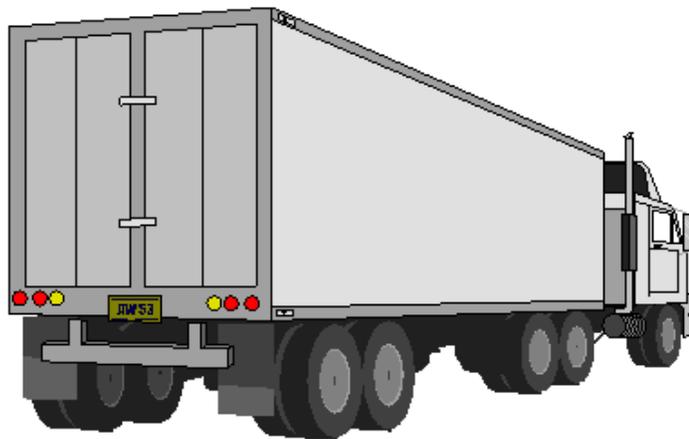
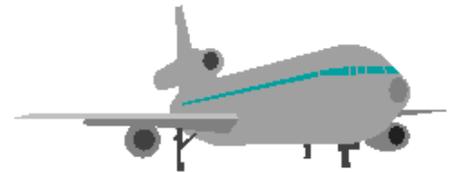


Employee Permanent Change of Station Guide

(For Civilian Personnel Only)



U.S. Department of Energy
Office of Chief Financial Officer
Capital Accounting Center
June 1999

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INTRODUCTION

This guide is intended to assist individuals who are relocating within the continental United States at the Department's expense. We feel confident that the information provided in this guide will help you avoid much of the confusion that generally comes with a Permanent Change of Station (PCS) move. Take time to review it carefully. You will benefit from having done so.

The PCS guide clearly explain your entitlements and identify the regulations you must follow. Certainly a document like this cannot possibly cover all the details or questions that may come up in each individual case, but it will help you to understand what is involved, what you are required to do and how you go about doing it. If any differences exist between this guide and the regulations, the regulations will govern. Regulations governing PCS travels include the Federal Travel Regulations (FTR); DOE 1500.2A, Travel Policy and Procedures; decisions of the Comptroller General of the United States; and individual agency policy determination. You may access the FTR and DOE 1500.2A at the following Internet address: <http://www.cfo.doe.gov/policy>.

For questions concerning your entitlements and/or your PCS authorization please contact the following:

For moves into Headquarters (HQ):

Mary Johnson/Lucia Chestnut: (202) 586-3601

For moves to field locations other than HQ:

PCS Assistance Line: (301) 903-8689 or (800) 832-0890, ext. 38689

PCS E-Mail: pcs.travel@hq.doe.gov

You may not be entitled to reimbursement for all items included in this guide. Your travel order will specify which types of allowances and reimbursements have been authorized for you. Please be aware that part of the amount reimbursed to you is taxable income and subject to tax withholding. Refer to the Internal Revenue Service Publication 521, "Moving Expenses," for information concerning the tax implications associated with some PCS move at the following Internet address:

<http://www.hr.doe.gov/cfo/travel.html>

Before you move, you will be asked to furnish a significant amount of information about yourself and your family that ordinarily you would consider to be personal and private business. Please be advised that this information will determine what entitlements and allowances will be authorized for payment.

In order for us to improve our customer service to you, please take a few moments and fill out the survey after you have completed your move. (See Attachment 1)

PCS TERMS

Approving Official: Head of Organization who approves and authorizes payment of permanent change of station moves.

Common Carrier: Private sector suppliers of air, rail or bus transportation.

Continental United States (CONUS): The 48 contiguous States and the District of Columbia.

Commuted Rate: The rate provided by GSA to the employee when the employee makes his/her own arrangements for transporting household goods between points within the continental U.S.

Dependent/Immediate Family: Any of the following members of an employee's household at the time he or she reports for duty at a new station or performs travel for the government: 1) spouse; 2) children, under 21 and unmarried or incapable of self-support; 3) dependent parents of either spouse; and 4) dependent siblings, adopted children, grandchildren, legal minor wards and other persons under the guardianship of either spouse. "Parents" and "siblings" include stepparents and step siblings.

En route Travel and Transportation of Employee and Immediate Family Allowance: An allowance for travel (including per diem) and transportation expenses of the transferred employee and immediate family for en route travel between the old official station and the new official station.

Enter on Duty Date (EOD): The date the employee physically reports for duty (actually on a site to perform work).

Government Bill of Lading (GBL): An invoice that is sent to the selected moving company by Department of Energy's transportation specialist. This invoice is used by the moving company to list the employee's household goods. The invoice is calculated and submitted to DOE's travel office to audit and pay.

Government Contractor-issued Individually Billed Charge Card: A Government contractor-issued charge card issued to authorized employees to pay for official travel and transportation expenses for which the charge card contractor bills the employee.

Homesale Program / Home Marketing Incentive Payments: An incentive paid to an employee who participates in an agency homesale program and meets other conditions in FTR 302-14.5. The employee is taxed on the amount of the incentive and will not receive a Withholding Tax Allowance (WTA) or Relocation Income Tax (RIT) Allowance.

Househunting (HH) Trip: An allowance for travel (including per diem) and transportation expenses of only the transferee and/or spouse for one round trip to the new official station locality to find permanent

residence quarters to rent or purchase.

Intergovernmental Personnel Act (IPA): An act to facilitate the temporary assignment of personnel between the Federal Government and States, local governments, institutions of higher education, Indian tribal governments, and other eligible organizations.

Locality Rate: Rate prescribed by General Services Administration for a particular geographic area.

Miscellaneous Expense Allowance (MI): An allowance for defraying certain expenses associated with discontinuing residence at one location and establishing a residence at a new location. Costs include disconnecting/connecting appliances and utilities; cutting, fitting rugs/draperies; forfeiture losses on medical, dental, food locker contracts that are not transferable; automobile registration; and drivers' license.

Mobile Home Allowance: An allowance for movement of a mobile home for use as a primary residence when movement is authorized instead of shipment and temporary storage of household goods.

New Appointee: Any person newly appointed to the Government service, including student trainees.

Non-temporary Storage: Storage of household goods while the employee is assigned to an isolated or remote location within or outside the CONUS to which the employee cannot transport household goods. Property is stored either in available Government-owned storage space or suitable commercial or privately owned space obtained by the Government.

Official Station: The location of an employee's permanent work assignment.

Per Diem Allowance: A daily payment for lodging, meals, and related incidental expenses used instead of reimbursement for actual expenses.

Permanent Change of Station (PCS): The relocation of an employee to a new official station or post of duty for permanent duty.

Post of Duty: An official station outside CONUS.

POV: Privately owned vehicle.

Property Management Services Allowance: An allowance paid by the agency to the employee or directly to a relocation company to manage the employee's residence as a rental property. The employee is taxed on the amount of expenses whether the agency paid directly to the employee or to the relocation services company.

Real Estate Transactions and Unexpired Lease Expenses: Expenses borne by the employee in connection with the sale of a residence at the old duty station; the purchase of a residence at a new duty station; and the settlement of an unexpired lease at the old duty station.

Relocation Income Tax (RIT) Allowance: A reimbursement calculated in Year 2 and paid to the employee to cover the additional tax liability (Federal, State and local taxes) as a result of certain moving expenses furnished in-kind or for which the Government provides reimbursement or a relocation allowance to the transferred employee not covered by the Withholding Tax Allowance paid in Year 1.

Relocation Services Allowance: Agency payments made to a private company under a contract with an agency to assist a transferred employee in relocating to the new official station. Amounts the agency pays to a relocation services company on behalf of an employee may be taxable to the employee.

Service Agreement: An agreement which indicates the employee will remain in Government service for 12 months from the EOD.

Standard CONUS Rate: Rate prescribed by General Services Administration for any location within CONUS that is not included in one of the defined localities or areas for which a specific rate is prescribed.

Temporary Change of Station (TCS): The relocation of an employee to a new official station for a temporary period (not less than 6 months, nor more than 30 months) while the employee is performing a long-term assignment and subsequent return of the employee to the previous official station upon completion of that assignment.

Temporary Duty (TDY) location: A place, away from an employee's official station, where the employee is authorized to travel.

Temporary Quarters (TQ) Subsistence Expenses: An allowance to reimburse an employee for expenses such as lodging, meals and incidental expenses incurred by the employee and immediate family during occupancy of temporary quarters. [(Not authorized for a transfer to a foreign area (See Department of State regulations for foreign area temporary quarters subsistence expense.))]

Temporary Storage: Storage of household goods at origin, destination, or en route in connection with transportation to, from, or between official station or posts of duty or authorized points. Storage is provided instead of furnished quarters or a quarter allowance and is allowed only when storage is incident to transportation of household goods at Government expense.

Transferee: An employee transferring from one official station to another within the same Government agency or between two different Government agencies.

Transportation of Household Goods Allowance: An allowance for transportation (including temporary storage) expenses for movement of household goods from the old official station to the new official station. Items such as live animals, automobiles, perishable items and other items as set forth in FTR 302-1.4(j) are specifically excluded from the definition of household goods.

Transportation of Privately Owned Vehicle (POV) Allowance: An allowance for transportation of a motor vehicle not owned by the Government and used by the employee or immediate family to an official station within or outside the CONUS. The agency may also pay for emergency storage of the vehicle when it is transported at Government expense and when it is determined that the immediate family and household goods should be evacuated.

Travel Authorization: Written approval to travel on official business.

Travel Management Center: A company under contract with an agency to arrange travel services for Federal employees on official travel, including tickets and transportation, and reservation of accommodations.

Travel Voucher: A written claim for reimbursement of expenses incurred in the performance of official travel.

Withholding Tax Allowance (WTA): A reimbursement or payment calculated in Year 1 for moving expenses made to the employee to cover the employee's Federal tax withholding obligations each time covered moving expense reimbursements are made that result in a Federal tax withholding obligation.

Year 1. The calendar year in which reimbursement or payment for moving expenses is made to, or for the employee.

Year 2. The calendar year in which a claim for the RIT Allowance is actually paid.

PROCESSING STEPS

- A. Before an individual accepts an offered position, they must know what expense's DOE will pay for. Refer to the section on Entitlements.
- B. After the employee has accepted a position, the following steps should be taken.

- 1. An EOD date for the employee to start work at the new station is established. This date should also be coordinated with the office scheduling the PCS move.

For moves into Headquarters (HQ):

Mary Johnson/Lucia Chestnut: (202) 586-3601

For moves to field locations other than HQ:

PCS Assistance Line: (301) 903-8689 or (800) 832-0890 ext. 38689
or at the following internet address: pcs.travel@hq.doe.gov

- 2. Transferees should be accorded a minimum of 45 days to report. A new appointee should be accorded the same minimum 45-day notice even though no other agency is involved in establishing a reporting date.
- 3. Obtain the employee's signature for the 1-year service agreement (see Attachment 2). Examples include agreement for transferee and agreement for a new appointee.
- 4. Employees may be required to complete a questionnaire (see Attachment 3) before the travel orders are issued for allowable expenses and arrangements for the move. Employees may also be required to complete a "Direct Deposit for PCS Travel" form so that reimbursement can be made by electronic funds transfer (see Attachment 4).
- 5. The Change of Station Authorization using HQ F 1510.1B, Travel Authorization, together with DOE F 1510.9, Request and Authorization for Official Travel (Change of Station) is prepared by the office scheduling the move. The employee will receive a copy of the travel orders after they are approved. These two forms constitute the Change of Station Authorization. **DO NOT INCUR ANY EXPENSES UNTIL YOU HAVE AN APPROVED AUTHORIZATION.**
- 6. Any advance of funds required will be obtained from the individual's Government issued charge card. Paperwork will be initiated if the individual does not have a card.

7. If the employee is a transferee and requests the use of third party relocation services, the employee must complete a DOE F 1500.6, Employee Application Request for Relocation Services (see Attachment 5). This application should be submitted to the office scheduling the move. A DOE F 4200.33, Procurement Request Authorization (PR), will be prepared by this office and forwarded to Procurement, along with the Change of Station Authorization. The employee will then be contacted by the third party relocation contractor within two weeks.
 8. The employee will also be contacted by a Transportation Specialist to coordinate household goods and temporary storage arrangements with the moving company, if applicable. The employee has the option of requesting shipment of household goods by either DOE or the third party relocation contractor. The third party relocation contractor can only coordinate movement of household goods if they are also used for real estate transactions.
- C. The employee will submit a SF 1012, Travel Voucher (see Attachment 6, for a blank form to be used), for reimbursement. Each entitlement should be vouchered separately. Receipts are required for lodging and all items over \$75.00.
 - D. Reimbursement will be made to the traveler within 10 working days of receipt of a voucher by the Travel Division, Capital Accounting Center (CAP Center). Amounts will also be included in the employee's Earnings and Leave Statement, Wage and Tax Statement (W-2). (See Attachment 7)
 - E. The employee will be provided with a detailed breakdown of payments made for moving expenses by January 31 of the calendar year in which relocation payments were made for tax purposes. (See Attachment 8)
 - F. The employee will be notified by the Travel Division, CAP Center, during the first quarter of the calendar year if eligible for Relocation Income Tax Allowance (RITA).
 - G. The maximum time limitation for the completion of a PCS move is two years from the date the employee reports for duty.

SERVICE AGREEMENTS

A service agreement is a prepared statement signed by the employee in which the employee agrees to remain in Government service for 12 months (or longer for overseas relocation). This agreement must be signed before relocation allowances can be authorized. In addition, this agreement is required in exchange for the Government's payment of the employee's moving expenses. The time period begins on the date the employee reports for duty at the new duty station.

VIOLATION

Employees are bound by service agreements. If the employee fails to complete the agreed period, he/she is responsible for repaying to the Government all of the funds paid on his/her behalf for the relocation. There is no proration of completed service time to repayment. If the agency cancels the PCS, there is no liability for repayment by the employee. Only those expenses incurred up to the time of cancellation are reimbursed.

WAIVER

A waiver to the agreement may be granted when an employee separates before completing the time period for reasons that he/she considers beyond his/her control and that are acceptable to the U.S. Department of Energy. Some examples of acceptable circumstances are given below, but are not limited to:

1. voluntary separation of an employee upon satisfying age and service requirements for optional retirement; or
2. cancellation of the change of station by the agency.

RELOCATIONS THAT ARE CONSIDERED SHORT DISTANCE MOVES

1. Distance

	Computation	Distance
A	Old Residence to Old Duty Station	
B	Old Residence to New Duty Station	
C	New/Proposed New Residence to New Duty Station	

Note: The difference between A and B must be 10 miles greater to consider relocation.

2. Househunting Trip

A househunting trip may be authorized when the map distance between the old and new stations is more than 75 miles.

Example: distance between GTN and FORS is approximately 35 miles; therefore, a househunting trip would not be authorized.

3. Temporary Quarters

Temporary quarters may be authorized when the distance between the new station and the old residence is more than 40 miles greater than the distance between the old residence and the old station.

Example: B>A from above by at least 40 miles.

NOTE:

New appointees would be entitled to travel in, shipment of household goods and temporary storage once they have met the requirements above. Since the new appointee does not have an old duty station, the mileage from his/her former employer could be substituted.

Transfers would be entitled to travel in, househunting trip, real estate, misc., temporary quarters, shipment of household goods, and temporary storage once they have met the requirements above.

NOTE: See specific section for details and/or potential limitations.

Allowance	Transferees Permanent Change of Station (PCS)	Transferees Temporary Change of Station (TCS)	New Appointees/ Students/ Trainees	Senior Executive Service (SES) Last Move Home	IPA
Househunting Trip	X	X³			
Transportation (including family)	X	X	X	X	X
Per Diem (including family)	X	X	X¹	X¹	X
Transportation of Household Goods	X	X	X	X	X
Temporary Storage	X	X	X	X	X⁴
Non-Temporary Storage	LIMITED	LIMITED	LIMITED		
Mobile Home	X	X	X	X	X
Temporary Quarters Subsistence Expense	X	X³			X⁵
Residence Transaction (Real Estate Expenses)	X				
Relocation Services	X				
Miscellaneous Expenses Allowance	X	X			X
Property Management Services	X²	X			
Transportation of Privately Owned Vehicle (POV)	X⁶	X⁶	X⁶		
Withholding Tax Allowance (WTA)	X	X			
Relocation Income Tax (RIT) Allowance	X	X			X

- ¹ Family per diem NOT provided for a new appointee or SES last move home
² Foreign PCS only (until implementation of HR 930)
³ Agency option for TCS
⁴ Not to exceed 60 days
⁵ Not to exceed 30 days
⁶ Cost comparison required.

HOUSEHUNTING (HH) TRIP ALLOWANCE

What is it?

The only authorized purpose of a househunting trip is to seek a new residence.

Guidelines -

1. In order to be reimbursed for a househunting trip, the trip must be authorized on the travel authorization prior to being taken. The authorization should include method of reimbursement (actual or fixed); specific mode of transportation; and period of time allowed for the trip.
2. Employees select method of reimbursement at the time the authorization is prepared. **This choice is not subject to change at a later date.**
3. Temporary quarters (TQ) will be reduced when a househunting trip is granted. Check the TQ allowance section that follows for further consideration. Circumstances that would warrant the authorization of both househunting trip and temporary quarters would be unusual and will require full justification.
4. The duration of the househunting trip, including travel time, should not exceed 10 calendar days.
5. The employee and spouse may be authorized **one round trip for househunting purposes.** This trip may be taken as follows:
 - employee or spouse (separate trips) prior to reporting to duty
 - only spouse after employee reports to duty

Regardless of how the round trip is taken, the **total cost** will be limited to the equivalent of one round trip taken together.

6. The old and new duty stations must be in the continental United States.
7. The map distance between the old and new duty stations must be at least 75 miles.

Reimbursement -

The following list of expenses is provided to give an example of those costs that may be incurred and reimbursed if needed and authorized. Receipts are required for lodging and all items more than \$75.00.

- o Airfare

Travelers should secure contract fares through the Travel Management Center, if available, and charge travel transportation expenses with their DOE issued charge cards.

- o Mileage

If POV is authorized, as more advantageous to the government, the mileage rate is 15¢ per mile for one person and 17¢ per mile for two persons.

- o Local Transportation

Transit systems, POV, rental car. Taxi and limousine may be used to and from carrier terminals.

- o Per Diem

Actual Reimbursement Method - If this option is authorized, reimbursement will be based on actual days of travel; transportation and subsistence expenses must be itemized and receipts attached as required.

Employee: Lessor of the maximum per diem for the locality where the employee seeks residence quarters or the locality where the employee obtains lodging accommodations. (Effective March 1, 1997).

Spouse: Accompanying the employee, 3/4 of the employee rate.
Traveling separately, same as the employees' maximum, as stated above.

Beginning February 1, 1997, per diem for the first and last day of travel is always 3/4 of the M&IE rate, regardless of departure and/or arrival time.

Per diem is based on actual travel time. When POV is used as the method of travel, a average of 300 miles each day is used to calculate 1 day of per diem.

or

Fixed Reimbursement Method - If this option is authorized, transportation expenses must be itemized; no documentation required for subsistence expenses with the exception of lodging. Lodging must be documented and receipts attached as required; use the flat rate based on the formula below:

Employee and Spouse traveling together:

Locality rate at new duty station x 6.25

Employee or Spouse traveling separate:

Locality rate at new duty station x 5

The following is an example of a fixed rate for a househunting trip. It is based on an employee and spouse going to Boulder, Colorado. The calculations are as follows:

Per Diem	Employee and spouse:	6.25 x	\$131	=	\$ 818.75
Round-trip airfare for employee and spouse				=	1,000.00
Rental car for ten days				=	300.00
Gas for the rental car				=	<u>20.00</u>
Total reimbursement					<u>\$ 2,138.75</u>

Please see the following example of a househunting trip voucher, using a fixed per diem.

If the employee or spouse had gone on a househunting trip alone, the calculations would have been as follows:

Per Diem	Employee or spouse:	5 x	\$131	=	\$ 655.00
Round-trip airfare for employee and spouse				=	1,000.00
Rental car for ten days				=	300.00
Gas for the rental car				=	<u>20.00</u>
Total reimbursement					<u>\$ 1,975.00</u>

TRAVEL VOUCHER <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
		4. SCHEDULE NO.		5. SOCIAL SECURITY NO.		6. PERIOD OF TRAVEL a. FROM: 8/10/97 b. TO: 8/30/97	
TRAVELER DATA	7. NAME (Last, first, middle initial) Germantown, Jo E.			8. OFFICE TELEPHONE NO.		9. TRAVEL AUTHORIZATION a. NUMBER: TV-8 b. DATE(S)	
	10. MAILING ADDRESS (include ZIP Code) #710 Westridge Drive Germantown, Maryland 21740			11. RESIDENCE (City and State)		12. CHECK NO.	
	13. PRESENT DUTY STATION			14. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding		15. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED c. PAYEE'S SIGNATURE	
16. GOVERNMENT TRANSPORTATION TICKETS OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH (List by number, date, and each passenger and attach passenger receipts; if cash is used show date on receipt)		I hereby assign to the United States any right I may have against any carrier in connection with reimbursable transportation charges described below, purchased under cash payment procedure (FPMR 101-7) ▶ Traveler's Initial					
		AGENT'S VALUATION OF TICKET		MODE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL	
		a)		b)	c)	FROM	TO
		HOUSEHUNTING TRIP FOR EMPLOYEE AND SPOUSE					
		*Fixed Per Diem					
17. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶						DATE	AMOUNT CLAIMED ▶
							\$2,138.75
NOTE: Penetration of an item in an expense account works a forfeiture of claim (28 U.S.C. 2814) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 387; i.e. 1001).							
18. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (21 U.S.C. 550c).)						19. FOR FINANCE OFFICE USE ONLY	
APPROVING OFFICIAL SIGN HERE ▶						COMPUTATION	
						a. DIFFERENCES, IF ANY (Reason and show amount)	
						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
						c. OTHER'S DEBIT APPLIED TO TRAVEL ADVANCE (Appropriation symbol)	
						d. NET TO TRAVELER ▶	
						\$	
20. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT							
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶						DATE	
21. ACCOUNTING CLASSIFICATION							

Complete this information if this is a reimbursement sheet.

TRAVEL AUTHORIZATION NO. _____ PAGES _____

TRAVELER'S LAST NAME _____

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Oct. (a) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Oct. (b) Show amount incurred for each meal, including tax and tips, and daily total thru (c) meal cost.

(b) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(c) Complete for per diem and actual expense travel.

(d) Show total subsistence expenses incurred for actual expense travel.

(e) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from (c), (f) or maximum rate.

(f) Show expenses, such as: taxi/limousine fare, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expense)	MEALS				MISCELLANEOUS SUBSISTENCE EXPENSES	MILEAGE RATE	AMOUNT CLAIMED			
			BREAK-FAST (a)	LUNCH (b)	DINNER (c)	TOTAL (d)			MILEAGE (f)	SUBSISTENCE (m)	OTHER (n)	
8/10-8/20	TEN DAYS	FOR HOUSEHUNTING TRIP										
		EMPLOYEE AND SPOUSE *FIXED PER DIEM										
		6.25 X 131 = \$818.75							818.75			
		Airfare for two RT tickets									1,000.00	
		Rental Car for 10 days									300.00	
		Gas for Rental Car									20.00	
								SUBTOTALS				
								TOTALS		818.75	1,320.00	150.00

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

Enter grand total of columns (f), (m) and (n), below and to item 12 on the front of this form.

TOTAL AMOUNT CLAIMED \$2,138.75

STANDARD FORM 1012 BACK (10-77)

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), 5 U.S.C. 11608 at July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9207 of November 22, 1943, and 26 U.S.C. 8011(b) and 8108. The primary purpose of the required information is to determine payment or reimbursement to eligible individuals for allowable travel and/or subsistence expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(a) and 6109) and E.O. 9207, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or subsistence expenses reimbursement which it, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required by the statute may result in denial or delay of reimbursement.

U.S. GPO: 1991-130-032-60201

The following is an example of the expenses associated with a househunting trip using actual expenses. It is based on an employee and spouse traveling for 10 days to Richland, Washington. The calculations are based on an \$80.00 per diem (\$50.00 lodging and \$30.00 M&IE) and are as follows:

Employee's Per Diem

8/10	¾ day M&IE	\$	22.50
	Full day lodging		50.00
8/11 - 8/19	8 days per diem @ \$80.00		640.00
8/20	¾ day M&IE		22.50
	Total for Employee's Per Diem		<u>\$ 735.00</u>

Other Househunting Expenses

Spouse's Per Diem (¾ of Employee's Per Diem)	551.25
Rental Car for 10 days	300.00
Gas for Rental Car	20.00
Airfare for Employee and Spouse	1,000.00
Limo from Residence to Airport on 8/10	55.00
Limo from Airport to Residence on 8/20	55.00
Total for Other Househunting Expenses	<u>1,981.25</u>
Total Allowed for Househunting Trip	<u><u>\$ 2,716.25</u></u>

Please see the following example of a househunting trip voucher, using actual expenses.

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
		4. SCHEDULE NO.		5. PERIOD OF TRAVEL a. FROM b. TO		6. TRAVEL AUTHORIZATION a. NUMBER(S) b. DAYS(S)	
TRAVELER	a. NAME (Last, first, middle initial) Germantown, Jo E.			b. SOCIAL SECURITY NO. -----		7. TRAVEL AUTHORIZATION	
	MAILING ADDRESS (Include ZIP Code) #710 Westridge Drive Germantown, Md. 21740			c. OFFICE TELEPHONE NO. -----		a. NUMBER(S) TV-8---	
	d. PRESENT DUTY STATION ---			e. RESIDENCE (City and State)		10. CHECK NO.	
	8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY		
a. Outstanding		b. DATE RECEIVED		c. AMOUNT RECEIVED			
b. Amount to be applied		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
d. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				Traveller's Initials	
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)		
		HOUSE HUNTING TRIP FOR EMPLOYEE AND SPOUSE					
		** Actual Expense					
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE		Jo Germantown		DATE 8/21/97		AMOUNT CLAIMED \$ 2,716.25	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; Id. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)						17. FOR FINANCE OFFICE USE ONLY	
APPROVING OFFICIAL SIGN HERE						COMPUTATION	
DATE						a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's Initials:	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE						d. NET TO TRAVELER	
ACCOUNTING CLASSIFICATION							

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (a) Show amount incurred for each meal, including tax and tips, and daily total (b) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals) (c) Show total subsistence expense incurred for actual expense travel (d) Show per diem amount furnished to maximum rate, or if based on actual expense, show the lesser of the amount from col. (c) or maximum rate (e) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rentals, relocation other than subsistence, etc.

Col. (a) Complete this information if this is a continuation of sheet. PAGE 1

TRAVEL AUTHORIZATION NO. _____

TRAVELER'S LAST NAME _____

DATE	TIME (Hour and amt/pm)	DESCRIPTION (Departure/return city, per diem computation, or other explanation of expense)	MEALS				ITEMIZED SUBSISTENCE EXPENSE			MILEAGE RATE		AMOUNT CLAIMED	
			BREAK FAST (a)	LUNCH (b)	DINNER (c)	TOTAL (d)	MISCEL. LANESOUR SUBSIS. TENSE (e)	LOGGING (f)	TOTAL SUBSISTENCE EXPENSE (g)	NO. OF MILES (h)	MILEAGE (i)	SUBSISTENCE (j)	OTHER (k)
8/10-8/20		TEN DAYS HOUSEHUNTING TRIP TO RICHLAND WASHINGTON FOR EMPLOYEE AND SPOUSE *ACTUAL EXPENSES											
B/10	10:00am	LV: Residence via Limb LV: BWI UA228 AR: Richland, MD AR: Richland Hilton via Rental Car					22.50	50.00	72.50		72.50		55.00
8/11-8/19		8 Days Per Diem									640.00		
8/20	11:00am	LV: Richland Hilton via Rental Car AR: Richland Airport LV: UA1207 AR: FBI AR: Residence via Limb					22.50		22.50		22.50		55.00
SUBTOTALS											735.00	110.00	

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (a) Show amount incurred for each meal, including tax and tips, and daily total (b) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals) (c) Show total subsistence expense incurred for actual expense travel (d) Show per diem amount furnished to maximum rate, or if based on actual expense, show the lesser of the amount from col. (c) or maximum rate (e) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rentals, relocation other than subsistence, etc.

Col. (a) Complete this information if this is a continuation of sheet. PAGE 1

TRAVEL AUTHORIZATION NO. _____

TRAVELER'S LAST NAME _____

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (a) Show amount incurred for each meal, including tax and tips, and daily total (b) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals) (c) Show total subsistence expense incurred for actual expense travel (d) Show per diem amount furnished to maximum rate, or if based on actual expense, show the lesser of the amount from col. (c) or maximum rate (e) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rentals, relocation other than subsistence, etc.

Col. (a) Complete this information if this is a continuation of sheet. PAGE 1

TRAVEL AUTHORIZATION NO. _____

TRAVELER'S LAST NAME _____

TEMPORARY QUARTERS (TQ) ALLOWANCE

What is it?

Any lodging obtained from private or commercial sources, which will be occupied temporarily until the employee and/or family can move into permanent quarters.

Guidelines -

1. If a HH trip was authorized and used, the maximum TQ allowance will be reduced by the number of days of the HH trip. Circumstances that would warrant the authorization of both househunting trip and temporary quarters would be unusual and will require full justification.
2. TQ initially may be authorized in 30 day increments, not to exceed 60 consecutive days. Should transferees need an extension, justification stating the compelling reason must be submitted in writing to the office that scheduled your move. Upon approval of the extension, TQ may be extended for an additional 60 days not to exceed a total maximum of 120 consecutive days. Examples of compelling reasons include, but are not limited to:
 - Shipment and/or delivery of the household goods to the new residence is delayed due to extended transit time incident to ocean transportation, strikes, customs' clearance, hazardous weather, fires or floods, or other acts of God.
 - New permanent residence cannot be occupied because of unanticipated problems, such as delays in settlement on the new residence or short-term delays in construction of a new residence.
 - The inability to locate a permanent residence that is adequate. Employees should also provide a chronology for the first 60 days. The chronology should include such information as the home finding service used, the number of homes viewed, whether any contracts were tendered and reasons for not buying, such as price, location, facilities, schools, etc.
 - Sudden illness, injury, or death of the employee or an immediate family member.

The employee will be notified whether the extension of time was approved or disapproved.
3. TQ may be authorized at the old duty station, new duty station or both.

4. TQ must begin not later than 30 days from the date the employee reported for duty at his new official station, or if not begun during this period, not later than 30 days from the date the family vacates the residence at the old official station, but not beyond the maximum time for beginning allowable travel and transportation.
5. Annual leave does not affect the granting of TQ unless there is an indication that the leave caused an unnecessary extension of the TQ period. However, once TQ begins, the number of eligible days continues to be counted.
6. If lodging costs are incurred during stays with friends or relatives, the costs incurred by the host must be fully documented by them, the amounts paid must be reasonable (less than commercial lodging), and the payment to friends/relatives be based on factors such as the need to hire extra cleaning help, rent furniture, and payment of higher utility bills, etc.
7. Temporary Duty Travel while in Temporary Quarters:

If an employee is in TQ and is required to travel, the employee's TQ will stop and the employee will only be reimbursed under TDY travel. The employee will not be reimbursed for both TQ and TDY on the same calendar day for M&IE.

When the employee submits his/her TQ voucher for the month, he/she should not claim any day that was part of the TDY trip. If the family was in TQ while the employee was in TDY, the family would still claim their portion of TQ on the voucher for those days. The employee should submit an audited copy of the TDY voucher with their TQ voucher.

8. When Temporary Quarters starts and Travel In ends:

The eligibility period for reimbursement for TQ subsistence expenses shall start in the same calendar day quarter in which en route travel per diem ends.

Example: Employee and/or family travel in to the new duty station on Saturday, February 7, at 10:00 am. They drive for three days and arrive at the new duty station on Monday, February 9, at 6:10 pm. Travel-In will stop on February 9th and employee is entitled to $\frac{3}{4}$ day per diem. Temporary quarters will start on February 9 and traveler is entitled to lodging only.

9. Employee selects method of reimbursement at the time the authorization is prepared. This **choice is not** subject **to change** at a later date.

The following is an example of the **Actual Rate** for the 1st 30 days of temporary quarters and is based on an employee, spouse, child over 12 years old and a child under 12 years old. Extensions may be granted for compelling reasons.

Monthly Expenses for this family:

Rent	\$1,800.00
Dry Cleaners	175.00
Coin Laundry	125.00
Groceries	1,200.00
Restaurants	<u>500.00</u>
 Total Actual Expenses for the month:	 <u>\$3,800.00</u>

Divide each expense by 30 days:

Rent	\$60.00	per day
Dry Cleaning	5.83	per day
Laundry	4.17	per day
Groceries/Restaurants	56.67	per day

Family is entitled to:

Employee	\$80.00 x 30 days =	\$2,400.00
Spouse	\$60.00 x 30 days =	1,800.00
Child over 12 years old	\$60.00 x 30 days =	1,800.00
Child under 12 years old	\$40.00 x 30 days =	1,200.00

The family may only claim what is actually spent (not to exceed the entitled amount).

Please see the following example of the temporary quarters, (ACTUAL) expense voucher.

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.			
						4. SCHEDULE NO.			
TRAVELER	5. a. NAME (Last, first, middle initial) Germantown, Jo E.			b. SOCIAL SECURITY NO. -----		6. PERIOD OF TRAVEL a. FROM b. TO			
	c. MAILING ADDRESS (Include ZIP Code) #710 Westridge Drive Germantown, Md. 21740			d. OFFICE TELEPHONE NO. -----		7. TRAVEL AUTHORIZATION a. NUMBER(S) TV-8--- b. DATE(S)			
	8. PRESENT DUTY STATION ---			f. RESIDENCE (City and State) ---		10. CHECK NO.			
9. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding				10. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE				11. PAID BY	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)						Transfer's Initials	
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)			
		1st 30 Days of Actual Temporary Quarters							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.									
TRAVELER SIGN HERE		Jo Germantown			DATE		AMOUNT CLAIMED \$ 3800.00		
<i>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</i>									
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 590a).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION				
APPROVING OFFICIAL SIGN HERE					a. DIFFERENCES, IF ANY (Explain and show amount)			\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION			\$	
i. VOUCHER NO.		b. D.D. SYMBOL		c. MONTH & YEAR		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE					d. NET TO TRAVELER			\$	
ACCOUNTING CLASSIFICATION									

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Undisted items are self-explain.)
 Col. (a) If the vouchers include per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)
 Col. (b) Show amount incurred for each meal, including tax and tips, and daily total thru (c) meal cost.
 (d) Show expenses, with as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
 (e) Complete for per diem and actual expense travel.
 (f) Show total subsistence expense incurred for actual expense travel.
 (g) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (f) or maximum rate.
 (h) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

ITEMIZED SUBSISTENCE EXPENSES
 MEALS: BREAKFAST (a), LUNCH (b), DINNER (c), TOTAL (d)
 MISCELLANEOUS: MISCEL SUBSIS TENCE (e), TOTAL (f)
 LODGING (g)
 TOTAL SUBSISTENCE EXPENSE (h)

AMOUNT CLAIMED
 MILEAGE (i)
 SUBSISTENCE (j)
 OTHER (k)
TOTAL

DATE	TIME (hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expense)	MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE: NO. OF MILES (a)	MILEAGE (b)	SUBSISTENCE (c)	OTHER (d)
			BREAKFAST (a)	LUNCH (b)	DINNER (c)	TOTAL (d)							
9/13						56.67	4	17	60.00	84	120	84	5.83
9/14						56.67	4	17	60.00	84	120	84	5.83
9/15						56.67	4	17	60.00	84	120	84	5.83
9/16						56.67	4	17	60.00	84	120	84	5.83
9/17						56.67	4	17	60.00	84	120	84	5.83
9/18						56.67	4	17	60.00	84	120	84	5.83
9/19						56.67	4	17	60.00	84	120	84	5.83
9/20						56.67	4	17	60.00	84	120	84	5.83
9/21						56.67	4	17	60.00	84	120	84	5.83
9/22						56.67	4	17	60.00	84	120	84	5.83
9/23						56.67	4	17	60.00	84	120	84	5.83
9/24						56.67	4	17	60.00	84	120	84	5.83
9/25						56.67	4	17	60.00	84	120	84	5.83
9/26						56.67	4	17	60.00	84	120	84	5.83
9/27						56.67	4	17	60.00	84	120	84	5.83
9/28						56.67	4	17	60.00	84	120	84	5.83
9/29						56.67	4	17	60.00	84	120	84	5.83
9/30		Last Day of 1st 30 Days				56.67	4	17	60.00	84	120	84	5.83
		Temporary Quarters											
										SUBTOTALS		2,175.12	104.94
										TOTALS		3,628.20	174.40

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain such appropriate administrative records for the Government. The information will be used by officials and employees who have a need for the information in the performance of their official duties. The information may be deleted to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9597, November 27, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (i), (j) and (k), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED
 3,800.10

Complete information, if this is a continuation sheet. PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. 1V-8-
 TRAVELER'S LAST NAME

The following is an example of the **FIXED RATE** for the 1st 30 days of Temporary Quarters and is based on an employee, spouse, child over 12 years of age and a child under 12 years of age. **NO FURTHER DAYS will be authorized** and no receipts are required.

Family is entitled to:

Employee	30 days x .75 x \$131 (locality rate of new duty station)	=	\$2,947.50
Spouse	30 days x .25 x \$131 (locality rate of new duty station)	=	\$ 982.50
Child over 12	30 days x .25 x \$131 (locality rate of new duty station)	=	\$ 982.50
Child under 12	30 days x .25 x \$131 (locality rate of new duty station)	=	<u>\$ 982.50</u>
Total Fixed Expenses for the month:			<u>\$5,895.00</u>

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlimited items are self-explanatory)

Col. (a) Show amount incurred for each meal, including tax and tips, and daily meal cost.

Col. (b) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

Col. (c) Show total subsistence amount incurred for actual expenses travel.

Col. (d) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the basis of the amount from col. (c) or maximum rate.

Col. (e) Show expenses, such as: taxi/limousine fare, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, recreation other than subsistence, etc.

Complete this information if this is a continuation sheet.

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

PAGES

DATE	TIME (Hour and minute)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expense)	ITEMIZED SUBSISTENCE EXPENSES					MISCELLANEOUS SUBSIS TENSE (f)	LODGING (g)	TOTAL SUBSISTENCE EXPENSE (h)	MILEAGE (i)	SUBSISTENCE (m)	OTHER (n)	AMOUNT CLAIMED
			BREAK: FAST (a)	LUNCH (b)	DINNER (c)	TOTAL (d)	NO. OF MILES (e)							
9/1/97	- 9/30/97	Temporary Quarters for Employee and a Child under 12 years of age												
		Employee = 30 days x .75x \$131.00 (locality rate of new duty station)												
		Spouse = 30 days x .25x \$131.00 (locality rate of new duty station)												
		Child over 12 yrs = 30 days x .25 x \$131.00 (locality rate of new duty station)												
		Child under 12 yrs = 30 days x 1.25 x \$131.00 (locality rate of new duty station)												5,895.00
SUBTOTALS														5,895.00
TOTALS														5,895.00

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Specification of the information on this form is authorized by 5 U.S.C. 552, as amended (51 Fed. Reg. 11513-9 and 11513-10; 52 Fed. Reg. 11609-10 and 11609-11; 53 Fed. Reg. 11892, E.O. 13526) and 5 U.S.C. 551, 552, 553, 554, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

TOTAL AMOUNT CLAIMED 5,895.00

STANDARD FORM 1012 BACK (10-77)

TRANSPORTATION AND SUBSISTENCE ALLOWANCE (TRAVEL IN)

What is it?

Expenses associated with traveling to new duty station.

Guidelines -

1. The travel status must be more than 12 hours.
2. Transportation to the new duty station maybe by common carrier or POV.
3. Tickets for common carriers should be obtained through Travel Management Centers.
4. Use of a POV is considered advantageous to the Government without further justification. Use of more than one POV, however, may only be authorized if one of the following applies:
 - There are more members of the immediate family than reasonably can be transported, with luggage, in one vehicle.
 - Due to age or physical condition, special accommodations are required to transport a family member in one vehicle and a second vehicle is required for other family members.
 - An employee must report for duty ahead of the family for an acceptable reason, such as the completion of a school term, the sale of property, the settlement of personal business affairs, the disposal or shipment of household goods, and the temporary unavailability of adequate housing at the new duty station.
 - A member of the immediate family performs unaccompanied travel between authorized points other than those for the employee's travel.
 - In advance of the employee's reporting date, immediate family members must travel to the new official station for acceptable reasons, such as to enroll children in school at the beginning of the term.
5. The use of more than one POV would **ONLY** be authorized when it has been determined by DOE that it would be more advantageous and cost effective to the Government to transport your private owned vehicle to the new official station versus having you or an immediate family member drive the privately owned vehicle to the new official station.

6. Per diem should be reduced if annual leave is taken in conjunction with official travel to the new duty station. If annual leave is for ½ or less of the prescribed working hours, full per diem is allowed. If annual leave is for more than ½ of the prescribed daily working hours, no per diem is allowed.
7. If lodging costs are incurred during stays with friends or relatives, the costs incurred by the host must be fully documented by them, the amounts paid must be reasonable (less than commercial lodging), and the payments to friends/relatives be based on factors such as the need to hire extra cleaning help, rent furniture, payment of higher utility bills, etc.

Reimbursement - Receipts are required for lodging and all expenses over \$75.00.

- o Reimbursement for mileage rates for travel to new duty station is as follows:

<u>Occupants of POV</u>	<u>Mileage Rate (per mile)</u>
1. Driver Only	.15
2. 2 Persons	.17
3. 3 Persons	.19
4. 4 or More Persons	.20

- o Reimbursement will be paid based on the most direct, as well as, an average of 300 miles per day. Other reimbursable expenses include the cost of ferry fares, bridge, road, or tunnel tolls.
- o The per diem allowance of \$85 CONUS rate effective January 1, 2000, consists of a lodging amount not to exceed \$55 and an amount for M&IE of \$30 for meals, lodging, fees, tips, laundry, transportation between places of lodging and places where meals are taken, and telegrams or telephone calls necessary to reserve lodging accommodations.

- Employee (or unaccompanied spouse)	\$85.00
- Accompanying spouse	\$66.75
- Each member 12 years or older	\$63.75
- Each member under 12 years	\$42.50
- o When more than one member of the family are traveling together, it is important to remember to obtain the single occupancy rate for the hotels. The single rate for each hotel expense is used to calculate the maximum per diem. The M&IE rate of \$26 is then added to the actual cost of the lodging to establish the per diem rate for each day, not to exceed the maximum CONUS rate of \$80 per day.

The following is an example of a travel-in trip for an employee, spouse, a child over 12 years of age and a child under 12 years of age.

- C The family has been authorized two vehicles at 17¢ per mile each
- C The family has be allowed 5½ days to travel to the new duty station
- C The employee should claim actual hotel expenses; not to exceed \$50.00 per night

Employee's Per Diem Calculation:

8/1	¾ day M&IE (full M&IE = \$30.00)	\$ 22.50
	Lodging (1 night stay @ \$40)	40.00
8/2-8/4	3 days full Per Diem	240.00
8/5	¾ day M&IE	22.50
	Total Employee's Per Diem	\$ 325.00

Employee's Family's Per Diem and other Expense Calculation:

Spouse (75% of Employee's)	\$ 243.75
Child over 12 years of age (75% of Employee's)	243.75
Child under 12 years of age (50% of Employee's)	162.50
Tolls	10.00
Mileage	551.14
	Total Family's Per Diem and Other Expenses
	1,211.14
	Total for Travel-In Trip
	\$ 1,536.14

*Lodging for 8/5 should be claimed as the first day on the temporary quarters voucher

Please see the following example of a travel-in voucher

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.
	5. a. NAME (Last, first, middle initial) Georgetown, Jo E.		b. SOCIAL SECURITY NO. _____		4. SCHEDULE NO.
TRAVELER	6. MAILING ADDRESS (Include ZIP Code) #710 Westridge Drive Georgetown, Md. 21740		9. OFFICE TELEPHONE NO. _____		8. PERIOD OF TRAVEL a. FROM 8/1/97 b. TO 8/5/97
	7. PRESENT DUTY STATION _____		8. RESIDENCE (City and State) _____		7. TRAVEL AUTHORIZATION a. NUMBER(S) TV-8- b. DATE(S)
8. TRAVEL ADVANCE			9. CASH PAYMENT RECEIPT		10. CHECK NO.
a. Outstanding			a. DATE RECEIVED		11. PAID BY
b. Amount to be applied			b. AMOUNT RECEIVED \$		
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)			c. PAYEE'S SIGNATURE		
d. Balance outstanding					
13. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</i>		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) Transfer's initials			
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)
				POINTS OF TRAVEL	
				FROM (i)	TO (ii)
		TRAVEL VOUCHER FOR EMPLOYEE, SPOUSE, ONE CHILD OVER 12 YEARS AND ONE CHILD UNDER 12 YEARS OLD			
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.					
TRAVELER SIGN HERE ▶		Jo Georgetown		DATE _____	AMOUNT CLAIMED ▶ \$ 1,536 14
<i>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</i>					
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 690a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE ▶				a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials: _____	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶				d. NET TO TRAVELER ▶ \$	
ACCOUNTING CLASSIFICATION					

SHIPMENT AND TEMPORARY STORAGE OF HOUSEHOLD GOODS ALLOWANCE

What is it?

Household goods are personal property that needs to be transported and that belongs to the employee and family at the time shipment begins. It includes household furnishings, equipment and appliances, clothing, books, etc. It does not include property for resale or disposal, automobiles, airplanes, mobile homes, camper trailers, boats, birds, pets, livestock, cord wood, building materials, property belonging to others, and any property to be used in conducting a business.

Storage of household goods is authorized for a limited period of time in connection with transportation of household goods at Government expense.

What are the entitlements?

The employee is entitled to the cost of transportation of household goods and personal property belonging to the employee/immediate family from the old duty station to the new official station in one lot shipment by the most advantageous method.

Household goods and personal property with the maximum limit of 18,000 lbs include:

- o household furnishings
- o clothing
- o grills
- o books
- o rugs
- o musical instruments
- o snowmobiles, motorcycles, mopeds,
- o golf carts, bikes, mowers (after removal of gasoline)
- o kitchen items
- o toys
- o outdoor furniture

The following items are considered part of household goods and are included in the 18,000 lbs., however, the employee is responsible for the disassembling/reassembling or disconnecting/ reconnecting or the cost to have this service performed by a third party company:

- o pool tables
- o ice maker
- o hot tubs
- o swing sets, outdoor
- o playground equipment
- o tool sheds
- o electronic equipment
- o wall units/room dividers
- o radio/television
- o antennas
- o satellite dishes
- o grandfather clocks
- o tool sheds
- o organs, pianos
- o waterbeds
- o gas and/or electric washers/dryers

(The expense for this service may be claimed on the miscellaneous voucher as a miscellaneous expense.)

The following items are EXCLUDED from the definition of household goods and are not shipped at government expense:

automobiles, trucks, vans, or similar type of motor vehicles (unless authorized and approved under new guidelines 1997); boats, airplanes; mobile homes; camper trailers; farming vehicles; gliders; replacement parts; live animals; birds, fowls, reptiles; firewood, building materials; goods for resale; firearms; flammables, combustibles, explosives, corrosives or caustics; ammunition; fireworks; poisons; fuels; gasoline; kerosene; propane, varnish; aerosol cans; automotive oil; turpentine; paint; matches; liquor; fertilizer; sand, cinder blocks, and bricks.

Shipment and storage of household goods can be initiated by either DOE's third party relocation contractor or DOE's transportation office.

DOE's Third Party Relocation Contractor:

1. When utilizing DOE's third party relocation contractor, shipment and storage of household goods will be arranged and managed by the contractor. Transferee will choose the carrier from a list provided by the contractor.
2. If the relocation contractor arranges the shipment and there is damage to the transferee's household goods, the contractor will prepare and file any claim for loss or damage on behalf of the transferee. The contractor will also mediate any disputes between the carrier and/or storage agent and the transferee.

DOE's Transportation Office:

1. There are two methods of shipping household goods: the actual expense method (GBL) and the commuted rate method. It is the policy of DOE to utilize the GBL method for the shipment of household goods whenever possible in the interest of the Government. To utilize the GBL method, the savings must be at least \$100.00 over the commuted rate.
2. If there is any damage to the employee's household goods, they should call the moving company and request a damage claim form. The damage claim, must be in writing, identifies the shipment, loss or damage (state that the carrier was responsible for it), and demands restitution in a specific amount. If you have submitted the form, and the moving company is not trying to resolve the issue, please call the Transportation & Travel Service Group, MA-222.
3. The moving company submits an invoice to DOE for payment. If there are any charges that

need to be paid by the employee, DOE will send a bill to the employee.

Additional Charges and Professional Books

1. Some examples of items that the employee will be billed for are; exceeding the 18,000 pound weight limit, extra deliveries or stops (including stops at temporary quarters), and fees for disconnecting and/or reconnecting appliances. All of these expenses are reimbursable under the miscellaneous expense voucher, **except** for exceeding the 18,000 pound weight limit.
2. Professional books, paper and equipment can be shipped in addition to the household goods, however, if the maximum weight limitation of household goods of 18,000 pounds is exceeded, then proper approval must be obtained. In order for this to become an administrative expense, the employee shall furnish an itemized inventory of each professional book, paper, and equipment for review by the new supervisor. The new supervisor will review and certify that these items are necessary for the employee to perform their job at the new duty station.

Commuted Rate versus Government Bill of Lading

COMMUTED RATE - Under the commuted rate system, the employee makes all administrative arrangements for transporting own household goods between points within CONUS. The employee selects and pays the carrier or transports own goods by noncommercial means and will be reimbursed by the Government in accordance with schedules of commuted rates which are contained in the GSA publication, Commuted Rate Schedule for Transportation of Household Goods. The commuted rate includes costs of line-haul transportation, packing, crating, unpacking, drayage incident to transportation, and other accessorial charges.

o Reimbursement

When the commuted rate is used, the amount to be paid to the employee for transportation and related services is computed by multiplying the number of hundreds of pounds shipped (within 18,000 pounds), by the applicable rate per hundred pounds for the distance shipped. The distance shall be determined in accordance with the household mileage guide filed with the Interstate Commerce Commission.

o Documents Needed

Receipt of the bill of lading, including any attached weight certificate must be submitted. If no bill of lading was involved, other evidence showing the points of origin and destination, and weight of the goods must be submitted.

NOTE: Employees transporting their own household goods are cautioned to establish weight of goods by obtaining proper weight certificates showing gross weight (weight of vehicle & goods) and the tare weight (weight of vehicle alone). Compliance with the requirements for payment at commuted rate on the basis of constructive weight, is not usually possible.

GOVERNMENT BILL OF LADING (ACTUAL EXPENSE)

The government assumes responsibility for awarding contracts and for other negotiations with carriers. The property is shipped on a government bill of lading, the government audits and pays the invoices directly to the carrier.

o If the *commuted rate system* is elected, the employee makes all the transporting arrangements with the moving and storage companies. The employee selects and pays the transportation carriers OR transports hers/his own household goods by noncommercial means and is reimbursed.

o If *actual expense* is elected, the government assumes the responsibility for negotiations with carriers and awarding contracts. The household goods are shipped on a government bill of lading. The government will also arrange for necessary, temporary storage and pay the cost of the services direct.

Temporary Storage

1. **Limitations** - The time allowable for temporary storage in connection with an authorized shipment of household goods shall not exceed a period of 90 days. However, upon an employee's written request and approval, the initial 90-day period may be extended an additional period of not to exceed 90 days. Request for extensions must be submitted in writing and may include, but are not limited to the following reasons:

- o an intervening temporary duty or long-term training assignment;
- o lack of available housing;
- o delay in construction work on a new or renovated residence;
- o serious illness of the employee or illness or death of a close relative;
- o strikes, acts of God, or other circumstances beyond the control of the employee.

2. **Allowable Expenses** - *Actual expense method*. The moving company submits an invoice to DOE for payment. If there are any "additional charges", not considered part of transportation services entitlements, DOE will pay the moving company directly and a bill will be sent to the employee with a breakdown of the charges.

3. **Additional Charges** - The charges for temporary storage are covered on the GBL and paid directly to the mover/storage facility by DOE. If additional storage charges are incurred for excess weight, valuation charges above the maximum, or time beyond that which has been authorized, those charges will be paid by DOE to the mover/storage facility and a bill will be sent to the employee with a breakdown of the charges.

NON-TEMPORARY STORAGE

What is it?

The use of non-temporary storage may be authorized when an employee is being assigned to an isolated location within the continental United States or when assigned overseas under certain conditions. Assistant Secretaries or Deputy Assistant Secretaries concerned are responsible for designating the isolated official stations.

Relocation within the continental United States- an isolated location is one at which the employee has no alternative except to live where the employee is unable to use all or part of the household goods because:

- o the type of quarters will not accommodate the household goods, or
- o quarters that will accommodate the goods are not available within reasonable daily commuting distance of the official station.

Non-temporary storage may be authorized at ***isolated locations*** for periods of time not exceeding one year and extended, as necessary, in agreement with the length of the assignment. Periodic reviews should be made by the Division/Program Office to determine if conditions of available housing have changed in order to eliminate the need for non-temporary storage. In no circumstances, shall the period of storage exceed three years.

Overseas assignment time limitations- may not exceed the length of the employee's tour of duty at the overseas station plus 1 month prior to the time the tour begins.

Extensions-this period may be extended for continued service or tours of duty at the same and/or other overseas locations. When the employee no longer qualifies for this allowance, storage at DOE's expense may continue until the beginning of the second month after the month in which the employee's eligibility terminated.

Termination-Eligibility for non-temporary storage will cease on the last day of active duty at the overseas station.

TRANSPORTATION OF MOBILE HOME ALLOWANCE

What is it?

Transportation of mobile home to new duty station.

Guidelines -

1. Must certify that the mobile home will be used as the residence at the new duty station.
2. Only available for moves within the conterminous U.S. and within Alaska or through Canada to or from Alaska.
3. Three methods of transporting a mobile home: (a) tow the mobile home with a POV, (b) mobile home is large - have the mobile home towed by a commercial transporter, (c) use GBL when determined to be in the interest of the Government.

Reimbursement -

- o Limited to lowest cost carriers for the shipment of 18,000 pounds of household goods and 90 days of temporary storage on a GBL.
- o Towing used: 11cents per mile to cover ferries, bridges, roads, tunnels; gas and oil for POV; travel allowance for driving
- o Commercial transporter used: reimbursement may not exceed the actual cost charged by the company, provided they are not higher than those approved by the Interstate Commerce Commission or by a state group governing within-state moves; ferry, bridge, road, tunnel tolls, taxes, state and local charges, and fees
- o GBL: payment to carrier

Other Allowable Transportation Costs.-

Allowable costs that are generally associated with preparing a mobile home for movement and resettling includes blocking and unblocking (including anchoring and unanchoring); labor costs of removing and installing skirting; separating, preparing, and sealing each section for movement; reassembling the two halves of a double-wide mobile home; and travel lift fees.

Unallowable Costs.-

An employee's transportation allowance shall NOT include these costs but SOME may relate to the miscellaneous expense allowance: costs for replacement parts, tire purchases, structural repairs, brake repairs, or any other repairs or maintenance performed; costs of insurance for valuation of mobile homes above carriers' maximum liabilities, or charges designated in the tariffs as special service; costs of storage; and costs of connecting and disconnecting appliances, equipment, and utilities connected to the relocation.

MISCELLANEOUS EXPENSE ALLOWANCE

What is it?

The purpose of this allowance is to defray the expenses associated with discontinuing a residence at the old station and setting up a residence at the new station.

Guidelines -

1. The allowance covers expenses that are common to living quarters, furnishings, and household appliances, some of which are:
 - o fees for disconnecting and connecting appliances and utilities;
 - o fees for cutting and fitting of rugs, draperies, and curtains moved from the old residence to the new;
 - o costs of automobile registration and driver's license;
 - o forfeiture losses on medical, dental, and food locker contracts that are not transferrable;
 - o fees for piano tuning;
 - o cost of connecting an antenna system;
 - o amounts expended for the installation of pictures and mirrors;
 - o charges for dismantling and installing a swimming pool; and
 - o costs of transformers necessary to accommodate 110 volt electrical equipment.

2. This allowance does not cover expenses incurred for reasons of personal taste or preference, nor penalties and fines, nor losses in selling or buying real estate, nor costs for any new purchases (i.e., rugs or draperies).

Reimbursement -

- o A miscellaneous expense allowance is payable without itemization or supporting documentation using the following criteria.
 - An employee without immediate family will be paid the lesser of 1 week's basic pay or \$350.00.
 - An employee with immediate family will be paid the lesser of 2 week's basic pay or \$700.00.

- o In cases where the actual miscellaneous expenses exceed the above maximums, actual expenses may be authorized or approved if the employee provides receipts. The total amount does not exceed the employee's basic pay at the time he/she reported for duty. In no instance may the amount exceed the maximum rate of a grade GS-13/10, effective on the employee's EOD date.

Please see the following examples of miscellaneous expense vouchers.

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
5. a. NAME (Last, first, middle initial) Germantown, Jo E.		b. SOCIAL SECURITY NO.		6. PERIOD OF TRAVEL a. FROM b. TO		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) #710 Westridge Drive Germantown, Md. 21740		d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION a. NUMBER(S) TV-8---		b. DATE(S)	
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)		8. CHECK NO.		11. PAID BY	
B. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) c. Balance outstanding		B. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE					
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				Traveler's Initials	
AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)		TO (f)
			Miscellaneous Expenses				
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE		DATE		AMOUNT CLAIMED	
		Jo Germantown				\$ 700 00	
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE		DATE		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
						DIFFERENCES, IF ANY (Explain and show amount)	
18. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION					
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials:	
						\$	
19. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
						\$	
20. ACCOUNTING CLASSIFICATION						d. NET TO TRAVELER \$	

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
						4. SCHEDULE NO.	
TRAVELER	5. NAME (Last, first, middle initial) Germantown, Jo E.			6. SOCIAL SECURITY NO. -----		8. PERIOD OF TRAVEL a. FROM b. TO	
	MAILING ADDRESS (Include ZIP Code) #710 Westridge Drive Germantown, Md. 21740			7. OFFICE TELEPHONE NO. -----		7. TRAVEL AUTHORIZATION a. NUMBER(S) TV-8--- b. DATE(S)	
	9. PRESENT DUTY STATION ---			1. RESIDENCE (City and State) ---		10. CHECK NO.	
II. TRAVEL ADVANCE				9. CASH PAYMENT RECEIPT		11. PAID BY	
a. Outstanding				a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied							
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				▶ <i>Traveler's Initials</i>	
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
Miscellaneous Voucher (Itemized Expenses)							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment of credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶ Jo Germantown					DATE ---	AMOUNT CLAIMED ▶	\$1,360.00
NOTE: Falsification of an item in an expense account works a forfeiture of claims (28 U.S.C. 2614) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; I.O. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (21 U.S.C. 690a).)						17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE ▶						a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT						d. NET TO TRAVELER ▶	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶							
18. ACCOUNTING CLASSIFICATION							

REAL ESTATE EXPENSES

What is it?

Expenses associated with selling residence at old duty station; purchasing residence at new duty station; and breakage of lease at old duty station.

Guidelines -

1. Title must be in employees' name alone or joint names of the employees' and/or one or more members of the immediate family. Otherwise, reimbursement is pro rated.
2. Residence must be employees' actual residence from which the employee commutes daily to their permanent duty station.
3. Settlement dates for sale, purchase, or lease termination must be completed within two years from the date the employee reports at the new duty station. This may be extended for 1 additional year. Extension of time should be submitted to the office scheduling the PCS move. Employees should provide a chronology of the 2-year period. The chronology should include such information as the number of homes viewed, whether any contracts were tendered and reasons for not buying, such as price, location, facilities, schools, etc. as well as the current efforts that are being made to complete residence transactions. **The employee will be notified whether the extension of time was approved or disapproved.**

Reimbursement -

1. Limits:
 - sale of residence: 10% of the selling price
 - purchase of residence: 5% of the purchase price
2. To qualify for reimbursement of expenses related to an unexpired lease, employees must not have failed to move promptly after knowledge of transfer to new duty.
3. Reimbursement expenses for the sale/purchase of a residence are:

Type of Expenses	Old Station	New Station
Abstract	Yes	Yes
Advertising	Yes	No
Application fee (FHA and VA only)	Yes	Yes

Type of Expenses	Old Station	New Station
Appraisal fee (determine market value of residence)	Yes	No
Appraisal fee (lender's)	No	Yes
Assumption fee (not in addition to origination fee)	No	Yes
Attorney's fee	Yes	Yes
Broker's commission (not to exceed 6%)	Yes	No
Construction Charges	No	No
Cost of litigation	No	No
Credit report	No	Yes
Escrow agent's fee (not escrow deposits)	Yes	Yes
Hazard insurance	No	No
Inspection fees (termite, fleas, radon, asbestos, roof)	Yes	Yes
Interest on loans	No	No
Lender's service fees (except as specifically listed)	No	No
Loan discounts (points)	No	No
Loan origination fee (not to exceed 1 per cent)	No	Yes
Loan transfer fee (in addition to assumption or origination fee)	No	Yes
Losses due to prices or market conditions	No	No
Mortgage insurance	No	No
Mortgage prepayment penalty (See 41 CFR 302-6.2(d)(1)(vii))	Yes	No
Mortgage title insurance (lender's coverage)	No	Yes
Mortgage title insurance (owner's coverage)	Yes	No
Notary fees	Yes	Yes
Operating and maintenance costs	No	No
Pest inspection fee (but no services performed)	Yes	Yes
Pest eradication services	No	No

Type of Expenses	Old Station	New Station
Property taxes	No	No
Recording fees	Yes	Yes
Record title insurance	Yes	Yes
Repair costs/Maintenance	No	No
Settlement/Closing Fee	Yes	Yes
State/county/city revenue stamps	Yes	Yes
Survey	Yes	Yes
Title insurance binder (instead of title search)	Yes	Yes
Title insurance option	Yes	Yes
Transfer charges	Yes	Yes
Expired lease termination (See 41 CFR 302.6.2 (h))	Yes	No

Reimbursement expenses associated with an unexpired lease are:

- brokers fees for obtaining a sublease
- advertising expenses
- forfeiture of security deposit

4. Non-reimbursable expenses for the sale/purchase of a residence include:

- o cost of litigation
- o property taxes
- o finance charges
- o losses due to market conditions (capital losses)
- o duplicate expenses (i.e., 2 appraisals, 2 termite inspections, etc.)
- o cost of services provided at personal request or option of the employee
- o residence transaction expenses incurred where the related residence sale or purchase does not transpire
- o expenses that are not customarily paid by the party submitting the claim or expenses in amounts exceeding the customary charges in a particular locality
- o expenses involved in leases with options to purchase
- o tax service or tax escrow
- o loan discount fee

- o interest
- o hazard insurance
- o county property taxes
- o title insurance (owner's coverage)
- o courier/express fee - can be claimed on actual expense miscellaneous voucher
- o underwriting fee
- o VA funding fee
- o Home Owners Association (HOA) Fees
- o Home Inspection Fee
- o Home Warranty Fee
- o Purchase Home Inspection Fee
- o Engineering Inspection Fee
- o Home Protection Fee
- o Structural Inspection Fee

Non-reimbursement expenses associated with an unexpired lease are:

- forfeiture of cleaning deposit

5. To claim reimbursement:

- o Complete Form DOE 1520.1, Employee Application for Reimbursement of Expenses Incurred Upon Sale or Purchase (or both) of Residence Upon Change of Official Station (see Attachment 9, for a blank form to be used). Prepare a separate form for sale and purchase of a residence.
- o Complete Form SF 1012, Travel Voucher. Complete a separate form for sale and purchase of a residence.
- o Submit other supporting documents:
 - sale agreement
 - purchase agreement
 - property settlement documents
 - invoices or receipts for other expenses incurred and paid by the employee
 - copy of lease

Please see the following example of the two forms that need to be completed when submitting a real estate purchase/sale voucher.

TRAVEL VOUCHER <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
		4. SCHEDULE NO.		5. PERIOD OF TRAVEL a. FROM: XX/XX/XX b. TO: XX/XX/XX		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S)	
6. NAME (Last, first, middle initial) Employee's Name		b. SOCIAL SECURITY NO. XXX-XX-XXXX					
MAILING ADDRESS (Include ZIP Code) Employee's Address		e. PRESENT DUTY STATION Employee's Duty Station		f. RESIDENCE (City and State)		11. PAID BY	
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE					
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedure (FPMR 101-7)				Traveler's Initials	
		AGENT'S VALUATION OF TICKET <i>(a)</i>	ISSUING CARRIER (Initials) <i>(b)</i>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i>	DATE ISSUED <i>(d)</i>	POINTS OF TRAVEL FROM <i>(e)</i> TO <i>(f)</i>	
Indicate Real Estate Purchase or Real Estate Sale							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.						Total Real Estate Expense \$	
TRAVELER SIGN HERE ▶ Traveler's Signature (In Ink)				DATE XX/XX/XX	AMOUNT CLAIMED ▶		
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶ DATE				DIFFERENCES, IF ANY (Explain and show amount)			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION			
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's Initials:			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE				d. NET TO TRAVELER ▶			
16. ACCOUNTING CLASSIFICATION							

indicate real estate expense incurred in appropriate category on form below (from settlement sheet). If category on form includes multiple expenses listed from settlement sheet, provide HUD number as well.

2 COSTS INCURRED AND PAID IN SELLING RESIDENCE AT OLD OFFICIAL STATION OR PURCHASING RESIDENCE AT NEW OFFICIAL STATION LOCATION (OR BOTH)

ITEM	EXPLANATION	Former Residence	New Residence
1.	BROKERAGE FEES: The sales commission paid to a broker or real estate agent for selling former residence. Also, fees for listing a residence and payment for multiple listing service, if not included in commission paid to the broker or agent.	\$	
2.	ADVERTISING: Expenses paid for newspaper and other advertising when a direct sale is made without the services of a real estate broker or real estate agent.	\$	
3.	APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
4.	LEGAL AND RELATED COSTS: The amounts paid for costs of (1) searching title, preparing abstract, and legal fees for a title opinion, or (2) title insurance policy where customarily furnished by the seller; costs of preparing conveyances, other instruments, and contracts; related notary fees; costs of making surveys, preparing drawings or plats, recording fees and recording taxes or other charges paid incident to recordation (e.g., mortgage discharge recording fees), etc.	\$	\$
5.	MISCELLANEOUS COSTS: Amounts paid in connection with sale of former residence and purchase of a new residence. (Normally, these expenses (except A.) are paid by the purchaser; however, depending on local custom and practice, the seller may be required to pay some of them.)		
A.	PREPAYMENT CHARGE: The amount paid as required in the mortgage or other security instrument as a charge for prepayment; or if not specifically required by the mortgage instrument, the amount paid limited to 3 months prevailing interest on the loan balance.	\$	
B.	LENDER'S APPRAISAL FEE: The amount paid for the mortgagee-lender's charge for residence appraisal.	\$	\$
C.	FHA OR VA APPLICATION FEE: The amount paid.	\$	\$
D.	CERTIFICATIONS: The amount paid for any required certifications as to structural soundness or physical condition of property, when required by mortgagee-lender, FHA or VA.	\$	\$
E.	CREDIT REPORT: The amount paid for credit or factual data report on the buyer, if required by mortgagee-lender, FHA or VA.	\$	\$
F.	MORTGAGE TITLE POLICY: The amount paid for mortgage (or lender's) title insurance policy only (as distinguished from a mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy).		\$
G.	ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity for closing a real estate transaction.	\$	\$
H.	STATE REVENUE STAMPS: The amount paid.	\$	\$
I.	SALES OR TRANSFER TAXES, MORTGAGE TAX, IF ANY: The amount paid.	\$	\$
6.	OTHER INCIDENTAL EXPENSES: Such other reasonable and customary charges or fees paid as may be authorized and not properly includable in items listed above (Itemize and explain, if necessary, attach separate sheet).	\$	\$
TOTAL - FORMER RESIDENCE		\$	1-3/
TOTAL - NEW RESIDENCE			2-1/

NOTE: In accordance with the real estate provisions of the FTR, cost of insurance against damage or loss of property, maintenance and operating costs, and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. Notwithstanding the above, no fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90121, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

FOOTNOTES:

¹ The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of sale price or \$18,126, whichever is the smaller. A similar limitation in effect as of 10/1/89.

² The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of purchase price or \$9,063, whichever is the smaller. A similar limitation in effect as of 10/1/89.

³ If property is multiple family unit type (excluding condominium) expenses will be prorated and allowed for residence unit only.

THIRD PARTY RELOCATION SERVICE

What is it?

A relocation management company that provides relocation assistance to employees.

The following is a list of the options you may select under the third party relocation services contract:

- Guaranteed Home Purchase Program
- Home Marketing Assistance
- Management of Household Goods/Shipment and Storage
- Home Search Assistance
- Mortgage Counseling

Additional services that are available at employees' expense

- Rental Home Finding
- Spouse Employment Counseling

Description of Services:

Guaranteed Home Purchase Program- The Guaranteed Home Purchase Program gives transferring employees a chance to sell their houses to a relocation contractor at appraised values. The advantages to the program are :

- assured sale of your home
- your equity is available once you accept the offer and not delayed until settlement
- you do not have to submit a travel voucher for reimbursement and
- none of the selling costs are deducted from your equity

It is important to keep in mind that this is an option. Employees may and should still try to sell their homes. Generally, the offer you receive through your realtor will be higher than the appraised price. This option is available within the 2 year time limitation for completion of real estate transactions. However, once you reject a guaranteed home purchase offer from the relocation company, you will not be eligible for this service again for this PCS authorization.

Buyer/ Rental Home Finding Service- The buyer home finding service provides you with information about the area to which you are transferring. The relocation management specialist will work with you to identify neighborhoods and communities in the new location that meet your needs for pricing, schools, commute, taxes, and other activities. They can also refer you to real estate brokers in the area.

Mortgage Counseling- The Mortgage Counseling service will provide you with information regarding national and local mortgage programs that best address your financial objectives and qualifications. This counseling will also include information on the types and availability of financing in your destination area, rates and fees, and qualification requirements.

Spouse Employment Counseling- The spouse employment counseling is to help your spouse identify options for employment in your new location. This service includes job search strategies, family counseling assistance, preparation of a resume, and analysis of skills.

Guidelines -

To be eligible for the guaranteed home purchase program, the residence must be your primary residence from which you commute daily to work at the time you are officially notified of the transfer. In addition, the employee will have to pay a pro-rata share of the contract cost if:

- a. Title is shared with a person who is not a member of your family, including divorced or legally or separated spouses, at the time the employee is notified of his move or at the settlement date, who own a share in the employee's residence, will be considered an unrelated joint owner.
- b. The home is a multi-family dwelling unit, for example, a duplex or four-plex.
- c. The home is partially used for commercial activities.
- d. The home has land in excess of that which reasonably relates to the residence site, the Government will pay only the proportional share of the contract price which reasonably relates to the house itself. The employee will be responsible for paying the difference.

Homes that would not be eligible for guaranteed home purchase program are:

- a. Homes that are not insurable.
- b. Homes contaminated by a toxic substance, including radon gas which cannot be corrected.
- c. Mobile homes, even if affixed to real property.
- d. Cooperatives and houseboats.
- e. Homes on which construction has not been completed.
- f. Homes that are not adequately serviced by portable water or sanitary waste facilities.

- g. Homes that do not have foundations.
- h. Homes that cannot be financed, either by Federal or conventional financing.
- o. Homes that do not comply with State and local codes.

The employee owning any of the above-mentioned properties may still be eligible for other services.

Requesting Third Party Relocation Services

- o Forward completed DOE Form 1500.6, Employee Application Request for Relocation Service, to the office scheduling your PCS move. Please be sure to include the complete address of the property being sold, including zip codes and current phone numbers, including phone number for your new duty station (if known).
- o A procurement request is prepared. Once approved, it is forwarded to procurement for processing. Processing time is approximately one week.
- o After the relocation management company is notified by procurement, they will contact the employee within one working day to thoroughly explain the various services, clarify those applicable to you, and get your relocation services underway.

Placing Your Home on the Market

In an effort to possibly obtain an outside offer for your residence, DOE requires that you market your property for at least thirty (30) days, twenty-one (21) of which must be after the date of the Guaranteed Appraised Value Offer.

The relocation management company will work with you prior to listing your home for sale by:

- recommending a broker
- analyzing the market for your home
- reviewing competing and recently-sold properties
- suggesting a listing price and terms
- identifying any repairs or improvements that may expedite the sale of your home

If you choose to select your own real estate broker, make sure the broker is a member of a Multiple Listing Service, understands third party relocation services, and knows the real estate market in the immediate vicinity of your residence.

To preserve your eligibility for the guaranteed home purchase program, you will need to protect

yourself from an unearned broker's commission should you accept the Guaranteed Appraised Value Offer. Therefore, when you list your home, the following exclusion clause must be included in the listing agreement you sign.

“The seller(s) hereby reserve(s) the right to (1) sell the property directly to Associates Relocation Management Company, Inc. or a designated affiliate (“ARMC”) at any time, and in such events, to cancel this listing agreement with no obligation for a commission or continuation of listing thereafter; or (2) turn over an acceptable written offer hereunder to Associates Relocation Management Company, Inc. for closing and payment of commission which shall be deemed earned and payable only upon closing of title, in accordance with the terms thereof.”

Appraisal Process

An appraisal is an estimate (opinion) of value that is prepared by an independent professional appraiser who is familiar with all the factors that may affect the value of that which is being appraised. By definition, appraising is not an exact science. There are several kinds of real estate appraisals, including replacement (reconstruction) value, insurance value, and market value.

The relocation appraisal is done to determine the anticipated sales price of a residential house, using the market value approach. This takes into account the volatility of housing markets. The standard marketing time is 120 days. If the marketing time where your residence is located is less than 120 days, the appraised value may be adjusted upward. Conversely, if the marketing time typically exceeds 120 days, this may be reflected in a reduction to the appraised value.

Under the guaranteed home purchase service, a fair market value is established using the average of two market value appraisals obtained by the contractor. If these appraisals differ by more than 5 percent of the higher appraisal, a third appraisal is ordered. The average of the two closest appraisals will be the contractor's offer to the employee. It is very important for the employee to play an active role in the selection of the appraisers. An approved list of appraisers will be provided by the contractor for the employee to make at least two selections. The employee may prefer to use an appraiser who is not on the list. If the appraiser is approved by the contractor, the employee's separate selection may be used. Even when selections are made from the contractor's list, the employee should become familiar with each appraiser's methods and history.

Here are a few ideas that could better prepare you before being contacted by the relocation contractor or appraiser:

- a. Obtain information about appraisers that meet the contractor's requirements so you can make an informed decision on which appraisers to choose.
- b. Contact potential appraisers to determine their familiarity with the area where

your residence is located and experience doing relocation appraisals.

- c. Have available any comparable sales of homes in the area that appraisers should consider. Ensure that each appraiser receives this information.
- d. Have the exclusion clause typed into the body of the listing agreement, not just an attachment.
- e. Be sure the home shows to your best advantage and makes a good impression on both buyers and appraisers.
- f. Be knowledgeable about rental rights in the area, such as a time requirement for the issuance of a notice to vacate. A date must be established with the renters to vacate before the offer is accepted.
- g. Make sure the appraisers are aware of any special features or improvements in your home such as a new roof, energy efficient furnace, solar heat, etc.

The Guaranteed Offer

When the appraisals and other inspections are completed, approximately 30 days after the selection of the appraisers, the relocation management company will call you to make a verbal guaranteed offer. The same day, a contract of sale for the guaranteed appraised value offer amount (along with copies of the appraisals and inspections) will be mailed to you.

- o You have sixty (60) calendar days after the date of the verbal offer to accept the guaranteed offer.
- o You are required to market your property for at least thirty (30) days, twenty-one (21) of which must be after the date of the verbal Guaranteed Offer.
- o You may appeal the appraised value or if you sell the house you may amend the value. You must appeal or have an amended offer within the 60 day acceptance period.

Reconsideration Process for Guaranteed Appraised Value Offer:

The relocation management company will provide you standard procedures to request a reevaluation of the “appraised value” offer. The written instructions will be provided in the

package submitted with the appraised value offer. **Reevaluation requests must be completed during the 60 day acceptance period.**

Ask your relocation counselor for further details, if needed. If you think the appraisers missed some important information, ask the listing realtor with which you have your independent listing to research properties and suggest others that may be more applicable. Give this information to your relocation company's counselor.

The best indicators of your home's value in the current market are the offers you receive from interested buyers who respond to your independent listing.

If your home is listed quite a bit higher than your guaranteed offer, analyze the market activity of your home. Have you had many lookers, but no offers? Perhaps you should lower the list price. Have you had one or more offers near your guaranteed offer amount? Use the security for the guaranteed offer to negotiate with your outside buyers, and try to obtain an amended value offer. Your relocation counselor will help you determine the best negotiating strategy.

Remember that you have 60 days to consider the relocation company's offer and to find a buyer who will pay you more. Use that time, and your "safety net" guaranteed offer to market and negotiate aggressively for an amended value offer.

Amended Value Programs

The amount of the contractor's guaranteed offer is the minimum amount you should consider from any potential buyer. If you receive an offer from an outside buyer you may use one of the two options available under the Amended Value Program. These options are:

- (1) Amend from Zero Program - used if you receive an outside offer **before** the appraisal process with the relocation contractor is complete
- (2) Amended Value Sale - used if you receive an outside offer **after** the appraisal process is complete, but before you have accepted the Guaranteed Appraised Value Offer

If you receive an outside offer you should immediately contact the relocation management company. Do not sign any documents or accept any earnest money; doing so will make you ineligible for the Amended Value Programs.

Amended Sale Guidelines:

- o All negotiations with the buyer must be conducted through the relocation company.

- o If the contract requires any buyer inspection contingencies, these must be satisfied before the contractor can accept the offer.
- o The contractor will not accept any offer into the amended value program that is contingent on the sale of the buyer's residence. In addition, financing must be available to the buyer.
- o Any expenses not reimbursable under the Federal Travel Regulation requirements for reimbursement of real estate expenses will be deducted from the outside offer amount. These include, but are not limited to points, repairs, real estate commission exceeding the standard for the area and/or any closing expenses you agree to pay that are not customarily paid by the seller.
- o You will be charged for any carrying costs beyond 60 days from the date you accept the Guaranteed Appraised Value, or to vacate, whichever is later, so do not accept any contracts that call for closing the sale after that time.
- o Once the contractor has reviewed the outside offer and determined it is bona fide, the contractor will amend its Guaranteed Appraised Value Offer price to reflect the net value of your home established by the submitted contract.
- o Upon receipt of all necessary documents from you, the relocation contractor will complete the acquisition of your property and then resell the home to the buyer. The contractor will calculate and forward your equity to you within five (5) working days of the acceptance date.

Home Marketing Incentive Program

A home marketing incentive program of three percent of the selling price, not to exceed \$9,000, will be paid to a transferring employee who uses the Department's relocation services contract and finds a bona fide buyer for their residence that results in an amended value transaction. This program is effective for procurement requests which were approved as of 07/20/98.

Home Marketing Incentive Program Guidelines:

- o The employee must enter their residence in the Department's homesale program;
- o The employee is responsible for marketing their residence, either independently or using a real estate broker;
- o A bona fide buyer for the employee's residence is found as a result of the employee's marketing efforts

- o The title of the residence must be transferred to the relocation services company; and
- o The Department must pay the amended value transaction fee to the relocation services company as a result of the employee's marketing effort
- o The incentive payment will not be made until the Department has received the voucher from the relocation contractor indicating the percentage fee charged for home purchase is for an amended value transaction.

RELOCATION INCOME TAX ALLOWANCE (RITA) AND WITHHOLDING TAX ALLOWANCE (WTA)

What is it?

WTA:

- o an estimated partial payment (advance) of the Relocation Income Tax (RIT)
- o the amount equal to the Federal withholding tax obligation incurred on covered taxable moving expense payments
- o treated as a moving expense, reported as income, and reflected on the employee's W-2
- o included in the detailed breakdown of payments made for moving expenses; provided to the employee at the end of the calendar year in which relocation payments were made
- o does not cover state and/or local tax withholding liability

RITA:

- o authorized for employees transferred on or after November 14, 1983
- o the amount of payment required to cover substantially all of the **estimated** additional federal and state tax liability incurred as a result of the covered moving expense reimbursements received
- o reflected on the employee's W-2 in the year the RITA was paid
- o subject to withholding tax (Federal, FICA, and Medicare)
- o included in the detailed breakdown of payments made for moving expenses; provided to the employee at the end of the calendar year in which relocation payments were made

Guidelines -

- o Taxable and non-taxable items:
 - Taxable:
 - househunting
 - en route meals
 - temporary quarters
 - real estate expenses paid directly to the employee
 - miscellaneous expense
 - additional storage beyond 30 days of storage
 - relocation income tax
 - withholding tax
 - nontemporary storage
 - additional days of storage paid directly to the employee

Non-Taxable:

- en route lodging and transportation
- shipment of household goods
- first 30 days of storage
- non temporary storage

Reimbursement -

WTA:

- o WTA will be calculated and paid on each taxable entitlement by the Travel Division.
- o WTA will be calculated as .388889 multiplied by the amount of the taxable items.
- o Audited copy of the voucher will be mailed to the employee along with an enclosure indicating the amount calculated for WTA and taxes withheld (see Attachment 10).

RITA:

Employees will be notified by the Travel Division, CAP Center, by mail, during the first quarter of the calendar year if eligible for a RITA. Employees will be required to return the following:

- W-2 forms and/or SE Form 1040 (self employment), if applicable, for you and your spouse
- signed travel voucher
- certification statement

The RITA amount will be calculated by the CAP Center and payment will be issued or travelers billed for any excess. If the RITA claim is not received, the entire WTA paid during the year will be considered an excess payment.

The following is an example of the documents mailed to all employees eligible for a RITA.

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO.		
			4. SCHEDULE NO.		
TRAVELER'S	5. a. NAME (Last, first, middle initial)		6. SOCIAL SECURITY NO.		
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO.		
	e. PRESENT DUTY STATION		f. RESIDENCE (City and State)		
			7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S)		
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		10. CHECK NO.	
a. Outstanding		a. DATE RECEIVED		11. PAID BY	
b. Amount to be applied		b. AMOUNT RECEIVED			
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)		c. PAYEE'S SIGNATURE			
d. Balance outstanding					
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupons; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)			Traveler's Initials
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.					
TRAVELER SIGN HERE			DATE	AMOUNT CLAIMED	\$
<i>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</i>					
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (37 U.S.C. 680a).)			17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE			DATE	a. DIFFERENCES, IF ANY (Explain and show amount)	
18. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.		b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials: \$
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE			DATE	d. NET TO TRAVELER \$	
ACCOUNTING CLASSIFICATION					

Complete this information if this is a continuation sheet.

TRAVEL AUTHORIZATION NO

TRAVELER'S LAST NAME

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)
 (a) If the objective includes per diem allowances for members of employer's immediate family, show members' names, ages, and relationships to employee and marital status of children. (unless information is shown on the travel authorization.)
 (b) Show expenses, such as laundry, cleaning and pressing of clothes, tips in hotels, restaurants, etc. (other than for meals).
 (c) Show total subsistence expense incurred for actual expense travel.
 (d) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (d) or maximum rate.
 (e) Show expenses, such as taxi/limousine fares, air fare if purchased with cash, long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

DATE	TIME (Hour and amount)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expense)	ITEMIZED SUBSISTENCE EXPENSES				MILEAGE RATE	MILEAGE	SUBSISTENCE	OTHER	AMOUNT CLAIMED										
			BREAK FAST (a)	LUNCH (b)	DINNER (c)	TOTAL (d)						MISCELLANEOUS SUBSIS TEND (e)	LODGING	TOTAL SUBSISTENCE EXPENSE (f)	NO. OF MILES (g)	(h)	(i)				
		TO CLAIM RITA FOR THE YEAR 199 - THE RITA CERTIFICATION AND REQUIRED SUPPORTING INCOME DOCUMENTATION ARE ATTACHED. THE RITA AMOUNT IS TO BE CALCULATED BY THE CAPITAL ACCOUNTING CENTER.																			
SUBTOTALS																					
TOTALS																					

If additional space is required, continue on another SF 1012-A BACK leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.71, E.O. 11809 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expense incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397 November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances. However, failure to provide the information (other than SSN) required to support the claim may result in delay of reimbursement.

Enter grand total of columns (i), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED

VII. Attachments

Attachment 1

DEPARTMENT OF ENERGY (DOE)
CAPITAL ACCOUNTING CENTER (CAP CENTER)
PERMANENT CHANGE OF STATION (PCS) SURVEY
(to be completed by travelers)

This customer survey is one of the quality efforts being conducted by the CAP Center for continuous improvement in providing better service to our customers. To help us in this endeavor, we would appreciate if you would personally complete this questionnaire. Please be frank and honest in your responses. If you need more space to fully explain an answer or wish to include additional information, a comment section is provided at the end of the questionnaire.

Please return this completed questionnaire to:

Capital Accounting Center
P.O. Box 500
CR-53, Travel Division
Germantown, MD 20874-1290

or fax (301) 903-9972

1. When receiving your initial information packet to fill out, was it clear and easy to understand? Y N

If no, how can we make it clearer? _____

2. Were your entitlements for your move explained to you? Y N

If no, please explain. _____

3. If you had any questions regarding your PCS move, were you able to obtain clarification from our staff? Y N

If yes, whom did you contact? (i.e. CAP Center Travel Division personnel or CAP Center Customer Service personnel) _____

Did you reach a person or did you leave a message on voice mail?

___ Spoke with person ___ Left message

If you left a message, how long did it take to respond to your message?

___ hours ___ days

4. Did you utilize DOE's third party relocation contractor for the sale and/or purchase of a residence? Y N
- Were you satisfied with the service? Y N
- If no, please explain. _____
_____.
5. Were your household goods moved? Y N
- Who moved your household goods? ___ DOE
 ___ DOE's third party relocation contractor
- Were you satisfied with the service? Y N
- If no, please explain. _____
_____.
6. Was everything explained to you, as far as, what would be an additional cost? (i.e. extra pick-up, extra delivery, appliance services.) Y N
- If no, how could we make sure that you are informed of any additional costs? _____
_____.
7. Did you use your government issued travel charge card to get an advance? Y N
- If yes, was it convenient?
- If no, what problems did you have? _____
_____.
8. Did you require assistance in preparation of your travel voucher? Y N
- If yes, please explain. _____
_____.
- Were you informed of where to send your PCS vouchers for reimbursement? (i.e. househunting trip, travel-in, temporary quarters, real estate, RIT) Y N
- If deductions were made on your voucher, was there sufficient explanation? Y N
- If no, how can we make it more clear? _____
_____.

Was your voucher paid within an adequate time frame? Note: Current turnaround time is 10 working days from receipt by CAP Center. Y N

Within how many days was it paid? ___ 1-5 ___ 1-10 ___ over 10

Did you receive a remittance letter stating the amount of payment you should receive? Y N

If no, how did you find out the amount of payment? _____
_____.

9. Overall, please rate the service that you have received from the CAP Center...

1 <i>Never</i>	2	3	4	5	6	7	8	9	10 <i>Always</i>
-------------------	---	---	---	---	---	---	---	---	---------------------

Responsive _____ Courteous _____
Knowledgeable _____ Professional _____
Other. Please explain: _____

_____.

10. Do you have any recommendations that would improve the service provided by the CAP Center? Y N

If yes, please explain: _____

_____.

11. Is there any other service, not currently provided by the CAP Center in relation to PCS, that would be useful to you? Y N

If yes, please explain: _____

_____.

12. Other comments. Please use this space for any comments, keying them to the specific question number, when appropriate. _____

_____.

13. Optional:
NAME: _____
ORGANIZATION: _____
PHONE: _____

Attachment 2

AN AGREEMENT BETWEEN
THE
U.S. DEPARTMENT OF ENERGY
AND

(Name of Employee - **Transferee**)

In consideration of the payment by the Government of the United States of travel, transportation, moving and/ or storage of household goods and personal effects, and allowances as provided in connection with my reporting at _____
(location)
for change of official station, I hereby agree to remain in Government service for a period of 12 months from the effective date of the transfer unless separated for reasons beyond my control and acceptable to the U.S. Department of Energy. In the event that I violate my agreement, I will repay to the United States all moneys expended in my behalf on account of the above-mentioned travel, transportation, moving and/or storage of household goods and personal effects, and other allowances.

(Date)

(Signature)

AN AGREEMENT BETWEEN
THE
U.S. DEPARTMENT OF ENERGY
AND

(Name of Employee - **New Hire**)

In consideration of the payment by the Government of the United States of travel, transportation, moving and/ or storage of household goods and personal effects, and allowances as provided in connection with my reporting to my first official station at _____, I hereby agree to remain in Government service for a (location) period of 12 months from the effective date of the transfer unless separated for reasons beyond my control and acceptable to the U.S. Department of Energy. In the event that I violate my agreement, I will repay to the United States all moneys expended in my behalf on account of the above-mentioned travel, transportation, moving and/or storage of household goods and personal effects, and other allowances.

(Date)

(Signature)

Attachment 3

**INFORMATION SHEET
TO BE COMPLETED BY THE EMPLOYEE
(Signature Required)**

PRINT ALL INFORMATION

Name: _____ SSN: _____

Old Home Address: _____ New Home Address (if known): _____

County: _____ County: _____

Old Home Phone No: _____ New Home Phone No. (if known) _____

Internet Address: _____ New Organization: _____

Present Organization: _____ Transferee _____ New Appointment _____

Address: _____ Date Agreement Signed: _____

_____ New Title: _____

Work #: _____

Fax# _____

Retirement: _____ Address: _____

____ FICA/FERS

____ Medicare/CSRS

Work # (if known): _____

Members of Immediate Family:

DEPENDENT(S) NAME	RELATIONSHIP	BIRTH DATE OF CHILDREN (unmarried and under age 21)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: List any other family members living with you, i.e., children over 21, who are either physically or mentally incapable of self-support; dependent parents; dependent brothers or sisters. If 51 percent of their support is provided by you, show documents to prove this.

Spouse employed by same organization? Yes ___ No ___

Government Issued Travel Charge Card? Yes ___ No ___

TRAVEL-IN:

Travel From:_____ Travel To:_____ Distance:_____

Date to Enter on Duty:_____

Employee Mode of transportation: POV:____ Commercial Air:____ Rental Car:____

Dependent(s) Mode of Travel:_____ Date Travel Begins:_____

If two POVS are required to travel to new duty station, provide justification:_____

REAL ESTATE EXPENSES: (NOT AUTHORIZED FOR NEW APPOINTEES)

Do you intend to sell your residence? Yes____ No____

Do you request participation in Third Party Guaranteed Home Purchase Program? Yes____ No____
(This option is available within the 2 year time limitation for completion of real estate transactions. However, once you reject an offer from the relocation company you will not be eligible for this service again for this move.) For more detailed information contact the CAP Center Travel Division.

Do you need to break a lease? Yes____ No____ What is the estimated amount? _____

What is the estimated real estate value of your old residence?_____

Do you intend to purchase a home at your new duty station? Yes____ No____

What is the estimated purchase price of the new residence?_____

NOTE: If you sign-up with DOE’s third party relocation contractor and you find a bonafide buyer for your house, you may be eligible for the Home Market Incentive Program.

TEMPORARY QUARTERS (NOT AUTHORIZED FOR NEW APPOINTEES)

(Note: Must be justified if househunting trip is authorized)

(CHECK ONE):

- Not Required_____
- Required for employee only_____
- Required for family only_____
- Required for employee and family_____

TEMPORARY QUARTERS (CONTINUED):

Required at origin_____ destination_____ both areas_____

Estimated Dates Required _____

Select the Method of Temporary Quarters Reimbursement: ACTUAL _____ FIXED _____
(NOTE: The selection of fixed rate reimbursement is final and not subject to change at a later date)

ACTUAL REIMBURSEMENT- Receipts are required for lodging and all expenses over \$75.00, authorized 60 initially, if sufficiently justified an extension of another 60 days may be authorized

FIXED REIMBURSEMENT- Receipts are NOT required, paid flat rate not to exceed 30 days,
NO EXTENSIONS ARE PROVIDED UNDER FIXED REIMBURSEMENT.

HOUSEHUNTING TRIP: (NOT AUTHORIZED FOR NEW APPOINTEES)

NOTE: Not to exceed 10 calendar days (must be authorized before taken), if Househunting and Temporary Quarters are authorized, the number of days of Temporary Quarters will be **reduced** by the number of days Househunting.

(CHECK ONE):

Not Required_____

Required for employee only_____ Required for spouse only_____

Required for employee and spouse_____

Number of Days _____

Dates of travel:_____

Mode of transportation: POV:_____ Commercial Air:_____ Rental Car:_____

Select the Method of Househunting Reimbursement requested ACTUAL _____ FIXED _____
(NOTE: The selection of fixed rate reimbursement is final and not subject to change at a later date)

ACTUAL REIMBURSEMENT: Receipts are required for lodging and all expenses over \$75.00, authorized the lesser of the maximum per diem for the locality where employee seeks residence or for the locality where the employee obtains lodging.

FIXED REIMBURSEMENT : Receipts are not required , paid flat rate based on formula below :

Locality rate at new duty station X 6.25 - If employee and spouse travel together

Locality rate at new duty station X 5 - For either employee or spouse traveling alone

TRANSPORTATION OF HOUSEHOLD GOODS (NTE 18,000 POUNDS)

NOTE: The government will pay for one lot shipment from point A to point B. Any additional stops will be at the employee's expense.

BY EMPLOYEE _____

BY DOE's THIRD PARTY RELOCATION CONTRACTOR _____

Shipment of goods required? Yes____ No____

Approximate Move Date:_____

Estimated Weight:_____ lbs. (Approximately 1,000 lbs. per room)

Any professional books to be moved? Yes____ No____

(Note: List all books/approval from new hire that the books are needed in performance of duty/weighed separate from other items)

Is a mobile home involved? Yes____ No____

TEMPORARY STORAGE

Will temporary storage be needed? Yes____ No____

Return this signed form to:

**Capital Accounting Center
Travel Branch ME143.1
P.O. Box 500
Germantown, MD 20875-0500
FAX #301-903-5240**

Please Note:

Do not incur expenses in anticipation of relocation until you have received your written authorization.

Selection of reimbursement method for temporary quarters and househunting may not be changed at a later date.

Signature:_____

Date:_____

If you have any questions, you can contact Travel Audit at (800) 832-0890 extension 38969 or (301) 903-8689 or via e-mail at PCS.Travel@HQ.DOE.GOV. You can also access the Federal Travel Regulation at <http://www.policyworks.gov/fttr>.

Information on your taxes

As an employee who is transferring within the Federal Government, you are entitled to a Relocation Income Tax Allowance (RITA). The purpose of this RITA is to reimburse you for substantially all of the additional federal and state income taxes incurred as a result of certain travel and transportation expense reimbursements and relocation allowances provided by the Government. The Withholding Tax Allowance (WTA) is an estimated partial payment (advance) of the total RIT allowance and is added to your relocation claim if it is a taxable item. The WTA is calculated by multiplying the amount subject to tax withholdings by 38.889%.

The following items will show up as taxable items on your W-2 in the calendar year in which they are paid:

1. Househunting trip
2. En route meals
3. Temporary Quarters
4. Real estate expenses paid directly to the employee
5. Miscellaneous Expense
6. Additional temporary storage beyond the first 30 days
7. Relocation Income Tax
8. Withholding Tax Allowance (WTA)
9. Non-temporary storage (CONUS)
10. Additional days of storage that is paid directly to the employee
11. Home Sale Incentive (this is not subject to WTA payment.)

Employees are notified by mail during the first quarter of the following calendar year if eligible for RITA. Employees will be required to complete and return the self explanatory package.

If further information is needed, please access the Federal Travel Regulation (FTR) at the following internet address: <http://www.policyworks.gov/fttr> or contact us at our PCS Assistance Line at (301) 903-8689 or via e-mail pcs.travel@hq.doe.gov.

Your signature below acknowledges that you understand that the WTA is included in the amounts that are reimbursed to you. When you submit your RITA voucher, it will be determined if you have been overpaid or underpaid. You also agree to submit your RITA voucher for processing when requested. If you do not submit your RITA voucher than it is considered an overpayment to you and the CAP Center will set up a billing request for reimbursement.

(Signature)

(Date)

Attachment 4

DIRECT DEPOSIT FOR TRAVEL

I hereby authorize the Department of Energy to send my travel payments directly to the account indicated below:

Bank's Routing Number

Account Number

Is this a Checking or Savings Account _____ C _____ S

Are you a current DOE employee? _____ Yes _____ No

If yes, is this the account used for your net salary deposit?
_____ Yes _____ No

Current Home Address: _____

City: _____ State _____ Zip _____

Social Security # _____

Work Phone Number _____ Fax Number _____

10 Digit Organization Code# _____

Print Name: _____

Signature: _____

Please FAX the completed form to 301-903-5240 or mail to Systems Operations/Customer Service Team, ME-142 Room C-280, GTN.

Attachment 5

Employee Application Request for Relocation Services

Employee and Spouse Names: _____

Employee Social Security No.: _____

Mailing Address if different than the address to be sold: _____

Old Duty Station: _____

New Duty Station: _____ Phone: _____

Reporting Date: _____

Do you intend to sell your house through relocation service company? Yes ___ No ___

Provide following information if requesting Guaranteed Home Purchase Service:

a. Address of Residence to be sold: _____

including Zip Code: _____

b. Name(s) of Titled Homeowner(s): _____

c. Are all individuals who are listed as titled homeowner(s) members of your immediate family?: Yes _____ No _____

d. Is the residence shown in the address above your residence at the time you were first definitely informed by competent authority of your transfer? Yes _____ No _____

e. Type of dwelling: single-family home ___ duplex ___ apt ___ farm ___ other ___

f. Estimated acreage of residence property: _____

g. Estimated selling price: \$ _____

h. Mileage distance of residence from old duty station: _____

Please check services interest in obtaining:

- Guaranteed Home Purchase Program
- Home Marketing Assistance
- *Management of Household Goods Shipment and Storage
- Home Search Assistance
- Mortgage Counseling

Additional Services that are available at employee's expense:

- Rental Home Finding
- Spouse Employment Counseling

Office Phone Number _____ Home Phone Number _____

Fax Number _____ Email Address _____

I prefer to be contacted by relocation service company at _____

(Phone, fax no. –Area Code)

_____ (time of day)

Employee Signature

Date

*If household goods are in storage, please provide the storage address: _____

Attachment 6

TRAVEL VOUCHER
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OR OFFICE

2. TYPE OF TRAVEL

TEMPORARY DUTY
 PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial)
c. MAILING ADDRESS (Include ZIP Code)
e. PRESENT DUTY STATION

b. SOCIAL SECURITY NUMBER

6. PERIOD OF TRAVEL

a. FROM

b. TO

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION

a. NUMBER(S)

b. DATE(S)

f. RESIDENCE (City and State)

10. CHECK NO.

8. TRAVEL ADVANCE

9. CASH PAYMENT RECEIPT

11. PAID BY

a. Outstanding

b. Amount to be applied

c. Amount due Government

(Attached: Check Cash)

d. Balance outstanding

a. DATE RECEIVED

b. AMOUNT RECEIVED

\$

c. PAYEE'S SIGNATURE

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7).

Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
				FROM (e)	TO (f)

13 I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE

DATE

AMOUNT CLAIMED

\$

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE

DATE

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

\$

a. DIFFERENCES, IF ANY (Explain and show amount)

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION

Certifier's Initials:

\$

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):

\$

d. NET TO TRAVELER

\$

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.

b. D.O. SYMBOL

c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE

DATE

18. ACCOUNTING CLASSIFICATION

Attachment 7

EARNINGS, LEAVE AND BENEFITS STATEMENT

Employing Agency	For Pay Period	Begin Date	End Date	Pay Date
U.S. Department of Energy	200212	05/19/02	06/01/02	06/13/02

Remarks: *** EMPLOYEE IS RESPONSIBLE FOR VERIFICATION OF PAY, DEDUCTIONS AND LEAVE ***
 IF YOU HAVE ANY QUESTIONS CALL YOUR SERVICING HUMAN RESOURCE OFFICE
 OPEN SEASON FOR THRIFT SAVINGS PLAN NOW UNTIL JULY 31, 2002
 USE EMPLOYEE SELF SERVICE (ESS) TO UPDATE CONTRIBUTIONS
 VERIFY HOME ADDRESS. SUBMIT CHANGES TO PERSONNEL OFFICE
 OR USE EMPLOYEE SELF SERVICE TO UPDATE ADDRESS, TAX WITH
 HOLDING, AND ALLOTMENTS ON HTTP://CHRIS.INEL.GOV/

Employee Name & Address	Block/Timekeeper	Statement #	U.S. Savings Bond Data					
			Denomination	Beginning Balance	Current Deduction	Purchased		Ending Balance
	HQ 351 / 001	3660				Number	Amount	

Pay Entitlements	Pay Period Amount	Year to Date	Deductions from Pay	Pay Period Amount	Year to Date
REGULAR 80:00 HRS	4,588.00	54,636.80			
CASH AWARD	.00	2,560.00	CSRS RETIREMENT (1)	321.16	3,824.58
HOUSEHOLD MOVES-PCS-TAXABLE	.00	1,337.93	MEDICARE	65.15	832.64
**** TOTAL GROSS PAY ****	4,588.00	58,534.73	YTD WAGES SUBJECT TO MEDICARE		57,424.61
EXCLUDABLE REIM. MOVING EXP.	.00	120.00	FEDERAL INCOME TAX	1,013.33	13,157.58
Agency Contributions			SINGLE/ 0 EXEMPTS/ 0 EXTRA/ YTD WAGES		53,779.37
CSRS	390.44	4,649.60	STATE TAX VIRGINIA	264.46	3,375.07
HEALTH BENEFITS	223.41	2,625.74	SINGLE/ 0 EXEMPTS/ 40 EXTRA/ YTD WAGES		53,779.37
MEDICARE	65.15	832.64	HEALTH BENEFITS - PRE-TAX SAVINGS ALLOTMENT # 1	600.00	7,200.00
			THRIFT SAVINGS PLAN	321.16	3,645.24
			CASH ADVANCE	.00	870.31
			**** TOTAL DEDUCTIONS ****	2,680.09	34,015.54

			* NET PAY TO BANK	1,907.91	

Pay Entitlements:	
Household Moves-PCS Taxable	Taxable PCS entitlements and the Withholding Tax Allowance (WTA) Temporary Quarters, Misc. Expense, House hunting Trip, Real Estate, Storage over 30 days, En-route Meals
Excludable Reim. Moving Expense	Total of non-taxable entitlements Storage of household goods for the 1 st 30 days, En-route lodging and transportation, Shipment Of household goods
Non-Cash Fringe Benefits	Non-taxable entitlements Storage of household goods for the 1 st 30 days, En-route lodging and transportation, Shipment of household goods
PCS Non-taxed	Additional Storage of household goods over 30 days, paid to a third party
Deductions from Pay:	
Cash Advanced	Taxable PCS entitlements and the Withholding Tax Allowance (WTA), minus the Federal Tax Withholding And the FICA/Medicare

a Control number		OMB No. 1545-0008					
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Employee's social security number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name			11 Nonqualified plans		12a P		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
 Copy 1 For State, City, or Local Tax Department

2001

Department of the Treasury—Internal Revenue Service

Block Number on W-2 Form	Which Reimbursements are Included
1,3,5	Amounts paid to employee or third party for House Hunting Travel En route Meals Temporary Quarters Miscellaneous Expense Storage of Household Goods beyond 30 days Relocation Income Tax Withholding Tax Allowance Extended Storage of Household Goods and amounts paid directly to the employee for Real Estate Expenses
2	Federal Tax Withheld from Amounts reimbursed to Employee
4,6	F.I.C.A and Medicare Withheld from amounts Reimbursed to Employee
12P	Shipment of Household Goods First 30 days of Storage of Household Goods En Route Lodging and Transportation

Attachment 8

EMPLOYEE MOVING EXPENSE INFORMATION (IRS FORM 4782)

Name:
SSNR:
TA #:

Moving Expense Payments		(a) Amount paid to employee		(b) Amount paid to a third party for employee's benefit and value of services furnished in kind		(c) Total Add columns (a) and (b)	
1.	Transportation and storage of household goods and personal effects.	1					
	(HG) Shipment of Household Goods						
	(FS) First 30 Days of Storage						
	(AS) Additional Storage Beyond 30 Days - paid to third party						
	(AE) Additional Storage Beyond 30 Days - paid to employee						
	(CS) Extended Storage (CONUS)						
	(OS) Extended Storage (O'CONUS)						
2.	Travel and lodging payments for expenses of moving from old to new home. Do not include meals.	2					
	(EL) En Route Lodging and Transportation						
3.	List all other payments (specify). Note: These amounts must be included in the employee's income.	3					
	(HH) Househunting						
	(EM) En Route Meals						
	(TQ) Temporary Quarters						
	(RE) Real Estate						
	(MI) Miscellaneous Expense						
	(RI) Relocation Income Tax						
	(WT) Withholding Tax Allowance						
4.	Total payments for moving expenses					4.	

Attachment 9

U.S. DEPARTMENT OF ENERGY
EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED
UPON SALE OR PURCHASE (on separate form for each) OF RESIDENCE UPON CHANGE
OF OFFICIAL STATION

See instructions below

I. EMPLOYEE - CLAIMANT

Name	Mailing Address	Check Applicable Box if Earlier Claim for Real Estate Expenses Submitted for this Transfer. <input type="checkbox"/> YES <input type="checkbox"/> NO
------	-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

II. TRANSFER DATA

Old Official Station	New Official Station	Date of Notification of Impending Transfer
Travel Authorization Number and Date	Date Reported for Duty at New Official Station	Date Service Agreement Signed

III. RESIDENCE PROPERTY DATA

ITEM	OLD OFFICIAL STATION	NEW OFFICIAL STATION
COMPLETE ADDRESS OF RESIDENCE		
NUMBER OF DWELLING UNITS ON PROPERTY		
SALE AND/OR PURCHASE PRICE	\$	\$
DATE OF CLOSING OR SETTLEMENT		
AMOUNT OF EXPENSE BEING CLAIMED	\$	\$

EMPLOYEE CERTIFICATION(S)

I hereby certify that the amount claimed in connection with the above sale represents only amounts actually paid by me and that title to the property was in my name and/or a member of my immediate family and was my residence when first definitely informed of my transfer.		I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property was in my name and/or a member of my immediate family and is my new residence.	
Signature of Employee	Date	Signature of Employee	Date

IV. APPROVALS

A. SALE EXPENSES -		B. PURCHASE EXPENSES -		C. FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT -	
The expenses of the sale applied for above are hereby approved as being (1) reasonable in the amount and (2) customarily paid by a seller in the locality where the property is located.		The expenses of the purchase applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a buyer in the locality where the property is located.		Payment of this claim is approved in the amount of	
<input type="checkbox"/> As Claimed	<input type="checkbox"/> As Reduced, Per Attached Memo	<input type="checkbox"/> As Claimed	<input type="checkbox"/> As Reduced, Per Attached Memo	\$ _____	
If amount approved is less than amount claimed, see attached memo.					
Signature	Date	Signature	Date	Signature	Date
Title		Title		Title	

INSTRUCTIONS

A. EMPLOYEE - CLAIMANT	B. HEAD OF OFFICE
<ol style="list-style-type: none"> Prepare application in triplicate, completing Parts I, II, and III of front and enter all applicable amounts and totals on reverse side. Attach one complete set of documents required to support claim-sales agreement between buyer and seller, settlement or loan closing statement, invoices and statements to support other items claimed for reimbursement, etc. These should be photo or picture copies, as they will not be returned. Be sure you have signed the employee certification(s). Prepare and attach an appropriate agency travel voucher form, or SF-1012, Travel Voucher. (Record total amounts claimed on this form on the travel voucher.) Submit original and first copy of application and supporting documentation, together with SF 1012 or other appropriate agency travel voucher form, to the head of your office at new official station or to the appropriate official designated by your department or agency. Retain second copy of the application. 	<ol style="list-style-type: none"> For Sales: Send original and copy of the application, together with the supporting documentation and travel voucher, to the head of the office at the locality of the claimant's old official station as provided in the Federal Travel Regulations (FTR) for handling and execution of the approval (see item IV.A) by him, or his designee, who will return the package to you. For Purchases: Approval of the claim must be executed by the head of the office, or his designee, at the locality of the claimant's new official station (unless agency review and approval functions are performed elsewhere). (See item IV.B.) Final administrative approval of payment of the claim must be executed by an appropriate approving official. (See item IV.C.) Such official shall independently determine in accordance with the provisions of the FTR, the propriety of all reimbursements claimed (except with regard to reasonableness and whether customarily paid). In this connection, all vouchers for reimbursement of real estate expenses incident to the same transfer shall be examined. SF 1012, or other appropriate agency travel voucher form, shall be completed and submitted following usual procedures accompanied by the original application and supporting documents. File the copy of the application with the office copy of the voucher.

PRIVACY ACT INFORMATION STATEMENT. Collection of the information requested is authorized by Federal Travel Regulation, 41 CFR 302-6.3 issued under authority of Executive Order 11609. Compliance is voluntary; however, if the information is inadequate or incomplete, reimbursement of expenses claimed may be delayed or disallowed.

The information will be reviewed by DOE to determine that all items claimed are proper for payment, to authorize payment, and to audit the account by the General Accounting Office to verify the accuracy and legality of payment; and by the Treasury Department to issue a check.

18 U.S.C. SECTION 1001; ACT OF JUNE 25, 1948; 62 STAT. 749; MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR PRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS WITHIN ITS JURISDICTION.

2 COSTS INCURRED AND PAID IN SELLING RESIDENCE AT OLD OFFICIAL STATION OR PURCHASING RESIDENCE AT NEW OFFICIAL STATION LOCATION (OR BOTH)

ITEM	EXPLANATION	FORMER RESIDENCE	NEW RESIDENCE
1. BROKERAGE FEES:	The sales commission paid to a broker or real estate agent for selling former residence. Total of line #700 on HUD-1 form (Settlement Statement).	\$	
2. ADVERTISING:	Expenses paid for advertising when a direct sale is made without the services of a real estate broker or real estate agent.	\$	
3. APPRAISAL FEE:	The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
4. REIMBURSABLE ITEMS: (All items taken from the HUD-1 form) (Only with proper justifications)..... (Only with proper justifications).....	801. Loan Origination Fee 803. Appraisal Fee 804. Credit Report 805. Lender's Inspection Fee 1301. Survey 1302. Pest Inspection	\$	
5. REIMBURSABLE TITLE CHARGES: (All items taken from the HUD-1 form)	1101. Settlement or closing fee 1103. Title examination 1104. Title insurance binder 1105. Document preparation 1106. Notary fees 1107. Attorney's fees 1108. Title insurance 1109. Lender's coverage	\$	
6. GOVERNMENT RECORDING AND TRANSFER CHARGES/TAXES (All items taken from the HUD-1 form)	1201. Recording fees 1202. City/county tax/stamps 1203. State tax/stamps	\$	
7. OTHER INCIDENTAL EXPENSES:	Such other reasonable and customary charges or fees paid as may be authorized and not properly includable in items listed above (Itemize and explain; if necessary, attach separate sheet):	\$	\$
TOTAL - FORMER RESIDENCE.....		\$ 1-3	
TOTAL - NEW RESIDENCE.....			\$ 2-3

NOTE: In accordance with the real estate provisions of the FTR, cost of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. Notwithstanding the above, no fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title 1, Public Law 90/321, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

FOOTNOTES:

1. These are expenses which may be reimbursed when initially authorized, but it shall not exceed 10% of the sale price of the prevailing amount that is in effect as of October 1 of the year that you transfer.
2. The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of purchase price or amount limited to as of October 1 of that year, whichever is the smaller.
3. If property is multiple family unit type (excluding condominium) expenses will be prorated and allowed for residence unit only.

Attachment 10

From: U. S. Department of Energy
Capital Accounting Center
Travel Branch, ME-143.1
P.O. Box 500
Germantown, MD 20875-0500

Date: _____

To: _____

Subject: Permanent Change of Station (PCS) Voucher
Travel Authorization Number _____

This notice confirms processing for the above PCS travel authorization.

Total Amount Claimed on Voucher Less Deductions (see attachment for statement of adjustments)	\$ _____	(A)
Amount Above Subject to Tax Withholdings (Taxable Items Based on Omnibus Budget Reconciliation Act of 1993)	\$ _____	(B)
WTA (line B x .369863014 (see note 1) (enter zero for new Government employee)	\$ _____	(C)
Federal Tax (line B x 27%) + (line C x 27%)	\$ _____	(D)
State Tax (line B x state rate) + (line C x state rate)	\$ _____	(E)
Retirement Withholdings (line B x rate) + (line C x rate) (FICA rate .0765 / Medicare rate .0145)	\$ _____	(F)
Less New Amount of Tax Adjustments (lines D+E+F)	\$ _____	(G)
Less Amount of Advance Recouped	\$ _____	(H)
Net Amount to be Reimbursed to the Traveler	\$ _____	(I)

Note 1: If you are an employee transferring from another Federal Government Agency to DOE or within DOE, then you are entitled to a relocation income tax (RIT) allowance and, therefore, eligible for a withholding Tax Allowance (WTA) payment. If you are a new Government employee, then you are not entitled to a RIT nor WTA. The purpose of a RIT allowance is to reimburse you for substantially all of the additional federal and state income taxes incurred by you as a result of certain travel and transportation expense reimbursements and relocation allowances provided by the government. The WTA is an estimated partial payment (advance) of the total RIT allowance and is added to your relocation claim if it is a taxable item. The WTA is calculated by multiplying the amount subject to tax withholdings (B) by 36.9863014%.