<u>DITY CHECKLIST AND CERTIFICATION OF EXPENSES</u>

Signature	Date
dollars, maximum imprisonment of five yo	ears, or both (U.S.C., Title 18, Section 287)
I understand the penalty for willfully mak	ing a false statement of claim is maximum fine of \$10,000
requested may result in partial or total denial of claim and/or im	proper tax application. NOTE: Expenses certified on this statement reduce taxable moving expenses. Tax withholding will be 25% of profit (Entitlement minus expenses).
<u>Authority:</u> 5 U.S.C 5701-5742,37 U.S.C 404-427, and E.O.929 official travel; SSN is used to maintain a numerical identification	97 <u>Principal purpose:</u> Used for reviewing, approving, accounting and disbursing for in systems for individual claims and to report income to Internal Revenue Service. In movement of household goods. Disclosure: Voluntary failure to furnish information
PRIVA	CY ACT STATEMENT
To: Location / Date	
I certify the above amounts have been inco From: Location / Date	urred as expenses on my DITY Move
Total moving expenses claimed:	
Chief Capellists.	
Moving Equipment: Other expenses:	
Rental Vehicle Expense: Gas, Tolls & Weighing fees:	
	CORTED BY EXPENSE RECEIPTS AND PAID RENTAL CONTRACTS
, , , ,	AODEED DV EVDENCE DECEMBER AND BAID DENEAL
	not limited to, tow dollies, tow bars, auto transporters,
	a hand truck and furniture pads, gas, tolls, and weighing
	z are payments to rental companies for rental vehicles,
**** Be sure to keep a copy of everything turn	
**** Be sure all documents are dated properly **** Be sure all documents requiring signatur	1
**** Be sure that the name and ssn are on all o	documents
DITY MOVE Advance Payment	Date:
1 Copy of registration(s) for POV(s), boat(s	
1 Copy of paid rental contract (If applicable 1 Copy of other expenses (fuel, tolls receipts	
1 Original Letter (MBR's RESPONSIBILI	
1 Certified loaded weight ticket WITH YO	UR RANK, NAME, SSN, and signature of weight master
1 Original DD Form 2278	JR RANK, NAME, SSN, and signature of weight master
1 Copy of orders with endorsements or amo	endments
NAME:	