

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? _____
_____.

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 #: _____ Routing Symbol: _____

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 DOE TRANSPORTATION OFFICE _____
BY DOE's THIRD PARTY RELOCATION CONTRACTOR _____
(only if utilizing relocation services for real estate)

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 Division
 P.O. Box 500
 Germantown, MD 20875-0500
 FAX #301-903-9972

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 PCS TRAVEL

I hereby authorize the Department of Energy to send my travel reimbursements directly to the following institution:

Name of Institution: _____

Routing #/Check Digit (1st 9 digits at bottom of check) _____

Accounting Number _____ Checking or Savings _____

Employee Information

Social Security Number

Phone Number

Printed Name

Routing Symbol

Signature

Date

Please fax this form and your Information Sheet to the Capital Accounting Center, Travel Division on (301) 903-9972.

Attachment 5

Employee Application Request for Relocation Services

Employee Name(s): _____

Old Duty Station: _____

New Duty Station: _____

Change of Station Authorization No: _____

Reporting Date: _____

Provide following information if requesting 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 interested 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 _____

I prefer to be contacted by relocation service company at _____
(Phone - & Area Code)

(time of day)

Employee Signature Date

Attachment 6

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 SIGNATURE	5. NAME (Last, first, middle initial)		6. SOCIAL SECURITY NO.			
	MAILING ADDRESS (Include ZIP Code)		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S)			
	8. PRESENT DUTY STATION	9. RESIDENCE (City and State)	10. CHECK NO.			
11. TRAVEL ADVANCE		12. CASH PAYMENT RECEIPT				
a. Outstanding		a. DATE RECEIVED	b. 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		13. 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) ▶ Traveler's Initials				
		AGENT'S VALUATION OF TICKET <i>(a)</i>	ISSUING CARRIER <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>	
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. <i>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.)</i>				17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
				a. DIFFERENCES, IF ANY (Explain and show amount)		
APPROVING OFFICIAL SIGN HERE ▶				DATE		
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): \$		
				d. NET TO TRAVELER ▶		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶				DATE		
ACCOUNTING CLASSIFICATION						

Attachment 7

REMARKS: *** EMPLOYEE IS RESPONSIBLE FOR VERIFICATION OF PAY, REDUCTIONS AND LEAVE ***

VERIFY HOME ADDRESS. SUBMIT ANY CORRECTIONS TO PAYROLL.

EMPLOYEE NAME - ADDRESS - TELEPHONE - STATEMENT NO.

HQ 512/320 3499

SAVINGS BONDS DATA			
PLAN	BALANCE	PURCHASES	ENDING BALANCE

PAY ENTITLEMENTS				DEDUCTIONS FROM PAY			
		P/P AMOUNT	YEAR TO DATE			P/P AMOUNT	YEAR TO DATE
REGULAR	80:00 HRS	2,185.60	52,135.20	FERS RETIREMENT (K)		17.48	417.04
PERFORMANCE AWARD		.00	1,911.00	FICA (SOCIAL SECURITY PORTION)		137.00	3,987.78
INTEREST PAYMENT		.00	.15	YTD WAGES SUBJ TO FICA (SOCIAL SECURITY)			64,318.79
HOUSEHOLD MOVES-PCS-TAXABLE		.00	10,807.59	FICA (MEDICARE PORTION)		32.04	932.68
REMOTE WORKSITE (INEL)		24.00	60.00	YTD WAGES SUBJ TO FICA (MEDICARE)			64,318.79
EXCLUDABLE REIM. MOVING EXP.		.00	9,682.33	FEDERAL INCOME TAX		210.12	6,296.25
ADJUST		9,067.38		MARRIED/ 4 EXEMPTS/ 0 EXTRA/ YTD WAGES			60,649.35
**** TOTAL GROSS PAY ****		2,209.68	64,519.94	STATE TAX MARYLAND (MONTGOMERY)		150.99	6,489.57
				MARRIED/ 1 EXEMPTS/ 0 EXTRA/ YTD WAGES			60,649.35
AGENCY CONTRIBUTIONS							
		P/P AMOUNT	YEAR TO DATE	HEALTH BENEFITS		50.03	1,206.58
FERS		233.66	5,912.87	THRIFT SAVINGS PLAN (FUND G)		30.25	912.36
HEALTH BENEFITS		134.94	3,232.78	THRIFT SAVINGS PLAN (FUND F)		15.30	364.92
FICA (SOCIAL SECURITY PORTION)		137.00	3,987.78	THRIFT SAVINGS PLAN (FUND G)		99.44	2,572.11
FICA (MEDICARE PORTION)		32.04	932.68	COMBINED FEDERAL CAMPAIGN		6.00	132.00
TSP BASIC FUND (G)		5.46	120.33	CASH ADVANCE		.00	6,109.04
TSP BASIC FUND (F)		2.19	52.11	THRIFT SAVINGS PLAN LOAN		30.23	727.92
TSP BASIC FUND (C)		14.21	338.95	THRIFT SAVINGS PLAN LOAN		160.53	1,926.36
TSP MATCHING FUND (G)		21.86	521.26	**** TOTAL DEDUCTIONS ****		947.52	31,974.64
TSP MATCHING FUND (F)		8.74	208.59				
TSP MATCHING FUND (C)		55.83	1,355.54				

				* NET PAY TO BANK		1,262.08 *	

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, enroute meals
Excludable Reim. Moving Expense	Total of non-taxable entitlements - Storage of household goods for the 1st 30 days, enroute lodging, Shipment of household goods
Non-Cash Fringe Benefits	Non-taxable entitlements - Storage of household goods for the 1st 30 days, enroute lodging, 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's 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 name, address, and ZIP code		11 Nonqualified plans		12 Benefits included in box 1			
		13		14 Other			
		16 Salaried employee <input type="checkbox"/>		17 State wages, tax, etc.		18 State income tax	
		19 Locality name		20 Local wages, tips, etc.		21 Local income tax	
		22 Other		23		24	

(1)

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement **1997**

Copy 1 For State, City, or Local Tax Department

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 Non Temporary 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 and 6	F.I.C.A. and Medicare Withheld from Amounts Reimbursed to Employee
13 P.	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) Non Temporary Storage (CONUS)				
(OS) Non Temporary 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

EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED UPON SALE OR PURCHASE (OR BOTH) 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 No. 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 is 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 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

1. Prepare application in triplicate, completing Parts I, II, and III of face and enter all applicable amounts and totals on reverse side.
2. 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).
3. 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.)
4. 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.

B. HEAD OF OFFICE

1. 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.
2. 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.)
3. 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.
4. 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 Trade Regulation, 41 CFR, 302-5.3, 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.

This information will be reviewed by DDE 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.

LOSIS 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.	\$	
	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 -----			\$ 2-3/

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 I, Public Law 90/321, 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 \$10,526, whichever is the smaller. (Amount 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 \$9,263, whichever is the smaller. (Amount 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.

Attachment 10

From: U. S. Department of Energy
Capital Accounting Center
Travel Division
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 .388889 (see note 1) (enter zero for new Government employee)	\$ _____ (C)
Federal Tax (line B x 28%) + (line C x 28%)	\$ _____ (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 38.8889%.