

SELF-MOVE INFORMATION SHEET

LAST NAME: _____ FIRST: _____ MI: _____ RANK: _____

SSN: _____ BRANCH OF SERVICE: (CIRCLE ONE) USMC USN USA USAF USCG

PART I. HOME OF RECORD

ADDRESS:

STREET	CITY/COUNTY	STATE	ZIP
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PART II. CURRENT CIVILIAN ADDRESS

ADDRESS:

STREET	CITY/COUNTY	STATE	ZIP	HOME PHONE#
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PART III. CURRENT MILITARY ADDRESS

ADDRESS:

STREET	CITY/COUNTY	STATE	ZIP	WORK PHONE#
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PART IV. DESTINATION ADDRESS

ADDRESS:

STREET	CITY/COUNTY	STATE	ZIP	PHONE #
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SPOUSE'S FIRST NAME:	DATE MOVE REQUESTED	NO. OF ROOMS OF FURNITURE TO BE MOVED:
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PART V. ADDRESS FOR INCENTIVE PAYMENT CHECK

ADDRESS:

STREET	CITY/COUNTY	STATE	ZIP
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PART VI. TYPE OF ORDERS (CIRCLE ONE): PCS TADUNIS RELAD RETIREMENT

I, _____, _____, _____
 PRINT NAME RANK SSN

UNDERSTAND THAT IN ORDER TO RECEIVE "INCENTIVE PAYMENT" FOR MY DO IT YOURSELF MOVE (DITY), "CERTIFIED WEIGHT CERTIFICATES" MUST BE TURNED IN FOR EMPTY AND FULL WEIGHTS OF MY RENTAL TRUCK OR MY AUTHORIZED VEHICLE. FAILING TO OBTAIN CERTIFIED CERTIFICATES WILL "VOID" THE "INCENTIVE PAYMENT".

I UNDERSTAND THAT IF I RECEIVED AN ADVANCED OPERATING ALLOWANCE AND DO NOT SUBMIT MY FINAL SETTLEMENT WITH 45 DAYS AFTER THE START OF THE MOVE, A PAY ADJUSTMENT AUTHORIZATION WILL BE PERFORMED TO RECOUP THE ADVANCED OPERATING ALLOWANCE.

 SIGNATURE

 DATE