangements immediately to the Accounting and inhance (APO), also understand that my many appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.									
MEMBER'S SIGNATURE	,	, , , , , , , , , , , , , , , , , , , ,				DATE			
SIGNATURE									
		OFFICIAL USE O	ONLY						
□ START □ CHANGE □ (CANCEL	REPORT STOP	PARTIAL	□ without b		WITH DEPENDENT			
						WITH DEPENDENT			
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									
noted here	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								
I have reviewed documents that sup	port claim th	nat member is E-7 or above an	d no military necess	ity requires the me	mber to rea	side off base.			
TITLE OF CERTIFYING OFFICIAL		SIGNATURE		OFFICE ADDRE	SS	DATE			
I		SIGNATU	RE						
AF Form 594 NOV 90 PREVIOUS EDITION IS ORSOLETE									

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.

Personal information is solicited on this is 5 AUTHORITY:32 U.S.C. NOT ethics, 5 U.S. 2. PRINCIPAL PURPODES: To pormit strains, and the dividing pay systems. To 2. POUTNES U.S.S.C. Williams may be purposed. D. POUTNES U.S.S.C. Williams of the purposed. Information purposed.	own. As required by the Priville. Committee St. 120 S.C. (2) Thompsol to the Junit Unit maintain a resort of current based in the Carrier of Account	Repeirs of 71 is form Milliary Pay 1 address for pa	we adelse: so 871 Fish 3: System (AM)	,uaca	09 and 100-10 (J.A.C. 8	on the	L.di.		
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FORWARDING ADDRESS									

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.

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