

## REQUEST FOR CIVILIAN PCS ADVANCE

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Current Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Street Address  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Travel Order Number \_\_\_\_\_ Issue Date \_\_\_\_\_  
 Telephone Number (including area code): Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_  
 POC and Phone # at old PDS \_\_\_\_\_  
 POC and Phone # at new PDS \_\_\_\_\_  
 Retirement is FERS \_\_\_\_\_ or CSRS \_\_\_\_\_ CSRS Offset \_\_\_\_\_

### PURPOSE OF THIS ADVANCE

I am only requesting \$ \_\_\_\_\_ be issued to me instead of the full amount of the authorized advance.  
 (\*List dependents names included in this request and their inclusive dates of TQSE if different from employee. Orders must authorize ACTUAL EXPENSE for House Hunting Trip and TQSE, cannot advance Fixed Expenses\*)

House Hunting Trip		Employee		Spouse		Inclusive Dates:
En Route Travel and Per Diem		Employee		Dependents		Inclusive Dates:
TQSE 1 <sup>st</sup> 30 Days		Employee		Dependents		Inclusive Dates:
TQSE 2 <sup>nd</sup> 30 Days		Employee		Dependents		Inclusive Dates:
TQSE 3 <sup>rd</sup> 30 Days		Employee		Dependents		Inclusive Dates:
TQSE 4 <sup>th</sup> 30 Days		Employee		Dependents		Inclusive Dates:
HOUSE HUNTING MODE OF TRAVEL	AIR OR POC <i>(circle one)</i>		ENROUTE MODE OF TRAVEL		AIR OR POC <i>(circle one)</i>	

** Dependents Name	Dates of TQSE	Dependents Name	Dates of TQSE
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

### Direct Deposit Authorization

Bank Name \_\_\_\_\_

Enter 9 digit bank routing number → 

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Checking \_\_\_\_\_ Savings \_\_\_\_\_ Account Number \_\_\_\_\_

You must file a voucher (1351-2 Travel Voucher or Sub Voucher) to settle each advance before receiving any additional advances. Please mail or fax this advance request form and a copy of ALL your PCS orders to your servicing DFAS Travel Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

An advance of funds is treated as a short term loan, and will be recouped from processed allowable entitlements (settlement claims) and directly from the traveler as applicable, until collected in full.

PRIVACY ACT STATEMENT: AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397. PRINCIPLE PURPOSE(S): Used for reviewing, and determining the amount of an authorized travel advance. SSN is used to maintain a numerical identification system for individual requests. ROUTINE USE: To substantiate a request for advance payment of official travel. DISCLOSURE: Voluntary; however, failures to furnish information requested may result in total or partial denial of amount claimed. AN ADVANCE MUST NOT BE PAID MORE THEN 10 DAYS BEFORE TRAVEL BEGINS. SUBMISSION OF A TRAVEL VOUCHER TO SETTLE THIS ADVANCE IS REQUIRED BEFORE ADDITIONAL ADVANCES ARE PAID AND UPON COMPLETION OF TRAVEL.

**FAX, EMAIL OR MAIL THIS REQUEST ALONG WITH A COPY OF YOUR  
ORDERS TO: DFAS-JT/CO Fax Number: 216-367-3428**

Email: [CCO-216-367-3428@dfas.mil](mailto:CCO-216-367-3428@dfas.mil)

Customer Service Number: 1-800-756-4571 option 4, option 3