

## Civilian Relocation -- ORDER WRITER CHECKLIST

Use when preparing Permanent Duty Travel Authorizations, DD1614

### SECTION I – REQUEST FOR OFFICIAL TRAVEL

- Blocks 1-5**  
Complete the all administrative information accurately, including the social security number.
- Block 6**  
Enter retirement code which can be found on employee's SF-50 in block 30.
- Block 7, 8**  
List the official releasing station and new official station and their locations. If this is employee's first duty, the address (block 7) shown on the transportation agreement as the actual residence.
- Block 9**  
Enter date employee is to report at new duty station in proper format.
- Block 10**  
Check the purpose for travel. If "other" applies, explain the purpose in block 28, Remarks or Other Authorizations, on page two of form.
- Block 11**  
Select mode of transportation. Include correct mileage rate if applicable.
- Block 12a, b**  
Choose whether per diem for employee and/or dependent(s) authorized.
- Block 13a, b**  
Select whether or not employee is authorized travel reimbursement for a house hunting trip (HHT). If yes, mark whether the reimbursement is for actual or fixed expenses. Then enter the number of calendar days authorized. NOTE: If this is employee's first duty station, they are not entitled to HHT.
- Block 14a, b**  
Select whether or not employee is authorized travel reimbursement for a temporary quarters subsistence expense (TQSE). If yes, mark whether the reimbursement is for actual or fixed expenses. Then enter the number of calendar days authorized. NOTE: If this is employee's first duty station, they are not entitled to TQSE.
- Block 15a, b**  
Select whether or not employee is authorized travel reimbursement for household goods shipment (HHG). If yes, completing the required cost comparison and mark whether they are authorized commuted rate or government bill of lading. Then enter net weight authorized.
- Block 16**  
Select all other authorized expenses that are allowed. If a travel advance is authorized, enter the amount in the blank provided. NOTE: The amount of any PDT allowances advance must be computed in accordance with Service finance policy.
- Block 17**  
If there are no dependents, leave blank. Otherwise, mark appropriate type of dependent travel authorized.
- Block 18a, b**  
List the address dependent is moving from and to.
- Block 19a, b, c**  
Enter dependent's names, relationships and dates of birth in correct format. Be sure that eligibility status has been verified.
- Block 20a-d**  
Enter estimated cost for per diem, travel and other expenses then total in block d.
- Block 21**  
Select whether or not transportation agreement was required and signed. If yes, enter the date the employee signed the agreement in the proper format.

### SECTION II – AUTHORIZATION FOR OFFICIAL TRAVEL

- Block 22**  
Enter the fiscal information for the accounting citation. Indicate if funds are obligated against the PDT/TCS travel authorization.
- Block 23a, b**  
Enter the correct name, title and of the (travel) approving/directing official and get their signature.
- Block 24a, b, c**  
Enter the correct title of the authorizing/order-issuing official and address of the organization issuing the orders. Get the signature in block b.
- Block 25**  
Enter the correct travel authorization number. Note: If amended order, reference the initial order number.
- Block 26**  
Enter date orders are issued.
- Block 27** (on second page)  
Enter the following address, fax number, email and customer service phone number...  
DFAS Rome  
Attn: Travel Pay, Civilian Relocation  
325 Brooks Road  
Rome, NY 13441  
Fax: 216-367-3422 / DSN Fax: 580-7833  
Email: dro-216-367-3422@dfas.mil
- Block 28**  
Be sure to include all authorized special requirements, leave, specific allowances, required statements and procedures in this block.

