

FINANCE BRIEF













OFFICE HOURS



Hours of Operation

Monday: 0900-1630

Tuesday:0900-1630

Wednesday: 0900-1630

Thursday: CLOSED ALL DAY DUE TO LTT (Training)

Friday 0900-1630

Closed Everyday for lunch (1130 – 1300) and All Schedule DONSA & Holidays







Smart Voucher Instructions

Effective 17 April 2023 all finance related requests, questions, and concerns will be processed by unit S1s.

- Soldiers MUST create a Customer Relationship Management (CRM) case in IPPS-A.
- CRM cases will automatically be routed to your unit S1.

Process in (CRM) case	BASIC HOUSING ALLOWANCE (BAH)	Enlistment Bonus	Foreign Language Proficiency Bonus (FLPB)
Documents needed	 Marriage certificate Birth certificate DA 5960 Divorce Decree Orders 	 Annex B Contract MOS Certificate/ AIT Graduation Certificate 	 Service Secretary List (SSL) Defense Language Proficiency Test (DLPT) Orders (S1)







ATTENTION

The following will be serviced at the local Finance Office:

- ✓ S1 Personnel w/Authorized Access Memo
- √ Soldiers w/No Pay Due
- ✓ OHA & Security Deposit Advances / Returns
- √ In-Processing / Out-Processing
- ✓ Separations
- ✓ Soldiers w/Statement of Charges or Debt Letters
- ✓ Soldiers w/Travel Pay Issues (Smart voucher)







LAST DUTY STATION ENTITLEMENTS

All entitlements will be stopped, effective on the date of departure from last duty station. Including BAH/OHA

- Hostile Fire Pay
- Save Pay
- Demolition Pay
- Parachute Duty Pay
- Family Separation Allowance

- Drill Sergeant Pay
- Hazardous Duty/Imminent Danger Pay
- Special Duty Assignment Pay
- Foreign Language Proficiency Pay
- Pay Entitlements terminating from PDS
- Assignment Incentive Pay DFAS will stop day prior to Departure from AOR with DA 4187
- Exceptions: Flight Pay for Officers & Soldiers with 18Z MOS







KOREA SPECIFIC ENTITLEMENTS

- OCONUS Cost Of Living Allowance (COLA)
 - ✓ Based on rank, time in service, location, and the daily rate (changes daily).
- ◆Hardship Duty Pay-Location (HDP-L) (ONLY AREA I Camp Casey)
 ✓\$150 for Area I
- Overseas Housing Allowance (OHA)
 - ✓ Go to your local Housing Office to start this entitlement for eligible personnel
- Family Separation Allowance (FSA-R)
 - √\$250 prorated based on 30-day month. (Not authorized for Dual Military couples stationed in Korea or Non-custodial parents)
- Meal Deductions
 - ✓ Unaccompanied E-6 and below unless Unit authorizes otherwise. (Certain Units are preapproved)







MEAL DEDUCTION EXEMPTIONS

The following personnel currently have preapproved exemption memos filed in our office:

- CID personnel
- MP personnel
- Joint Security Area (JSA) personnel
- •8th Army Band
- •SOC-KOR
- 168th MMB & 549th Hospital Center

UIC's not covered by the memos on file will have to submit an individual ETP request using PAR (signed by BC)







BASIC HOUSING ALLOWANCE (BAH)

Your BAH will remain the same as your <u>last</u>
 <u>Permanent Duty Station</u>. If you relocated your dependents, you must submit a copy of your dependent travel voucher and your PCS orders.

*IF ORDERS ARE INCORRECT, THEY MUST BE AMENDED!
Printout your assignment instruction from IPPS-A/
Need memorandum from MPD







BAH FRAUD

- Soldiers who are listing zip codes with high BAH rates even though their dependents are not located there.
- Hot location San Francisco, Los Angeles, San Diego, Chicago, New York City, etc.
- BAH fraud violates the following UCMJ articles: Article 107, UCMJ (False Official Statement) and Article 121, UCMJ (Larceny). This is because signing the finance form with a false dependent address is the false statement, and the resulting reception of BAH funds from DFAS is larceny. Disposition of BAH fraud cases can result in Article 15, separation, GOMOR, or courtmartial. Additionally, the Department of Treasury will then carry out their own process to recover the entire amount distributed to the Soldier, not just the difference between what they received and what they should have received.







BASIC HOUSING ALLOWANCE (BAH)

- Non-Custodial Parents:
 - Only authorized BAQ-Diff

- Unaccompanied Dual Military:
 - SM receiving with dependent BAH rate is authorized BAH
 - SM receiving the <u>without</u> dependent BAH rate is not authorized BAH







Family Separation (FSA) for Dual Military Couples

Soldiers must provide proof of enrollment in the MACP (Married Army Couples Program)

Acceptable Proof:

- Total Army Personnel Database (TAPDB) MACP Printout
- Soldier Talent Profile (STP) Printout reflecting MACP enrollment







DISLOCATION ALLOWANCE (DLA)

Authorized:

- SM who relocated dependents. (Must be authorized in PCS orders)
- SM with Command Sponsorship (CSP)
- SM who reside off post
- Married, and brought some of your household to Korea (barracks/SLQ)

Not Authorized:

- Single SM assigned to barracks
- Single SM assigned to senior leader quarters (SLQ)



DLA is reimbursed through the Smart Voucher





PET EXPENSES

• Pet Expenses are reimbursable ONLY when authorized in PCS Orders.

• If this authorization is not in your PCS orders, contact MPD on 3rd floor of Maude Hall for more information.







TLE VS TLA

Temporary Lodging Expense (TLE)

- Authorized 7 days from CONUS to OCONUS
- Reimbursed through smart voucher.
- Payment shown on AOP
- Lodging within 75 miles from your losing station.

Temporary Lodging Allowance (TLA)

- Memorandum from housing authorizing TLA
- Authorized 10 days but can be extended by the Housing office approval.
- Reimbursed through local finance office.
- Payment shown on LES







ADVANCE PAY

 Advance on your base pay minus taxes and other monthly deductions.

 Request within 30 days prior to departure or 60 days from arrival at PDS.

- Request submitted through DD Form 2560.
- For Approval:
 - ✓SPC and above can sign for themselves
 - ✓PFC and below need Commander's signature (O-3 or above)
 - √O-5 or above must sign for 2nd advance pay in same PCS (e.g.,1 advance prior to PCS, 1 advance after arrival)







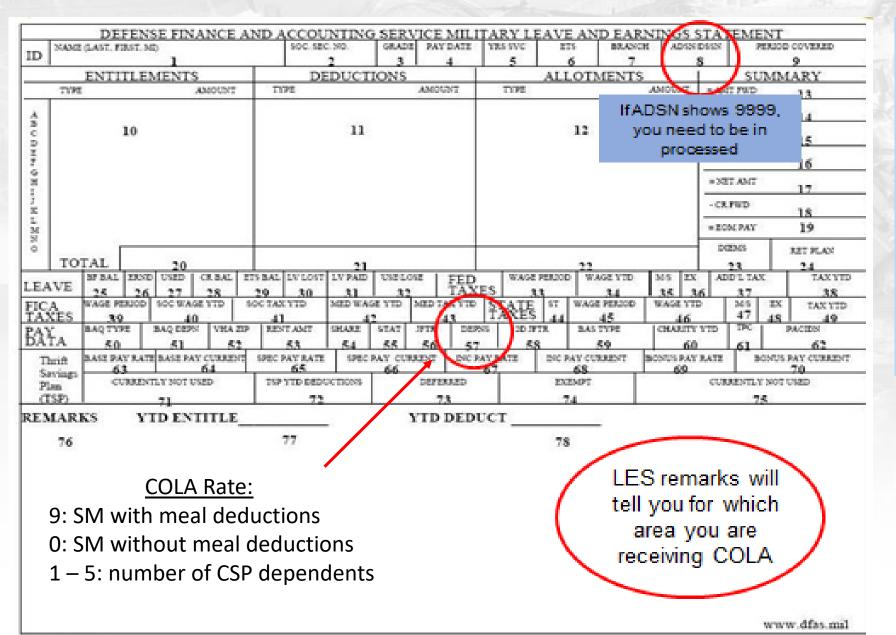
In Processing Finance

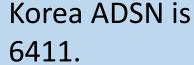






LES REVIEW





If you see 9999 for 3 consecutive month's you need to see Finance ASAP!







Required Documents to In Process Finance

- Coversheet
- Travel Voucher
- 1 Complete Set of PCS Orders (with amendments if applicable)
- Leave Forms with Control Number (block 14 & 16 must be filled out and signed)
- 1 Copy of Pin Point Orders
- DD1610 (if applicable)
- DD 1561 FSA (if applicable)
 - Dual Military Requires MACP 4187







Coversheet

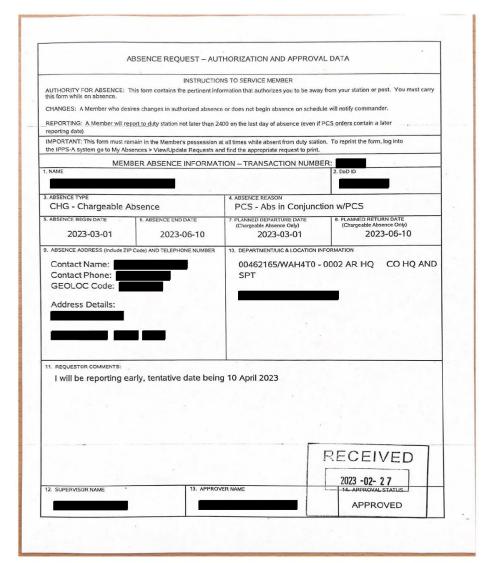
★ DATE:				14	T:	B	RIEF/ WINDOW	
A Detachment 176th FMSU								
F	INANCE IN	-PROC	ESSING 1	DOCUN	IEN'	T COVE	RSHEET	
☆NA M	IE: LAST NAME	, FIRST	☆ SSN: _	123-45	-6789	 RA	NK: SGT	
EMAIL: _xxx.MIL@ARMY.MIL or personal email								
	Single	Married	Dual Mi	litary	itary Single W/ Dependents			
	H	RAP	P-TDY	TDY I	Enrou	te		
SB03	START		7	3501/	04	START		
	STOP				(GOV ASG	45	
	LV TYPE				G	GOV ADQ		
	LV AUTH#	IN0	6411		I	DEP BAQ		
					S	LST DEP		



TO SUPPORT AND SERVE



ABSENCE REQUEST = AUTHORIZATION AND APPROVAL DATA



- Block 1 Full name
- Block 2 Full DODID #
- Block 3 Must read CHG- Chargeable Absence
- Block 4 Must read PCS Abs in Conjunction w/PCS
- Block 5 Absence begin date (DEPARTURE DATE)
- Block 6 Absence end date (ARRIVAL DATE)
- Block 7 & 8 must reflect block 5 & 6
- Block 9 SM leave address
- Block 10 SM UIC
- Block 11 Remarks (if applicable)
- Block 12 Supervisor name
- Block 13 Supervisor approval
- Block 14 MUST READ "APPROVED"

Please be aware If extra leave days are charged. Contact your unit S1 for corrections. Then follow up with finance.





DA 31

						NTROL NUM	MBER
	bject to the Privacy Act of		•		CC	ONTROL N	IUMBER
The proponent	t agency is DCS, G-1. (See in:	structions by clicki	ing on the instruction	s button.)		MINOLIN	CWBER
		PART I - RE	QUESTOR INFO	RMATION			
2. NAME (Last, First, Middle In	nitial)		3. DOD ID		4. RANK		5. DATE (YYYYMMDD)
10a. ACCRUED LEAVE	10b. CHARGEABLE LEAV	VE REQUESTED		10c. NON-CHA	RGEABLE ABSENC	E REQUESTED	Personal who hav
(CR BAL) FROM (YYYYMMDD)	DAYS REQUESTED TO	MDD) ADVANCE	EXCESS	FROM (YYYYMMDD)	DAYS REQUESTED	TO (YYYYMMDD)	
(*************************************	(1111)	NA NA	NA	(**************************************		(**************************************	submitted absence
	REQUESTOR / SUPE	RVISOR / APPRO	VING AUTHORITY S	IGNATURES			leave through IPP
11. SIGNATURE OF REQUESTO	R (Supervisor can sign for requ	uestor when reque	stor is not available to	sign.)		DATE	
YOUR SIGNATURE							(PAR). May be
12. SUPERVISOR NAME	TITLE	RANK/GRADE	RECOMMENDAT	ION ISIGNATUR	₹F	DATE	charged a few day
	1111	TONTOTODE	APPROVAL	MINKM		DATE	
SUPERVISOR NAME	DUTY POSITION		DISAPPROVA	L SI	GNATURE		extra. If this
13. APPROVING AUTHORITY NAME	TITLE	RANK/GRADE	ACTION	SIGNATUR	RE	DATE	happens. Please
SUPERVISOR NAME	DUTY POSITION		☐ APPROVED ☐ DISAPPROVE	SI	GNATURE		Happens. Hease
14.		RTURE - AUTHOR					contact your S1 to
a. DATE b. TIME c. I	NAME DEPARTURE AUTHOR		arr diolottrone	e. SIGNAT	URE	f. DATE	fix the
YYMMDD		DUT	Y POSITION	SI	GNATURE		TIX tile
15. EXTENSION - APPROVAL AUTHORITY SIGNATURE						situation. Finance	
a. NUMBER DAYS b. DATE APPROVE	c. NAME APPROVAL AUTI	HORITY d. TITLE		e. SIGNAT	URE	f. DATE	not responsible fo
40							not responsible for
16. a. DATE b. TIME c. I		d. TITLE	Y SIGNATURE	a CIONAT	LIBE	f. DATE	\dashv the transactions i
a. DATE b. TIME c. I	NAME RETURN AUTHORITY		TY POSITION	e. SIGNAT	GNATURE	I. DATE	
		DU	1 1 1 00111011	l DI	OT VITO TO		ـــا IPPSA.

ALL EXTENSIONS MUST BE APPROVED BY YOUR LOSING OR GAINING COMMANDER



Completing the DD Form 1561 (FSA)

BLOCK 1 – 4: Self Explanatory

- NAME
- GRADE: E /O (Not your RANK)
- DOD ID
- BRANCH and ORGANIZATION

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)					
		PRIVA	CY ACT STATE	MENT	
AUTHORITY:	Title 37, U.S. Code, Se	ection 427.			
PRINCIPAL PURPOSE:					
ROUTINE USES:	Serves as substantiating document for FSA payments and input into the member's pay account. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments. Provides a record in service member's pay account and for safekeeping.				
DISCLOSURE:	Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.				
1. NAME OF MEMBER (Last, First, Middle Initial)	2. GRADE	3. DC	D ID	4. BRANCH AND ORGANIZATION
→		→ E-5	→		→ ARMY / 19 th HRC
PAR	TI - MEMBER COM	PLETES THIS	SECTION TO	SUBSTANTIAT	E ENTITLEMENT TO FSA







Completing the DD Form 1561 (FSA)

BLOCK 5:

Mark "X" FSA-R for restricted (unaccompanied) tour.

BLOCK 6:

• Date that you left your dependents for the airport to make your trip to Korea.

BLOCK 7:

• Address where dependents currently reside. Must be a designated location as stated in your orders.

1. NAME OF MEMBER (Last, First, Middle Initial)	2. GRADE	3. DoD ID NUMBER		4. BRANCH AND ORGANIZATION	
PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA					
5. TYPE II (X as applicable)				YY) DEPARTED RESIDENCE TO UNIT HOME	
FSA-T (Temporary) FSA-R (Restricted) FSA-S (Ship)			STATION (MO)	bilized Members)	
7. COMPLETE CURRENT ADRESS(ES) OF DEPENDENT(S)					
,				•	
	_				







Completing the DD Form 1561 (FSA)

8. I C	ERTIFY TO THE FOL	LLOWING FACTS (X applicable box(es))						
а	a. I am not divorced or	or legally separated from my spouse. A/I/W						
□ b	b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders. c/w							
C	c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty. c/p/w							
	d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year. ALL e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.							
f.	f. I am married to another military member currently serving on active duty and my spouse was was not residing with me immediately before being separated by execution of my military orders. w/i							
	Spouse's SSN:	Branch and Component:						
Xg	j. My last TDY or depl	ployment, if any, x was was not within the last 30 days from this TDY or deployment.						
dep	endents move to or ne	notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 ase of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.						
a. DA	TE (DDMMYY)	b. SIGNATURE OF MEMBER						

BLOCK 8: Mark all that applies to you.

BLOCK 9: Sign and date.







Documents for In Processing

The DD 1351-2 you are about to complete is only so we can arrive you in country.

This Travel Voucher will not be submitted to DFAS for reimbursement.







TRAVEL VOUC	HER OR SUBVOUCHER	Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.					
1. PAYMENT Electronic Fund Transfer (EFT)	ting travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.						
Payment by Check	Pay the following amount of this rein	nbursement direct	ly to the Government Travel Charg	e Card contractor:			
2. NAME (Last, First, Middle In	itial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)			
Smith, John	*	E5	123-45-6789	TDY Member/Employee			
6. ADDRESS. a. NUMBER AN	D STREET b. CITY		c. STATE d. ZIP CODE	PCS Other			
				Dependent(s) DLA			
► Block 2-4	: NAME, GRADE, SSN						







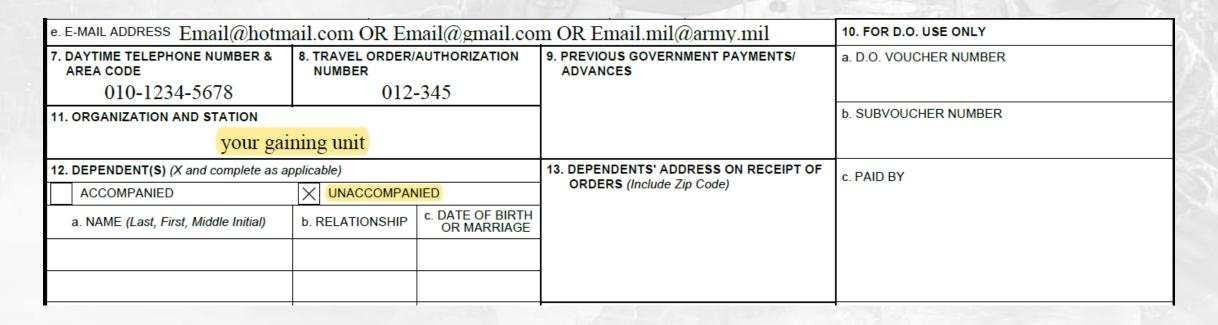
- Block 6e: The email you check frequently.
- **Block 7: Daytime phone number**
- **Block 8:** Travel order number is located in the top left-hand corner on PCS Orders.

e. E-MAIL ADDRESS Email@hotm	ail.com OR Email@gmail.com	m OR Email.mil@army.mil	10. FOR D.O. USE ONLY
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	a. D.O. VOUCHER NUMBER
010-1234-5678	012-345		
11. ORGANIZATION AND STATION			b. SUBVOUCHER NUMBER
your gain	ning unit		









- **▶ Block 11:** Unit of Assignment, if you don't know, refer to your PCS Order
- **▶**Block 12: Mark <u>unaccompanied</u> if you didn't move your dependents or you don't have dependents.







e. E-MAIL ADDRESS				10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER NUMBER	AUTHORIZATION	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION	.			b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as a	pplicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	c. PAID BY	
X ACCOMPANIED	UNACCOMP	ANIED			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE			
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?	d. COMPUTATIONS	
			YES NO (Explain in Remarks)		

▶ Block 11: Unit of Assignment, if you don't know, refer to your PCS Order

▶Block 12: Mark <u>accompanied</u> if your dependents moved based on your orders.







e. E-MAIL ADDRESS Email@hotm	ail.com OR En	nail@gmail.com	m OR Email.mil@army.mil	10. FOR D.O. USE ONLY
7. DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER/AUTHORIZATION 9 AREA CODE NUMBER			9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	a. D.O. VOUCHER NUMBER
010-1234-5678	012-	-345		
11. ORGANIZATION AND STATION				b. SUBVOUCHER NUMBER
your gain	ning unit			
12. DEPENDENT(S) (X and complete as ap	oplicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF	c. PAID BY
X ACCOMPANIED	UNACCOMPAN	IIED	ORDERS (Include Zip Code)	
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	Conus dependents Relocation	
Spouse			Address of dependents when	
Tigger			Orders were received	
Baby Yoda			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)	d. COMPUTATIONS
Simba			YES NO (Explain in Remarks)	

- **▶ Block 11:** Unit of Assignment, if you don't know, refer to your PCS Order
- **▶**Block 12: Mark <u>accompanied</u> if your dependents moved based on your orders.

List all CSP dependents that are here in country with you.





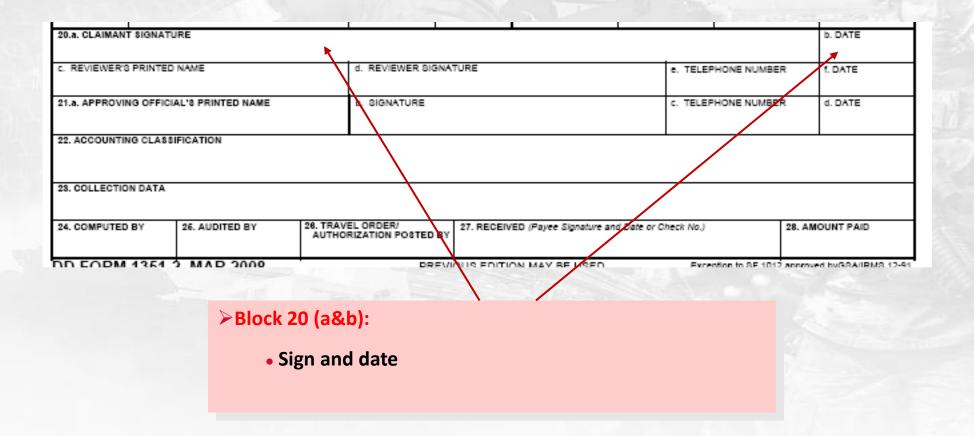


		Your departu	ire dat	e must			
15. ITINERARY	15. ITINERARY		match your Absence Request			f.	15 (c)
a. DATE _23	b. PLACE (Home, Office, Base, Activity, City and Country, etc.)	form (Leave	Form).		1	POC MILES	PA: Private Automobile
BLK 14 DEP	LAST DUTY STATION		PA				CA: Commercial Automobile
10 Aug ARR	LEAVE or TDY or VPC or	- ЦD Л D		LV/ T	D/AT		CP: Commercial Plane GP: Government Plane
22 Aug DEP	LEAVE OF TOT OF VIC O	IIIIAI	PA				GB: Government Bus
22 Aug ARR	AIT DUTY LOCATION			AD			TP: Non GTCC booked plane
26 Aug DEF			GB				
26 Aug ARR	FIRST CONUS/OCONUS A	IRP∩RT		AT			15 (d)
26 Aug DEP	TINDI CONOD/OCONODII	IKI OKI	CP				LV: leave
26 Aug ARR		D D O D T		AT			TD: TDY Enroute
27 Aug DEP	LAST CONUS/OCONUS AI	RPORT	GP				AT: Awaiting Transportation AD: Authorized Delay(over 24 hours)
28 Aug ^{ARR}	KOREA (OSAN / INCHE	ON)		AT			MC: Mission Complete
28 Aug DEP			GB				e.
BLK 16 ARR		ON ON		MC			(1) Per Diem
DEP	PCS ORDERS						(2) Actual Expense Allowance
The da	ate you arrived in country	' .					(3) Mileage















Pink Slip

FINANCE IN-PROCESS

NOTICE: A	DET, 176 [™] FMSU ACCEPTED [_] REJECTED [] your in-process packet.
DA	restamp lectangular Snip
	REASONS FOR REJECT
DATE:] Leave form
_	[_] DD 1610
	[_] PP orders
	[_] Orders
*** You mu	ist submit the correct, completed packet to the finance office ASAP to

*** You must submit the correct, completed packet to the finance office ASAP to be in-processed. Failure to do so will result in incorrect payments and my lead to significant debt or a no pay due (PAY STOP). ***

TRAVEL PAYMENT

Submit for travel pay/reimbursement through Smart Voucher using our Smart Voucher QR on your mobile phone and log <u>in</u> with your <u>myPay</u> username and password. Or follow the link below. https://smartvoucher.dfas.mil/voucher/



SMART VOUCHER SUBMITTED

SV STAMP			



Scan for Smart voucher instructions.

*** If dependent/s traveled separately or to a different location, you must file a separate Dependent Travel Voucher***





