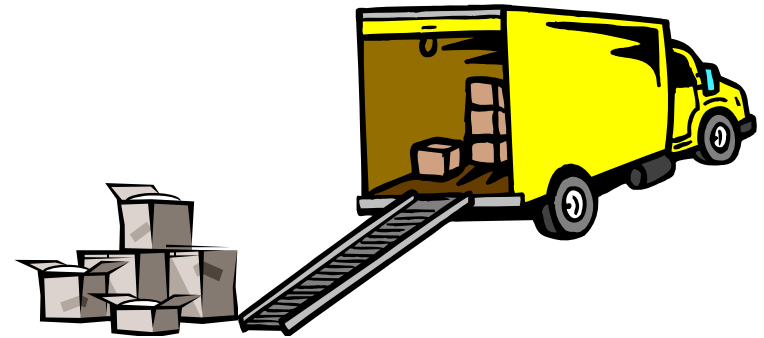




Personally Procured Move (PPM)

- What Is a PPM?
- PPM Advance Limits
- What's Needed
- Submitting a Final Claim
- Tips for filing a claim
- Navy HHG Audit Team Web Portal
- USMC TVCB Contact Information
- Other Service Instructions
- Informational Links





What IS a PPM?

A Personally Procured Move (PPM) is an alternate means of moving property.

- Members move their HHG on their own and request reimbursement (up to the Government's Constructive Cost)
- Member's are authorized to move property by:
 - Privately owned POV and/or Trailer
 - Hire a commercial company
 - Rent a truck and/or trailer
 - Hire a "You-Load/They-Drive" method
 - Parcel Post

Navy entitlement assistance: householdgoods@navy.mil / 855-HHG-MOVE (444-6683)
Marine Corps entitlement assistance: usmcpersonalproperty@usmc.mil / (703) 695-7765



PPM Advance Limitations

(HHG Flash 2014-04)

NAVY ONLY POLICY

Naval Supply Systems Command HHG POLICY ADVISORY

2014-04 Personally Procured Moves **4/30/14**

Attention: Personal Property Shipping Offices
Reference: Joint Federal Travel Regulations (JFTR) U5319, U5320.

1. This advisory addresses Navy service member specific points of Personally Procured Moves and is used in conjunction with the JFTR. * NAVSUP HHG Flashes 11-03, 11-04 & 11-08 are rescinded.
2. (U5319) Funds Advance.
 - a. Navy members separating in a "non-pay status" are **not eligible for an advance payment.**
 - b. "First-time Movers" are **not eligible for an advance payment.**
 - c. Locations serviced by the One-Time-Only rate program are **not eligible to do a PPM.**
 - d. All other Navy members must provide a copy of a vehicle rental reservation or Transportation Service Provider's estimate to be eligible for a funds advance.
3. (U5320-D) Personally Procured Transportation and Non-Temporary Storage (NTS).
 - a. Claim must be submitted within 45 days of the pickup date shown on the DD Form 2278.
 - b. Claim must be on the new DoD PPM Checklist/Expenses Certification Form.
 - c. Claim must have (3) weight tickets: Empty Origin, Full Origin and Full Destination.
 - d. Members may submit claims one of three ways:
 - (1) Email "HHG_Audit_PPM_Claims.fet@navy.mil"
 - (2) Fax 757-443-5387.
 - (3) Mail to: CO, FLC Norfolk, Code 302, 1968 Gilbert St, Suite 600, Norfolk, VA 23511-3392
 - e. For more information & claim status visit "https://pptas.ahf.nmci.navy.mil/PPTCS/index.html"
4. (U5320-D.1) Government Procured HHG Transportation and/or NTS Not Available. This authorizes "actual cost reimbursement" and is not subject to Government Constructive Cost limits. Only the Navy Director of Household Goods at NAVSUP HQ may approve.
5. (U5320-D.2.c) Actual Cost Reimbursement for small package shipping. Must have a weight ticket or paid receipt with the weight, location, employee signature and date. Failure to provide this or other acceptable proof of weight will result in claim being returned unpayable.
6. (U5320-D.3.b) Weight Certificates are Unobtainable.
 - a. The Transportation Officer or HHG Directors may approve constructive weight for local moves when there is no scale between origin and destination.
 - b. All other approvals are delegated to the Navy's Audit Team Director at Norfolk.
7. (U5320-D.4) Final Settlement.
 - a. Incomplete claims will be returned as unpayable.
 - b. Altered or suspect weight tickets will be referred to NCIS and returned as unpayable.
 - c. Weight tickets that exceed the "Gross Vehicle Weight Rating" (GVWR) of the vehicle will be limited to the GVWR weight.
8. The POC for this advisory is Mr. Dan Wolfert

PLACE COPY OF THIS ADVISORY IN YOUR NAVSUP PUB 490

FUNDS ADVANCE

- Not eligible for funds advance are:
 - Members separating in a non-pay status
 - "First Time Movers"
- All other Navy members must provide a copy of a vehicle rental reservation or Transportation Service Provider's estimate as part of funds advance

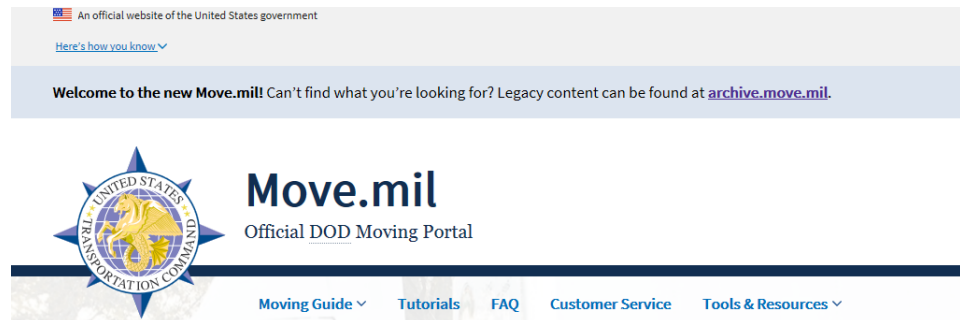
Navy entitlement assistance: householdgoods@navy.mil / 855-HHG-MOVE (444-6683)
Marine Corps entitlement assistance: usmcpersonalproperty@usmc.mil / (703) 695-7765

Weight Ticket Requirements

- Members must submit clear legible weight tickets that contains your name and date.
- List what is being weighed to include anything in tow (trailer, boat, auto trailer, etc...)
- **Weight Ticket Requirements**
 - Must obtain one (1) empty AND one (1) full weight ticket at origin
 - Must obtain one (1) full weight ticket at destination
 - **MUST** be obtained from a certified scale

*MCO 4600.39, Chapter 4, paragraph 1f(3): Some companies use other methods besides weight to determine cost for moving HHG, such as per running foot, per cubic foot, etc.; however, these methods are not acceptable to determine the weight of the HHG for the purposes of paying the incentive. Marines are cautioned to determine the method used before contracting with the carrier!!

- Must submit an application in DPS
- Must provide documents supporting request:
 - Current orders (including any amendments and/or modifications), and, if necessary:
 - Power Of Attorney (POA)
 - Enlistment Contract or Officers Report
 - **NAVY ONLY REQUIREMENT:** Dependency Application/Record of Emergency Data Form (Page 2)



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APPLICATION FOR DO IT YOURSELF MOVE AND COUNSELING CHECKLIST <small>(Read Privacy Act Statement on back before completing form.)</small>				1. DATE PREPARED <small>(YYYYMMDD)</small>	2. SHIPMENT NUMBER
3. MEMBER OR EMPLOYEE INFORMATION					
a. NAME <small>(Last, First, Middle Initial)</small>	b. RANK/GRADE	c. SSN	d. AGENCY		
4. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING ORDERS:					
a. TYPE ORDERS <small>(X one)</small>		b. DATE OF ORDERS <small>(YYYYMMDD)</small>	c. ISSUED BY		
LOCAL	d. NEW DUTY ASSIGNMENT		e. ORDERS NO.	f. NUMBER OF MILES	
PERMANENT					
TEMPORARY					
5. NAME OF PREPARING OFFICE			6. PAYING (AFO/FLAO) NAVY AND MARINE CORPS		
7. SEND CHECK TO: <small>(Complete address)</small>			8. STATE OF LEGAL RESIDENCE		
9. ENTITLEMENTS <small>(X and complete as applicable)</small>			10. MEMBER RESPONSIBILITY <small>(X and complete as applicable)</small>		
a. Option of GBL (Van) and/or DITY move <small>(nontemporary storage).</small>			a. Operating allowance <small>(amount):</small>		
b. DITY move authorized from to			b. Pick up rental vehicle and ensure safe operation. Pick up date <small>(YYYYMMDD)</small> :		
c. ITO/TMO provided with accurate estimate weight of HHGs.			c. Empty/loaded weight tickets required for each trip made. Use government, public, commercial scales.		
d. Maximum authorized weight.			d. Name, rank, Social Security Number, Weighmaster's signature required on each weight ticket.		
e. Unauthorized items <small>(POV's, flammables, etc.)</small> .			e. Trailers weighed attached to prime mover <small>(no passengers aboard - weigh entire unit at same time)</small> .		
f. Power of Attorney, if required.			f. DITY moves require DD Form 1351-2.		
g. Type of vehicle authorized <small>(POV)</small> .			g. DD Form 2278 and weight tickets must be submitted to paying office/TMO/ITO to receive incentive payment. Provide Rental Contract <small>(not required for Air Force and Army)</small> .		
h. Loss or damage - maximum government liability.					
i. Temporary storage.					
9. COST COMPUTATION					
a. ESTIMATED CONSTRUCTIVE COSTS			b. PAID BY DSSN		
(1) MTMC RATE SOLICITATIONS PLUS \$5.00 PER CWT X EST. WT. OR WT. ALLOWANCE	\$		c. VOUCHER NO.		d. DATE <small>(YYYYMMDD)</small>
(2) LOCAL RATE PER CWT X EST. WT. OR WT. ALLOW.	\$		e. I agree to furnish two weight tickets within 45 days from the start of this move. If I fail to do so, I voluntarily consent to collection of all government costs of this move from my pay. I also voluntarily consent to collection of any unearned advance operating allowance up to a maximum of \$_____ from my pay.		
(3) ESTIMATED GROSS INCENTIVE	\$				
(4) ADVANCE OPERATING ALLOWANCE	\$				
NO INCENTIVES WILL BE PAID WITHOUT ACCEPTABLE WEIGHT TICKETS AND OTHER REQUIRED DOCUMENTS.					
10. I CERTIFY THAT I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AND CONDITIONS PRINTED ON THIS FORM.					
a. SIGNATURE OF MEMBER/AGENT		b. DATE SIGNED	c. SIGNATURE OF COUNSELOR		d. DATE SIGNED
11. CERTIFICATION OF ITO/TMO					
a. ACTUAL CONSTRUCTIVE COSTS					
(1) RATE PER CWT PLUS \$5.00 x _____ ACTUAL WT. OR WT. ALLOW.			(2) LOCAL RATE PER CWT X ACTUAL WT. OR WT. ALLOW.		
= \$ _____ 0.00			= \$ _____ 0.00		
b. CONSTRUCTIVE COST OF _____ GBL OR _____ LOCAL MOVE IS \$ _____					
<small>(Attach copies of acceptable tare and gross tickets.)</small>					
12. TMO ACCT. DATA:					
a. TYPED OR PRINTED NAME		b. SIGNATURE	c. DATE SIGNED		

DD FORM 2278, SEP 1998

REPLACES AF 417, MAY 82, AND PREVIOUS EDITIONS OF DD 2278, WHICH ARE OBSOLETE.

Reset

Adobe Professional 9.0

The information on this form is populated once the origin counseling office processes the application.

Members must obtain approval and a signature from a counselor at the origin office.

Members must sign the DD Form 2278 after reviewing for accuracy.

Navy entitlement assistance: householdgoods@navy.mil / 855-HHG-MOVE (444-6683)
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DD Form 1351-2

TRAVEL VOUCHER 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 <input type="checkbox"/> Electronic Fund Transfer (EFT) <input checked="" type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing 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.					
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA			
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			
9. E-MAIL ADDRESS		10. FOR D.O. USE ONLY		a. D.O. VOUCHER NUMBER			
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		3. PREVIOUS GOVERNMENT PAYMENT/ADVANCES		b. SUBVOUCHER NUMBER	
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (include Zip Code)		c. PAID BY	
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH		
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		15. ITINERARY		d. COMPUTATIONS			
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	POC MILES
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
DEP							
ARR							
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL		8. SUMMARY OF PAYMENT			
18. REIMBURSABLE EXPENSES		a. DATE		b. NATURE OF EXPENSE		c. AMOUNT	
CLAIM FOR INCENTIVE PAY FOR MOVEMENT OF HHG						d. ALLOWED	
						12 HOURS OR LESS	
						MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
						MORE THAN 24 HOURS	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total 0.00	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
				19. GOVERNMENT/DEDUCTIBLE MEALS			
		a. DATE		b. NO. OF MEALS		c. DATE	
						d. NO. OF MEALS	
20. a. CLAIMANT SIGNATURE				b. DATE			
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER		f. DATE	
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
28. AMOUNT PAID							

The information on this form is populated once the application has been processed.

The member must sign this form – the spouse cannot sign by POA unless the form is listed.

Member should review the form for accuracy.

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PERSONALLY - PROCURED MOVE (PPM) CHECKLIST AND EXPENSE CERTIFICATION

All documents submitted MUST be LEGIBLE and COMPLETE. Illegible or incomplete submissions will be returned for corrective action.

NAME: _____

ADDRESS: _____

This PPM Checklist and Expense Certification - completed, signed and dated.

DD Form 1351-2, properly completed USN Requires Form FMS 2231 For Direct Deposit

Advice of Payment (AOP) for PPM advance operating allowance requested AND received (available at <http://pcr/myplay.dfas.mil>)

Completed DD Form 2278 - to include: blocks 10a/b customer signed/dated, blocks 10c/d counselor signed/dated

Official Travel Orders - include all amendments and/or endorsements issued. USN: Entitlement Contract or Office Home of Record report

Power of Attorney (POA) or Letter of Authorization

Weight tickets **MUST** meet Service specific requirement (See ** Below) and be Certified, Legible, Unaltered, and

Adequately descriptive (i.e. FULL/EMPTY 2008 Dodge Ram Pickup with Privately Owned Trailer (POV) etc.)

Include customer identification; Last Name, EMPLOYER (last 4)

SACU conveyance (trip/vehicle) used to haul property must be supported by a FULL and EMPTY weight ticket

** Service Specific Requirements for Weight Tickets: **USA** requires a FULL and EMPTY weight ticket obtained at either Origin, Destination or a combination thereof. **USMC** requires both EMPTY and FULL weight tickets to be obtained at Origin within 50 miles of the pickup point (at a Base Scale if available). **USA, USN** requires EMPTY and FULL weight tickets at Origin plus a FULL weight ticket at Destination. (2-Tickets)

Copy of Contract(s) - Identify: Customer/Family Member; Detailed equipment description; Payment in full

Copy of paid receipts for eligible expense claimed below - receipts must reflect customer's last name, EMPLOYER (last 4), item description, unit price, quantity, date, name and address of store, etc. (i.e. fuel receipts that reflect only a per-gal dollar amount do NOT qualify)

Copy of privately-owned vehicle (POV) or trailer (POT), Boat, or Motorcycle registration(s) used for hauling personal property; borrowed POV or POT additionally requires a signed, dated statement by registered owner authorizing use of POV/POT for your HHG movement

† Income documents requiring signature and date are signed and dated by the customer AND/OR PPM counselor.

‡ The PPM incentive payment is taxable income. Eligible operating expenses (see notes below) can reduce the taxed portion of your incentive.

NOTE 1: ELIGIBLE PPM operating expenses include; rental trucks, trailers, hand-appliance dollies, and furniture pads; weighing fees; authorized moving company services; purchase of consumable packing materials (i.e. boxes, wrapping paper, tape), gas, tolls, and oil for rental vehicles.

NOTE 2: Expenses **NOT ELIGIBLE** as PPM operating expenses include, but are not limited to; auto tow dollies, auto tow bars/hitches, auto transport, rental equipment insurance, sales tax, purchased moving equipment, plastic totes, locks, oil service, meals and lodging, POV gas and/or tolls that will be reimbursed in conjunction with customer/dependent personal travel (i.e. mileage allowance for travel), are not eligible to be claimed as PPM operating expenses.

INCURE ALL OPERATING EXPENSES LISTED BELOW ARE SUPPORTED BY PAID RECEIPTS AND/OR CONTRACTS EXPENSES WHICH DO NOT MEET ELIGIBILITY REQUIREMENTS WILL BE DEDUCTED

Contacted expenses (rental truck, trailer, moving service, etc.)	
Rental equipment/instant (hand/appliance dolly, furniture pad, etc.)	
Consumable packing materials (boxes, wrapping paper, tape etc.)	
Weighing fees	
Gas (fuel receipt to identify vehicle's fueled)	
Tolls (fuel receipt to identify vehicle)	
Oil (includes oil change or service)	
Other (list):	
TOTAL:	

I CERTIFY THE ABOVE EXPENSES WERE LEGITIMATELY INCURRED DURING MY PERSONALLY PROCURED MOVE AS IDENTIFIED BELOW:

Move Date: _____ From: _____ To: _____

Authority: 5 U.S.C. 5501-5542, 37 U.S.C. 406-427, and 5 U.S.C. 40207. ROUTINE USES: To substantiate incentive payment claims for movement of household goods. **DISCLAIMER:** Voluntary failure to furnish data may result in partial or total denial of claim and/or improper tax application. **NOTE:** Expenses verified on this statement reduce taxable income reported on form W-2 and may not be claimed again as moving expenses. Federal tax withholding will be 25% of profit (entirement less eligible operating expense).

UNDERSTAND THE PENALTY FOR WILLFULLY MAKING A FALSE STATEMENT OF CLAIM IS A MAXIMUM FINE OF \$10,000, MAXIMUM IMPRISONMENT OF FIVE YEARS, OR BOTH (5 U.S.C., TITLE 18, SECTION 287).

Signature: _____

The official PPM Checklist is provided by the origin counseling office. The counselor assigned to process the application will let the member know when their packet is available for pickup.

The counselor and member sign the checklist after reviewing the information.

Navy entitlement assistance: householdgoods@navy.mil / 855-HHG-MOVE (444-6683)
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Fast Start Direct Deposit Form (Form 2231)

FASTSTART
DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input style="width: 150px;" type="text"/> EMPLOYEE NAME <input style="width: 200px;" type="text"/> <small>(as on payroll records) (Last, First, Initials)</small> TELEPHONE NUMBER (WORK) <input style="width: 80px;" type="text"/> (HOME) <input style="width: 80px;" type="text"/>			
2. TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY TRAVEL/OTHER (Use Sec. 4 for allotments) <small>A voided personal check/draft may be attached in lieu of completing this section. See instructions on back of this form.</small>		
TYPE OF PAYMENT <input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments	ROUTING TRANSIT NUMBER <input style="width: 100px;" type="text"/> <small>Check Digit</small> ACCOUNT NUMBER <input style="width: 150px;" type="text"/> ACCOUNT TITLE <input style="width: 200px;" type="text"/> <small>(Account Holder's Name)</small> FINANCIAL INSTITUTION NAME <input style="width: 200px;" type="text"/>		
4. ALLOTMENT INFORMATION <small>Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.</small>			
TYPE OF ALLOTMENT (Check One) <input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party	TYPE OF ACCOUNT (Check One) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	ACTION (Check One) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	AMOUNT (Check One) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ <input style="width: 50px;" type="text"/>
ALLOTTEE INFORMATION ALLOTTEE NAME (person/company who will receive allotment) <input style="width: 200px;" type="text"/> ALLOTTEE'S ROUTING NUMBER <input style="width: 100px;" type="text"/> <small>Check Digit</small> ALLOTTEE'S ACCOUNT NUMBER <input style="width: 150px;" type="text"/> ALLOTTEE'S ACCOUNT TITLE <input style="width: 200px;" type="text"/> <small>(Account Holder's Name)</small> FINANCIAL INSTITUTION NAME <input style="width: 200px;" type="text"/>			
5. AUTHORIZATION <div style="display: flex; justify-content: space-between;"> * <input style="width: 250px;" type="text"/> <input style="width: 80px;" type="text"/> </div> <small>EMPLOYEE'S SIGNATURE DATE</small>			
6. AGENCY USE:			

FMS 2231 DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE
EDITION OF 4-90 IS OBSOLETE

REQUIRED FOR NAVY:
Form can be downloaded from our website at
<https://www.navsup.navy.mil/site/public/household/downloads/Fast%20Start%202231-%20HHG.pdf>

OPTIONAL FOR USMC
*Only Marines who are retiring/separating can change bank account information with this form included with their PPM Claim. All other Marine must contact IPAC

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Marine Corps entitlement assistance: usmcpersonalproperty@usmc.mil / (703) 695-7765



Submitting a Navy Final Claim

- Navy members submit claims to Navy HHG Audit Team:
<https://applications.navsup.navy.mil/pptcs/>
- Choose only one method to submit claim i.e., fax, email, USPS (*multiple submissions may delay claim*)
- Print member name and last four of SSN on all documents/receipts submitted
- Keep copies of all documents submitted
- Allow ten (10) days before checking status

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Marine Corps entitlement assistance: usmcpersonalproperty@usmc.mil / (703) 695-7765



Submitting a USMC Claim

- Marines located on a Marine Corps Installation will submit claim to local DMO to be uploaded into DTMS
- Retiring/Separating Marines or Marines not located on a Marine Corps Installation will scan and email to logcom.tvcbclaims@usmc.mil. Attachments can't exceed 5 MB in size or will need to be sent in multiple emails. Use last name, last 4 of SSN and number of emails in subject line (i.e. Marine 0123-1)
- Files sent via GOOGLE DRIVE or ICLOUD are not accessible.
- Mail (USPS), FedEx, or UPS to:
ASSISTANT CHIEF OF STAFF G8
MANAGERIAL ACCOUNTING DIVISION HOUSEHOLD GOODS PPM
BLDG 3700 RM 315
814 RADFORD BLVD SUITE 20262
ALBANY GA 31704-0262
- Keep copies of all documents submitted
- Allow 14 calendar days before checking status
Navy entitlement assistance: householdgoods@navy.mil / 855-HHG-MOVE (444-6683)
Marine Corps entitlement assistance: usmcpersonalproperty@usmc.mil / (703) 695-7765



Tips for Submitting a Claim

TIPS for Submitting a Claim:

- Direct Deposit Forms are required for processing all Navy PPM Claims.
- A complete claim packet is required. Use your PPM Checklist to make sure you are including everything .
- The "check out" and "return in" receipts for rental trucks is needed.
- For those using PODS, please be sure to provide a copy of the Transaction Summary Sheet. (PODS will provide upon request.)
- If you already executed your move and did not get three weight tickets but only got two, be sure to send an explanation to Audit in your claim packet to review.
- Audit is not authorized to reimburse for pre-paid storage.
- Only submit claim packets once using one method. Multiple submissions may delay the processing of the claim.
- When requesting an advance, claims not submitted within the 45 days will be placed in collections. Be sure to submit your claim in time to avoid that action.

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Navy HHG Audit Team Web Portal



Personally Procured Moves Public Web Portal

United States Department of Defense Warning Statement

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only. By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

Accept



Acknowledge Warning Statement

Once you have your required forms filled in and all your items gathered you will send your entire packet to the Navy HHG Audit Team for review. Members name and last four of SSN must be included on all documents and receipts. *Make sure you keep a copy of all your paperwork you submit.

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Navy HHG Audit Team Web Portal



Personally Procured Moves Public Web Portal

Main Menu

Welcome to the Personally Procured Moves (PPM) public web portal. This site allows Navy members access to information pertaining to household goods moves.

Please select from the following options:

Contact Audit Team

Contact a Household Goods Audit team member.

Documents

View documents required to file a household goods claim.

Check Status

Check the status of a household goods claim.



Select an option

Navy entitlement assistance: householdgoods@navy.mil / 855-HHG-MOVE (444-6683)
Marine Corps entitlement assistance: usmcpersonalproperty@usmc.mil / (703) 695-7765



USMC Voucher Contact Information

- Transportation Voucher Certification Branch HHG PPM
Customer Service: 229-639-6575 M – F 0800-1600 EST
- **NOTE:** Please allow 14 calendar days from submission date before inquiring on status.
 - When leaving a message we need your name, last 4 of SSN, contact number, and a brief message.
 - Please speak slowly and clearly.
 - All calls returned within one Government Business Day!
- USMC PPM Website (lists date claims were received and currently being processed):

<http://www.logcom.marines.mil/Capabilities/Personally-Procured-Move>

Navy entitlement assistance: householdgoods@navy.mil / 855-HHG-MOVE (444-6683)
Marine Corps entitlement assistance: usmcpersonalproperty@usmc.mil / (703) 695-7765



Other Services POC

➤ AIR FORCE:

- Phone: 210-652-3357 (DSN: 487-3357)
- Email: ppahq.ppec.customerservice@us.af.mil

➤ COAST GUARD:

- Phone: 1-800-462-2176
- Web: <http://fincen.uscg.mil/hhg.htm>

Navy entitlement assistance: householdgoods@navy.mil / 855-HHG-MOVE (444-6683)
Marine Corps entitlement assistance: usmcpersonalproperty@usmc.mil / (703) 695-7765



NAVSUP Household Good Customer website:

<https://www.navsup.navy.mil/household>

JTR: <https://www.defensetravel.dod.mil/Docs/perdiem/JTR.pdf>

NAVSUP P 490:

https://www.navsup.navy.mil/site/public/household/downloads/NAVSUP_P490.pdf

MCO 4600.39:

www.marines.mil/Portals/59/Publications/MCO%204600%2039.pdf?ver=2016-08-23-121155-623

DOD Household Goods Portal: www.move.mil

POV Locator: www.pcsmypov.com/

Shipping a POV: www.ustranscom.mil/dtr/part-iv/dtr_part_iv_app_k_3.pdf

Storing a POV: www.ustranscom.mil/dtr/part-iv/dtr_part_iv_app_k_4.pdf

Weight Estimator Form: www.move.mil/resources/weight-estimator

It's Your Move Booklet: www.ustranscom.mil/dtr/part-iv/dtr_part_iv_app_k_1.pdf

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For additional information or assistance:

Navy social media:



www.facebook.com/navyhhg



www.pinterest.com/navyhhg



www.youtube.com/navyhhg



www.twitter.com/navyhhg

Marine Corps social media:



www.facebook.com/usmchouseholdgoods

Thank You.....

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Marine Corps entitlement assistance: usmcpersonalproperty@usmc.mil / (703) 695-7765