



UNITED STATES MARINE CORPS
MARINE AVIATION TRAINING SUPPORT GROUP 23
700 AVENGER AVENUE
LEMOORE, CA 93246-5016

IN REPLY REFER TO:
GruO 1070.1F
ADMIN
10 Jan 01

GROUP ORDER 1070.1F

From: Commanding Officer
To: Distribution List

Subj: MARINE AVIATION TRAINING SUPPORT GROUP 23 (MATSG-23)
STANDARDIZED CHECK IN/OUT PROCEDURES

Encl: (1) Personnel Check in/out Sheet
(2) MATSG-23 Internal Admin Office Check-in Checklist
(3) Permanent Personnel Information Sheet
(4) Student Information Sheet

1. Purpose. To Promulgate standardized check in/out procedures for all Marines attached to MATSG-23 Lemoore.

2. Cancellation. GruO 1070.1E

3. Background.

a. The morale and welfare of each newly joined Marine, and that of Marines transferring are significantly affected by the degree of difficulty experienced during the check in/out process.

b. Enclosures (1) through (4) have been designed to prevent confusion as well as permit distinction between Marines assigned to units aboard NAS Lemoore. The check in/out sheets include all the areas requiring the Marine's attention separate from specific unit items.

4. Action.

a. MATSG-23 personnel are directed to use the check in/out sheets contained in enclosures (1) and (2) for all Marines checking into or out of their respective units.

b. Arriving and departing Marines are responsible for completing the check in/out requirements identified in enclosure (1). The MATSG-23 student check in information (enclosure (5)) will be read and signed by the student.

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10 Jan 01

c. Enclosure (2) will be utilized by S-1 to ensure timely and efficient processing of Marines checking in or out of MATSG-23.



D. D. VEGA
By direction

DISTRIBUTION: A

MATSG-23

CHECK IN/OUT

Name _____ Rank _____ SSN _____

		BLD G	PHONE	CHECK-IN	CHECK-OUT
O	COMMANDING OFFICER	700			
O/P	EXECUTIVE OFFICER	700			
	ADJUTANT/GCCP APC	700			
P/S	SERGEANT MAJOR	700			
*	DRIVERS IMP CRS	705	3386		AGE 25 AND UNDER
	MEDICAL RECORDS	937	4444		
	DENTAL RECORDS	931	3486		
	RED CROSS	730	3388		
	TRAVEL CHIEF	700	4843		
P/S	NAVY/MARINE RELIEF	730	4045		
*	PASS AND DECAL	705	3386		
P/S	FAMILY SERVICE CENTER	930	4042		
**	BKS 7		997-7020		
P/S	BILLETING HORNETS INN	821	7000		
P/S	TRICARE/CHAMPUS	937	4456		
	LOSS PREVENTION	NEX	4722		
P/S	QOL DEPARTMENT	880	4042		
*	VETERINARIAN CLINIC	780	2753		
P/S	CAREER PLANNER	730	4835		
	TRAINING SNCO	730	2584		
	SACO	700	4839		
S	MAIL CLERK	730	4842		
	LEGAL CLERK	700	4842		
	UNIT DIARY	700	4841		
	PERSONNEL CHIEF	700	4839		
**	MEAL CARD	700	4841		
	FITREP (SGT AND ABOVE)	OIC			
S	OIC/AOIC NAMTRA	730			
S	Y-COMM	880	997-8901		
	SUPPLY/SAFETY	730	4832		
S	TRAINING COORDINATOR	730	3948		
S	ORDERS CHIEF	700	4843		
*	PERSONAL PROPERTY		3883		
*	HOUSING OFFICE	966	4922		
*	IF APPLICABLE				
**	STUDENT/SINGLE				
S	STUDENT PERSONNEL				
O	OFFICERS				
P	PERMENANT PERSONNEL				

MATSG-23
INTERNAL ADMIN OFFICE
CHECK-IN CHECKLIST

CHECK IN CLERK

1. OBTAIN SRB/OQR ORIGINAL ORDERS _____

 2. HAVE MARINE FILL OUT: MAIL CARD, FHTNR FORM _____
SIGN TVL VOUCHER/ITINERARY _____
 3. INSURE ID CARD IS CORRECT, AND SERVICEABLE, IS SNM
ON DIRECT DEPOSIT, MAKE ONE COPY OF ID CARD (FRONT
AND BACK) . _____
 4. ISSUE MEAL CARD (PER DIEM, COMRATS, REGULAR)
ENLISTED ONLY _____
 5. FOR PERMANENT PERSONNEL: COMPLETE PERSONNEL
INFORMATION AND BIO _____
-

ORDERS CLERK

1. MAKE WORK FOLDER, ENDORSE ORDERS _____

LEGAL CLERK

1. CHECK FOR PENDING LEGAL ACTION _____

SRB CLERK

1. MAKE PAGE 3 JOIN/ATT ENTRY _____
2. ENSURE ROS HAS ALL MARKS _____
3. ENSURE STANDARD SIDE HAS ALL REQUIRED PAGES _____
4. ART 137 STMT (CHECK FOR MISSING SIGNATURES/DATES) _____
5. SGLI _____
6. W-4/2058/2058-1 (ENSURE LES REFLECTS PROPER CODE) _____
7. COMRATS FORM (IF APPLICABLE) _____
8. FSA (IF APPLICABLE) _____
9. VHA FORM/HOUSING VOUCHER (IF APPLICABLE) _____
10. NAVMC 10922 (IF APPLICABLE) _____
11. DD1172/RAPIDS _____
12. CAREER PLANNING CONTACT SHEET _____
13. RECORD OF DISCLOSURE _____
14. SET UP DOCUMENT SIDE _____



UNITED STATES MARINE CORPS
MARINE AVIATION TRAINING SUPPORT GROUP 23
700 AVENGER AVENUE
LEMOORE, CA 93246-5016

IN REPLY REFER TO:
7200
S-1

From: Commanding Officer

To: _____

Subj: TRANSFER DATA

Encl: (1) PCS Information Sheet
(2) Advance Pay Request
(3) Advance Travel Request
(4) Temporary Lodging Expense Statement
(5) Sponsorship Request Form

1. Enclosures (1) through (5) are forwarded to obtain the required information in order to process your leave, advance pay, and advance travel if any, in conjunction with your permanent change of station (PCS) transfers.

2. To ensure sufficient time is allotted for the orders section to submit the advance requests, it is necessary that you return the enclosures to the MATSG-23 S-1 within five (5) working days after receipt. Failure to submit required forms in a timely manner may result in you not receiving the requested advances prior to transfer.

D. D. VEGA
By direction

PERMANENT PERSONNEL PERMANENT CHANGE OF STATION (PCS)
INFORMATION SHEET

FULL NAME: _____ RANK: _____ SSN: _____

 LAST FIRST INT
MOS: _____ MARITAL STATUS: _____ NEXT OF KIN: * _____

RELATIONSHIP: _____ NOK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NO: _____

NUMBER OF DAYS LEAVE REQUESTED: _____ LEAVE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NO: _____

SNM'S DETACHMENT DATE: _____ LIST DEPENDENTS

NAME	RELATIONSHIP	DOM/DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPONSORSHIP REQUEST FORM DELIVERED: SNM'S INT'S _____

TRAVEL ELECTION

MODE OF TRAVEL: _____ ADVANCE TRAVEL: YES/NO

ADVANCE DISLOCATION ALLOWANCE: YES/NO (IN CONJ W/DEPN TRAVEL)

ADVANCE PAY: YES/NO (IF YES, COMPLETE ADVANCE PAY REQUEST FORM)

POV STATEMENT

I UNDERSTAND THAT IF I ELECT TO TRAVEL VIA POV, I MUST BE THE OWNER/OPERATOR OF THE VEHICLE AND MUST ACTUALLY PERFORM TRAVEL FOR THE DISTANCE INDICATED OTHERWISE I MAY BE PROSECUTED UNDER THE UNIFORM CODE OF MILITARY JUSTICE FOR FRAUD AGAINST THE GOVERNMENT AND/OR FALSE OFFICIAL STATEMENT.

(SIGNATURE)

I CERTIFY THAT THE INFORMATION LISTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND I HAVE BEEN COUNSELED REGARDING TRAVEL AND TRANSPORTATION.

(SIGNATURE)

IF YOUR PRIMARY NEXT OF KIN WILL BE TRAVELING WITH YOU, YOU MUST LIST AN ALTERNATE IN THE EVENT THAT HE OR SHE HAS TO BE NOTIFIED

ENCLOSURE (1)

ADVANCE PAY CERTIFICATION/AUTHORIZATION

PURPOSE

Use of an advance of pay incident to a PCS is to provide a Service member with funds to meet the extraordinary expenses of permanent relocation.

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 the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside of the scope of those entitlements:

- a. Overseas station housing allowance
- b. Dislocation allowance
- c. Service member and/or dependent travel allowances and per diem
- d. Basic allowance for quarters and/or variable housing allowance

Advance of pay for a PCS move in the same geographic area of a Service member's prior duty station, homeport or place from which he reports to active duty, is only authorized when the Service-member moves his/her household effects at Government expense. Proof of household move is required before advance pay for PCS moves in the same geographic area is paid.

Advance of pay is not intended to provide funds for such items as investments, vacation, or the purchase of consumer goods that are a result of direct expenses resulting from the Service member's PCS orders.

MEMBER CERTIFICATION

The penalty for willfully making a false claim/statement is: A MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT OF FIVE YEARS BOTH (U.S. Code, Title 18, Section 287.)

I have read and understand the Navy's policy on advance pay incident to a PCS. I hereby certify that the intended use of these funds is in accordance with the stated purpose.

(Last, First, Middle Initial)	b. Social Security Number	c. Rank/Rate
Signature	e. Date	

I: REQUEST

a. I request advance pay: ___ 1 month advance pay. (Part VI must be completed if member is pay grade E-3). ___ 2 months advance pay. (Parts IV and VI must be completed). ___ 3 months advance pay. (Parts IV and VI must be completed)	b. I request a repayment schedule* of: ___ 1-12 months. (Part VI must be completed if member is in pay grade E-3 or below). ___ 13-24 months. (Parts V and VI must be completed regardless of pay grade). * Repayment schedule cannot exceed member's EAOS.	c. I request payment of the advance: ___ Within 30 days before detaching. ___ more than 30 days before my PCS transfer (Part VI must be completed).
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II: CERTIFICATION OF EXPENSES

Expenses actual or anticipated:

	\$	
	\$	
	\$	
	\$	

Use extra sheets if necessary.

Enclosure (2)

ion of the circumstances where greater than normal expenses might be incurred or circumstances requiring an early or late of advance pay.

JUSTIFICATION FOR OVER 12 MONTHS PAYBACK

ation must demonstrate that severe hardship would result for a liquidation period of 12 months.

List outstanding debts that significantly reduce your discretionary pay check:

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Number of dependents: _____

Specifics of your financial situation that might indicate a severe hardship in repaying the advance in the normal 12 month period.

COMMANDING OFFICER APPROVAL/DISAPPROVAL

I hereby Approve disapprove the member's request for:

advance pay for: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months	(2) with liquidation for: <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> other (specify # of months)	(3) with the payment of the advance: <input type="checkbox"/> within 30 days of TR/60 days of after reporting at PDS. <input type="checkbox"/> more than 30 days before PCS transfer. <input type="checkbox"/> more than 60 days after reporting at PDS.
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Name of Official (Last, First and Middle Initial)	c. Rank	d. Title
Signature	f. Date	

Privacy Act Statement

Statement is provided in compliance with the provision of the Privacy Act of 1974 (PL 93-679) which requires that Federal agencies inform individuals who are requested to furnish information about themselves as to the following facts concerning the information collected.

Authority, 37 USC 1006

1. Principle Purpose(s). To provide information required to legally pay advance of pay for Naval Personnel.

2. Routine Use(s). The member provides actual/anticipated expenses and justification for the payment of advance pay. The commanding officer either approves or disapproves the member's request.

3. Mandatory or voluntary disclosure. Voluntary. If member does not provide the information, advance pay cannot be paid.

Computation of Advance Pay for Permanent Change of Station

Amount of Pay Available

Basic Pay _____
BAQ _____
BAS (OFF) _____
Special Pay _____
Other _____
Total _____

Deductions

FITW _____
Social Security _____
Medicare _____
SGLI _____
Contributions _____
Dental _____
Allotment(s) _____
USN/Ret. _____

Forf, MGIB, Indebt to U.S. (Scheduled or
unscheduled), garnishments, Spt Allotments
in Force, and Bankruptcy Payments _____

Subtract Deductions from Basic Pay _____

Number of months advance pay requested
(1, 2 or 3) X Basic Pay _____

Number of months request to repay back
advance pay (1-24) _____

STATEMENT OF MARINE

"I understand that advance pay is to provide funds 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 the result of direct expenses from my move to a new duty station."

SIGNATURE OF MARINE

DATE

REQUEST FOR ADVANCE TRAVEL ON PERMANENT CHANGE OF STATION ORDERS

FROM: _____ DATE: _____

(RANK/LAST NAME/FIRST/MI)

TO: PERSONNEL SUPPORT DETACHMENT LEMOORE (ATTN: TRAVEL SECTION)

SUBJ: ADVANCE TRAVEL ON PCS ORDERS

1. I REQUEST ADVANCE TRAVEL ON MY PCS ORDERS DATED _____ FOR THE FOLLOWING MODE OF TRANSPORTATION:

COMMERCIAL: PLANE _____ BUS-TICKET PRICES \$ _____ TRAIN-TICKET PRICES \$ _____

POV: OWNER/OPERATOR _____ PASSENGER _____

I CERTIFY THAT I AM THE OWNER OPERATOR OF THE POV FOR WHICH ADVANCE MALT IS REQUESTED:

(A) _____ THAT I AM THE ONLY PERSON WHO WILL OCCUPY THE POV FROM _____ TO _____.

(B) _____ THAT MY SPOUSE AND/OR _____ DEPENDENT(S) WILL ACCOMPANY ME IN ONE POV FROM _____ TO _____.

(C) * _____ THAT MY SPOUSE AND/OR _____ DEPENDENT(S) WILL TRAVEL NON-CONCURRENTLY IN A SECOND POV FROM _____ TO _____.

*MUST PROVIDE COPIES OF REGISTRATION FOR THE TWO (2) POV'S.

NOTE: IF THE ABOVE OWNER/OPERATOR STATEMENT IS NOT COMPLETE AND SIGNED BY MEMBER, NO ADVANCE MALT CAN BE PAID.

I CERTIFY THAT IT IS MY INTENTION TO RELOCATE MY DEPENDENT SPOUSE/CHILDREN. I REQUEST ADVANCE DEPENDENT TRAVEL AND DISLOCATION ALLOWANCE.

NAME	RELATIONSHIP	DOM/DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(MEMBER'S SIGNATURE)

TEMPORARY LODGING EXPENSE (TLE)

The temporary lodging expense (TLE) allowance is authorized to partially offset the added living expenses incurred within the continental United States (CONUS) by members and their dependents when it is necessary for the member and/or dependents to occupy temporary lodgings incident to a permanent change of station (PCS). It is intended to help defray the cost associated with temporary lodgings. TLE is payable for temporary lodgings occupied by the member and/or dependents after arriving in the area of the new permanent duty station (PDS) or designated place within CONUS when per diem is not otherwise payable.

TLE is authorized for a total of 10 days and not to exceed \$110.00 per day in connection with a PCS move.

Temporary lodgings for which TLE is authorized must, in fact, be a temporary place of residence. Lodging occupied upon initial arrival at new PDS location which are permanent type residence quarters into which a member moves his or her household goods (HHG) and continues occupancy indefinitely will not be considered temporary lodging for TLE purposes.

This entitlement is per the Joint Federal Travel Regulations (JFTR).

I have been advised of my possible entitlement to TLE in conjunction with this Permanent Change of Station (PCS) move. I understand that I must provide a statement of nonavailability of government quarters (if government quarters were not utilized) and original lodging receipts.

(Signature of Marine)

SPONSORSHIP REQUEST FORM

Public Law 95-579 (the Privacy Act of 1974), effective 27 Sep 1975, requires that you be advised of the following:

1. The AUTHORITY for soliciting the below-listed information is Title 5 U.S.C. 301.
2. The PURPOSE for soliciting this information is to enable receiving commands to assist you in preparing for your permanent change of station.
3. The information solicited is VOLUNTARY; by providing this information it will help the Marine Corps Personnel Sponsorship Program to adequately support you.

If you wish to request a sponsor from your next command, it is your responsibility to detach this sheet upon completion and forward it to your next command. If you do not wish to request a sponsor, please line through this page. Anyone may request sponsorship information.

1. _____
(GRADE) (NAME) (SSN/MOS)
2. Current mailing address: _____
3. Estimated date of detachment: _____
4. Estimated date of arrival at new duty station: _____
5. Leave address: _____
6. Marital status: _____ Sex and Age of dependent child(ren): _____
7. Anticipated mode of travel: _____

8. I (do)(do not) desire government quarters. My family size will require (2,3, or 4) bedrooms, (circle one). I (have)(have not) forwarded an application for assignment to Military Family Housing, DD Form 1746.

9. Information requested for the items below:

	YES	NO
Schools	___	___
Base Housing	___	___
Off Base Housing	___	___
Pet Regulation	___	___
Welcome Aboard Package	___	___

10. Additional information/assistance: _____

(Signature of Marine)

STUDENT PERMANENT CHANGE OF STATION (PCS)
INFORMATION SHEET

FULL NAME: _____ RANK: _____ SSN: _____
 LAST FIRST MI

MOS: _____ MARITAL STATUS: _____ NEXT OF KIN*: _____

RELATIONSHIP: _____ NOK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NO: _____

****NOTICE: YOU SHOULD NOT HAVE MORE THAN 10 DAYS NEGATIVE LEAVE BALANCE.****

NO. OF DAYS LV REQUESTED: _____ LEAVE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NO: _____

MEAL CARD #: _____

LIST DEPENDENTS

NAME	RELATIONSHIP	DOB/DOM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRAVEL ELECTION

PRIVATELY OWNED VEHICLE (POV): _____

GOVERNMENT TRANSPORTATION REQUEST: _____

MBR ELECTS TO PURCHASE OWN PLN TKT: _____

(IN EVENT MBR WANTS LV IN ROUTE)

I UNDERSTAND THAT IF I ELECT TO TRAVEL VIA POV, I MUST BE THE OWNER/OPERATOR OF THE VEHICLE AND MUST ACTUALLY PERFORM POV TRAVEL FOR THE DISTANCE INDICATED OTHERWISE I MAY BE PROSECUTED UNDER THE UNIFORM CODE OF MILITARY JUSTICE FOR FRAUD AGAINST THE GOVERNMENT AND/OR FALSE OFFICIAL STATEMENT.

(SIGNATURE) DATE

I CERTIFY THAT THE INFORMATION LISTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND I HAVE BEEN COUNSELED REGARDING TRAVEL AND TRANSPORTATION.

(SIGNATURE) /DATE

IF YOUR PRIMARY NEXT OF KIN WILL BE TRAVELING WITH YOU, YOU MUST LIST AN ALTERNATE IN THE EVENT THAT HE/SHE HAS TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY.

ONCE PCS INFO SHT HAS BEEN SIGNED BY MBR, ALL REQ ARE FINAL, NO CHANGES WILL BE MADE UNLESS APPROVED BY ADJUTANT.

