

**TRAVEL AUTHORIZATION/ADVANCE  
ATTACHMENT FOR ELECTION OF SEPARATE RELOCATION ALLOWANCES**

If the employee and spouse are employed with the Federal government and the employee's spouse is authorized separate relocation allowances, check Block 12 on Form AD-202R and complete this Form AD-202RE in lieu of Blocks 14 and 15 of the AD- 202R. Attach the Ad-202RE and the AD-202R to the AD-202.

**SECTION A - EMPLOYEE**

|                             |                        |                |         |                  |
|-----------------------------|------------------------|----------------|---------|------------------|
| 1. TRAVEL AUTHORIZATION NO. | 2. SOCIAL SECURITY NO. | 3. NAME (Last) | (First) | (Middle Initial) |
|-----------------------------|------------------------|----------------|---------|------------------|

| 4. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED UNDER THE EMPLOYEE'S AUTHORIZATION |           |                |      |           |                |
|---|-----------|----------------|------|-----------|----------------|
| NAME  | BIRTHDATE | MARITAL STATUS | NAME | BIRTHDATE | MARITAL STATUS |
|   |           |                |      |           |                |
|   |           |                |      |           |                |
|   |           |                |      |           |                |
|   |           |                |      |           |                |
|   |           |                |      |           |                |
|   |           |                |      |           |                |

**SECTION B - SPOUSE**

|                             |                        |                |         |                  |
|-----------------------------|------------------------|----------------|---------|------------------|
| 5. TRAVEL AUTHORIZATION NO. | 6. SOCIAL SECURITY NO. | 7. NAME (Last) | (First) | (Middle Initial) |
|-----------------------------|------------------------|----------------|---------|------------------|

| 8. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED UNDER THE SPOUSE'S AUTHORIZATION |           |                |      |           |                |
|---|-----------|----------------|------|-----------|----------------|
| NAME  | BIRTHDATE | MARITAL STATUS | NAME | BIRTHDATE | MARITAL STATUS |
|   |           |                |      |           |                |
|   |           |                |      |           |                |
|   |           |                |      |           |                |
|   |           |                |      |           |                |
|   |           |                |      |           |                |
|   |           |                |      |           |                |

**SECTION C - ELECTION**

I elect payment of separate relocation allowances in accordance with FTR 302-1.8.

|                         |          |
|-------------------------|----------|
| 9. SIGNATURE (Employee) | 10. DATE |
| 11. SIGNATURE (Spouse)  | 12. DATE |

**PRIVACY ACT NOTICE.** The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information required on this form is required under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 301-304). The information contained in this form will be used by 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 or pursuant to a requirement by GSA or such other agency in connection with the firing, or security clearance, or such other investigations of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.