(To be completed by command PLR. Fax this form immediately to your serving PSD upon completion. FAX numbers can be found on the PSASD web site (www.psasd.navy.mil). Also attach this form to service record prior to forwarding to your servicing PSD.)

NEW RECEIPTS INFORMATION FORM

RATE / NAME: _____ SSN: _____ WK. PH. #_____

COMMAND REPORTING FROM: _____

COMMAND REPORTED TO: _____

DATE REPORTED TO COMMAND: _____

DATE DETACHED FROM LAST PERMANENT DUTY STATION: _____

CURRENT RESIDENCE ADDRESS: (Indicate if Government Quarters (GQ), Civilian Apartment (CA), or privately owned (PO)):

_____

_____

HOME PHONE NUMBER: _____

ATTACH FOLLOWING DOCUMENTS REQUIRED BY PSD TO PROCESS PAY ENTITLEMENT:

_____ DD Form 1351-2 (Aug 97) (Travel Voucher) completely filled-out by member

_____ Housing termination sheet from previous duty station (if applicable)

_____ Verified Page 2 and SGLI

_____ Travel history form to start EFT

_____ Original order

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1. Is member entitled to SDAP? YES NO
2. Is member entitled to CONUS COLA? YES NO
3. Is member entitled to Civilian Clothing Allowance? YES NO
4. Is Government messing Facilities authorized for member? YES NO

   Meal Pass issued? Meal Pass Nr. _____

5. MEMBER'S COMMENTS/QUESTIONS (Please use reverse side for more comments/questions.)

_____

_____

_____

_____

_____

PLR OR COMMAND REPRESENTATIVE NAME/SIGNATURE

PHONE NR. _____