

# 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 <a href="mailto:dfas.rome.jfx.mbx.ccc-civrelo-questionsonly@mail.mil">dfas.rome.jfx.mbx.ccc-civrelo-questionsonly@mail.mil</a>

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 Form1614, 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: <a href="http://www.dfas.mil/civilianemployees/travelpay/information.html">http://www.dfas.mil/civilianemployees/travelpay/information.html</a> or in the Joint Travel Regulation (JTR) Chapter 5 which can be found on the web at: <a href="http://www.defensetravel.dod.mil/site/travelreg.cfm">http://www.defensetravel.dod.mil/site/travelreg.cfm</a>
- 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.ift.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 <u>myPay</u>. 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 <u>guide</u> 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.

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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.

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#### 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(8): 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 filling system for filling and retrieving individual olaims.

ROUTINE USE(8): 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 oriminal and civil penalties for knowingly submitting a false, flotitious, 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

- Original and/or copies of all travel orders/authorizations and amendments, as applicable.
- 2. Two copies of dependent travel authorization if issued.
- 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.
- Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
- Other attachments will be as directed.

#### ITEM 16 - ITINERARY - SYMBOLS

160. MEAN 8/MODE OF TRAVEL (Use two letters)

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

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

#### 16d, REASON FOR STOP

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

ITEM 16e. LODGING COST Enter the total cost for lodging.

#### ITEM 19 - 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.
- THE TRAVELER MAY USE THIS SPACE TO CLARIFY ANY ADDITIONALTRAVEL-RELATED ISSUES SUCH LEAVE OR TDY DATES
- 2. REFLECT EXCHANGE RATES WHEN APPLICABLE
- LIST/ EXPLAIN ANY ADDITIONAL EXPENSE AUTHORIZED AFTER THE FACT.
- IF APPROVING OFFICIAL HAS SPECIFICALLY APPROVED AUTHORIZED ITEMS, THEN IT CAN BE CITED HERE WITH THEIR INTIALS; THIER SIGNATURE AND DATE ARE REQUIRED TO BE PLACED IN BLOCK 21a-21d.

DD FORM 1351-2 (BACK), MAY 2011

# 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.

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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.

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# 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.

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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.

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# 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.

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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.

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

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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.

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# **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.

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## **Temporary Quarters Subsistence Expense (TOSE)**

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 x .75 = \$112.50 x 30 days = \$3,375.003 Dependents: (25% of max p/d rate) 3 x (\$150 x .25) = \$112.50 x 30 = \$3,375.00Total 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.civrelo-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

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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.

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# 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.

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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.

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## 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.

<u>Note</u>: 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**-Section15, reimbursement for real estate transaction and unexpired lease expense allowances or property management (PM) services expenses are not authorized.

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# 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				Same	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 penalt. If more space is needed, continue in remarks.									
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# 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

8	OR TEM	HORIZATION FOR D	F STATION (T	CS) TRAVEL			
	(Reference: Joint Travel R				king torm.)		
1. DATE /YYYYMMOS		CTION I - REQUEST F	OR OFFICIAL		SECURITY NUMBER		
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OTHER	NGE OF STATION	\$					
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ACTUAL EXPENSE		ACTUAL EXPENSE	FIXED		BILL OF LADING (GBL)		
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## PRIVACY ACT STATEMENT

(5 U.S.C. \$552a)

AUTHORITY: 5 U.S.C. 555701, 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	FURWARD	COMPLETED S	E) [LEMEN]	CLAIM TO THE	FOLLOWING ADDRESS:	
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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.	

DD FORM 1614 (BACK), MAY 2003

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#### 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 Prepare an original and one copy of the Reimburgement 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. 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) 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 arrel YES PART II TRANSFER INFORMATION 5. YOUR NOTIFICATION DATE OF 6. OLD DUTY STATION LOCATION NEW DUTY STATION LOCATION THIS TRANSFER (YYYYMMOD) 8. TRAVEL AUTHORIZATION DATE 9. DATE TRANSPORTATION AGREEMENT SIGNED 10. DATE REPORTED FOR DUTY AT NEW DUTY (YYYYMMDD) OVYVYMMODI STATION (YYYYMMOD) PART III - RESIDENCE INFORMATION a. PROPERTY AT OLD DUTY STATION b. PROPERTY AT NEW DUTY STATION 123 OLD STREET 11. COMPLETE RESIDENCE ADDRESS. DAVENPORT, IA 52801 (Include spectment number and ZIP Code) 12 NUMBER OF DWELLING UNITS. 1 13. CLOSING OR SETTLEMENT DATE (YYYYMMDD) 20090610 14. SALE AND/OR PURCHASE PRICE \$ 862,000.00 5 15. TOTAL EXPENSES CLAIMED \$ 61,916,20 S EMPLOYEE CERTIFICATION(S) 16. SALE OF OLD RESIDENCE 17. PURCHASE OF NEW RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above certify that the amounts claimed in Part V in conjunction with the above zale represent only amounts actually paid by me, that title to the property was purchase represent only amounts actually paid by me, and that title to the 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. property is in my name and/or a member of my immediate family and is my new primary residence. a. EMPLOYEE SIGNATURE a. EMPLOYEE SIGNATURE b. DATE (YYYYMMOO) b. DATE (YYYYMMDO) YOUR SIGNATURE 20090615 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 19. PURCHASE EXPENSES 20. PAYMENT APPROVAL BY NEW DUTY STATION. The purchase expenses claimed in Part V are The cale expenses claimed in Part V are Payment of this claim is approved in the amount approved at being reasonable in amount and outtomarily paid by a seller in the locality where the property is located. approved at being reaconable in amount and customarily paid by a buyer in the locality where the property is located. \$ 61,000.00 AS CLAIMED AS CLAIMED If amount approved it less than amount claimed, see attached memo. X AS REDUCED (See attached memo) AS REDUCED (See attached memo)

a. SIGNATURE h DATE a. SIGNATURE h DATE a. SIGNATURE h DATE **IYYYYMMOD** LYYYYMMDDI NYYYMMODI Reviewer Signature AO Signature 20090618 20090619 s. TITLE c. TITLE Reviewing Official Title Approving Official (AO)Title

DD FORM 1705, OCT 2002

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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

	TOTAL AMOUNTS PAID			
EXPENSE ITEM AND EXPLANATION	(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 cales commission paid to a broker or real estate agent for calling 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.	s 51,720.00			
<ol> <li>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.</li> </ol>	\$			
<ol> <li>APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested cale price for the residence.</li> </ol>	S			
24. LEGAL AND RELATED FEES: The amount(z) 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.	s 790.00	s		
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.	s			
<ul> <li>LENDER'S APPRAISAL FEE: The amount paid for the mortgages or lender's charge for residence appraisal.</li> </ul>		S		
c. FHA OR VA APPLICATION FEE	S	S		
d. CERTIFICATION FEE: The amount paid for any required certification at to the structural coundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgages and/or lender, FHA or VA.	S 1,407.00	s		
<ul> <li>CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgages and/or lender, FHA or VA</li> </ul>	s	s		
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title incurance only. A mortgage incurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	s	s		
g. ESCROW AGENT'S FEE: The amount paid to an econow agent, title company, or similar entity used to close a real estate transaction.	S	\$		
h. CITY/COUNTY/STATE TAX STAMPS	S	s		
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	\$ 7,974.20	S		
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customery charges or feet 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.	s 25.00	s		
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 Factories 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, morigage 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.

DD FORM 1705 (BACK), OCT 2002

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#### 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; hower personal information requested in			y before reim	bursement	may be authorized and	expense	s paid. The	
		EMPLOYEE IN	STRUCTIONS	3				
Prepare an original and one of II, or III and enter all applicable a 2. Attach one complete set of in Riese submit copies as the door 3. Submit Travel Voucher or Sulyour supervisor. Retain a copy of the copy of the supervisor.	mounts and to equired suppor uments are not byouther, DD	tals in Columns (1) and ( ting documents, e.g., sal <i>returned.</i> Sign and date Form 1351-2, along with	2) of Part V, ( les agreement in the application the original (	on the back between to able Emplo OD Form 1	k of this form. buyer and seller, settlem yes Certification block. 705 and copies of suppo	ent state	ement, etc.	
PART I EMPLOYEE INFORMATI	ION		V			0.00		
NAME (Last, First, Middle Initial)     Doe, John M.		2. SOCIAL SECURITY NO 000-00-0000	ING ADDRE	SS (Include ZIP Code)				
<ol> <li>WAS A REAL ESTATE CLAIM PR THIS PCS TRANSFER? (X 0.70)</li> </ol>	EVIOUSLY SUBM	NO NO	TTED FOR EXPENSES FOR Cohumbus, OH 43216					
PART II - TRANSFER INFORMAT	ION	505965	100	2.0				
5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMOD)	6. OUD DUT Rock Island	Walter men a men canal and a second a second and a second a second and			DUTY STATION LOCATION US, OH	6		
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 2009(		17000000000000000000000000000000000000			10. DATE REPORTED FOI STATION (YYYYMM)		20090602	
PART III - RESIDENCE INFORMA	TION	a. PROPERTY AT (	OLD DUTY STA	TION	b. PROPERTY AT	NEW DUT	YSTATION	
11. COMPLETE RESIDENCE ADDRES (Include apartment number and )				123 New Street Columbus, Ohio 43216				
12. NUMBER OF DWELLING UNITS			-		1			
13. CLOSING OR SETTLEMENT DAT	E (YYYYMMDD)				200	90902		
14. SALE AND/OR PURCHASE PRICE		\$		- 6	\$ 287,900.00			
15. TOTAL EXPENSES CLAIMED		\$			\$ 6,858.95			
EMPLOYEE CERTIFICATION(S)  16. SALE OF OLD RESIDENCE  1 certify that the amounts claims cale represent only amounts actually in my name and/or a member of my injuries residence when I was first did.  2. EMPLOYEE SIGNATURE	paid by me, that immediate family	title to the property was , and that this was my	I certify the purchase repr	et the amou exent only a my name an nos.				
10-14-01-0-15-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			YOUR SIG	NATUR	Ē		20090905	
		MANAGEMENT	INSTRUCTIO	NS.				
(To be reviewed/completed bit. For Sales and Purchases: Se and copies of the supporting dot 2. Submit the original DD Form to the appropriate payment apprint	nd the original suments to the 1705 and copi	e's supervisor or the office Reimbursement for Real official designated to ap es of the supporting doc	cial designated Estate Sale at prove the real	d by the co nd/or Purch conablenes	hase Closing Cost Expenses of the expenses itemis	ses, DD sed in Pa	Form 1705, rt V.	
PART IV MANAGEMENT APPR	OVAL INFORM	IATION						
18. SALE EXPENSES  The cale expenses claimed in Parapproved as being reasonable in amoustomanily paid by a celler in the los property is located.	19. PURCHASE EXPENSE The purchase expens approved as being reasons customerily paid by a buys property is located.	es claimed in P	end	20. PAYMENT APPROVA Payment of this claim of: \$ 6,858.95				
AS CLAIMED AS REDUCED (See attached on	X AS CLAIMED AS REDUCED (See a	ittached memol		If amount approved is less than amount claimed, see attached memo.				
5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	b. DATE (YYYYMMOD)	s. SIGNATURE	6. D	b. DATE a. SIGNATURE (YYYYMMOD) 20090910 AO Signature			6. DATE (YYYYMMOD) 20090913	
e. TITLE	-	c. TITLE Reviewing Official T		e. TITLE Approving Official (AO)Title				

18. SALE EXPENSES The cale expenses of approved as being reason customarily paid by a cell property is located.		19. PURCHASE EXPENSES The purchase expenses of approved as being reasonable customarily paid by a buyer in property is located.	in amount and	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.		
AS CLAIMED  AS REDUCED (See	atteched memo)	AS CLAIMED  AS REDUCED (See attack	hed memo)			
a. SIGNATURE b. DATE (YYYYMMOD)		a. SIGNATURE Reviewer Signature	6. DATE (YYYYMMOD) 20090910	a. SIGNATURE  AO Signature	6. DATE 1777YMM00 20090913	
e. TITLE		e. TITLE Reviewing Official Title	ê li li li li li	e. 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

DOTT STATION		
		DUNTS PAID
EXPENSE ITEM AND EXPLANATION	SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The cales commission paid to a broker or real estate agent for calling 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.	s	
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.	S	
<ol> <li>APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested cale price for the residence.</li> </ol>	s	
24. LEGAL AND RELATED FEES: The amount(z) 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.	s	\$ 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 saller 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.	s	
<ul> <li>LENDER'S APPRAISAL FEE: The amount paid for the mortgages or lender's charge for residence appraisal.</li> </ul>		\$ 300.00
c. FHA OR VA APPLICATION FEE	S	\$ 0.00
d. CERTIFICATION FEE: The amount paid for any required certification at to the structural coundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgages and/or lender, FHA or VA.	s	\$ 7.50
<ul> <li>CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgages and/or lender, FHA or VA</li> </ul>	s	\$ 15.50
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender'z, title incurance only. A mortgage incurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	s	\$ 1,285.04
g. ESCROW AGENT'S FEE: The amount paid to an excrow agent, title company, or similar entity used to close a real estate transaction.	\$	\$ 545.00
h. CITY/COUNTY/STATE TAX STAMPS	S	\$ 1,727.67
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	s	\$ 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.	s	\$ 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 Featnates 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, morigage 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.
- 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.

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# RELOCATION INCOME TAX ALLOWANCE (RITA) / STATUS CERTIFICATION FORM

I certify that the following information, which is to be used in calculating the RIT allowance to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or by my spouse and me) with the applicable Federal, State, and Local (specify which) tax authorities for the \_2009\_\_ tax year.

2) GROSS COMPENSATION as shown on attached IRS Form(s) W-2, 1099R(s) showing \*non-disability Military pay and, if applicable, net earnings (or loss) from self-employment income shown on attached Schedule SE (Form 1040):

	1	forms W-2	Forms 1099R*		Schedule SE	
Employee	\$_	63,042.00	\$	_ s		
Spouse (if filing jointly)		42,080.00	\$ \$Total ( <u>All columns</u> )	- S S_1	05,122.00	
3) FILING STA	TUS	Specify the fi	ling status that was (or	will be)	claimed on IRS Form 1040 (Please o	circle one below):
Single 1	fead	of Household	Married Filing J	oint	Married Filing Separate	
4) PRINTED N	AMI	OF EMPLOY	EEFRED P. DO	E		
Federal Travel I However, in ver- true if the emplo different and bo- taxation.  If either state all otherwise, it is b	y lin y lin yee th ta lows	lations do not p nited circumsta 's state of resid xed the employ an adjustment I on the sum of	rovide for a RIT allows nees, the employee may ence at the new location ee's RIT income – with or credit for this double the tax rates for both st	be subj and the out eith taxation ates at the		new location.  new location. This would be the new location were nent or credit for this double in the other state's tax rate —
List below the n	ame	(s) of the state(	s) which taxed your nor	ı-deduct	ible moving expense reimbursement	s for this tax year.
Sta	_		21 1	IA_		
reimbursements These local tax	Sp rates	ecify the name are expressed	of all localities and the as a percent of one of th	applical e follow	local income tax liability as a result ble tax withholding rate (s), i.e. 1%, ving: income, federal tax or state tax you are unsure of these items.	2%, etc. for this tax year.
Local	ity		Percent		Type of Tax	
_N/A	-		_N/A		N/A	
official of any of allowance can be travel orders, as I (We) further a	hang e m nd al	ges to the above ade. The requir I claimed incon that if the 12 r	edite, from amended taked supporting documents  ed W-2s, etc., are attach  nonth services agreeme	x returni nts, inclu ned. Add nt requir	ledge. I (we) agree to notify the app s, tax audits, etc.) so that appropriate iding a signed and dated DD Form I ditional documentation will be furnis red by the Joint Travel Regulation (J i debt due the U.S. Government.	e adjustment to the RIT 351-2 with 3 copies of my shed if requested.
7) Employee's	Sign	ature	* THIS FORM MUST	BE SIG	NED BY EMPLOYEE ****	Date_3/8/2009
Spouse's Sig	natu	re (If joint tax i	eturn(s) were filed) **!	MUST S	IGN WHEN JOINT FILING CLAIP	MED** Date 3/8/2009
Social Secur	ity N	lumber 123-4	20 KON 2 TO 10 TO		987-65-4321 Spouse (if applicable)	
PRIVACY ACT STA	TEME		7. <b>5</b> .7.5	U.S.C., Se	tion 5724b and 10 U.S.C. Section 136. The use of	an individual's Social Security Number for

purposes related to Federal income toxes is authorized by 26 U.S.C., Section 6109. The Social Security Number will be used to verify the individual employee's identity. The information fermioled or submitted with this form is confidential and will be used to calculate the employee's RIT allowance. Failure to provide this information could preclude or delay processing of your RIT Allowance.