

REQUEST FOR ADVANCE OF BASIC PAY INCIDENT TO A PCS

This form used by Marine's to request payment of advance of basic pay incident to PCS move.

GENERAL INFORMATION

-The purpose of advance of basic pay incident to a PCS is to provide Marines with funds to meet the extraordinary expenses of a Government ordered relocation. It is intended to assist with out of pocket expenses that exceed or precede reimbursements incurred during a PCS move, which are not typical of day to day military living. An advance of pay shall not be authorized for the specific out of pocket expenses covered by advances of other pays and entitlements, if such advances are used. The service member may be authorized an advance of pay to cover the extent of anticipated or incurred expenses which exceed those covered by other advances. Other thypes of advances include:

- Overseas Station Allowances
- Dislocation Allowance
- Marine's and Family Member's travel allowances / per diem
- Basic Housing Allowances

MARINE'S REQUEST

I request:

- _____ One month advance pay (work sheet must be completed if Marine is E-3 or below)
- _____ Two months advance pay (work sheet must be completed)
- _____ Three months advance pay (work sheet must be completed)

I request a repayment schedule of (EAS/ECC must allow for requested schedule, plus 30 days. Personnel with orders to a dependent restricted tour - 12 months - must complete repayment during that 12 months tour)

- _____ One to twelve months (Circle which: 1 2 3 4 5 6 7 8 9 10 11 12)
- _____ Thirteen to twenty four months (Circle which: 13 14 15 16 17 18 19 20 21 22 23 24)

MARINE'S CERTIFICATION

I have read and understand the Marine Corps' policy on advance pay incident to a PCS. I understand that the purpose for advance pay is to provide funds necessary to meet extraordinary expenses incident to permanent change of station orders. It is not intended to provide funds for such items as investments, vacations, or purchases of consumer goods that are not a direct result of expenses associated with my move to a new duty station. I hereby certify that the intended use of these funds is in accordance with the stated purpose.

Signature: _____

Name (Last, First, MI)		Rank	SSN
Duty Location (Unit/Country)	Unclassified E-Mail Address	Work Phone	UNCLASS FAX

COMMANDER'S ACTION

- _____ APPROVED AS REQUESTED
- _____ APPROVED WITH FOLLOWING EXCEPTIONS:

SIGNATURE _____

MARFORREUR REVIEW

COMPLETED _____

INITIALS: _____ -

CAN NOT BE COMPLETED DUE TO: