

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 st 30 Days	Employee	Dependents	Inclusive Dates:
TQSE 2 nd 30 Days	Employee	Dependents	Inclusive Dates:
TQSE 3 rd 30 Days	Employee	Dependents	Inclusive Dates:
TQSE 4 th 30 Days	Employee	Dependents	Inclusive Dates:
HOUSE HUNTING MODE OF TRAVEL	AIR OR POC (circle one)		ENROUTE MODE OF TRAVEL AIR OR POC (circle one)

** 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 →

--	--	--	--	--	--	--	--	--

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: Dfas.rome.jfx.mbx.civrel-advances@mail.mil Travel Voucher Direct: <http://go.usa.gov/3tGJR>
 Customer Service Number: 1-888-332-7366