

NOTE TO EMPLOYEE: Travel information is needed for issuance of a valid Travel Order which you must have in your possession in order to claim reimbursement for travel, transportation, and applicable allowances provided by the Federal Travel Regulations (FTR). If you wish authorization for the cost of travel, transportation and applicable expenses as provided by the FTR and agree to repay this cost in case you do not remain with the Government for at least twelve (12) months, complete this form. DO NOT BEGIN TRAVEL OR INCUR EXPENDITURES UNTIL AFTER YOU SIGN THIS FORM AND RECEIVE AUTHORIZATION ON AN APPROVED TRAVEL ORDER. A COPY OF THIS FORM MUST BE ATTACHED TO THE TRAVEL ORDER. For reimbursement of expenses, travel documents related to this relocation should be sent to the following payment center:

REQUEST FOR AUTHORIZATION OF TRAVEL AND MOVING EXPENSES

TYPE OF AUTHORIZATION: *(Check one)*

- (a) FIRST DUTY STATION *(New Appointee)*
- (b) PERMANENT CHANGE OF OFFICIAL DUTY STATION

IF THERE ARE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR ANY OF THE ALLOWANCES LISTED, CONTACT:

(Name) _____
(Phone Number)

RETURN THIS FORM NO LATER THAN _____ TO:

REFERENCES ARE TO THE DOC TRAVEL HANDBOOK.

SECTION I — GENERAL INFORMATION *(To be completed by appointing official)*

1. NAME OF EMPLOYEE		2. ORGANIZATION CODE		3. SOCIAL SECURITY NUMBER	
IF BOX (a) ABOVE IS CHECKED, COMPLETE ITEMS 4-8	4. ADDRESS OF RESIDENCE AT TIME OF APPOINTMENT <i>(Street, City, State, ZIP Code)</i>			5. ADDRESS TO WHICH TRAVEL ORDER SHOULD BE MAILED <i>(If different from item 4)</i>	
	6. POSITION TO WHICH APPOINTED		7. LOCATION OF POSITION <i>(City, State)</i>		8. PROPOSED EFFECTIVE DATE OF APPOINTMENT
IF BOX (b) ABOVE IS CHECKED, COMPLETE ITEMS 9-10	9. CHANGE OF OFFICIAL DUTY STATION <i>(City, State)</i> FROM: _____ TO: _____				10. PROPOSED REPORTING DATE AT NEW STATION
	SIGNATURE AND TITLE OF APPOINTING OFFICIAL		TELEPHONE NO.		DATE

SECTION II — TRAVEL INFORMATION *(To be completed by employee)*

The information provided in this section will be used by the Authorizing Official to determine the appropriate allowances to be authorized. If box (a) above is checked, complete items 11-19 *(where applicable)*. If box (b) above is checked, complete items 11-25 *(where applicable)*.

11a. ADDRESS OF EMPLOYEE'S (OLD) RESIDENCE		11b. DISTANCE FROM OLD RESIDENCE TO OLD STATION		12. IS NEW STATION 50 MILES GREATER THAN THE DISTANCE IN 11b? <i>(See FTR 302-2.6)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, do not complete this form. Relocation allowances are not authorized.)</i>	
13. MODE OF TRAVEL FOR WHICH AUTHORIZATION IS REQUESTED <i>(Privately owned vehicle, air, bus, train, etc.)</i>					
				APPROXIMATE DATE OF	
	MODE	DEPARTURE POINT	DEPARTURE	ARRIVAL	
(a) FOR SELF					
(b) FOR IMMEDIATE FAMILY					
14. IF YOU AND YOUR FAMILY WILL TRAVEL SEPARATELY, EXPLAIN					
15. NAMES OF IMMEDIATE FAMILY MEMBERS FOR WHOM AUTHORIZATION IS REQUESTED			RELATIONSHIP	CHILDREN'S BIRTH DATE	
16. USE OF MORE THAN ONE PRIVATELY OWNED AUTOMOBILE REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO					

17. WILL HOUSEHOLD GOODS AND PERSONAL EFFECTS BE MOVED? (See FTR 302-7) <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROXIMATE DATE _____	ESTIMATED WEIGHT _____	NO. OF ROOMS _____
LOCATION OF HOUSEHOLD GOODS AND PERSONAL EFFECTS _____		DESTINATION _____	
18. WILL STORAGE OF HOUSEHOLD GOODS BE REQUIRED? (See FTR 302-7.) <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF DAYS _____ <input type="checkbox"/> TEMPORARY <input type="checkbox"/> NONTEMPORARY (Justify. See FTR 302-8.)			
19. TRANSPORTATION OF MOBILE HOME IN LIEU OF TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS (Items 17 and 18). I certify the mobile home is for use as a residence for me and my immediate family at the destination (See FTR 302-10). <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, initial here for certification of above statement. _____			
20. TRIP TO SEEK RESIDENCE REQUESTED (Justify. See FTR 302-5.) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	MODE OF TRAVEL <input type="checkbox"/> POV <input type="checkbox"/> COMMON CARRIER	INCLUSIVE DATES REQUESTED _____	
21. TEMPORARY QUARTERS REQUESTED (Justify. See FTR 302-6.) <input type="checkbox"/> YES <input type="checkbox"/> NO SUBSISTENCE EXPENSES FOR _____ ARE REQUESTED FOR NOT MORE THAN _____ DAYS WHILE OCCUPYING (Self, family, self & family) TEMPORARY QUARTERS. APPROXIMATE DATES OF TEMPORARY QUARTERS _____ TO _____			
22. EXPECTED REAL ESTATE EXPENSES (See FTR 302-11.) <input type="checkbox"/> SELLING RESIDENCE ESTIMATED VALUE OF HOME TO BE SOLD \$ _____ <input type="checkbox"/> BUYING RESIDENCE <input type="checkbox"/> TERMINATING LEASE			
23. THIRD PARTY RELOCATION CONTRACTOR SERVICES REQUESTED (See FTR 302-12.) (Check with your Authorizing Official to determine if these services are available in your Operating Unit.) <input type="checkbox"/> YES I am interested in the services of a third party relocation contractor to provide for the sale of my residence at my old official duty station. I understand that the fees paid to the contractor void my entitlement to direct reimbursement of these fees. I agree to reimburse the Government for any and all expenses and fees paid to the contractor on my behalf for the services received if I fail to fulfill the requirements of my service agreement. If yes, initial here. _____ <input type="checkbox"/> NO I am not interested in the services of a third party relocation contractor to provide for the sale of my residence at my old official duty station. I understand that I may not request this service for the relocation on or after the effective date of transfer to my new official duty station. If no, initial here. _____ <input type="checkbox"/> YES } I am interested in the services of a third party relocation contractor for assistance in home marketing and/ or home finding. (These services are at no cost to the Government or the employee.) OR <input type="checkbox"/> NO }			
24. <input type="checkbox"/> ALLOWANCES FOR MISCELLANEOUS EXPENSES (See FTR 302-16) AND RELOCATION INCOME TAX ALLOWANCE (See FTR 302-17).			
25. SHIPMENT OF PRIVATELY OWNED VEHICLE REQUESTED (Justify. See FTR 302-9.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
SECTION III — SERVICE AGREEMENT (MUST BE COMPLETED BY EMPLOYEE)			
<p>In consideration of the payment of travel and transportation expenses and applicable allowances as provided by regulation and incurred on my behalf by (Operating Unit) _____ in connection with (a) the appointment to my first duty station, or (b) the permanent change of my official station, I agree to remain in the employment of the United States Government for twelve (12) months following the effective date of transfer or appointment unless separated for reasons beyond my control and acceptable to the department or agency in which I am employed. I understand and agree that if I violate this agreement, any payments made pursuant to it shall be recoverable from me as a debt due the United States.</p> <p>Also, I agree that if I receive Withholding Tax Allowance (WTA) payments for claims filed for relocation transfer expenses, I will repay any excess WTA payments made to me. I will submit the required certified tax information and file a Relocation Income Tax Allowance (RITA) claim. If I do not file the claim for RITA, I agree to repay the Government for the entire Withholding Tax Allowance expended by the United States in connection with my transfer. I understand that under such circumstances such funds are recoverable from me as a debt due the United States (FTR 302-17).</p>			
EMPLOYEE'S SIGNATURE _____	DATE _____	HOME TELEPHONE AREA CODE _____ NUMBER _____	WORK TELEPHONE AREA CODE _____ NUMBER _____

SECTION IV — PRIVACY ACT NOTIFICATION

The following information is provided in compliance with the Privacy Act of 1974 (5 USC 522a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations, E.O. 9397 of November 22, 1943, E.O. 11012 of March 27, 1962, E.O. 11609 of July 22, 1971, E.O. 12466 of February 27, 1984, and E.O. 12522 of June 24, 1985. The Social Security Number (SSN) is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and delay or suspension of claims for reimbursement.

SECTION V — TRAVEL AUTHORIZATION/CERTIFICATION (TO BE COMPLETED BY AUTHORIZING OFFICIAL)

The employee/appointee is authorized to travel and incur necessary expenses, as indicated on the attached Travel Order, Number _____, dated _____ issued in accordance with the Department of Commerce Travel Handbook. This relocation is in the interest of the Government and not primarily for the convenience or benefit of the employee or at his/ her request.

Signature of Authorizing Official

Title

Date

SECTION VI — CERTIFICATION FOR SHIPMENT OF HOUSEHOLD GOODS (TO BE COMPLETED BY TRANSPORTATION OFFICER)

In accordance with 41 CFR PART 302-7, I certify that a cost comparison to determine the method to be used for shipment of household goods has been obtained from the General Services Administration (GSA) (copy attached). It has been determined that the most advantageous method to the Government for shipment of household goods for this relocation is:

- Commuted Rate — Employee makes all arrangements with carriers and pays the carrier directly.
- Government Bill of Lading (GBL) — Government makes arrangements with the carrier and is responsible for payment to the carrier.

Signature of Bureau Official/Transportation Officer

Telephone Number

Date

SECTION VII — JUSTIFICATIONS /REMARKS

Use this space for justifications or remarks. Indicate item numbers to which justifications or remarks apply. If additional space is needed, use the back of this page or separate sheets of paper and attach to this form.

SECTION VIII — DISTRIBUTION

- 1 copy: Employee's official personnel file
- 1 copy: Office copy
- 2 copies for employee: (1) Copy (with GSA cost comparison) attached to the Travel Order submitted with the first reimbursement claim made on a Travel Voucher;
(2) Employee's personal copy
- 1 copy: Relocation Services Coordinator, if applicable, with two complete copies of the Travel Order.