PSD PEARL HARBOR TRAVEL CLAIM TRANSMITTAL SHEET

COMMAND: **DATE:**

PLR NAME:

PLR EMAIL/PHONE:

#TAD CLAIMS:

NAME	*SSN*	SDN #	EMAIL ADDRESS	DATE TRAVELER RETURNED FROM TAD	DATE CLAIM SIGNED BY TRAVELER	DATE FORWARDED TO PSD

PRIVACY ACT STATEMENT
AUTHORITY: 5 U. S. C. Section 5701, 37 U. S. C. Sections 404-427, 5 U. S. C. Section 301, DoDFMR 7000.14R, Vol. 9, and E. O. 9397
PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security Number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

RECEIVED BY: _____ **DATE AND TIME RECEIVED:** _____

*******NOTE: Any claims dropped off to PSD after 1500, those claims will be logged in the next working day. *******