

ASSEMBLY OF DITY'S

To assist our customers in getting more timely payments from TVCD, please have your counselors pass the following information on to our Marine customers. It may take a few more minutes, but it would be a tremendous help to expedite payments to our customers. In order to reduce the time it takes to process a voucher, the DITY section would like help from the TMOs/PPSOs and service members in assembly and submission of their claims. We do have a website with useful tools, examples and information concerning DITY MOVE & REIMBURSEMENT CLAIMS. www.logcom.usmc.mil/tvcd

**PLEASE SUBMIT PAPERWORK IN THIS ORDER
(MAKE COPIES OF EVERYTHING YOU SEND TO KEEP FOR YOUR RECORDS!!!)**

1. DD Form 2278 (Application for Dity move & Counseling Checklist)
2. Copy of PAID Rental Agreement and/or copy of vehicle registration when utilizing POV and/or boat/trailer.
3. DD Form 1351-2 (Travel Voucher) with current mailing address, date, & mbr's signature
4. Confirmation of paid receipt of Advance Operating Allowance and/or (**ORIGINAL**) statement of MBR's Responsibility confirming direct deposit if received.
5. Certified Weight Tickets, Gross (full) and Tare (empty) weight. Identify each weight ticket i.e., rental truck full/empty, car full/empty, trailer full/empty, boat, etc. **NOTE: IF THE WEIGHT TICKET IS SMALL SMIMILAR TO THE SIZE OF A GAS RECEIPT – BE SURE TO IDENTIFY THEM AS SUCH AND TAPE THEM TO A SHEET OF PAPER (8 ½ X 11)**
6. Dity Move certificate listing expenses. Identify all expenses less sales tax
 - a. **Authorized expenses include:** Truck/Trailer rental, packing materials, hand truck, furniture pads, gas and tolls.
 - b. **Unauthorized expenses:** Tow Dolly, Auto Transport, all insurance fees; Sales Tax; Meals, Lodging and Gas used in second POV.
7. Copy of Orders (PCS/TAD/TET/RELAD {NAVMAC 1160}) including all endorsements
8. Miscellaneous Documents i.e., receipts

STAPLE THE COMPLETE PACKAGE IN THE UPPER LEFT CORNER TO SECURE PAPERWORK.

ENSURE A GOOD MAILING ADDRESS IS CITED ON THE DD FORM 2278 OR DD FORM 1351-2 AS WELL AS YOUR SSN. CLAIM CAN NOT BE PROCESSED WITHOUT COMPLETE SSN – CLAIMS RECEIVED WITHOUT SSN'S WILL CAUSE A DELAY IN PROCESSING.

MAIL THE COMPLETE CLAIM IN AN 8"-1/2" BY 11" OR LARGER ENVELOPE ** DO NOT FOLD PACKAGE ** TO:

**COMMANDING GENERAL
COMPT TRAN VOUCH CERT DIVISION (TVCD)
814 RADFORD BLVD STE 20262
ALBANY, GA 31704**