

SEPARATIONS PAY PROCESSING

DOCUMENTS REQUIRED TO CLEAR FINANCE

Note: Name and Social Security Number must be legible on all forms

1. Finance Separation Pay Checklist.
2. 1 copy of ETS orders, Amendments, and/or Revocation of orders.
3. 2 Copies of DA Form 31 (Leave Form) if you are taking leave and/permissive TDY. (**Permissive TDY must be approved IAW AR 600-8-10 Leaves and Passes**)
4. DA Form 137-1 (Unit Clearance Record). You must make a Copy for Finance.
5. DA Form 4187s or orders for any recent (12 months or less) promotions or demotions, Article 15s, and Court Martial in the last 60 days
6. DA Form 4187s for any AWOL or Confinement Time in the last year.
7. 2 copies of the Termination of Government Quarters Orders from Housing (If applicable)

ATTENTION:

1. You will not be cleared by Finance if you are missing any documents. (**That includes paperwork for reduction, AWOL, Confinement, ETC**).
2. Finance will be the **last** organization you will clear before your final out appointment.
3. IAW FH Reg 612-3 You must be in uniform or have a memorandum authorizing you to clear in civilian clothes.
4. Soldiers must bring a copy of their **Final DD Form 214** to Finance Separations. **Finance cannot release your final pay without your Final DD Form 214.**
5. Your final payment will be deposited into your active bank account. Do not close your bank account until final separation payment and/or travel payment has been received.

Hours of Operation

Mon, Tues, Wed, Thu.

0900---1115

1300---1600 (you must be signed in by 1530)

Fridays

0900---1100

1300---1500 (you must be signed in by 1430)

Clearing on Fridays only for personnel Separating or starting TMLV Fri. Sat. Sun or Mon.

Separation Inquiries:

DSN: 737-7433 COM: (254) 287-7433

Fax:

DSN: 737-4280 COM: (254) 287-4280

Email:

DMPO-SEPS@hood.army.mil

DMPO-TVL@hood.army.mil

ETS TRAVEL

REQUIRED DOCUMENTS FOR SUBMISSION OF TRAVEL PAY:

1. DD Form 1351-2 (Travel Voucher) must be completed and mailed back to finance once the soldier and family members reach their final destination. Be sure to attach the following documents.

- a. 1 copy of ETS orders and amendments (if applicable).
- b. 1 copy of the DD Form 214.
- c. Direct deposit form or voided check to ensure that your payment is made to the correct account.

2. Please follow attached instruction sheet to complete your DD Form 1351-2. Travel vouchers not filled out completely and correctly will be returned and no payment will be made until corrections are made.

3. Mail DD Form 1351-2 and required documents to:

**Defense Military Pay Office
ATTN: Travel Branch
Bldg 18010, Rm A209B
Fort Hood, TX 76544**

CUSTOMER SERVICE:

Travel Inquiries DSN: 737-0735 COM: (254) 287-0735

ETS TRAVEL ADVANCE REQUEST SHEET

PRIVACY ACT STATEMENT: AUTHORITY FOR SOLICITATION OF SSN IS EXECUTIVE ORDER 9397. SSN WILL BE USED FOR POSITIVE IDENTIFICATION. DISCLOSURE OF THIS INFORMATION IS VOLUNTARY. HOWEVER FAILURE TO FURNISH MAY RESULT IN DELAY OF PAYMENT.

LAST NAME-FIRST NAME: _____

FULL SSN: _____

PAY GRADE: _____

ORGANIZATION/UNIT: _____

DUTY PHONE NUMBER: _____

THE DAY YOU ARE LEAVING: _____

SPECIFY IF YOU ARE TAKING ONE OR TWO POV's: _____

A GOOD LOCAL PHONE NUMBER: _____

COMPLETE MAILING ADDRESS TO WHERE YOU ARE GOING:

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

CIRCLE ONE: CHECKING OR SAVINGS

ATTACH ONE COPY OF ORDERS/AMENDMENTS

PROOF OF REGISTRATION (If claiming more than one POV)

INSTRUCTIONS SHEET FOR 1351-2 (ETS Travel Voucher)

Block 1. Print an X in Electronic Fund Transfer (EFT)

Block 2. Print last name, first, middle initial.

Block 3. Print your pay grade upon separation, (example: E-4)

Block 4. Your social security number

Block 5. Mark other for type of payment.

Block 6. Your current mailing address

a. number and street

b. city c. state d. zip code

Block 7. Daytime telephone number & area code

Block 8. Travel order number (top left corner of ETS/Separation orders)

Block 9. Print all previous advances you may have received upon departing Fort Hood.

Block 11. Print old unit and station (example: 1/7 Cav, Ft Hood, TX.)

Block 12. Check - Accompanied if dependents traveled with you.

Check - Unaccompanied if dependents traveled without you.

12a. List dependents last, first, and middle initial.

12b. List relationship of dependent/

12c. List date of birth or marriage.

Block 13. Print the address of dependents when you received your orders.

Block 14. Check yes or no (have household goods been shipped)

Block 15. Itinerary:

a. Date

b. Place (DEP-Ft Hood, TX; ARV- Your final destination address)

c. Means/Mode of travel (PA-private autos, CP-commercial plane, CB-commercial bus)

d. Reason for stop - MC (mission complete)

Block 16. Check own/operator or passenger (which ever applies to you)

Block 17. Leave Blank

Block 18. Reimbursable Expenses: (tolls, lodging)

Block 19. Leave Blank

Block 20. Signature:

20a. Your signature; 20b. Date it.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

INDICATE DATES ON WHICH LEAVE WAS TAKEN:

FINANCE SEPARATION PAY CHECKLIST

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Principal Purpose	Used by soldier to clear Finance Separation Section.
Disclosure	Voluntary. Failure to provide the request information may result in a delay or error in processing of final pay

Instructions to Soldier/Escort: This checklist is designed to assist you and the Finance Separation Section in completing your final clearance from the military pay system. In order to properly compute your final leave and pay entitlement's we require your assistance. Complete the items below and return upon final clearance from Finance.

Name (Last, First, MI)	SSAN	Rank/Date of Rank	UNIT
FINAL ADDRESS	CITY	STATE/ZIP	PHONE NUMBER

YES	NO	
		Have you cleared all organizations except Finance Separations Section?
		Has your date of separation changed ? (submit new orders and revocation of old orders)
		Are you being paid for the correct pay grade/rank? (attach promotion/reduction)
		Are you married? If spouse is in the military enter Spouse ssn:
		Are you/have you been assigned to government quarters? (attach termination orders)
		Has all leave taken been posted to your pay account? (attach DA Forms 31)
		Is your bank information/pay option current and correct? (Final Pay will go this account.)

Have you received any pay changes in the last 60 days?

		Article 15's/vacation of suspension (attach copies)
		In Lieu of Court Martial (attach Format 306 reduction orders)
ABSENCE	RETURN	Lost Time (attach DA forms 4187's, AWOL, DFR, Confinement)
		AWOL/DFR
		CONFINEMENT
		Military/Civilian (circle)
		Authorized Pay? Yes/No (circle)

POINTS OF CONTACT

PAC NCOIC	Type or Print Name	Signature	Tel. No.
First Sergeant	Type or Print Name	Signature	Date
COMMANDER	Type or Print Name	Signature	Date
Transition Representative	Type or Print Name	Signature	Date