

**CLAIM FOR REIMBURSEMENT AND PAYMENT VOUCHER FOR PRIVATELY-PURCHASED  
PROTECTIVE, SAFETY, OR HEALTH EQUIPMENT USED IN COMBAT**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations; Public Law 108-375, Section 351; and E.O. 9397 (SSN).  
**PRINCIPAL PURPOSE(S):** This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Service members for reimbursement for privately-purchased protective, safety, or health equipment purchased for Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom.  
**ROUTINE USE(S):** None.  
**DISCLOSURE:** Completion of this form is voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

<b>1. RANK</b>	<b>2. NAME</b> (Last, First, Middle Initial)	<b>3. SSN</b>	<b>4. SERVICE</b>	<b>5. CLAIM NO.</b> (Assigned by Service)
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**6. THE ITEMS LISTED IN ITEM 10 BELOW WERE PURCHASED FOR MY USE IN COMBAT IN:**  
 **OPERATION NOBLE EAGLE**       **OPERATION ENDURING FREEDOM**       **OPERATION IRAQI FREEDOM**

a. DATES OF MY PARTICIPATION (YYYYMMDD): FROM \_\_\_\_\_ TO: \_\_\_\_\_

b. I AM A:  **CURRENT SERVICE MEMBER.** (Submit claim to your chain of command. Approval authority is first commander in the rank of Major/Lieutenant Commander or higher. Payment will be by electronic transfer to the bank account designated for your pay and allowances.)

**FORMER SERVICE MEMBER OR SURVIVOR OF DECEASED SERVICE MEMBER.** (Submit claim to the address shown for your Service in Item 12 on Page 2. That office is the approval authority. Payment will be by check mailed to the address in Item 9.a.)

<b>7.a. UNIT OF ASSIGNMENT AT TIME OF QUALIFYING COMBAT OPERATIONS AND THAT UNIT'S CURRENT MAILING ADDRESS</b>	<b>b. UNIT TELEPHONE NUMBER</b>
	<b>c. POC E-MAIL</b>

<b>8.a. CURRENT UNIT OF ASSIGNMENT AND UNIT MAILING ADDRESS</b>	<b>b. UNIT TELEPHONE NUMBER</b>
	<b>c. POC E-MAIL</b>

<b>9.a. PERSONAL MAILING ADDRESS</b> (Include ZIP Code)	<b>b. TELEPHONE NUMBER</b>
	<b>c. E-MAIL</b>

**10. I CLAIM REIMBURSEMENT FOR THE FOLLOWING ITEMS:**

a. DESCRIPTION	b. REF. NO. (See Service list)	c. ACTUAL COST*	d. ACTUAL SHIPPING COST*	e. DATE PURCHASED (YYYYMMDD)	f. FOR USE BY APPROVAL AUTHORITY: AMOUNT APPROVED FOR PAYMENT
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) TURN-IN MAILING COST (Former members or survivors only)					
(10) <b>TOTAL</b> (Approval Authority: enter total amount approved for payment here and in Item 14.e.)					

\*Do not list actual costs unless you are submitting copies of receipts. If you do not have receipts, reimbursement will be standard values determined by the government.

**11. SERVICE MEMBER'S (OR FORMER SERVICE MEMBER'S) CERTIFICATION**

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that:

- (1) The items listed in Item 10 were purchased for my use in combat.
- (2) Each item was critical to my protection, safety, or health.
- (3) I was not issued equivalent government-purchased protective, safety, or health equipment before I became engaged in imminent-danger or hostile-fire operations.
- (4) Each item was purchased after September 10, 2001 and before August 1, 2004.

I understand that all items listed shall become the property of the United States government and, unless destroyed in combat operations or otherwise properly accounted for, must be turned in with this claim. I understand that unless I can produce a receipt for each item, reimbursement will be limited to a value determined by the government. I understand that reimbursement per item may not exceed \$1,100.00.

Copies of original receipts are attached for  All items  Some items  No items.

a. SIGNATURE	b. DATE (YYYYMMDD)
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**12. CURRENT SERVICE MEMBERS:** Submit claim to your chain of command. Approval authority is first unit commander in the rank of Major/Lieutenant Commander or higher.

**UNIT COMMANDERS:** Send approved forms to the address shown here for your Service.

**FORMER SERVICE MEMBERS AND SURVIVORS OF FORMER SERVICE MEMBERS:** Mail or fax your claim to the address shown here for your Service.

a. ARMY  US Army Claims Service ATTN: JACS-PC Building 4411, Llewellyn Avenue Fort George G. Meade, MD 20755-5360 Fax: 301-677-3734/DSN 622-3734	b. NAVY  PERS 464E Navy Personnel Command 5720 Integrity Drive Millington, TN 38055 Fax: 901-874-4683
c. MARINE CORPS  Office of the Deputy Commandant for Programs and Resources Headquarters, US Marine Corps 3000 Marine Corps Pentagon Washington, DC 20350-3000 Fax: 703-692-5093	d. AIR FORCE  AFELM VEMSO 54 Willow St., Wing B Langley AFB, VA 23665 Fax: 757-764-4415/DSN 574-4415

**13. APPROVAL AUTHORITY CERTIFICATION**

- I am the Service member's current commander. I have reviewed this list and discussed it with the Service member. Items claimed have been turned in or are properly accounted for. Based on the Service member's declaration and my interview of the Service member, this claim appears reasonable and is approved in the total amount in Item 14.e.
- I am the former Service member's designated Service authorizing official. Items claimed have been turned in or are properly accounted for. Based on the Service member's (or survivor's of deceased Service member) declaration and all available supporting documents, this claim appears reasonable and is approved in the total amount in Item 14.e.

**14. APPROVAL AUTHORITY**

a. RANK	b. PRINTED NAME ( <i>Last, First, Middle Initial</i> )	c. SIGNATURE
d. UNIT ADDRESS		e. TOTAL AMOUNT APPROVED FOR PAYMENT
		f. DATE (YYYYMMDD)

**15. FOR USE BY SERVICE-LEVEL FINANCE CERTIFYING OFFICIALS ONLY.**

This claim is certified correct and proper for payment in the amount in Item 14.e.

a. ACCOUNTING CLASSIFICATION			
b. AUTHORIZED CERTIFYING OFFICER SIGNATURE	c. CERTIFYING OFFICER'S NAME AND TITLE	d. DATE (YYYYMMDD)	

Fax completed form (with all blocks in Item 15 completed) to DFAS: USMC claims 1-866-217-6523; all other claims 1-877-278-3106.

**INSTRUCTIONS FOR COMPLETING DD FORM 2902,  
CLAIM FOR REIMBURSEMENT AND PAYMENT VOUCHER FOR PRIVATELY-PURCHASED  
PROTECTIVE, SAFETY, OR HEALTH EQUIPMENT USED IN COMBAT**

1. Purpose. This form implements Public Law 108-375 Section 351 and the Department of Defense program to reimburse members of the Armed Forces for the cost (including shipping cost) of protective, safety, or health equipment that was purchased by the member or by another person on behalf of the member for the personal use of the member in anticipation of, or during, the deployment of the member in connection with Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom.
2. Review your Service's list of approved items for reimbursement for privately-purchased protective, safety, or health equipment used in Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom. Claim only items on your Service's list, or very similar replacement items.
3. "Actual Shipping Cost" in Item 10.d. is the cost you paid (or that someone else paid on your behalf) to ship the item from the seller to the purchaser and on to you in Iraq, Afghanistan, or other location in the theater of operations.
4. "Ref. No." in Item 10.b. is the reference number for the most similar item on your Service's list of items approved for reimbursement.
5. Current Service members: Fill out the form and submit it, together with your supporting evidence (see below) to your chain of command. If you still have the equipment, be prepared to turn it in. If you do not have the equipment, be prepared to explain what happened to it, and to provide supporting evidence. Approval authority will be the first field-grade (Major/Lieutenant Commander or higher) unit commander in your chain of command.
6. Former Service members (and survivors of deceased Service members): Fill out the form and submit it, together with your supporting evidence (see below) to the address given in Item 12. If you still have the equipment, pack it securely and mail it to the address given in Item 12; list this turn-in mailing cost as a separate, final item "turn in mailing cost" in Item 10. If you do not have the equipment, explain what happened to it in your supporting evidence. Approval authority will be an official from your former Service at the address in Item 12.
7. Supporting Evidence.
  - a. Submit copies (not the originals) of supporting evidence to show you served in Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom as shown in Item 6: a copy of your deployment orders, a copy of your DD Form 214 showing combat service, etc.
  - b. Submit copies (not the originals) of all supporting evidence you have that you purchased the equipment, or that someone else bought the equipment for you. The best evidence is a copy of the receipt for the item. If you do not have the receipt, submit all evidence you can assemble that shows you owned and used the item in combat. Examples of supporting evidence include: photographs showing you wearing or using the equipment, letters or affidavits from others in your combat unit who know you had the equipment, letters or affidavits from whomever bought the equipment for you, copies of credit card statements showing the purchases, copies of mailing receipts, a letter or affidavit from the store that sold you the equipment, etc. If you still have the equipment, you will be required to turn it in. If you do not have the equipment to turn in, you must provide an adequate explanation of what happened to it, just as you would if you lost a piece of government-issued equipment.
8. Unit Commander (or for former Service members, Service authorizing officials).
  - a. You must decide whether to approve the form on behalf of your Service. Consider the credibility and veracity of the Service member and all the evidence he or she submits. If you are not reasonably certain that the claim is valid, counsel the Service member and explain what additional evidence is needed, and return the form to him or her. If the claim is valid, on each line in Item 10, enter the amount approved for payment in the last column: if supported by receipts, enter actual amount paid (including any substantiated shipping costs); if not supported by receipts, enter the standard value from your Service's list of items approved for payment. Add up the amounts approved for payment in Item 10, and copy the total to Item 14.e.
  - b. The Service member must turn in to you any equipment he or she still has for which he or she is seeking reimbursement. Have your unit supply officer turn the equipment in to DRMO for disposal.
  - c. If you approve the form, complete Item 14 and forward it to the Service official in Item 12.
9. Service Authorizing Official. Assign an accounting classification in Item 15.a., sign the form to certify the claim, and fax the form to: DFAS: USMC claims 1-866-217-6523; all other claims 1-877-278-3106.