

**REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY
OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL**

(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)

SECTION I - REQUEST FOR OFFICIAL TRAVEL

1. DATE (YYYYMMDD)	2. NAME (Last, First, Middle)	3. SOCIAL SECURITY NUMBER
4. NEW POSITION TITLE	5. GRADE OR RATING	6. RETIREMENT CODE (Insert retirement code from Block 30 of employee's most recent SF-50. If unknown, employee should contact their servicing personnel office.)
7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE		8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION

9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD)		
10. TRAVEL PURPOSE <input type="checkbox"/> BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT <input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION <input type="checkbox"/> TEMPORARY CHANGE OF STATION <input type="checkbox"/> OTHER	11. TRANSPORTATION MODE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POC <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RAIL MILEAGE RATE: <input type="checkbox"/> AIR \$ _____	12a. PER DIEM FOR EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO b. PER DIEM FOR DEPENDENT(S) <input type="checkbox"/> YES <input type="checkbox"/> NO
13a. ROUND TRIP TRAVEL FOR HOUSE-HUNTING <input type="checkbox"/> YES <input type="checkbox"/> NO ACTUAL EXPENSE <input type="checkbox"/> FIXED	14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE <input type="checkbox"/> YES <input type="checkbox"/> NO ACTUAL EXPENSE <input type="checkbox"/> FIXED	15a. HOUSEHOLD GOODS (HHG) SHIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO COMMUTED RATE GOVERNMENT BILL OF LADING (GBL)
b. NUMBER OF DAYS (Including travel)	b. NUMBER OF DAYS AUTHORIZED	b. NET WEIGHT AUTHORIZED

16. OTHER AUTHORIZED EXPENSES <input type="checkbox"/> TEMPORARY STORAGE OF HHG <input type="checkbox"/> UNEXPIRED LEASE <input type="checkbox"/> NONTEMPORARY STORAGE OF HHG <input type="checkbox"/> RELOCATION INCOME TAX ALLOWANCE <input type="checkbox"/> RELOCATION SERVICES <input type="checkbox"/> POV SHIPMENT <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> PROPERTY MANAGEMENT SERVICES <input type="checkbox"/> MISCELLANEOUS EXPENSES <input type="checkbox"/> REAL ESTATE EXPENSES <input type="checkbox"/> TRAVEL ADVANCE AUTHORIZED (Amount) \$ _____	17. DEPENDENT TRAVEL <input type="checkbox"/> CONCURRENT <input type="checkbox"/> DELAYED <input type="checkbox"/> EARLY RETURN <input type="checkbox"/> NOT AUTHORIZED
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18a. DEPENDENT TRAVEL FROM (Home Address)	b. TO (New PDS)
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19. DEPENDENTS		
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)

20. ESTIMATED COST				21. TRANSPORTATION AGREEMENT	
a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL	SIGNED (X one)	
\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				DATE SIGNED (YYYYMMDD)	

SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL

22. ACCOUNTING CITATION		
23. APPROVING OFFICIAL		b. SIGNATURE
a. TITLE		
24. ORDER-ISSUING/AUTHENTICATING OFFICIAL	b. SIGNATURE	c. ORGANIZATION ADDRESS
a. TITLE		
25. TRAVEL ORDER NUMBER	26. DATE ISSUED (YYYYMMDD)	

PRIVACY ACT STATEMENT

(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. 5701, 5702; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used to issue transportation requests, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel allowances.

ROUTINE USE(S): In addition to being used by officials and employees of the applicant's Service in determining eligibility, the information contained herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information also may be disclosed under certain circumstances to other Federal agencies, Members of Congress, State and local governments, and U.S. and State courts.

DISCLOSURE: Voluntary; however, failure to provide SSN may preclude timely consideration of your request.

SECTION III - ADMINISTRATIVE INFORMATION

27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS:

(Losing/Gaining Activity - provide the address to where the employee should submit this claim for final disbursement.)

28. REMARKS OR OTHER AUTHORIZATIONS *(Use this space for special requirements, leave, excess baggage, etc., or other authorization.)*

These orders may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.