

CLAIM FOR REIMBURSEMENT OF CLOSING COSTS FOR SALE OF OLD RESIDENCE

INSTRUCTIONS TO EMPLOYEE: The total amount of expenses being claimed for the sale of your home must be included on a separate SF 1012, Travel Voucher. You should make sure that you include the following documentation with this claim. Failure to supply the required documentation could result in a delay in your reimbursement.

1. Copy of your contract (and any addenda) to sell this residence signed by both the sellers and buyers.
2. Property closing statement signed by both the buyers and sellers or copies of the closing statements certified by the settlement agent.
3. Receipts or copies of canceled checks for items paid outside of closing (POC).

SECTION A - EMPLOYEE AND RESIDENCE INFORMATION

1. EMPLOYEE NAME (First, middle last)		2. TRAVEL AUTHORIZATION NUMBER	
3. OLD OFFICIAL STATION		4. NEW OFFICIAL STATION	
5. DATE YOU WERE NOTIFIED OF IMPENDING TRANSFER	6. REPORTING DATE	7. DATE OF CLOSING OR SETTLEMENT	
8. COMPLETE ADDRESS OF OLD RESIDENCE (street, city, state, ZIP code)		9. TYPE OF PROPERTY (Check one)	
		<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> DUPLEX <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER _____ (specify)	

SECTION B - CLOSING COSTS CLAIMED

NOTE: Enter the closing cost amount actually paid on the appropriate line. You will be reimbursed for allowable costs incurred that are reasonable in amount and customarily paid by the seller of a residence in the locality where the residence is located.

10. CLOSING COSTS PAID	AMOUNT
a. SALES/BROKER'S COMMISSION _____ %	\$
b. SETTLEMENT OR CLOSING FEE	\$
c. ABSTRACT OR TITLE SEARCH	\$
d. TITLE INSURANCE BINDER	\$
e. TITLE EXAMINATION	\$
f. DOCUMENT PREPARATION	\$
g. NOTARY FEES	\$
h. ATTORNEY'S FEES	\$
i. TITLE INSURANCE	\$
j. RECORDING FEES	\$
k. CITY/COUNTY TAX/STAMPS	\$
l. STATE TAX/STAMPS	\$
m. PEST INSPECTION	\$
n. OTHER CLOSING COSTS: (Identify)	\$
(1)	\$
(2)	\$
(3)	\$
(4)	\$
(5)	\$
TOTAL CLOSING COSTS _____	\$

SECTION C - EMPLOYEE CERTIFICATION

I certify that the amounts claimed in connection with the above sale represent only amounts actually paid by me and that title to the property is <u>ONLY</u> in my name and/or member of my immediate family and was my old residence.	SIGNATURE OF EMPLOYEE	DATE
	▶	

SECTION D - SALE APPROVAL

The expenses of the sale claimed above are approved as being (1) reasonable in amount and (2) customarily paid by the seller in the locality where the property is located.	SIGNATURE	DATE
<input type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED, PER ATTACHED LETTER.	NAME AND TITLE	

SECTION E - FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT

PAYMENT OF THIS CLAIM IS APPROVED IN THE AMOUNT OF	SIGNATURE	DATE
\$ _____	NAME AND TITLE	

PRIVACY ACT OF 1974

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting the data is to determine your eligibility for and amount to reimburse you for expenses incurred in connection with permanent change of station travel. Information may be transferred to appropriate Federal, State, or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we will not be able to reimburse you for your expenses.