



Civilian Relocation Travel Voucher Guide

How to Complete the DD 1351-2



Updated May 2015

Thank you for your service to our nation and thank you in advance for referring to this guide as you prepare your travel vouchers.

This “How to” guide is intended for all Civilian Relocation Travelers serviced by DFAS Rome Travel Pay Services. It provides step-by-step procedures in preparing a travel voucher so it is “pay ready” upon submission. Submitting “pay ready” vouchers will assist us in providing you a timely and accurate payment.

Defense Finance and Accounting Service
Travel Pay Operations
Rome, New York



<http://www.dfas.mil/civilianemployees/travelpay/information.html>

Civilian Relocation Customer Service Inquiries

Please contact the agency or official issuing your travel orders for specific assistance with the travel order, DD form 1614. For information regarding the processing of or explanation of payment for civilian relocation vouchers processed by DFAS Rome Travel Pay Services contact us at:

Toll Free 1-888-332-7366
Email, questions only dfas.rome.jfx.mbx.ccc-civrelo-questiononly@mail.mil

Voucher submissions by fax: 216-367-3422 (DSN 580-7833)
Email: dfas.rome.jft.mbx.civrelo-vouchers@mail.mil

Advance Requests *only* by fax to: 216-367-3428 (DSN 580-7839)
Email: dfas.rome.jft.mbx.civrelo-advances@mail.mil

Set-up/Change Travel Direct Deposit (EFT) Payment: 216-367-3430 (DSN 580-7841)
Email: dfas.rome.jft.mbx.eft-disbursing@mail.mil

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IMPORTANT INFORMATION

Incomplete information will stop your claim from being paid!

Don't make these common mistakes on your claim:

1. Missing orders (DD Form 1614) and/or any and all amendments.
2. Missing Reviewer or Approving Official signatures and dates on the DD Form 1351-2.
3. Incomplete itinerary (block 15) on the DD Form 1351-2.
4. Missing Direct Deposit (EFT) Information.
5. Missing traveler's signatures and dates (blocks 20 a & b) on the DD Form 1351-2.
6. Missing or improperly completed statement with the Miscellaneous Expense Allowance.
7. Missing or improperly completed DD Form 2912 for Temporary Quarters Subsistence Expenses.
8. Missing Real Estate - Purchase and/or Sale information or signatures.
9. Personal information is not accurate or is incomplete on the DD Form 1351-2 (blocks 1-14).
10. Order, DD Form 1614, or amendments are incorrect or incomplete.

Other helpful hints:

- Almost all of your travel entitlements are taxable!
- If you use your own personal vehicle as mode of travel, block 16 must be completed.
- If you are authorized TDY en route, please ensure that your orders reflect accurate and complete TDY information. Although your TDY en route information should be included on your PCS order; in some cases, you may receive separate orders. Please submit copies of any/all orders received.
- All previous advances received related to the PCS Travel (non-submission of previous payment data can result in delays of payment).
- Receipts for all lodging, regardless of amount.
- All receipts for expenses incurred for \$75.00 or more must be submitted.
- Be sure to include a copy of your travel orders, DD Form 1614, with any amendments each time you submit a claim.
- DIRECT DEPOSIT: Employees must submit direct deposit information to establish or change their financial institution for PCS travel reimbursements.
- Additional information regarding claims discussed in this booklet are also available in the DFAS Rome Handbook for Civilian Permanent Duty Travel (PDT) at: <http://www.dfas.mil/civilianemployees/travelpay/information.html> or in the Joint Travel Regulation (JTR) Chapter 5 which can be found on the web at: <http://www.defensetravel.dod.mil/site/travelreg.cfm>
- Often times several vouchers (DD Form 1351-2) will be submitted during the PCS transition to the new duty station. Blocks 1 -14 will be completed in similar fashion each time and in accordance with the guidance below. However please remember as you locate permanent residence to provide a current address to which information including your W-2 Form may be sent. Also, be sure to update you email address and duty station phone number if and as those changes occur.

How to submit your travel voucher:

- 1) Mail to: DFAS ROME
Attn: Travel Pay, Civilian Relocation
325 Brooks road
Rome, NY 13441
- 2) Fax: 216-367-3422

Note: A fax machine confirmation receipt is not proof that the fax was received.

- 3) Email: dfas.rome.jft.mbx.civrelo-advances@mail.mil

Note: This address cannot send confirmation receipts. Emails cannot be recalled after being submitted to this address.

If an email address was provided with the claim, you will receive a confirmation email within 24-48 hours of claim submission.

Make sure your travel voucher submission is successful!

Please take note of the following:

- Do not send encrypted emails.
- Do not send password protected PDF files. *Note:* We accept only PDF files. Please make sure all documents submitted by email are in PDF format.
- Do not send documents contained in encapsulated emails.
- Please only send voucher submissions to dfas.rome.jft.mbx.civrelo-vouchers@mail.mil
- Send questions to dfas.rome.jft.mbx.civrelo-vouchers@mail.mil

Ways to check the status of your voucher:

- 1) Use the [Online Payment Status Tool](#)! Simply enter your Travel Order/Authorization Number and email address in the form. You'll receive an email within minutes telling you the status of your voucher.
- 2) Check the status of travel vouchers in [myPay](#). Login and select "Travel Voucher Advice of Payment" from your main menu.
- 3) Or, call 1-888-332-7366 (DSN 699-0300) the self-service telephone line to find out if your voucher has been paid. You will need your social security number and telephone self-service PIN. Read this [guide](#) to get a PIN or create a new one.

Instructions for completing a DD Form 1351-2 for Renewal Agreement Travel

Block 1: PAYMENT

Electronic Funds Transfer (EFT) is mandatory absent a waiver from your agency. You may submit a SF 1199, DD 2762, or other documentation as long as it contains the following to ensure payment is properly transferred to your account:

- The Traveler's name
- The Traveler's SSN
- The Traveler's address
- The routing number
- The account number
- Whether the account is Checking or Savings

SPLIT DISBURSEMENT when available requires an "x" in the block requesting it and the dollar amount to be sent to the Government Travel Card. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card.

Block 2: Name: Last name, first name, and middle initial of Employee. Block 3: Grade of the Employee.

Block 4: Social Security Number of Employee.

Block 5: Indicate "PCS" and "Member/Employee" – for employee only.
Indicate "PCS", "Member/Employee", "Dependent(s)"
– for employee and dependents.
Indicate "PCS" and "TDY" – for TDY en route.
Indicate "PCS", "Dependent(s)" – for dependent(s) travel only.

Blocks 6a-6d: Valid mailing address for receipt of advice of payment. Block 6e: Valid e-mail address.

Block 7: Daytime telephone number in the event DFAS Columbus should need to make contact.

Block 8: Order number which is listed on the orders or amendments, (See DD Form 1614 Block 25), provided to the employee.

Block 9: List any and all previous payments paid from any finance office pertaining to the travel period being claimed. List "0.00" if you have not received any payments and "?" if you are not certain.

Block 10: This block may be used to explain the type of travel being claimed.

Block 11: Employee's new duty station address where employee is being assigned. (See DD Form 1614 Block 8).

Blocks 12-14: Dependent(s): If you have moved dependents from duty station to home or record (HOR) and back, then follow steps on the next page to complete this portion.

*** Note: Mark "accompanied" if family traveled with employee or "unaccompanied" if family is traveling separate from the employee (i.e., employee is already at the PCS location). If employee only is traveling, then mark "unaccompanied."

Block 12a: List last name, first name, and middle initial of all dependents.

Block 2b: List the relationship to the employee.

Block 12c: List the date of birth of dependent children and date of marriage for spouse.

Block 13: List the address where dependents were residing at time PCS orders were received.

Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay en route or new PDS if travel was performed the same day. Next to "DEP" list the date departed for next stage of trip Next to "ARR" list the date arrived at your New Permanent Duty Station.

b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.

- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: List any lodging expense incurred while en route. In the case of Renewal Agreement Travel when an overnight stop is incurred a memorandum from the TMO office clearly indicating overnight stops are required and why would is required. (List any Tax for Lodging in Block 18)
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: If a privately owned conveyance was used, then you must indicate whether POC is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to / from a terminal, then annotate Own/Operator.

Block 17: Indicate the total duration of travel.

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred.
- b: List the type of expense (i.e., taxi fares).
- c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the travel to or from the Home of Record during Renewal Agreement Travel.

In such a case note in:

- a: Date the meals were provided.
- b: Number of meals provided by the government with no cost to the traveler.

** Note: If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate "Ded" or "Gov" next to the number of meals.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT		8. SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
<input type="checkbox"/> Payment by Check		2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X or applicable)	
		Smith, John M.		TP-CE	000-00-0000	<input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
6. ADDRESS - NUMBER AND STREET		7. CITY	8. STATE	9. ZIP CODE			
CMR ### BOX #####		APO	AE	#####			
10. E-MAIL ADDRESS		10. FOR D.O. USE ONLY					
PUBLIC.SAMPLE@US.ARMY.MIL							
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. a. D.O. VOUCHER NUMBER	
555-555-5555		Block 25 of DD form 1614		0.00			
11. ORGANIZATION AND STATION				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY	
Agency Name & Location							
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
<input checked="" type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
<input type="checkbox"/> UNACCOMPANIED							
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MATRIMONY		d. COMPUTATIONS	
Smith, Suzie Q.		Wife		050401			
Smith, Sally		Daughter		080930			
15. ITINERARY							
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	16. SUMMARY OF PAYMENT	
06/27	DODDS BAMBERG, GM (PDS)	CA				(1) Per Diem	
06/27	NUREMBERG AIRPORT, GM	TP	AT			(2) Actual Expense Allowance	
06/27	ORLANDO, FL (HOR)	TP	AD			(3) Mileage	
08/16	NUREMBERG AIRPORT, GM	CA	AT			(4) Dependent Travel	
08/16	DODDS BAMBERG, GM (PDS)		MC			(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total 0.00	
						(8) Late Advance	
						(9) Amount Owed	
						(10) Amount Due	
16. POC TRAVEL (X one)		17. DURATION OF TRAVEL					
<input type="checkbox"/> OWN OPERATE		<input type="checkbox"/> PASSENGER					
18. REIMBURSABLE EXPENSES		19. GOVERNMENT DEDUCTIBLE MEALS					
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS		
06/26/09	POSTAGE TO FLORIDA	187.60					
06/27/09	TAXI TO AIRPORT	55.00					
06/27/09	TAXI FROM AIRPORT	40.00					
08/15/09	POSTAGE TO GERMANY	147.00					
08/16/09	TAXI TO AIRPORT	40.00					
08/16/09	TAXI FROM AIRPORT	55.00					
20. CLAIMANT SIGNATURE		21. REVIEWER'S PRINTED NAME				22. ACCOUNTING CLASSIFICATION	
***** FORM MUST BE SIGNED AND DATED *****		* MUST PRINT NAME OF REVIEWER *				AGENCY USE ONLY	
		23. APPROVING OFFICIAL'S PRINTED NAME				24. COLLECTION DATA	
		REQUIRED ONLY ON CERTAIN CLAIMS				AGENCY USE ONLY	
		25. TRAVEL ORDER AUTHORITY AUTHORIZED BY				26. RECEIVED (Payer Signature and Date or Check No.)	
		AGENCY USE				AGENCY USE	
27. AMOUNT PAID							

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, 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.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3728).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 16 - ITINERARY - SYMBOLS

16a. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation (Own expense)	- C	Bus	- B
Privately Owned Conveyance (POC)	- P	Plane	- P
		Rail	- R
		Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 16 as a reimbursable expense.

16d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 16e. LODGING COST

Enter the total cost for lodging.

ITEM 18 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4126-A3g and JTR, par. C4664-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

28. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

1. THE TRAVELER MAY USE THIS SPACE TO CLARIFY ANY ADDITIONAL TRAVEL-RELATED ISSUES SUCH LEAVE OR TDY DATES
2. REFLECT EXCHANGE RATES WHEN APPLICABLE
3. LIST/ EXPLAIN ANY ADDITIONAL EXPENSE AUTHORIZED AFTER THE FACT.
4. IF APPROVING OFFICIAL HAS SPECIFICALLY APPROVED AUTHORIZED ITEMS, THEN IT CAN BE CITED HERE WITH THEIR INITIALS; THEIR SIGNATURE AND DATE ARE REQUIRED TO BE PLACED IN BLOCK 21a-21d.

Instructions for completing a DD Form 1351-2 for House Hunting Trip (HHT)

- Block 12a: List last name, first name, and middle initial of spouse. Block 12b: List the relationship to the employee.
- Block 12c: List the date of marriage for Block 1 –Block 11: Complete as directed on page 4 of this booklet. Blocks 12-14: Dependent(s): Dependent children may travel on a House Hunting Trip but at employee (not government) expense. If your dependent spouse is traveling from previous duty station or residence to new duty station, then follow steps below to complete this portion. **Note: Mark “accompanied” if spouse traveled with employee or “unaccompanied” if spouse traveled separate from the employee. If only employee traveled, mark “unaccompanied”.
- Block 13: List the address where dependents were residing at time PCS orders were received.
- Block 14: Indicate whether household goods have been shipped.
- Block 15: Itinerary
- a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay en route or new PDS if travel was performed the same day. Next to “DEP” list the date departed for next stage of trip Next to “ARR” list the date arrived at your New Permanent Duty Station.
 - b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
 - c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
 - d: Reason for Stop: List the reason for stops using the appropriate two letter code.
 - e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)
 - f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.
- Block 16: POC Travel: Must indicate whether POC is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.
- Block 17: Indicate the total duration of travel. Block 18: Reimbursable Expenses:
- a: List the date the expense was incurred.
 - b: List the type of expense (i.e., taxi fares).
 - c: List the amount of the expense.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.
- Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order. **Note:** Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.
- Block 22: AOs may use this block to explain additional expenses they are authorizing.
- Blocks 23-28: Leave Blank - Finance Office use only.
- Block 29: Used to clarify anything out of the ordinary, such as:
- Indicate any and all leave periods during TDY.
 - Clarify any additional travel-related issues.
 - Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elected a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balances to the GTCC contractor.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Payment by Check: <input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M.			3. GRADE GS-7	4. SSN 000-00-0000		5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS: a. NUMBER AND STREET 123 OLD STREET			b. CITY DAVENPORT	c. STATE IA	d. ZIP CODE 52801	<input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA	
e. E-MAIL ADDRESS PUBLIC.SAMPLE@US.ARMY.MIL						10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555		8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION Agency Name & Location						b. SUBVOUCHER NUMBER	
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
<input checked="" type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED		123 OLD STREET DAVENPORT, IA 52801			
a. NAME (Last, First, Middle Initial) Doe, Suzie Q.		b. RELATIONSHIP Wife	c. DATE OF BIRTH OR MARRIAGE 05/07/01				
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY							
a. DATE 2009	b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)						
05/11	DEP	DFAS ROCK ISLAND			TP		
05/11	ARR	COLUMBUS, OH			AD		
05/20	DEP				TP	900.00	
05/20	ARR	DFAS ROCK ISLAND			MC		
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. POC TRAVEL (X one)				17. DURATION OF TRAVEL			
<input type="checkbox"/> OWN/OPERATE		<input type="checkbox"/> PASSENGER		12 HOURS OR LESS			
18. REIMBURSABLE EXPENSES				MORE THAN 12 HOURS BUT 24 HOURS OR LESS			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	MORE THAN 24 HOURS			
5/11	TAXI TO AIRPORT	45.00		<input checked="" type="checkbox"/>			
5/11	TAXI TO AIRPORT	30.00					
5/11-5/20	LODGING TAX	108.00					
5/20	TAXI TO AIRPORT	30.00					
5/20	TAXI TO AIRPORT	45.00					
5/15	LAUNDRY	46.85					
5/11-5/20	RENTAL CAR	375.00					
5/16	RENTAL CAR GAS	40.00					
5/20	RENTAL CAR GAS	35.00					
19. GOVERNMENT DEDUCTIBLE MEALS							
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS				
20. a. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED *****							
b. DATE MMDDYYYY							
c. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *				d. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER		e. TELEPHONE NUMBER 000-000-0000	
21. a. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS				b. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS		f. TELEPHONE NUMBER 614-693-0000	
22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY						g. DATE MMDDYYYY	
23. COLLECTION DATA AGENCY USE ONLY							
24. COMPUTED BY AGENCY USE		25. AUDITED BY AGENCY USE		26. TRAVEL ORDER AUTHORITY (Agency Use Only) AGENCY USE		27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE	
						28. AMOUNT PAID	

Instructions for completing a DD Form 1351-2 for En route Travel to New Duty Station

Block 1 –Block 11: Complete as directed on page 4 of this booklet. Blocks 12-14: Dependent(s): If you have moved dependents from previous duty station or residence to new duty station, then follow steps on the next page to complete this portion. **Note: Mark “accompanied” if family traveled with employee or “unaccompanied” if family is traveling separate from the employee (i.e., employee is already at the PCS location). If only employee is traveling, mark “unaccompanied”.

Block 12a: List last name, first name, and middle initial of all dependents.

Block 12b: List the relationship to the employee.

Block 12c: List the date of birth of dependent children and date of marriage for spouse.

Block 13: List the address where dependents were residing at time PCS orders were received.

Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay en route or new PDS if travel was performed the same day.

Next to “DEP” list the date departed for next stage of trip Next to “ARR” list the date arrived at your New Permanent Duty Station.

b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.

c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.

d: Reason for Stop: List the reason for stops using the appropriate two letter code.

e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)

f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: Must indicate whether POC (Privately Owned Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.

Block 17: Indicate the duration of travel en route.

Block 18: Reimbursable Expenses:

a: List the date the expense was incurred.

b: List the type of expense (i.e., taxi fares).

c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the en route travel to the New Duty Station. In such a case note in:

a: Date the meals were provided.

b: Number of meals provided by the government with no cost to the traveler.

** Note: If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate “Ded” or “Gov” next to the number of meals.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 77.70					
<input type="checkbox"/> Payment by Check		2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)	
		Doe, John M.		GS-7	000-00-0000	<input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s)	
6. ADDRESS: a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE		
123 OLD STREET		DAVENPORT		IA	52801		
e. E-MAIL ADDRESS		10. FOR D.O. USE ONLY					
PUBLIC.SAMPLE@US.ARMY.MIL							
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER	
555-555-5555		Block 25 of DD form 1614		0.00			
11. ORGANIZATION AND STATION				b. SUBVOUCHER NUMBER			
Agency Name & Location							
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENT'S ADDRESS ON RECEIPT OF TRAVEL (Include Zip Code)		c. PAID BY	
<input checked="" type="checkbox"/> ACCOMPANIED				125 OLD STREET			
<input type="checkbox"/> UNACCOMPANIED				DAVENPORT, IA 52801			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE			
Doe, Suzie Q.		Wife		050701			
Doe, Sally		Daughter		081031			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				d. COMPUTATIONS			
<input type="checkbox"/> YES				<input checked="" type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY				MEANS/ MODE OF TRAVEL		e. SUMMARY OF PAYMENT	
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		REASON FOR STOP		(1) Per Diem	
2009						(2) Actual Expense Allowance	
1 JUN	DEP	DEAS ROCK ISLAND		PA		(3) Mileage	
1 JUN	ARR	RICHMOND, IN		AD		(4) Dependent Travel	
2 JUN	DEP	RICHMOND, IN		PA		(5) DLA	
2 JUN	ARR	COLUMBUS, OH		MC		(6) Reimbursable Expenses	
	DEP					(7) Total 0.00	
	ARR					(8) Less Advance	
	DEP					(9) Amount Owed	
	ARR					(10) Amount Due	
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> DOMESTIC RATE		PASSENGER		17. DURATION OF TRAVEL	
						(4) Dependent Travel	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS			
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	MORE THAN 12 HOURS BUT 24 HOURS OR LESS		
1 JUN	HIGHWAY TOLLS		2.50	7.00	MORE THAN 24 HOURS		
1 JUN	LODGING TAX		7.70		<input checked="" type="checkbox"/>		
19. GOVERNMENT DEDUCTIBLE MEALS							
a. DATE	b. NO OF MEALS		a. DATE	b. NO OF MEALS			
20. CLAIMANT SIGNATURE				e. DATE			
***** FORM MUST BE SIGNED AND DATED *****				MMDDYYYY			
f. REVIEWER'S PRINTED NAME		g. REVIEWER SIGNATURE		h. TELEPHONE NUMBER		i. DATE	
* MUST PRINT NAME OF REVIEWER *		MUST HAVE SIGNATURE OF REVIEWER		614-693-0000		MMDDYYYY	
21. APPROVING OFFICIAL'S PRINTED NAME		j. SIGNATURE		k. TELEPHONE NUMBER		l. DATE	
REQUIRED ONLY ON CERTAIN CLAIMS		REQUIRED ONLY ON CERTAIN CLAIMS		614-693-0000		MMDDYYYY	
22. ACCOUNTING CLASSIFICATION							
AGENCY USE ONLY							
23. COLLECTION DATA							
AGENCY USE ONLY							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER AUTHORITY CONTROLLED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
AGENCY USE		AGENCY USE		AGENCY USE		AGENCY USE	
						28. AMOUNT PAID	

Instructions for completing a DD Form 1351-2 for POV Pick up / Drop-Off Expenses

Block 1 –Block 11: Complete as directed on page 4 of this booklet.

Blocks 12: Dependent(s): Mark “Unaccompanied”. Note: There is no reimbursement for dependent transportation or per diem related to this entitlement.

Block 13-14: Leave Blank Block 15: Itinerary

- a: Date: List the year the travel was conducted. Next to “DEP” list the date organization/residence was departed (e.g., 06/1). Next to “ARR” list the date arrived at a location for Authorized Delay en route or new PDS if travel was performed the same day.
Next to “DEP” list the date departed for next stage of trip Next to “ARR” list the date arrived at your New Permanent Duty Station.
- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: Leave Blank;
lodging/per diem is not reimbursable with this claim.
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: Must indicate whether POC (Privately Owned Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.

Block 17: Indicate the duration of total travel.

Note: no per diem is reimbursable with this entitlement. Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred. b: List the type of expense (i.e., taxi fares). c: List the amount of the expense.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order. **
Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.					
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00							
2. NAME (Last, First, Middle Initial) (Print or type) Doe, Jane R.			3. GRADE GS-9	4. SSN 000-00-0000		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA			
6. ADDRESS a. NUMBER AND STREET 456 NEW STREET			b. CITY CHICAGO	c. STATE IL	d. ZIP CODE 60609		10. FOR D.D. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS		
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555			8. TRAVEL ORDER AUTHORIZATION Block 25 of DD form 1614		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00		11. ORGANIZATION AND STATION Agency Name & Location		
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE			13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY				1. MEANS MODE OF TRAVEL	2. REASON FOR STOP	3. LODGING COST	4. PDC MILES	5. SUMMARY OF PAYMENT	
a. DATE	b. PLACE (Home, Office Base, Activity, City and State, City and Country, etc.)							(1) Per Diem	
05/14	DCMA CHICAGO, IL (DUTY STATION)		TP					(2) Actual Expense Allowance	
05/14	PONTOON BEACH, IL (VPC)		PA	AT				(3) Mileage	
05/14	DCMA CHICAGO, IL (DUTY STATION)			MC			289	(4) Dependent Travel	
								(5) DLA	
								(6) Reimbursable Expenses	
								(7) Total 0.00	
								(8) Loan Advance	
								(9) Amount Owed	
								(10) Amount Due	
16. PDC TRAVEL (X one) <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS				18. GOVERNMENT DEDUCTIBLE MEALS	
18. REIMBURSABLE EXPENSES				19. GOVERNMENT DEDUCTIBLE MEALS					
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS	c. DATE	d. NO. OF MEALS		
5/14/09	AIRFARE	229.00							
5/14/09	AGENT FEE	30.00							
5/14/09	TAXI TO AIRPORT	55.00							
5/14/09	TAXI TO VPC	30.00							
	(VEHICLE PROCESSING CTY)								
5/14/09	TOLLS	3.00							
20. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED *****				21. REVIEWER SIGNATURE ***** MUST HAVE SIGNATURE OF REVIEWER *****				22. DATE MMDDYYYY	
21. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *				23. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS				24. TELEPHONE NUMBER 000-000-0000	
21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS				25. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS				24. TELEPHONE NUMBER 614-693-0000	
22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY				25. DATE MMDDYYYY					
23. COLLECTION DATA AGENCY USE ONLY									
24. COMPUTED BY AGENCY USE		25. AUDITED BY AGENCY USE		26. TRAVEL ORDER ALL TRAVEL ORDERS MUST BE INITIALED BY AGENCY USE		27. RECEIVED (Traveler Signature and Date or Check No.) AGENCY USE		28. AMOUNT PAID	

POV Shipment Within CONUS

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with the POV Shipment within CONUS Claim Block 18: Reimbursable Expenses:

a: List the date the POV was shipped. b: List "POV Shipment CONUS"

c: List the amount being claimed for POV Shipment.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M.		3. GRADE GS-7	4. SSN 000-00-0000	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s)			<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> OLA
6. ADDRESS: a. NUMBER AND STREET 123 NEW STREET		b. CITY COLUMBUS	c. STATE OH	d. ZIP CODE 43216	10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER		
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555		8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00		11. ORGANIZATION AND STATION Agency Name & Location	
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDER (Include Zip Code) 125 OLD STREET DAVENPORT, IA 52801		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY a. DATE 2009		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		e. MEANS/ MODE OF TRAVEL	f. REASON FOR STOP	g. LODGING COST	h. POC MILES
<input type="checkbox"/> DEP <input type="checkbox"/> ARR	POV SHIPMENT (CONUS)						
<input type="checkbox"/> DEP <input type="checkbox"/> ARR	SEE BELOW						
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS		18. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) OLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due			
18. REIMBURSABLE EXPENSES a. DATE 5/30/09		b. NATURE OF EXPENSE POV SHIPMENT (CONUS)	c. AMOUNT 975.00	d. ALLOWED <input type="checkbox"/> YES <input type="checkbox"/> NO	19. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS		
20. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED *****		21. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *		22. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER	23. TELEPHONE NUMBER 000-000-0000	24. DATE MMDDYYYY	
21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS		22. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS		23. TELEPHONE NUMBER 614-693-0000	24. DATE MMDDYYYY		
22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY							
23. COLLECTION DATA AGENCY USE ONLY							
24. COMPUTED BY AGENCY USE	25. AUDITED BY AGENCY USE	26. TRAVEL ORDER AUTHORITY AGENCY USE	27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE	28. AMOUNT PAID			

Movement & Storage of Household Goods (HHG)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. *** Blocks 12 through 17: Do not require completion with the Household Goods (HHG) Block 18: Reimbursable Expenses:

a: List the date the HHG were moved / shipped.

b: List "House Hold Good Move"; on subsequent lines you can detail expenses. c: List the amount being claimed for each expense listed in (b.).

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M.			3. GRADE GS-7	4. SSN 000-00-0000	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA		
6. ADDRESS, a. NUMBER AND STREET 123 NEW STREET		b. CITY COLUMBUS	c. STATE OH	d. ZIP CODE 43216	10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY		
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555				8. TRAVEL ORDER/AUTHORIZATION NUMBER Block 25 of DD form 1614		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00	
11. ORGANIZATION AND STATION Agency Name & Location				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 OLD STREET DAVENPORT, IA 52801			
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY a. DATE 2009 b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) c. MEANS/ MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILLS				d. COMPUTATIONS a. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due			
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> DWINDOPERATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS			
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED				19. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS			
06/05/09 RENTAL TRUCK 875.00 06/05/09 BOXES & BUBBLE WRAP 69.00 06/13/09 RENTAL TRUCK GAS 52.00 06/14/09 RENTAL TRUCK GAS 63.00 06/13/09 WEIGHT TICKET EMPTY 3.50 06/13/09 WEIGHT TICKET FULL 3.50 6/14-7/14 1ST 30 DAYS STORAGE 120.00				06/13/09 06/14/09 06/13/09 06/13/09 6/14-7/14			
20. a. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED ***** b. DATE MMDDYYYY							
c. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *			d. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER		e. TELEPHONE NUMBER 000-000-0000		
21. a. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS			b. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS		c. TELEPHONE NUMBER 614-693-0000		
22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY							
23. COLLECTION DATA AGENCY USE ONLY							
24. COMPUTED BY AGENCY USE		25. AUDITED BY AGENCY USE		26. TRAVEL ORDER AUTHORIZATION NUMBER AGENCY USE		27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE	
28. AMOUNT PAID							

Temporary Quarters Subsistence Expense (TQSE)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. *** Blocks 12: X Accompanied or Unaccompanied and list the dependents claimed for TQSE

Blocks 13 through 17: Do not require completion with the Temporary Quarters Subsistence Expense Block 18:

Reimbursable Expenses:

a: List the date TQSE period being claimed began and / or ended b: List "TQSE"

c: List the amount being claimed for TQSE.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

Lump Sum Temporary Quarters Subsistence Expenses - TQSE (LS)

(JTR, Chapter 5, pars. C5784-c5796)

The authorizing/order-issuing official has the option to offer you a lump sum TQSE amount in lieu of actual expense TQSE. (The JTR contains guidelines for offering lump sum TQSE.) Lump Sum TQSE is based on either the old or the new duty station locality rate in effect when the TQSE (LS) offer is accepted by the employee, and is paid in a lump sum. TQSE (LS) may be authorized for the number of days determined necessary, up to 30 days with no extensions under any circumstances. If offered, you must choose between TQSE (LS) and TQSE (AE), but you are under no obligation to accept the lump sum option. Once you select a TQSE method, it may not be changed. Payment of TQSE (LS) is based on the total number of individuals actually moving to the new PDS, not the number occupying temporary quarters. For example, an employee, spouse, and 2 children moving to Columbus would be paid as follows (when authorized 30 days): Based on Columbus, Ohio per diem (p/d) rate in effect 10/01/2011 \$94/\$56=\$150

Employee: (75% of max p/d rate) $\$150 \times .75 = \$112.50 \times 30 \text{ days} = \$3,375.00$

3 Dependents: (25% of max p/d rate) $3 \times (\$150 \times .25) = \$112.50 \times 30 = \$3,375.00$

Total Lump Sum TQSE = \$6,750.00

Note: There is no deduction from TQSE (LS) for HHT days taken.

Where to submit your TQSE (LS) claim

To file a TQSE (LS) voucher submit the following documents by fax to 216-367-3422 or email: dfas.rome.jft.mbx.civrel-vouchers@mail.mil

Voucher Submission:

1. DD Form 1351-2 requesting payment of this allowance in Block 18. Be sure to include appropriate signatures and dates.
2. DD Form 1614, Travel Authorization including any amendments.
3. Annotate advances received in block 9 of the DD Form 1351-2 or provide advance payment paperwork.

4. Including the following statement signed and dated by the travelers:

"I have agreed to accept the offer of the TQSE Lump Sum entitlement and I certify that TQSE will be occupied and if not occupied, I am required to return the TQSE Lump Sum payment amount in full. I certify that I have accepted the terms of this entitlement effective mm/dd/yyyy." (This effective date is the date the traveler accepted the offer from his/her agency and should fall between date the transportation agreement was signed and the issue date of orders.)

Employee's name and/or signature

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee. Unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M.		3. GRADE GS-7	4. SSN 000-00-0000		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA		
6. ADDRESS: a. NUMBER AND STREET 123 NEW STREET		b. CITY COLUMBUS	c. STATE OH	d. ZIP CODE 43216			
8. E-MAIL ADDRESS PUBLIC.SAMPLE@US.ARMY.MIL						10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555		8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00			
11. ORGANIZATION AND STATION Agency Name & Location				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 OLD STREET DAVENPORT, IA 52801			
12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE Doe, Suzie Q. Wife 050701 Doe, Sally Daughter 081031				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) 6/2 DEP Columbus, OH TOSE Actual Expense ARR DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR				16. POC TRAVEL (X one) <input type="checkbox"/> DWND/INATE <input type="checkbox"/> PASSENGER 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS			
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED 6/2/09 TOSE ACTUAL EXPENSES 4,116.45 DD FORM 2912 Attached				19. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due			
18. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS							
20. a. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED ***** b. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *				c. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER		d. TELEPHONE NUMBER 000-000-0000	
21. a. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS				b. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS		c. TELEPHONE NUMBER 614-693-0000	
22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY				23. COLLECTION DATA AGENCY USE ONLY			
24. COMPUTED BY AGENCY USE		25. AUDITED BY AGENCY USE		26. TRAVEL ORDER AUTHORITY AGENCY USE		27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE	
				28. AMOUNT PAID			

Miscellaneous Expense Allowance (MEA)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with the Miscellaneous Expense Allowance (MEA)

Block 18: Reimbursable Expenses:

- a: List the date MEA is being claimed; date should be consistent with MEA Statement.
- b: List "MEA" or "Miscellaneous Expense Allowance". If claiming "Itemized MEA", then after that statement list each expense to be considered.
- c: List the amount being claimed for MEA:
 - (1) \$600 single
 - (2) \$1,300 family
 - (3) When itemizing list each individual amount for each expense listed in (b.) above

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order. This is required for itemized MEA claims.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

Please ensure your certifying statement is correct.

If you are claiming MEA with dependents (We/Our) needs to be annotated. If you are claiming MEA and you are the only traveler relocating then (I/My) needs to be annotated, see example on DD1351-2 below in block 15.

Examples of itemized MEA reimbursements:

1. Disconnecting/connecting appliances, equipment, and utilities involved in relocation; and cost of converting appliances for operation on available utilities. (Does not include purchasing new appliances in lieu of conversion.)
2. Cutting/fitting rugs, drapes and curtains moved from one residence to another.
3. Utility fees/deposits that are not offset by eventual refunds.
4. Forfeiture losses on medical, dental, and food locker contracts that are not transferable; and contracts for private institutional care, such as that provided for handicapped or invalid dependents only, which are not transferable or refundable.
5. Automobile registration, driver's license and use taxes imposed when bringing automobiles into some jurisdictions, cost of reinstalling a catalytic converter upon reentry of vehicle into the United States.
6. Rental agent fees customarily charged for securing housing in foreign countries.
7. Charges for pet quarantine excluding medicine/medical care, grooming, and similar fees for services that are part of routine pet care.
8. Transportation of house pets.
9. Required removal or installation by host country law of automobile parts.
10. Re assembly, set up and tuning of a piano moved incident to relocation.
11. A post office box rental fee when rented to provide a constant mailing address between the time an employee departs the old residence and occupies a residence at the new PDS.

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
<input checked="" type="checkbox"/>	Electronic Fund Transfer (EFT)					Payment by Check <input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor \$ 0.00	
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
Doe, John M.			GS-7	000-00-0000		<input type="checkbox"/> TOY	<input type="checkbox"/> Member/Employee
6. ADDRESS: a NUMBER AND STREET		b CITY	c STATE	d ZIP CODE		<input checked="" type="checkbox"/> PCS	<input type="checkbox"/> Other
123 NEW STREET		COLUMBUS	OH	43216		<input checked="" type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA
7. DAYTIME TELEPHONE NUMBER & AREA CODE				8. TRAVEL ORDER AUTHORIZATION		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	
555-555-5555				Block 25 of DD form 1614		0.00	
11. ORGANIZATION AND STATION				12. DEPENDENT(S) (X and complete as applicable)		13. FOR D.O. USE ONLY	
Agency Name & Location				<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a NAME (Last, First, Middle Initial) b RELATIONSHIP c DATE OF BIRTH OR GRADE		a DO VOUCHER NUMBER b SUBVOUCHER NUMBER c PAID BY	
Doe, Suzie Q. Wife 050701				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		d COMPUTATIONS	
Doe, Sally Daughter 081031				123 OLD STREET DAVENPORT, IA 52801			
15. ITINERARY				16. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
a DATE b PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)				<input type="checkbox"/> YES <input type="checkbox"/> NO (Specify in Remarks)			
6/2	DCP	"I certify that We (or "I" if you're claiming MEA for self only) have discontinued our (or "my" if you are claiming self only) residence at the old PDS and have established a residence at the new PDS."		MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	FOOD MEALS
	ARR						
	DCP						
	ARR						
	DCP						
	ARR						
	DCP						
	ARR						
	DCP						
	ARR						
	DCP						
	ARR						
18. POC TRAVEL (X one)				17. DURATION OF TRAVEL		19. SUMMARY OF PAYMENT	
<input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				12 HOURS OR LESS		(1) Per Diem	
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(2) Actual Expense Allowance	
				MORE THAN 24 HOURS		(3) Mileage	
18. REIMBURSABLE EXPENSES						(4) Dependent Travel	
a DATE	b NATURE OF EXPENSE	c AMOUNT	d ALLOWED			(5) DLA	
6/2/09	MEA	1,000.00				(6) Reimbursable Expenses	
	Misc. Expense Allowance					(7) Total 0.00	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
				19. GOVERNMENT DEDUCTIBLE MEALS			
				a DATE	b NO OF MEALS	a DATE	b NO OF MEALS
20. CLAIMANT SIGNATURE				20. REVIEWER'S PRINTED NAME			
***** FORM MUST BE SIGNED AND DATED *****				* MUST PRINT NAME OF REVIEWER *			
				20. REVIEWER SIGNATURE		20. TELEPHONE NUMBER	
				MUST HAVE SIGNATURE OF REVIEWER		000-000-0000	
				21. APPROVING OFFICIAL'S PRINTED NAME		21. TELEPHONE NUMBER	
				REQUIRED ONLY ON CERTAIN CLAIMS		614-693-0000	
				21. SIGNATURE		21. DATE	
				REQUIRED ONLY ON CERTAIN CLAIMS		MMDDYYYY	
22. ACCOUNTING CLASSIFICATION							
AGENCY USE ONLY							
23. COLLECTION DATA							
AGENCY USE ONLY							
24. COMPLETED BY		25. ACCREDITED BY		26. TRAVEL ORDER/ AUTHORITY PROVIDED BY		27. RECEIVED (Type Signature and Date or Check No.)	
AGENCY USE		AGENCY USE		AGENCY USE		AGENCY USE	
				28. AMOUNT PAID			

Real Estate / Unexpired Lease/ Relocation Services

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with claims for Real Estate, Unexpired Lease, or Relocation Services

Block 18: Reimbursable Expenses:

a: List the date of the closing or approval of the Real Estate, Unexpired Lease, or HMIP

b: Depending on the claim list "Real Estate Sale", Real Estate Purchase", Unexpired Lease Expenses", or "HMIP; Home Marketing Incentive Payment".

c: List the total amount being claimed for the expense listed in (b.) above.

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

Note: For Home Marketing Incentive Payments (HMIP) you are provided with an approved (signed by the authorizing/order-issuing official) source document with the computed payment for HMIP. Currently, an official DoD source document for payment of HMIP does not exist. The document submitted for payment may be a locally developed form, for attachment to the travel claim (DD Form 1351-2). Agencies may assign personnel to administer the HMIP process and paperwork. The form, at a minimum, must contain the following information:

1. Employee's name (last, first, middle initial)
2. Employee's social security number
3. Employee's present position, title, grade
4. Current organization
5. Current duty phone number
6. Detailed computation of the HMIP clearly showing how the approved amount was compared to the maximums per JTR, par. C15103, and determined to be the lesser of the following:
 - a. One to five percent of the price the relocation service company paid when it purchased the residence from the employee, to include the approved percentage (1% to 5%) and the price the relocation company paid or the buyout offer amount on the residence;
 - b. \$10,000
 - c. One half of the savings realized from the reduced fee/expenses paid as a result of the employee finding a bona fide buyer and the sale is closed, to include the percentages relative to the relocation company's service costs.

Note: The Relocation Services Company must complete the amended sale transaction and submit the employee's real estate invoice for payment before the HMIP computation can be computed.
7. Authorizing/order-issuing official's signature
8. Traveler's signature

NOTE: *If employee elects the HMIP (Home Sale Program) under the JTR Chapter 5, Part B-Section 15, reimbursement for real estate transaction and unexpired lease expense allowances or property management (PM) services expenses are not authorized.*

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
2. NAME (Last, First, Middle Initial) (Print or type) Doe, John M.		3. GRADE GS-7	4. SSN 000-00-0000	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Other <input type="checkbox"/> DLA			\$ 0.00
6. ADDRESS: a. NUMBER AND STREET 123 NEW STREET		b. CITY COLUMBUS	c. STATE OH	d. ZIP CODE 43216	10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER		
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555		8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00		11. ORGANIZATION AND STATION Agency Name & Location	
12. DEPENDENT(S) (X and complete as applicable) <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 123 OLD STREET DAVENPORT, IA 52801		c. PAID BY d. COMPUTATIONS			
a. NAME (Last, First, Middle Initial) Doe, Suzie Q.		b. RELATIONSHIP Wife	c. DATE OF BIRTH OR MARRIAGE 050701	14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
a. NAME (Last, First, Middle Initial) Doe, Sally		b. RELATIONSHIP Daughter	c. DATE OF BIRTH OR MARRIAGE 081031	15. ITINERARY a. DATE 2009			
b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	16. POC TRAVEL (X one) <input type="checkbox"/> DRIVER/OPERATE <input type="checkbox"/> PASSENGER	
18. REIMBURSABLE EXPENSES a. DATE 09/02/09		b. NATURE OF EXPENSE SALE OF RESIDENCE AT OLD DUTY STATION DD FORM 1705 ATTACHED	c. AMOUNT 61,916.20	d. ALLOWED	17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS		
19. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS		20. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due					
21. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS		22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY		23. COLLECTION DATA AGENCY USE ONLY			
24. COMPUTED BY AGENCY USE		25. AUDITED BY AGENCY USE		26. TRAVEL ORDER AUTHORITY (If not provided by Agency Use) AGENCY USE		27. RECEIVED (Payee Signature and Date or Check No.) AGENCY USE	
28. AMOUNT PAID		29. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED *****					
30. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *		31. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER		32. TELEPHONE NUMBER 000-000-0000		33. DATE MMDDYYYY	
34. APPROVING OFFICIAL'S SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS		35. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS		36. TELEPHONE NUMBER 614-693-0000		37. DATE MMDDYYYY	

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee. Unless you elect a different amount, Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
<input checked="" type="checkbox"/>	Electronic Fund Transfer (EFT)	Payment by Check				Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00	
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)		
Doe, John M.		GS-7	000-00-0000		<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee	
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input checked="" type="checkbox"/> PCS	<input type="checkbox"/> Other	
123 NEW STREET		COLUMBUS	OH	43216	<input checked="" type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA	
7. DAYTIME TELEPHONE NUMBER & AREA CODE				8. TRAVEL ORDER AUTHORIZATION		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
555-555-5555				Block 25 of DD form 1614		0.00	
10. ORGANIZATION AND STATION				11. FOR D.O. USE ONLY		12. DEPENDENT(S) (X and complete as applicable)	
PUBLIC.SAMPLE@US.ARMY.MIL				Agency Name & Location		a. D.O. VOUCHER NUMBER	
13. DEPENDENT(S) ADDRESS ON RECEIPT OF ORDER (Include Zip Code)				b. SUBVOUCHER NUMBER		c. PAID BY	
125 OLD STREET				DAVENPORT, IA 52801			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)				15. ITINERARY		d. COMPUTATIONS	
<input checked="" type="checkbox"/> YES				NO (Explain in Remarks)			
16. POC TRAVEL (X one)		OWN/OPERATE		PASSENGER		17. DURATION OF TRAVEL	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		12 HOURS OR LESS	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		MORE THAN 24 HOURS	
18. REIMBURSABLE EXPENSES		19. GOVERNMENT DEDUCTIBLE MEALS		20. CLAIMANT SIGNATURE		21. DATE	
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED	
09/02/09		PURCHASE OF RESIDENCE AT NEW DUTY STATION DD FORM 1705 ATTACHED		6,858.95			
20. a. CLAIMANT SIGNATURE		20. b. NO. OF MEALS		20. c. DATE		20. d. DATE	
***** FORM MUST BE SIGNED AND DATED *****						MMDDYYYY	
21. REVIEWER'S PRINTED NAME		22. REVIEWER SIGNATURE		23. TELEPHONE NUMBER		24. DATE	
* MUST PRINT NAME OF REVIEWER *		MUST HAVE SIGNATURE OF REVIEWER		000-000-0000		MMDDYYYY	
25. APPROVING OFFICIAL'S PRINTED NAME		26. SIGNATURE		27. TELEPHONE NUMBER		28. DATE	
REQUIRED ONLY ON CERTAIN CLAIMS		REQUIRED ONLY ON CERTAIN CLAIMS		614-693-0000		MMDDYYYY	
29. ACCOUNTING CLASSIFICATION AGENCY USE ONLY							
30. COLLECTION DATA AGENCY USE ONLY							
31. COMPUTED BY AGENCY USE		32. AUDITED BY AGENCY USE		33. TRAVEL ORDER AUTHORITY (If not required by AGENCY USE)		34. RECEIVED (Payee Signature and Date or Check No.)	
				AGENCY USE		AGENCY USE	
35. AMOUNT PAID							

Instructions for completing a DD Form 1351-2 for Relocation Income Tax Allowance (RITA)

Blocks 1 through 11: Are completed as with all previous vouchers in this guide.

*** Please ensure your current address is provided with each claim submission. ***

Blocks 13 through 17: Do not require completion with the RITA Claim

Block 18: Reimbursable Expenses:

a: List the date you are filing the Relocation Income Tax Allowance (RITA).

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

Block 20: Claimant Signature and Date: (a & b): Signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Rome.

Block 21: (If applicable) Name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 22 and must include date signed in Block 21a.

Block 22: AOs may use this block to explain additional expenses they are authorizing.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.

Note: The RIT Allowance is authorized to reimburse you for substantially all of the additional federal, state, and local income taxes incurred as a result of the additional PCS travel entitlements. You are eligible for this allowance if you were transferred on or after November 14, 1983, in the interest of the government from one official station to another for permanent duty. Employees that are not eligible for this allowance include:

1. New appointees
2. Employees assigned under the Government Employees Training Act
3. Employees returning from overseas assignments for purpose of separation

**A sample of a completed DD Form 1351-2 is on the following page(s);
the contents and actual completion of *your* DD1351-2 may differ.**

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car (you are a civil servant employee, unless you select a different amount). Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
2. NAME (Last, First, Middle Initial) (Print or type) Doe, Fred P.			3. GRADE GS-11	4. SSN 000-00-0000		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TOY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependential <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> OLA	
6. ADDRESS: a. NUMBER AND STREET 123 YOUR STREET		b. CITY GROVEPORT		c. STATE OH	d. ZIP CODE 43236		
7. E-MAIL ADDRESS PUBLIC.SAMPLE@US.ARMY.MIL						10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 555-555-5555		8. TRAVEL ORDER AUTHORIZATION NUMBER Block 25 of DD form 1614		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00		11. ORGANIZATION AND STATION Agency Name & Location	
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 497 OLD STREET DAVENPORT, IA 52801		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		c. PAID BY d. COMPUTATIONS	
11. NAME (Last, First, Middle Initial) b. RELATIONSHIP e. DATE OF BIRTH OR MARRIAGE		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 497 OLD STREET DAVENPORT, IA 52801		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) OLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due	
15. ITINERARY a. DATE 2009 b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)				1. MEANS/ MODE OF TRAVEL	2. REASON FOR STOP	3. LODGING COST	4. POC MILES
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/PRIVATE <input type="checkbox"/> PASSENGER				17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS		18. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS	
18. REIMBURSABLE EXPENSES a. DATE 3/08/2009 b. NATURE OF EXPENSE 2008 RITA See attached documents: DD form 1614 with all amendments and the RIT Status Certification Form along with income information required.				17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS		18. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS	
20. a. CLAIMANT SIGNATURE ***** FORM MUST BE SIGNED AND DATED *****						c. DATE MMDDYYYY	
e. REVIEWER'S PRINTED NAME * MUST PRINT NAME OF REVIEWER *		f. REVIEWER SIGNATURE MUST HAVE SIGNATURE OF REVIEWER.		g. TELEPHONE NUMBER 000-000-0000		h. DATE MMDDYYYY	
21. a. APPROVING OFFICIAL'S PRINTED NAME REQUIRED ONLY ON CERTAIN CLAIMS		b. SIGNATURE REQUIRED ONLY ON CERTAIN CLAIMS		c. TELEPHONE NUMBER 614-693-0000		d. DATE MMDDYYYY	
22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY							
23. COLLECTION DATA AGENCY USE ONLY							
24. COMPUTED BY AGENCY USE		25. AUDITED BY AGENCY USE		26. TRAVEL ORDER AUTHORIZATION NUMBER AGENCY USE		27. RECEIVED (Traveler Signature and Date or Check No.) AGENCY USE	
						28. AMOUNT PAID	

Supplemental Voucher Questions and Answers

Q. What do I do when I feel I have been paid in error?

- A. When it is suspected that an error and/or omission has been made in the payment of a travel voucher, please get with your Human Resource Office (HR) as the starting point to resolve any questions on your voucher.

Q. What do I do when an error or omission has occurred?

- A. When an error or omission has occurred, submit a supplemental claim back through your local reviewing official

Q. How do I prepare a supplemental claim?

- A. DFAS Rome Customer Service will walk you thru the steps to complete a supplemental claim.

At a minimum, a supplemental claim must include:

- a. A DD Form 1351-2 marked "SUPPLEMENTAL". Provide a full explanation of the item(s) of expense in question on the new DD Form 1351-2 or on a separate sheet of paper.
- b. A copy of the Advice of Payment for the original payment made on the voucher in question.
- c. A copy of the initial DD Form 1351-2 and continuation sheets (if any).
- d. One copy of the orders and amendments.
- e. A copy of all supporting documentation applicable to the supplemental claim. If not available, provide a written statement attesting to the accuracy of items claimed for which no receipt is available. Statements should reflect the same information that would have been on the receipt had it been available.

Codes for Block 15

“Means/Modes of Travel” (Two letter code)

First:

- T** - Government provided ticket (no out of pocket cost to traveler)
- G** - Government transportation (no out of pocket cost to traveler)
- C** - Commercial transportation (traveler personally purchases transportation)
- P** - Privately Owned Conveyance

Second:

- A** - Automobile **M** - Motorcycle **B** - Bus
- P** - Plane
- R** - Rail



Common combinations:

- PA** - Private auto
- CA** - Commercial auto (taxi)
- TP** - Government provided airfare (no cost)
- CP** - Commercial airfare (traveler purchased)

“Reason for Stop” (Two letter code)

- AD:** Authorized Delay is used for overnight stays or if delayed at airport over midnight.
- AT:** Awaiting Transportation is used when waiting for other modes of travel. This is usually conducted in same day travel, no overnight at terminal.
- HA:** Hospital Admittance is used to indicate inpatient care at a medical treatment facility or hospital.
- HD:** Hospital Discharge is used to indicate discharge from inpatient care.
- TD:** Temporary Duty is used to indicate time spent performing official business at a location other than the old or new permanent duty station (PDS).
- LV:** Leave is used to indicate time away from military duty; either on site, at home of residence or chosen location.
 - MC:** Mission Complete is used to conclude travel. “MC” for Permanent Change of Station (PCS) indicates the date the entitlement being claimed is executed to the new PDS. For example, MC for en route travel is the date the member arrives at the new PDS to report for duty. MC for a Personally Procured Move is the date the Household Goods (HHG) arrive at the new PDS.

Below are more examples of forms common to Civilian Relocation. These are provided to give an idea of how a form could look. For more information, look online at:
www.dfas.mil/civilianemployees/travelpay/information

REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL <i>(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)</i>			
SECTION I - REQUEST FOR OFFICIAL TRAVEL			
1. DATE (YYYYMMDD)	2. NAME (Last, First, Middle)		3. SOCIAL SECURITY NUMBER
4. NEW POSITION TITLE		5. GRADE OR RATING	6. RETIREMENT CODE <i>(Insert retirement code from Block 30 of employee's most recent SF 50. If unknown, employee should contact their servicing personnel office.)</i>
7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE		8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION	
9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD)			
10. TRAVEL PURPOSE	11. TRANSPORTATION MODE		12a. PER DIEM FOR EMPLOYEE
<input type="checkbox"/> BETWEEN OFFICIAL STATIONS	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POC	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> RENEWAL AGREEMENT	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RAIL	b. PER DIEM FOR DEPENDENT(S)
<input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION	MILEAGE RATE:	<input type="checkbox"/> AIR	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TEMPORARY CHANGE OF STATION	\$ _____		
<input type="checkbox"/> OTHER			
13a. ROUND TRIP TRAVEL FOR HOUSE HUNTING	14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE	15a. HOUSEHOLD GOODS (HHG) SHIPMENT	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED	<input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED	<input type="checkbox"/> COMMUTED RATE	
b. NUMBER OF DAYS (including travel)	b. NUMBER OF DAYS AUTHORIZED	<input type="checkbox"/> GOVERNMENT BILL OF LADING (GBL)	
16. OTHER AUTHORIZED EXPENSES	UNEXPIRED LEASE	b. NET WEIGHT AUTHORIZED	
<input type="checkbox"/> TEMPORARY STORAGE OF HHG	<input type="checkbox"/> RELOCATION INCOME TAX ALLOWANCE		
<input type="checkbox"/> NONTEMPORARY STORAGE OF HHG	<input type="checkbox"/> POV SHIPMENT <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS		
<input type="checkbox"/> RELOCATION SERVICES	<input type="checkbox"/> MISCELLANEOUS EXPENSES		
<input type="checkbox"/> PROPERTY MANAGEMENT SERVICES	TRAVEL ADVANCE AUTHORIZED (Amount) \$ _____		
<input type="checkbox"/> REAL ESTATE EXPENSES			<input type="checkbox"/> CONCURRENT
18a. DEPENDENT TRAVEL FROM (Home Address)	b. TO (New PCS)		
19. DEPENDENTS			
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	
20. ESTIMATED COST	21. TRANSPORTATION AGREEMENT SIGNED (X one)		
a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL
\$ _____	\$ _____	\$ _____	\$ 0.00
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			DATE SIGNED (YYYYMMDD)
SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL			
22. ACCOUNTING CITATION			
23. APPROVING OFFICIAL	b. SIGNATURE		
a. TITLE			
24. AUTHORIZING/ORDER ISSUING OFFICIAL	b. SIGNATURE	c. ORGANIZATION ADDRESS	
a. TITLE			
25. TRAVEL AUTHORIZATION NUMBER	28. DATE ISSUED (YYYYMMDD)		

PRIVACY ACT STATEMENT
(5 U.S.C. §552a)

AUTHORITY: 5 U.S.C. §§5701, 5702; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used as authority to issue transportation documents, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel and transportation allowances.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude timely consideration of your request.

SECTION III - ADMINISTRATIVE INFORMATION

27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS:

(Loaning/Gaining Activity - provide the address to where the employee should submit this claim for final disbursement.)

28. REMARKS OR OTHER AUTHORIZATIONS *(Use this space for special requirements, leave, excess baggage, etc., or other authorization.)*

This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES <i>(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))</i>			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 5 UDC 5724 and EO 9397 (SSNI). PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.</p>			
EMPLOYEE INSTRUCTIONS			
<p>1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I, II, or III and enter all applicable amounts and totals in Columns (1) and (2) of Part V, on the back of this form. 2. Attach one complete set of required supporting documents, e.g., sales agreement between buyer and seller, settlement statement, etc. <u>Please submit copies as the documents are not returned.</u> Sign and date in the applicable Employee Certification block. 3. Submit Travel Voucher or Subvoucher, DD Form 1351-2, along with the original DD Form 1705 and copies of supporting documents to your supervisor. <u>Retain a copy of this claim application and the originals of all supporting documents for your personal files.</u></p>			
PART I - EMPLOYEE INFORMATION			
1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NO.	3. MAILING ADDRESS (Include ZIP Code)
4. WAS A REAL ESTATE CLAIM PREVIOUSLY SUBMITTED FOR EXPENSES FOR THIS PCS TRANSFER? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO			
PART II - TRANSFER INFORMATION			
5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMDD)		6. OLD DUTY STATION LOCATION	7. NEW DUTY STATION LOCATION
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD)		9. DATE TRANSPORTATION AGREEMENT SIGNED (YYYYMMDD)	10. DATE REPORTED FOR DUTY AT NEW DUTY STATION (YYYYMMDD)
PART III - RESIDENCE INFORMATION			
		a. PROPERTY AT OLD DUTY STATION	b. PROPERTY AT NEW DUTY STATION
11. COMPLETE RESIDENCE ADDRESS (Include apartment number and ZIP Code)		123 OLD STREET DAVENPORT, IA 52801	
12. NUMBER OF DWELLING UNITS		1	
13. CLOSING OR SETTLEMENT DATE (YYYYMMDD)		20090610	
14. SALE AND/OR PURCHASE PRICE		\$ 862,000.00	\$
15. TOTAL EXPENSES CLAIMED		\$ 61,916.20	\$
EMPLOYEE CERTIFICATION(S)			
16. SALE OF OLD RESIDENCE <small>I certify that the amounts claimed in Part V in conjunction with the above sale represent only amounts actually paid by me, that title to the property was in my name and/or a member of my immediate family, and that this was my primary residence when I was first definitely informed of my transfer.</small>		17. PURCHASE OF NEW RESIDENCE <small>I certify that the amounts claimed in Part V in conjunction with the above purchase represent only amounts actually paid by me, and that title to the property is in my name and/or a member of my immediate family and is my new primary residence.</small>	
a. EMPLOYEE SIGNATURE	b. DATE (YYYYMMDD)	a. EMPLOYEE SIGNATURE	b. DATE (YYYYMMDD)
YOUR SIGNATURE	20090615		
MANAGEMENT INSTRUCTIONS <i>(To be reviewed/completed by the employee's supervisor or the official designated by the commanding officer of the employee's activity.)</i>			
<p>1. For Sales and Purchases: Send the original Reimbursement for Real Estate Sale and/or Purchase Closing Cost Expenses, DD Form 1705, and copies of the supporting documents to the official designated to approve the reasonableness of the expenses itemized in Part V. 2. Submit the original DD Form 1705 and copies of the supporting documents, including the Travel Voucher or Subvoucher, DD Form 1351-2, to the appropriate payment approving official in the paying office.</p>			
PART IV - MANAGEMENT APPROVAL INFORMATION			
18. SALE EXPENSES <small>The sale expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a seller in the locality where the property is located.</small>		19. PURCHASE EXPENSES <small>The purchase expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a buyer in the locality where the property is located.</small>	20. PAYMENT APPROVAL BY NEW DUTY STATION <small>Payment of this claim is approved in the amount of:</small>
<input type="checkbox"/> AS CLAIMED		<input type="checkbox"/> AS CLAIMED	\$ 61,000.00
<input checked="" type="checkbox"/> AS REDUCED (See attached memo)		<input type="checkbox"/> AS REDUCED (See attached memo)	<small>If amount approved is less than amount claimed, see attached memo.</small>
a. SIGNATURE	b. DATE (YYYYMMDD)	a. SIGNATURE	b. DATE (YYYYMMDD)
Reviewer Signature	20090618	AO Signature	20090619
c. TITLE		c. TITLE	c. TITLE
Reviewing Official Title			Approving Official (AO) Title

PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION		
EXPENSE ITEM AND EXPLANATION	TOTAL AMOUNTS PAID	
	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The sales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	\$ 51,720.00	
22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	\$	
23. APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
24. LEGAL AND RELATED FEES: The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	\$ 790.00	\$
25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.		
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	\$	
b. LENDER'S APPRAISAL FEE: The amount paid for the mortgagee or lender's charge for residence appraisal.		\$
c. FHA OR VA APPLICATION FEE	\$	\$
d. CERTIFICATION FEE: The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA.	\$ 1,407.00	\$
e. CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA.	\$	\$
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	\$	\$
g. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction.	\$	\$
h. CITY/COUNTY/STATE TAX STAMPS	\$	\$
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	\$ 7,974.20	\$
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	\$ 25.00	\$
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3)	\$ 61,916.20	
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnotes 2 and 3)		\$ 0.00

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes:

- The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
- The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
- If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES

(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5724 and EO 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.

EMPLOYEE INSTRUCTIONS

1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I, II, or III and enter all applicable amounts and totals in Columns (1) and (2) of Part V, on the back of this form.
2. Attach one complete set of required supporting documents, e.g., sales agreement between buyer and seller, settlement statement, etc. Please submit copies as the documents are not returned. Sign and date in the applicable Employee Certification block.
3. Submit Travel Voucher or Subvoucher, DD Form 1351-2, along with the original DD Form 1705 and copies of supporting documents to your supervisor. Retain a copy of this claim application and the originals of all supporting documents for your personal files.

PART I - EMPLOYEE INFORMATION

1. NAME (Last, First, Middle Initial) Doe, John M.	2. SOCIAL SECURITY NO. 000-00-0000	3. MAILING ADDRESS (Include ZIP Code) 123 New Street Columbus, OH 43216
4. WAS A REAL ESTATE CLAIM PREVIOUSLY SUBMITTED FOR EXPENSES FOR THIS PCS TRANSFER? (X one) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

PART II - TRANSFER INFORMATION

5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMDD)	6. OLD DUTY STATION LOCATION Rock Island, IL	7. NEW DUTY STATION LOCATION Columbus, OH
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 20090501	9. DATE TRANSPORTATION AGREEMENT SIGNED (YYYYMMDD) 20090430	10. DATE REPORTED FOR DUTY AT NEW DUTY STATION (YYYYMMDD) 20090602

PART III - RESIDENCE INFORMATION

	a. PROPERTY AT OLD DUTY STATION	b. PROPERTY AT NEW DUTY STATION
11. COMPLETE RESIDENCE ADDRESS (Include apartment number and ZIP Code)		123 New Street Columbus, Ohio 43216
12. NUMBER OF DWELLING UNITS		1
13. CLOSING OR SETTLEMENT DATE (YYYYMMDD)		20090902
14. SALE AND/OR PURCHASE PRICE	\$	\$ 287,900.00
15. TOTAL EXPENSES CLAIMED	\$	\$ 6,858.95

EMPLOYEE CERTIFICATION(S)

16. SALE OF OLD RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above sale represent only amounts actually paid by me, that title to the property was in my name and/or a member of my immediate family, and that this was my primary residence when I was first definitely informed of my transfer.		17. PURCHASE OF NEW RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above purchase represent only amounts actually paid by me, and that title to the property is in my name and/or a member of my immediate family and is my new primary residence.	
a. EMPLOYEE SIGNATURE	b. DATE (YYYYMMDD)	a. EMPLOYEE SIGNATURE YOUR SIGNATURE	b. DATE (YYYYMMDD) 20090905

MANAGEMENT INSTRUCTIONS

(To be reviewed/completed by the employee's supervisor or the official designated by the commanding officer of the employee's activity.)

1. For Sales and Purchases: Send the original Reimbursement for Real Estate Sale and/or Purchase Closing Cost Expenses, DD Form 1705, and copies of the supporting documents to the official designated to approve the reasonableness of the expenses itemized in Part V.
2. Submit the original DD Form 1705 and copies of the supporting documents, including the Travel Voucher or Subvoucher, DD Form 1351-2, to the appropriate payment approving official in the paying office.

PART IV - MANAGEMENT APPROVAL INFORMATION

18. SALE EXPENSES The sale expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a seller in the locality where the property is located. <input type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo)		19. PURCHASE EXPENSES The purchase expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a buyer in the locality where the property is located. <input checked="" type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo)		20. PAYMENT APPROVAL BY NEW DUTY STATION Payment of this claim is approved in the amount of: \$ 6,858.95 If amount approved is less than amount claimed, see attached memo.	
a. SIGNATURE	b. DATE (YYYYMMDD)	a. SIGNATURE Reviewer Signature	b. DATE (YYYYMMDD) 20090910	a. SIGNATURE AO Signature	b. DATE (YYYYMMDD) 20090913
c. TITLE		c. TITLE Reviewing Official Title		c. TITLE Approving Official (AO) Title	

DD FORM 1705, OCT 2002

PREVIOUS EDITION IS OBSOLETE.

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PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION		
EXPENSE ITEM AND EXPLANATION	TOTAL AMOUNTS PAID	
	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The sales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	\$	
22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	\$	
23. APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
24. LEGAL AND RELATED FEES: The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	\$	\$ 596.04
25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.		
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	\$	
b. LENDER'S APPRAISAL FEE: The amount paid for the mortgagee or lender's charge for residence appraisal.		\$ 300.00
c. FHA OR VA APPLICATION FEE	\$	\$ 0.00
d. CERTIFICATION FEE: The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA.	\$	\$ 7.50
e. CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA.	\$	\$ 15.50
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	\$	\$ 1,285.04
g. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction.	\$	\$ 545.00
h. CITY/COUNTY/STATE TAX STAMPS	\$	\$ 1,727.67
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	\$	\$ 79.00
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	\$	\$ 2,303.20
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3)	\$ 0.00	
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnotes 2 and 3)		\$ 6,858.95

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes:

1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

