



JBAB FSO eFinance Guide



*All PCS Travel Vouchers, with the exception of AGR Accessions, General Officers, members with data masked orders and civilians, will be completed in eFinance accessed at the following link:

<https://efinanceworkspace.wpafb.af.mil/>

If you have questions, please contact us. If we are unavailable to take your call, please leave a voicemail and we will return your call. Ensure you review this PowerPoint in its entirety, to include notes, before contacting our office. Thank you.

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eFinance

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Managing Your Profile



Manage Your Profile

Personal Information	Addresses	Dependents	Personal Documents	Roles
First Name: *	MI:	Last Name: *	Initials: *	Date of Birth:
<input type="text" value="System"/>	<input type="text" value="Z"/>	<input type="text" value="Admin"/>	<input type="text" value="SA"/>	<input type="text" value="21 Jan 1960"/>
SSN:	Email: *	Time Zone: *		
<input type="text" value="111111111"/>	<input type="text" value="admin@admin.com"/>	<input type="text" value="(GMT-05:00) Eastern Time (US & Canada)"/>		
Current Marital Status:	Date of Marriage:	Personal Phone Number: *	Commercial Number: *	DSN: *
<input type="text" value="Married - Military"/>	<input type="text" value="5 Jun 2016"/>	<input type="text" value="937-000-0000"/>	<input type="text" value="937-000-0000"/>	<input type="text" value="937-000-0000"/>
Current Assigned Base: *	Current Organization Unit: *	Service Type: *	Pay Grade: *	Office Symbol: *
<input type="text" value="Wright-Patterson"/>	<input type="text" value="SAF FMF"/>	<input type="text" value="Active Duty"/>	<input type="text" value="O-10"/>	<input type="text" value="XYZ"/>
Supervisor's Base:	Supervisor's Unit:	Supervisor:		
<input type="text" value="Wright-Patterson"/>	<input type="text" value="SAF FMF"/>	<input type="text" value="System HelpDesk"/>		
				<input type="button" value="Save"/> <input type="button" value="Cancel"/>

*Click your name in the top right corner of the screen.

- You must ensure your profile is properly updated or the information that populates in your voucher will be incorrect. Fill out every field.



Addresses



- Personal Information
- Addresses**
- Dependents
- Personal Documents
- Roles

Address Name	Street	City	State	Zipcode	Country	Current	Actions
test4	123 Danny Kay Ave	Fairborn	OH	45324	United States	No	

[Add Address](#)

Address

This is my current Address
 This is a PSC address

Address Name:*

Street 1:

Street 2:

City:

State:
 Zip Code:

Country:*

- If you have dependents ensure both the previous and current addresses are added to make it easier when filling out the travel voucher (CONUS-CONUS).
- If it is your current address, check the box.



Dependents



Manage Your Profile

- Personal Information
- Addresses
- Dependents**
- Personal Documents
- Roles

[Add A Dependent](#) +

First Name	Last Name	Dependent Type	Auto Claimed	Active Dependent	Actions
Johnny	Appleseed	Child	✓	✓	✎
Susan	Appleseed	Parent	✓	✓	✎

Dependent

Dependent's System Settings

Relationship: * Choose One ▾

Auto-claim this dependent

Active dependent

Dependent has same address as sponsor.

First Name: * MI:

Last Name: *

SSN (Only required if spouse is military): ⓘ

Date of Birth: ⓘ ⓘ

Address

This is a PSC address

Street 1: *

Street 2:

City:

State: * Ohio ▾ Zip Code: *

Country: * United States ▾

- Add all dependents.
- If the individual will be claimed on the voucher, click “auto-claim this dependent” before adding them.



Personal Documents



Personal Information | Addresses | Dependents | **Personal Documents** | Roles

[Add A Personal File](#) +

Document Name	Date Added	Actions
No personal files found		

Upload A New File

File to upload:

- You are only required to upload supporting documentation if you are changing your dependency status i.e. going from single to with-dependent or vice versa.

*The documents and images must be one of the following file types: PDF, PNG, BMP, JPG, GIF, or TIF.



Creating a PCS Package



1.

Logged in as: *Christman, Zachary W*

PCS | TDY | Forms | Admin | Help

3.

Briefings

Edit Package

Forms

- Arrival Worksheet
- BAH
- Travel Voucher

Required Documents

Submit

Download / Print

PCS Package Name: Test Status: In Work

Required Info Help

Please complete all forms and required documents by using the links in the sidebar.

Package Details

Package Name: * Travel Order Number: *

Additional Travel Order Numbers: Prior Duty Station: *

Optional Forms

Travel Vouchers [Add voucher](#)

Voucher Name	Member	Dependents	Actions
	✓	✓	✎

Do you need to start, stop, or report FSA? Yes No

Do you need to change your state of Legal Residence? Yes - Change State Yes - Change Native American Tribe/Reservation No

Do you need to claim TLE? Yes No

Do you need to change your direct deposit information? Yes No

2. Create PCS Package

PCS is the official relocation of an active duty military service member, along with any his or her family, to a different duty location, such as a military base.

Before creating a PCS Package, please [update your profile](#) with all current information. The package editor will use information from your profile.

Package Name: * Travel Order Number: *

Additional Travel Order Numbers: Prior Duty Station: *

4.

Optional Forms

Travel Vouchers [Add voucher](#)

Voucher Name	Member	Dependents	Actions
Dependent Travel	✗	✓	✎ ✕
Member Travel	✓	✗	✎ ✕

*See notes



Arrival Worksheet



PCS Information BAH/OHA/FSH Travel Dislocation Allowance

1.

PCS Dates

Final Out: MM/YY Port Call:

Departed Last Duty Station: MM/YY Notified new Unit I was available for duty: MM/YY

Gaps in Dates Requiring Explanation

If applicable, explain delays between the following PCS dates:
 MM/YY and MM/YY

Explanation for delays between specified dates:

Was leave taken upon arrival: Yes No

PCS Information BAH/OHA/FSH Travel Dislocation Allowance

2.

1. My dependent(s) is/are residing in Government Family Quarters (NOTE: Privatized Housing is not Government Quarters).
My dependent(s) was/were assigned quarters on:

2. I have a unique situation not mentioned above.
(e.g., Dependent(s) is/are in various locations, moved to unauthorized location at personal expense, etc.)
Please explain your unique situation here, if applicable:

3. I certify that I currently reside in: MM/YY Effective: MM/YY

4. If claiming ONLY a child as a primary dependent, who is NOT in your custody, with whom is the child residing?
 (ex-spouse, grandparent, etc)

NOTE: If child resides with a former spouse who is a Military member, please provide his/her Name, SSN, and duty location below

Name	SSN	Duty Station
<input type="text"/>	<input type="text"/>	<input type="text"/>

PCS Information BAH/OHA/FSH Travel Dislocation Allowance

3.

1. I received an overseas air ticket.
I DID / DID NOT receive my overseas air ticket from an on-base CTO.
NOTE: If you DID NOT receive your ticket from an on-base CTO, you will need a Non-Availability Statement.

2. I used a privately owned/operated vehicle(s) (POV) for all or a portion of this move.
 All
 Partial From: To:

PCS Information BAH/OHA/FSH Travel Dislocation Allowance

4.

You do not have a spouse, question 1 has been disabled.
You have dependents -OR- are below Pay Grade E4, question 2 has been disabled.

1. I am married to another military member and we relocated at Same Separate time(s).

a) We lived in the Same Separate household at old PDS.

b) We lived in the Same Separate household at new PDS.

c) We were stationed at different PDSs before relocating to new PDS.

d) We were married en route to new PDS (not married at last PDS).

2. I am E4 or above with at least 3 years service without Dependents and do not/will not have Government quarters assigned.

3. I am currently in Billeting/TLF, but WILL be assigned Dorms or Government Base Housing.

*See notes

America's Airmen



BAH



Non-Custodial Parent

- I am a Non-Custodial Parent
 - I pay the full amount of with-dependent rate BAH
 - I pay a partial amount \$

Based on:

Dependents

- I am claiming BAH for dependent(s)
 - IN My Custody
 - NOT In My Custody (but paying child support)

Effective Date: [?](#)

First Dependent:

Second Dependent:

The Dependent(s) named above is a Child whose Parent is a military member, or the spouse of a military member.

Please provide the following:

Name	SSN	Branch of Service	Duty Station
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save

- Select only the options that apply to your situation.

*Single and mil-to-mil members will not fill out this page unless claiming a civilian dependent.



Travel Voucher



1.

PCS Package Name: Test
Form Name : Travel Voucher (DD 1351-2) - Dependent Travel

Details Itinerary Help

Miscellaneous

Split Disbursement I am entitled to DLA.

Pay this amount to the GTCC:

- None
- All
- Partial \$

Have your household goods been shipped?
 Yes
 No Why Not?

How many POVs were used for travel?

- 0
- 1
- 2 or more

Date Arrived on Station:

Save Cancel

2.

Dependents

[Claim all auto-claimed dependents](#) [Claim a dependent](#)

Dependent	Relationship	Birth/Marriage Date	Actions
No dependents found			

Previous Government Payments / Advances

[Add new Payment](#)

DO Voucher #	Payment Type	Location	Payment Date	Amount	Valid	Actions
No payments found						

Government Deductible Meals

[Add new meal](#)

Date	# of Meals	Valid	Actions
No meals found			

Reimbursable Expenses

[Add new Expense](#)

Expense Type	Expense Date	Receipt Required	Amount	Valid	Actions
No expenses found					

*See notes

America's Airmen



Travel Voucher Cont.



PCS Package Name: Test **1.**

Status: In Work

Form Name: Travel Voucher (DD 1351-2) - Dependent Travel

Details **Itinerary** Help

Departure Location

Set to: [Home Address](#) [Prior Duty Station](#)

Save

Travel Legs ? Add new leg +

Seq #	Departure Date	Arrival Date	Arrival Location	Mode of Travel	Reason for Stop	Miles	Lodging	Lodging Tax	Valid	Actions	Move
No itinerary legs found											

As seen on voucher

15. ITINERARY					
a. DATE	b. PLACE Home, Office, Base, Activity City and State, City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES

2. Add new leg +

Seq #	Departure Date	Arrival Date	Arrival Location	Mode of Travel	Reason for Stop	Miles	Lodging	Lodging Tax	Valid	Actions	Move
1	1 May 2017	3 May 2017	Andrews AFB, MD	PA	MC				<input checked="" type="checkbox"/>	✎ ✕	

Transportation Details

Private Auto Ownership

You have selected a private auto as a mode of travel.

Was this your vehicle?

Yes, I am the owner/operator

No, I was a passenger

Save

As seen on voucher

15. ITINERARY					
a. DATE	b. PLACE Home, Office, Base, Activity City and State, City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
1 May 2017	DEP	Ellsworth AFB, SD	PA		
3 May 2017	ARR	Andrews AFB, MD	MC		



Itinerary Examples



As seen on voucher **1.**

2.

15. ITINERARY						
a. DATE	b. PLACE Home, Office, Base, Activity City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
2 May 2017	DEP	Osan AFB, Korea	CB			
2 May 2017	ARR	Incheon Airport		AT		
2 May 2017	DEP		CP			
3 May 2017	ARR	Seattle Int'l Airport		AD		
3 May 2017	DEP		CP			
3 May 2017	ARR	DCA		AT		
3 May 2017	DEP		PA			
3 May 2017	ARR	Pentagon, D.C.		MC		

As seen on voucher

15. ITINERARY					
a. DATE	b. PLACE Home, Office, Base, Activity City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST
1 May 2018	DEP	Ramstein AB	TP		
1 May 2018	ARR	BWI Airport, MD		AT	
1 May 2018	DEP		PA		
1 May 2018	ARR	Pentagon, D.C.		MC	

3.

15. ITINERARY						
a. DATE	b. PLACE Home, Office, Base, Activity City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	P MI
1 May 2018	DEP	Kirtland AFB, NM	CA			
1 May 2018	ARR	Albuquerque Airport, NM		AT		
1 May 2018	DEP		CP			
1 May 2018	ARR	Las Vegas Airport, NV		AT		
1 May 2018	DEP		PA			
1 May 2018	ARR	Las Vegas, NV		LV		
8 May 2018	DEP		PA			
8 May 2018	ARR	Las Vegas Airport, NV		AT		
8 May 2018	DEP		CP			
8 May 2018	ARR	BWI Airport, MD		AT		
8 May 2018	DEP		PA			
8 May 2018	ARR	Pentagon, D.C.		MC		

4.

15. ITINERARY					
a. DATE	b. PLACE Home, Office, Base, Activity City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST
8 May 2018	DEP	Joint Base Langley-Eustis	PA		
8 May 2018	ARR	JB Andrews, MD		MC	



Required Documents



PCS Package Name: Test

Status: In Work

For any receipts that are lost or unavailable, click the + icon in the Receipt column to add a Lost Receipt form.

Required Documents

Form	Required Document	File(s)	Status	Receipt	Actions
Travel Voucher - Dependent Travel	Travel Orders				<div style="text-align: center;">+</div> <div style="border: 1px solid #ccc; padding: 5px;"> Add File: Name: <input type="text"/> File: <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Add File"/> <input type="button" value="Cancel"/> </div>
Travel Voucher - Member Travel	Travel Orders				<div style="text-align: center;">+</div> <div style="border: 1px solid #ccc; padding: 5px;"> Add File: Name: <input type="text"/> File: <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Add File"/> <input type="button" value="Cancel"/> </div>

- Based on your answers, this page will populate a checklist of all required documentation i.e. lodging receipts, airfare receipts, orders and amendments, etc.

*The documents and images must be one of the following file types: PDF, PNG, BMP, JPG, GIF, or TIF.

Package-Level Files [Add new file](#) +

File Name	Uploaded By	Upload Date	Actions
There are no Package-Level files			

Unassigned Files

File Name	Date Received	Attach to Form	Actions
There are no Unassigned Files			

Personal Files

File Name	Date Received	Attach to Form	Actions
There are no Personal Files			



Submit



PCS Package Name: Test

Status: In Work

In Work	FSO	Complete
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Comments: 1000 characters remaining

Please read all certification statements and check the box stating you agree to the mail:

Form	Certification Statement
BAH (AF 594)	I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

I agree to all listed certifications.

Sign and Submit

- Once completed, you will be able to submit the voucher to our office for audit. If there are any errors, they will appear on this page referring you to fix them in the appropriate section.
- If there is a unique situation you can type an explanation in the comment box. Do not ask questions in this comment box. If you have questions, email or call our office.



Additional Documents



- Temporary Lodging Expense (TLE)
- Direct Deposit Form
- State of Legal Residence
- Family Separation Allowance (FSA)



TLE



1.

CONUS Duty Stations - PCS Details

Losing	Gaining
Base: Ellsworth AFB, SD	Base: Andrews AFB, MD
Date of Departure: 1 May 2017	Date of Arrival: 4 May 2017
Date Cleared Quarters: 28 Apr 2017	Date Assigned Quarters:
Household Goods Shipped? <input type="radio"/> No <input checked="" type="radio"/> Yes	Household Goods Delivered? <input checked="" type="radio"/> No <input type="radio"/> Yes
Date Goods Shipped: 28 Apr 2017	Date Goods Delivered:

Save

Lodging (1 to 2 entries for Losing, 1 to 2 entries for Gaining)

Valid	During Departure?	Date Range	TLE Claimed For	# Dependents	Lodging Type	Nightly Cost	Actions
No lodgings found							

[Add newlodging](#) +

2.

Lodging (1 to 2 entries for Losing, 1 to 2 entries for Gaining)

Valid	During Departure?	Date Range	TLE Claimed For	# Dependents	Lodging Type	Nightly Cost	Actions
No lodgings found							

[Add newlodging](#) +

Add Lodging

Lodging occurred during: Departure Arrival

Check In / Lodging Start Date: *

Check Out / Lodging End Date:

TLE Claimed For:

Member

Member and Dependents

Dependents Only

Lodging Type:

Billeting

Off base (Requires Non-Availability Statement)

With friends or family

of Dependents:

Nightly Cost:



Direct Deposit Form



PCS Package Name: Test
Form Name: Direct Deposit (FMS 2231)

Status: In Work

The Direct Deposit form may only be used to update your Travel Pay.

If you wish to update your Military/Civilian Pay, you must use [MyPay](#).

If you wish to update your allotments, you must use the Allotments form (DD 2558).

- Only fill out the Direct Deposit Form if the travel account has changed since your last PCS.

Direct Deposit Account Information

Financial Institution Name:

Account Holder's Name:

Account Type:
 Checking
 Savings

9-Digit Routing Number:
 ?

Account Number:
 ?



State of Legal Residence



PCS Package Name: Test
Form Name: SOLR (DD 2058)

Status: In Work

City or County	State
<input type="text"/>	<input type="text" value="v"/>

Save

- Only fill this out if you are changing your State of Legal Residence from what is reflected on your LES.



Family Separation Allowance (FSA)



PCS Package Name: Test
Form Name: FSA (DD 1561)

Status: In Work

FSA Type: Departure Date:

Certifications: (check all that apply)

I am not divorced or separated from my spouse.

My dependent child/children was/were not in the legal custody of another person when I received my orders.

My dependent (except spouse) is not a member of the military on active duty.

My sole dependent is not in an institution (or expected to be) for more than a year.

I am claiming FSA for my dependent parents.

I am married to another military member on active duty.
 My spouse WAS WAS NOT residing with me when I received my orders.
 Spouse SSN: Spouse Branch of Service:
 Duty Station: Unit:

My last TDY or deployment, if any, WAS WAS NOT within the last 30 days from this TDY or deployment.

Save Cancel

- Family Separation Allowance (FSA) is payable when you are separated from your dependents due to PCS. Transportation of dependents must not be authorized at the government's expense to the new duty station to be eligible for FSA.
- The member that relocated due to orders is the one authorized the FSA-R.