

Supplement to Travel Order Request and Authorization for Permanent Change of Station

U.S. Department of Housing
and Urban Development
Office of the Chief Human Capital Officer

Attach to form HUD-25, Official Travel Order

| | | | |
|---------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|---------------------|
| 1. Name of Employee | 2. New Position, Title and Grade/Step | 3. Actual Reporting Date | 4. Travel Order No. |
| 5. Actual Residence at time of Transfer or Appointment (Street address, City, County, State, Zip) | | 6. Date of Service Agreement (attach copy of form HUD-21004) | |

| 7. Persons Authorized to travel at Government expense en route to New Duty Station (2131) | | | | | | | |
|-------------------------------------------------------------------------------------------|-------------|-------------------------------|----------------------|---------------|-------------------|----------------------------------------------------------------|---------------------------------|
| a. Name (list Employee on first line) | b. Relation | c. If child, Date of Birth | d. Per Diem | | e. Transportation | | |
| | | | (1) Rate | (2) Est. Cost | (1) Mode | (2) For Driver(s) only of POV (enter no. of miles and rate) | (3) Est. Cost |
| | | | | | | | |
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| | | | | | | | |
| | | | f. Subtotals f(1) \$ | | | | f(2) \$ |
| | | | | | | | 7. Est. Per Diem/Travel Cost \$ |

| 8. Round Trip Travel to seek Permanent Residence Quarters (2131) | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|--------------------|------------------|-------------------|-------------------------------|
| a. Authorization (mark appropriate box(es)) <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Employee and Spouse (1) <input type="checkbox"/> Not Authorized (2) <input type="checkbox"/> Authorized, NTE _____ calendar days including travel (3) <input type="checkbox"/> Authorized Fixed at \$ | | | | | | |
| b. Dates of Travel | (1) Beginning about | (2) Ending about | c. Per Diem Rate | | d. Transportation | 8. Est. House Hunting Cost \$ |
| | | | (1) Employee \$ | (2) Spouse \$ | (1) Mode | |
| e. Estimated Cost | (1) Per Diem \$ | (2) Transportation \$ | | (3) Other \$ | | |

| 9. Allowance for Subsistence Expense while occupying Temporary Quarters (1235) | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|--------------------|----------------------------|------------------------------------------|------------------------------|
| a. Authorization (mark appropriate box(es). Justification must be attached if box 8a(2) above is checked.) (1) <input type="checkbox"/> Not Authorized (2) <input type="checkbox"/> Authorized (3) <input type="checkbox"/> Employee <input type="checkbox"/> _____ members of immediate family | | | | | | |
| b. Initial 30 days Beginning Date | (1) Employee | (2) Spouse | (3) Family Members | | | 9. Total Temp. Qtrs. Cost \$ |
| Number of Days | | | | (4) Total daily rate \$ | (5) Total Est. for Initial 30 days \$ | |
| Per Diem Rates | | | | | | |
| b. Second 30 days Beginning Date | (1) Employee | (2) Spouse | (3) Family Members | | | |
| Number of Days | | | | (4) Total daily rate \$ | (5) Total Est. for Second 30 days \$ | |
| Per Diem Rates | | | | | | |
| d. Fixed Amount <input type="checkbox"/> Not Authorized <input type="checkbox"/> Authorized \$ | | | | | | |

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| 10. Miscellaneous Expenses Allowance (1235) <input type="checkbox"/> Flat Rate <input type="checkbox"/> Actual Expenses | 10. Total Miscellaneous Expenses | \$ |
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| 11. Allowance for Real Estate Transactions and Unexpired Leases (1235) | | | |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> a. Sale of home at Old Official Station (1) Est. cost of home \$ (2) Est Reimbursmt \$ | <input type="checkbox"/> b. Purchase of home at new Official Station (1) Est. cost of home \$ (2) Est Reimbursmt \$ | <input type="checkbox"/> c. Settlement of lease at Old Official Station Est. cost \$ | |

| 12. Transportation and Storage of Household Goods and Personal Effects (2220 and 2506) | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------|----------------------|-------------------|---------------|--------------------------|-----------------------------------|
| a. Type of Shipment <input type="checkbox"/> Commuted Rate System Continental U.S. <input type="checkbox"/> GBL Method Continental U.S. <input type="checkbox"/> Outside Continental U.S. | | | | | | | |
| b. Transportation | Cost comparison obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No | (1) Estimated wt. | (2) Distance (miles) | (3) Rate per Cwt. | (4) Surcharge | (5) Estimated Cost \$ | 12. Total Household Goods Cost \$ |
| c. Temporary Storage | Cost comparison obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No | (1) Estimated wt. | (2) Period (days) | (3) Rate per Cwt. | | (5) Estimated Cost \$ | |
| d. Nontemporary Storage | Authorized? (If so, att. Justif.) <input type="checkbox"/> Yes <input type="checkbox"/> No | (1) Estimated wt. | (2) Period (months) | (3) Rate per Cwt. | | (5) Estimated Cost \$ | |

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| 13. Transportation of House Trailer (2220) (If authorized, provide certification that trailer will be used as residence at new duty station. Cert. dtd. _____) | (1) Distance (miles) | (2) Mileage Basis | (3) Commercial Carrier | 13. Est. Cost for Transportation of House Trailer \$ |
| <input type="checkbox"/> Not Authorized <input type="checkbox"/> Authorized | | | | |

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| 14. Shipment of POV (2220) <input type="checkbox"/> Authorized <input type="checkbox"/> Not Authorized | 14. Estimated Cost of Shipment of POV | \$ |
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| 15. Total Cost Estimate | 15. Total Cost Estimate (add blocks 7 thru 14) | \$ |
|-------------------------|------------------------------------------------|----|

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| 16. Relocation Income Tax Allowance (1235) Estimated Tax Allowance (20% of block 15) \$ | 17. Grand Total/Estimate of Move Enter this figure in block 24 of form HUD-25 | \$ |
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