

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 10. AUTHORIZED EXPENDITURES ESTIMATED AMOUNT

8. AUTHORIZED TRAVELERS 9. ESTIMATED DATES OF TRAVEL THRU FROM Day Year Month Day Year 10. AUTHORIZED EXPENDITURES ESTIMATED AMOUNT

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 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 17. TRAVEL AND TRANSPORTATION OF FAMILY ESTIMATED AMOUNT

Table with columns: FROM CITY, ST, TO CITY, ST, SUB. CODE, LODGING, M and IE, RATE, NO. DAYS. Includes a table for outside continental U.S. subsistence.

14. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED 15. UNACC SPOUSE IND TOTAL SUBSISTENCE \$

Table with columns: NAME, BIRTHDATE, MARITAL STATUS, NO. OF POVS, RATE, TOTAL MILES. Includes a table for family members and travel by POV.

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 ESTIMATED WEIGHT OF GOODS PAYMENT METHOD RATE ADDITIONAL ALLOWANCES

19. STORAGE OF HOUSEHOLD GOODS NO. DAYS ESTIMATED WEIGHT OF GOODS TO BE STORED COMMUTED RATE

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 NUMBER OF DAYS DAILY RATE FOR FIRST 30 DAYS DAILY RATE FOR OVER 30 DAYS \$

23. MISCELLANEOUS EXPENSES/ALLOWANCE \$

24. REAL ESTATE EXPENSES PAID BY EMPLOYEE (Check applicable expenses) Sale of Residence Purchase of Residence Lease Termination AMOUNT \$

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 MARITAL STATUS OF EMPLOYEE

ESTIMATED SALES PRICE \$ % AUTHORIZED % USED AS INCOME PRODUCING ANY KNOWN TITLE DEFECTS UREA-FORMALDEHYDE INSULATION \$

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 \$ 31. SIGNATURE 32. DATE