

AUTHORIZATION FOR ADVANCE DEPENDENTS TRAVEL AND/OR DISLOCATION ALLOWANCES (7200)

NAVMC 11115 (5-82) (EF)

SN: 0109-LF-065-3700

PRIVACY ACT STATEMENT

The Privacy Act Statement for information on this form is contained on NAMC Form 11000, Privacy Act Statement for Marine Corps Personnel and Pay Records.

PART I - MARINE'S APPLICATION

SECTION A	NAME OF INDIVIDUAL (Last, first, MI.)	GRADE	SSN	PEBD
	UNIT			DATE OF DETACHMENT

I desire advance payment of: DISLOCATION ALLOWANCE DEPENDENT'S TRAVEL ALLOWANCE

I CERTIFY that my dependents will relocate from:

_____ (Street, City and State)

to: _____, where _____ (City and State)

they will establish a bona fide residence incident to my permanent change of station. The following dependents are eligible for transportation in accordance with JTR, paragraph M7000:

NAME (Last, First, MI)	RELATIONSHIP	DATE OF BIRTH

I understand that, in the event my dependents do not relocate, repayment of the advance is subject to immediate recoupment action. Anticipate travel to commence on _____ and to be completed on _____ (Day, month, year) (Day, month, year)

I have applied for shipment/storage of household effects or a "DITY" move on _____ (Day, month, year)

I hereby make application for advance payment of dislocation allowance incident to my permanent change of station to: _____ (New permanent duty station).

In the event government quarters are permanently assigned at the new permanent duty station, I understand that the advance payment of dislocation allowance must be repaid immediately upon reporting thereto.

APPLICANT'S SIGNATURE	DATE
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PART II. - COMMANDER'S CERTIFICATION

CERTIFICATION of dependents's eligibilty information and household effects shipment/storage or "DITY" move information contained in Part I is hereby rendered:

SIGNATURE OF COMMANDING OFFICER	DATE
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