

TRAVEL AUTHORIZATION/ADVANCE ATTACHMENT FOR RELOCATION TRAVEL

For relocation travel, complete this Form AD-202R in lieu of Section C of Form AD-202 and attach to the Form AD-202

1. TRAVEL AUTHORIZATION NO. 2. SOCIAL SECURITY NO. 3. NAME (Last) (First) (Middle Initial) 4. DISTANCE OF MOVE Less than 50 miles 50 miles or more

SECTION C - ITINERARY AND ESTIMATED EXPENDITURES

5. TYPE APPOINTMENT (Indicate one type only) IP = Intergovernmental Personnel Act Assignee (IPA) NA = New Appointee OT = All Other SE = Senior Executive Service Center Appointment Upon Separation for Retirement 10. AUTHORIZED EXPENDITURES ESTIMATED AMOUNT

6. NEW OFFICIAL STATION (City and State) 7. EXPENDITURES FOR HOUSEHUNT AUTHORIZED

8. AUTHORIZED TRAVELERS 9. ESTIMATED DATES OF TRAVEL THRU FROM Day Year Month Day Year

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended), Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of facilitating authorization action for travel and other expenses to be incurred under administrative authorization. The information contained in this form will be used by the Federal agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations, or prosecutions. Failure to provide the information required will result in delay or suspension of the processing of this form.

11. TOTAL ESTIMATED EXPENDITURES FOR HOUSEHUNT 12. SEPARATE RELOCATION ALLOWANCES ELECTION (Must attach Form AD-202RE) 13. EXPENDITURES FOR TRANSFER OF STATION AUTHORIZED

14. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED 15. UNACC SPOUSE IND

Table with columns: FROM CITY, ST, TO CITY, ST, SUB. CODE, LODGING, M and IE, RATE, NO. DAYS. Includes rows for estimating expenses.

16. ESTIMATED DATES OF TRAVEL THRU FROM Day Year Month Day Year 17. TRAVEL AND TRANSPORTATION OF FAMILY ESTIMATED AMOUNT

18. SHIPMENT OF HOUSEHOLD GOODS 19. STORAGE OF HOUSEHOLD GOODS 20. TRANSPORTATION OF MOBILE HOME (In lieu of shipment and storage of household goods) 21. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE (To be paid by GBL only)

22. TEMPORARY QUARTERS 23. MISCELLANEOUS EXPENSES/ALLOWANCE 24. REAL ESTATE EXPENSES PAID BY EMPLOYEE (Check applicable expenses)

25. HOME PURCHASE INFORMATION RESIDENCE ADDRESS AT OLD DUTY STATION (Street, City, State, and Zip Code) NAMES OF ALL THE OWNERS OF THE PROPERTY % OWNERSHIP IMMEDIATE FAMILY Yes No MARITAL STATUS OF EMPLOYEE

26. RELOCATION SERVICES RELOCATION COMPANY NAME TYPE SERVICES (Check Service(s) Requested) Home Purchase Home Finding Home Marketing Mortgage Finding

27. RELOCATION SERVICES CANCELLATION Cancelled by Agency Employee Relocation Company CANCELLATION FEES 28. Total Estimated Expenditures for Househunt (from block 11) 29. Total Estimated Expenditures for Transfer of Station

DISTRIBUTE TOTAL OF THIS BLOCK TO SECTION D ON THE AD-202. 30. TOTAL ESTIMATED EXPENDITURES AUTHORIZED

Service Agreement. I agree to remain in the service of the Federal Government for 12 months following the elective date of my transfer or appointment, unless separated for reasons beyond my control and acceptable to the Government. In case I violate this agreement, any moneys expended by the United States on account of my move described above shall be recoverable from me as a debt due to the United States. If I receive Withholding Allowance (WTA) payments for claims filed for travel expenses I agree to: (1) file for a Relocation Income Tax Allowance (RIT), (2) file all required documentation of income with the claim for RIT by August 31 of the year following the WTA payments unless an extension of time is granted by the Government. If I am overpaid or do not file the claims, I agree to repay the Government the entire WTA expended by the United States in connection with my transfer. 31. SIGNATURE 32. DATE