# AUTHORIZATION FOR ADVANCE DEPENDENTS TRAVEL AND/OR DISLOCATION ALLOWANCES

**NAVMC 11115** (Rev. 02-09) (EF)

FOUO - Privacy Sensitive when filled in.

Print Form

## 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 ☐ Dependant's Travel Allowance

### SECTION B

I CERTIFY that my dependents will relocate from:

_____
(Street, City and State)

to: _____
(City and State)

where 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 |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |

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 _____ (Date) and to be completed on _____ (Date)

I have applied for shipment/storage of household effects or a "DITY" move on _____ (Date)

### SECTION C

☐ I hereby make application for advance payment of dislocation allowance incident to my permanent change of station to:

_____
(New permanent duty station).

Applicant's Signature: _____ Date: _____

## PART II COMMANDER'S CERTIFICATION

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

Signature of Commanding Officer: _____ Date: _____

Reset Form



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