# CIVILIAN PERMANENT CHANGE OF STATION PCS TRAVEL VOUCHER GUIDE

HOW TO COMPLETE THE DD 1351-2



Thank you for your service to the nation and thank you in advance for referring to this guide as you prepare your travel vouchers. We have customer service personnel, who stand ready to assist you in completing documentation necessary to ensure timely and proper payment.

This "How to" guide is intended for all Civilian PCS Travelers serviced by DFAS Columbus Travel Pay Services. It provides step-by-step procedures in preparing a travel voucher so it is "pay ready" upon submission. The goal with this guide and other travel information pamphlets is to assist you, the traveler, in receiving faster payment. Submitting "pay ready" vouchers to the Defense Finance and Accounting Service Columbus will assist us in providing you a timely and accurate payment..

## Defense Finance and Accounting Service Columbus Center Travel Pay Services





# Civilian PCS Travel Pay Customer Service Inquiries

# Please contact the agency or official issuing your travel orders for specific assistance with the Travel order, DD form 1614. For information regarding the processing of or explanation of payment for PCS vouchers processed by DFAS Columbus Travel Pay Services you may contact us at:

Toll Free 614-693-6331	1-800-756-4571 Option 4 Commercial
DSN	869-6331
PCS Voucher submissions can be sent by fax to:	216-367-3422 (DSN 580-7833)
(any one of the following)	216-367-3423 (DSN 580-7834),
	216-367-3424 (DSN 580-7835)
PCS Advance Requests <i>only</i> can be sent by fax to:	216-367-3428 (DSN 580-7839)
Civilian Set-up or Change; Fax information to:	216-367-3430(DSN 580-7841)
Disbursing EFT Payment Tracer	1-800-756-4571 Option 3

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# **VERY IMPORTANT INFORMATION**

# Incomplete information will stop your claim from being paid!

Here are 10 common errors that can stop your claim from being paid:

- 1. EFT / Direct Deposit Information is not included with claim
- 2. Personal information is not accurate or incomplete on DD Form 1351-2 (blocks 1-14).
- 3. Incomplete itinerary (block 15) on DD Form 1351-2.
- 4. Missing traveler's official signatures/dates (blocks 20 a & b) on DD Form 1351-2.
- 5. Missing Reviewer/Approving Official signatures/dates (blocks 20 c & d) on DD Form 1351-2.
- 6. Missing orders (DD Form 1614) and / or any and all amendments.
- 7. Order, DD Form 1614, or amendments are incorrect or incomplete.
- 8. Missing supporting documentation such as receipts for lodging or any expense of \$75.00 or more.
- 9. Missing or improperly completed DD Form 2912 for Temporary Quarters Subsistence Expenses
- 10. Missing or improperly completed certification statement with Miscellaneous Expense Allowance

# **Other helpful hints:**

- ✤ If you use your own personal vehicle as mode of travel, block 16 must be completed.
- If you are authorized TDY enroute, please ensure that your orders reflect accurate and complete TDY information. Although your TDY enroute information should be included on your PCS order; in some cases, you may receive separate orders. Please submit copies of any/all orders received.
- All previous advances received related to the PCS Travel (non-submission of previous payment data can result in delays of payment).
- ✤ Receipts for all lodging, regardless of amount.
- ✤ All receipts for expenses incurred for \$75.00 or more must be submitted.
- Be sure to include a copy of your travel orders, DD form1614, with any amendments each time you submit a claim.
- DIRECT DEPOSIT: Employees must submit direct deposit information to establish or change their financial institution for PCS Travel reimbursements.
- Additional information regarding claims discussed in this booklet are also available in the DFAS Columbus Pamphlet for Civilian Permanent Duty Travel (PDT) at: <u>http://www.dfas.mil/travelpay/dodagencies/permanentdutytravelpdt.html</u> or in the Joint Travel Regulation (JTR) Volume II Chapter 5 which can be found on the web at: <u>http://www.defensetravel.dod.mil/perdiem/trvlregs.html</u>
- Often times several vouchers (DD Form 1351-2) will be submitted during the PCS transition to the new duty station. Blocks 1 -14 will be completed in similar fashion each time and in accordance with the guidance below. However please remember as you locate permanent residence to provide a current address to which information including your W2 Form may be sent. Also be sure to update you email address and duty station phone number if and as those changes occur.

#### Instructions for completing a DD Form 1351-2 for Renewal Agreement Travel

#### Block 1: PAYMENT

Electronic Funds Transfer (EFT) is mandatory absent a waiver from your agency. You may submit a SF 1199, DD 2762, or other documentation as long as it contains the following to ensure payment is properly transferred to your account:

- $\checkmark$  The Traveler's name
- ✓ The Traveler's SSN
- ✓ The Traveler's address
- $\checkmark$  The routing number
- $\checkmark$  The account number
- ✓ Whether the account is Checking or Savings

SPLIT DISBURSMENT when available requires an "x" in the block requesting it and the dollar amount to be sent to the Government Travel Card. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card.

- Block 2: Name: Last name, first name, and middle initial of Employee.
- Block 3: Grade of the Employee.
- Block 4: Social Security Number of Employee.
- Block 5: Indicate "PCS" and "Member/Employee" for employee only. Indicate "PCS", Member/Employee", Dependent(s) – for employee and dependents. Indicate "PCS" and "TDY' – for TDY enroute.

Indicate "PCS", "Dependent(s)" – for dependent(s) travel only.

- Blocks 6a-6d: Valid mailing address for receipt of advice of payment.
- Block 6e: Valid e-mail address.
- Block 7: Daytime telephone number in the event DFAS Columbus should need to make contact.
- Block 8: Order number which is listed on the orders or amendments, (See DD Form 1614 Block 25), provided to the employee.
- Block 9: List any and all previous payments paid from any finance office pertaining to the travel period being claimed. List "0.00" if you have not received any payments and "?" if you are not certain.
- Block 10: Do Not Use Leave Blank.
- Block 11: Employee's new duty station address where employee is being assigned. (See DD Form 1614 Block 8).
- Blocks 12-14: Dependent(s): If you have moved dependents from duty station to home or record (HOR) and back, then follow steps on the next page to complete this portion.
  \*\*\* Note: Mark "accompanied" if family traveled with employee or "unaccompanied" if family is traveling separate from the employee
  - (i.e., employee is already at the PCS location). If employee only is traveling, then mark "unaccompanied."
- Block 12a: List last name, first name, and middle initial of all dependents.
- Block 12b: List the relationship to the employee.

Block 12c: List the date of birth of dependent children and date of marriage for spouse.

Block 13: List the address where dependents were residing at time PCS orders were received.

Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

- a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day. Next to "DEP" list the date departed for next stage of trip Next to "ARR" list the date arrived at your New Permanent Duty Station.
- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: List any lodging expense incurred while en route. In the case of Renewal Agreement Travel when an overnight stop is incurred a memorandum from the TMO office clearly indicating overnight stops are required and why would is required. (List any Tax for Lodging in Block 18)
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.
- Block 16: POC Travel: If a privately owned conveyance was used, then you must indicate whether POC is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to / from a terminal, then annotate Own/Operator.
- Block 17: Indicate the total duration of travel.
- Block 18: Reimbursable Expenses:
  - a: List the date the expense was incurred.
  - b: List the type of expense (i.e., taxi fares).
  - c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the travel to or from the Home of Record during Renewal Agreement Travel

In such a case note in:

a: Date the meals were provided.

b: Number of meals provided by the government with no cost to the traveler.

\*\* Note: If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate "Ded" or "Gov" next to the number of meals.

- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the fact by the AO.

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#### PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(8): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filling system for filling and retrieving individual olaims.

ROUTINE USE(8): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal Income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

#### PENALTY STATEMENT

There are severe oriminal and olvil penalties for knowingly submitting a faise, flotitious, or fraudulent claim (U.3. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3728).

#### INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

#### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and

amendments, as applicable.

Two copies of dependent travel authorization if issued.

Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.

4. Copy of GTR, MTA or ticket used.

5. Hotel/motel receipts and any item of expense claimed in an

- amount of \$75.00 or more.
- 6. Other attachments will be as directed.

#### ITEM 16 - ITINERARY - SYMBOLS

160. MEAN 8/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note) Government Transportation	-т -б	Automobile - A Motorcycle - M
Commercial Transportation		Bus - B
(Own expense)	- C	Plane - P
Privately Owned		Ral - R
Conveyance (POC)	- P	Vessel - V

Note: Transportation tickets purchased with a CBA must not be claimed in item 18 as a reimbursable expense.

16d. REASON FOR STOP

Authorized Delay Authorized Return Awaiting Transportation		Leave En Route - LV Mission Complete - MC Temporary Duty - TD
Hospital Admittance Hospital Discharge	- HA	Voluntary Return - VR

ITEM 15e. LODGING COST Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when fumlshed with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4126-A3g and JTR, par. C4664-B for definition of deductible meals). Meals fumlshed on commercial alrcraft or by private individuals are not considered deductible meals.

#### 28. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

- THE TRAVELER MAY USE THIS SPACE TO CLARIFY ANY ADDITIONAL TRAVEL-RELATED ISSUES SUCH LEAVE OR TDY DATES
- 2. REFLECT EXCHANGE RATES WHEN APPLICABLE
- 3. LIST/ EXPLAIN ANY ADDITIONAL EXPENSE AUTHORIZED AFTER THE FACT.
- IF APPROVING OFFICIAL HAS SPECIFICALLY APPROVED AUTHORIZED ITEMS, THEN IT CAN BE CITED HERE WITH THEIR INTIALS; THIER SIGNATURE AND DATE ARE REQUIRED TO BE PLACED IN BLOCK 21a-21d.

DD FORM 1351-2 (BACK), MAR 2008

### Instructions for completing a DD Form 1351-2 for House Hunting Trip (HHT)

Block 1 –Block 11: Complete as directed on page 4 of this booklet.

- Blocks 12-14: Dependent(s): Dependent children may travel on a House Hunting Trip but at employee (not government) expense.
  If your dependent spouse is traveling from previous duty station or residence to new duty station, then follow steps below to complete this portion. \*\*\*Note: Mark "accompanied" if spouse traveled with employee or "unaccompanied" if spouse traveled separate from the employee. If employee only traveled, then mark "unaccompanied".
- Block 12a: List last name, first name, and middle initial of spouse.
- Block 12b: List the relationship to the employee.
- Block 12c: List the date of marriage for spouse.
- Block 13: List the address where dependents were residing at time PCS orders were received.
- Block 14: Indicate whether household goods have been shipped.
- Block 15: Itinerary
  - a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day. Next to "DEP" list the date departed for next stage of trip

Next to "ARR" list the date arrived at your New Permanent Duty Station.

- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.
- Block 16: POC Travel: Must indicate whether POC is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.
- Block 17: Indicate the total duration of travel.
- Block 18: Reimbursable Expenses:
  - a: List the date the expense was incurred.
  - b: List the type of expense (i.e., taxi fares).
  - c: List the amount of the expense.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

- Block 22: Leave Blank Finance Office use only.
- Blocks 23-28: Leave Blank Finance Office use only.
- Block 29: Used to clarify anything out of the ordinary, such as:
  - Indicate any and all leave periods during TDY.
  - Clarify any additional travel-related issues.
  - Reflect exchange rates when working with foreign currency.
  - List/explain any additional expense authorized after the Fact by the AO.

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# Instructions for completing a DD Form 1351-2 for En route Travel to New Duty Station

Block 1 –Block 11: Complete as directed on page 4 of this booklet. Blocks 12-14: Dependent(s): If you have moved dependents from previous duty station or residence to new duty station, then follow steps on the next page to complete this portion. \*\*\*Note: Mark "accompanied" if family traveled with employee or "unaccompanied" if family is traveling separate from the employee (i.e., employee is already at the PCS location). If employee only is traveling, then mark "unaccompanied".

Block 12a: List last name, first name, and middle initial of all dependents.

- Block 12b: List the relationship to the employee.
- Block 12c: List the date of birth of dependent children and date of marriage for spouse.
- Block 13: List the address where dependents were residing at time PCS orders were received.

Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.

Next to "DEP" list the date departed for next stage of trip Next to "ARR" list the date arrived at your New Permanent Duty Station.

- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: Must indicate whether POC (Privately Owned

Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.

Block 17: Indicate the duration of travel en route.

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred.
- b: List the type of expense (i.e., taxi fares).
- c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the enroute travel to the New Duty Station. In such a case note in:

- a: Date the meals were provided.
- b: Number of meals provided by the government with no cost to the traveler.

\*\* Note: If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate "Ded" or "Gov" next to the number of meals.

- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

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## Instructions for completing a DD Form 1351-2 for POV Pick up / Drop Off Expenses

Block 1 –Block 11: Complete as directed on page 4 of this booklet.

Blocks 12: Dependent(s): Mark "Unaccompanied". Note:

- There is no reimbursement for dependent transportation or per diem related to this entitlement.
- Block 13-14: Leave Blank

Block 15: Itinerary

a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.

Next to "DEP" list the date departed for next stage of trip Next to "ARR" list the date arrived at your New Permanent Duty Station.

- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: Leave Blank; lodging/perdiem is not reimbursable with this claim.
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.

Block 16: POC Travel: Must indicate whether POC (Privately Owned

Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.

Block 17: Indicate the duration of total travel.

Note: no per diem is reimbursable with this entitlement.

- Block 18: Reimbursable Expenses:
  - a: List the date the expense was incurred.
  - b: List the type of expense (i.e., taxi fares).
  - c: List the amount of the expense.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note:** Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

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# Instructions for completing a DD Form 1351-2 for POV Shipment Within CONUS

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure \*\*\* Please ensure your current address is provided with each claim submission. \*\*\* Blocks 12 through 17: Do not require completion with the POV Shipment within CONUS Claim Block 18: Reimbursable Expenses:

- a: List the date the POV was shipped.
- b: List "POV Shipment CONUS"
- c: List the amount being claimed for POV Shipment.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29

and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

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# Instructions for completing a DD Form 1351-2 for Movement & Storage of Household Goods (HHG)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure \*\*\* Please ensure your current address is provided with each claim submission. \*\*\* Blocks 12 through 17: Do not require completion with the Household Goods (HHG) Block 18: Reimbursable Expenses:

- a: List the date the HHG were moved / shipped.
- b: List "House Hold Good Move"; on subsequent lines you can detail expenses.
- c: List the amount being claimed for each expense listed in (b.).
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.
- Note: Approving officer must list additional expenses authorized in block 29

and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

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# Instructions for completing a DD Form 1351-2 for Temporary Quarters Subsistence Expense (TQSE)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure \*\*\* Please ensure your current address is provided with each claim submission. \*\*\* Blocks 12 through 17: Do not require completion with the Temporary Quarters Subsistence Expense Block 18: Reimbursable Expenses:

- a: List the date TQSE period being claimed began and / or ended  $% \mathcal{A}_{\mathrm{S}}$
- b: List "TQSE"
- c: List the amount being claimed for TQSE.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.
- Note: Approving officer must list additional expenses authorized in block 29

and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

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# Instructions for completing a DD Form 1351-2 for Miscellaneous Expense Allowance (MEA)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure \*\*\* Please ensure your current address is provided with each claim submission. \*\*\* Blocks 12 through 17: Do not require completion with the Miscellaneous Expense Allowance (MEA) Block 18: Reimbursable Expenses:

- a: List the date MEA is being claimed; date should be consistent with MEA Statement.
- b: List "MEA" or "Miscellaneous Expense Allowance". If claiming "Itemized MEA", then after that statement list each expense to be considered.
- c: List the amount being claimed for MEA:
  - (1) \$ 500 single
  - (2) \$1,000 family
  - (3) When itemizing list each individual amount for each expense listed in (b.) above

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29

and must include date signed in Block 21a.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
  - Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

Block 22: Leave Blank - Finance Office use only.

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# Instructions for completing a DD Form 1351-2 for Real Estate / Unexpired Lease/ Relocation Services

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

\*\*\* Please ensure your current address is provided with each claim submission. \*\*\*

#### Blocks 12 through 17: Do not require completion with claims for Real Estate, Unexpired Lease, or

Relocation Services

Block 18: Reimbursable Expenses:

a: List the date of the closing or approval of the Real Estate, Unexpired Lease, or HMIP

- b: Depending on the claim list "Real Estate Sale", Real Estate Purchase", Unexpired Lease Expenses", or "HMIP; Home Marketing Incentive Payment".
- c: List the total amount being claimed for the expense listed in (b.) above.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of
- traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

**Note**: Approving officer must list additional expenses authorized in block 29

and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
  - Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the
  - Fact by the AO.

**Note:** For Home Marketing Incentive Payments you are provided with an approved (signed by the authorizing/order-issuing official) source document with the computed payment for HMIP. Currently, an official DoD source document for payment of HMIP does not exist. The document submitted for payment may be a locally developed form, for attachment to the travel claim (DD Form 1351-2). Agencies may assign personnel to administer the HMIP process and paperwork. The form, at a minimum, must contain the following information:

- 1. Employee's name (last, first, middle initial)
- 2. Employee's social security number
- 3. Employee's present position, title, grade
- 4. Current organization
- 5. Current duty phone number
- 6. Detailed computation of the HMIP clearly showing how the approved amount was compared to the maximums per JTR, par. C15103, and determined to be the lesser of the following:
  - a. One to five percent of the price the relocation service company paid when it purchased the residence from the employee, to include the approved percentage (1% to 5%) and the price the relocation company paid or the buyout offer amount on the residence;
  - b. \$10,000
  - c. One half of the savings realized from the reduced fee/expenses paid as a result of the employee finding a bona fide buyer and the sale is closed, to include the percentages relative to the relocation company's service costs. <u>Note</u>: The Relocation Services Company must complete the amended sale transaction and submit the employee's real estate invoice for payment before the HMIP computation can be computed.
- 7. Authorizing/order-issuing official's signature
- 8. Traveler's signature

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# Instructions for completing a DD Form 1351-2 for Relocation Income Tax Allowance (RITA)

Blocks 1 through 11 - Are completed as with all previous vouchers in this brochure \*\*\* Please ensure your current address is provided with each claim submission. \*\*\*

Blocks 13 through 17 - Do not require completion with the RITA Claim

Block 18: Reimbursable Expenses:

a: List the date your are filing the Relocation Income Tax Allowance (RITA).

- b: Depending on the claim list "Real Estate Sale", Real Estate Purchase", Unexpired Lease Expenses," or "HMIP; Home Marketing Incentive Payment."
- c: List the total amount being claimed for the expense listed in (b.) above.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29

and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
  - List/explain any additional expense authorized after the Fact by the AO.

**Note:** The RIT allowance is authorized to reimburse you for substantially all of the additional Federal, State, and Local income taxes incurred as a result of the additional PCS travel entitlements. You are eligible for this allowance if you were transferred on or after November 14, 1983, in the interest of the government from one official station to another for permanent duty. Employees that are not eligible for this allowance include:

- 1. New appointees
- 2. Employees assigned under the Government Employees Training Act
- 3. Employees returning from overseas assignments for purpose of separation

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## Civilian Permanent Change of Station (PCS) Travel Pay - Supplementals

- Q. What do I do when I feel I have been paid in error?
- A. When it is suspected that an error and/or omission has been made in the payment of a travel voucher, please get with your Defense Military Pay Office (DMPO) as the starting point to resolve any questions on your voucher.
- Q. What do I do when an error or omission has occurred?
- A. When an error or omission has occurred, submit a supplemental claim back through your local reviewing official
- Q. How do I prepare a supplemental claim?
- A. DFAS Columbus Customer Service will walk you thru the steps to complete a supplemental claim.

At a minimum, a supplemental claim must include:

- a. A DD Form 1351-2 marked "SUPPLEMENTAL". Provide a full explanation of the item(s) of expense in question on the new DD Form 1351-2 or on a separate sheet of paper.
- b. A copy of the Advice of Payment for the original payment made on the voucher in question.
- c. A copy of the initial DD Form 1351-2 and continuation sheets (if any).
- d. One copy of the orders and amendments.
- e. A copy of all supporting documentation applicable to the supplemental claim. If not available, provide a written statement attesting to the accuracy of items claimed for which no receipt is available. Statements should reflect the same information that would have been on the receipt had it been available.

### **Box text for Block 15:**

## "Means/Modes of Travel" (Two letter code)

First:

- **T** Government provided ticket (no out of pocket cost to traveler)
- **G** Government transportation (no out of pocket cost to traveler)
- **C** Commercial transportation (traveler personally purchases transportation)
- **P** Privately Owned Conveyance

## Second:

- A Automobile
- M Motorcycle
- **B** Bus
- **P** Plane
- **R** Rail

Common combinations:

- PA Private auto
- CA Commercial auto (taxi)
- **TP** Government provided airfare (no cost)
- **CP** Commercial airfare (traveler purchased)

### "Reason for Stop" (Two letter code)

- **AD**: Authorized Delay is used for overnight stays or if delayed at airport over midnight.
- **AT:** Awaiting Transportation is used when waiting for other modes of travel. This is usually conducted in same day travel, no overnight at terminal.
- **HA:** Hospital Admittance is used to indicate inpatient care at a medical treatment facility or hospital .
- **HD:** Hospital Discharge is used to indicate discharge from inpatient care.
- **TD:** Temporary Duty is used to indicate time spent performing official business at a location other than the old or new permanent duty station (PDS).
- **LV:** Leave is used to indicate time away from military duty; either on site, at home of residence or chosen location.
- MC: Mission Complete is used to conclude

travel. "MC" for Permanent Change of Station (PCS) indicates the date the entitlement being claimed is executed to the new PDS. For example, MC for en route travel is the date the member arrives at the new PDS to report for duty. MC for a Personally Procured Move is the date the Household Goods (HHG) arrive at the new PDS.

## Publication acknowledgments/credits

Prepared by the DFAS Columbus Travel Pay Services

Attached are some other forms common to Civilian PCS Travel Claim submissions. These are only samples designed to give an idea of what a form might look like. Please refer to your agency or to our PAMPHLET FOR CIVILIAN PERMANENT DUTY TRAVEL (PDT) which is located on our website along with some other helpful tools at: http://www.dfas.mil/travelpay/dodagencies/permanentdutytravelpdt.html

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HUNTING		SUBSISTENCE EXI	PENSE	YES	NO
YES NO	<b>—</b>	YES NO		COMMUTED R	
ACTUAL EXPENSE	FIXED	ACTUAL EXPENSE	FIXED		BILL OF LADING (GBL)
b. NUMBER OF DAYS (In 16, OTHER AUTHORIZE		6. NUMBER OF DAYS AU	THORIZED	b. NET WEIGHT A	17. DEPENDENT TRAVEL
TEMPORARY STORA		UNEXPIRED LEASE			CONCURRENT
NONTEMPORARY STORA		RELOCATION INCOME TAX			DELAYED
RELOCATION SERVIC					EARLY RETURN
PROPERTY MANAGE		MISCELLANEOUS EXPENSE			NOT AUTHORIZED
REAL ESTATE EXPEN		TRAVEL ADVANCE AUTHO			
18a. DEPENDENT TRAV			5. TO Many PDSI		
19. DEPENDENTS					
a. NAME (Last, First, Mi	dde Initiel)		6. RELATIONSHIP		c. DATE OF BIRTH (YYYYMMDD)
20. ESTIMATED COST				21. TRANS	ORTATION AGREEMENT
a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL		) (X ane)
				YES	NO
S	s	S	\$ 0.00		D (YYYYMMDD)
	SECTIO	N II - AUTHORIZATI	ON FOR OFFICI	AL TRAVEL	
22. ACCOUNTING CIT/	ATION				
23. APPROVING OFFIC a. TITLE	JAL		5 SIGNATURE		
a. 111LE					
24. AUTHORIZING/ORD	CD LOCUING OFFICIAL		L	-	ATION ADDRESS
a. TITLE	ARTISSOING OFFICIAL	5 SIGNATURE		e. OHGAMZ	A TION ADDRESS
25. TRAVEL AUTHORIZ	ATION NUMBER		26. DATE ISSUE	D (YYYYMMOD)	
DD FORM 1614, M	AY 2003	PREVIOUS EDITIO	ON IS OBSOLETE.		Adobe Professional 8.0

PRIVACY	ACT	STATEMENT
(5)	U.S.C.	#552a)

AUTHORITY: 5 U.S.C. 555701, 5702; and E.O. 9397 (SSN).

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

ROUTINE USE(S): None.

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

SECTION III - A	ADMINISTRATIVE	INFORMATION
-----------------	----------------	-------------

27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS: (Losing/Geining Activity - provide the address to where the employee should submit this claim for final disbursement.)

28. REMARKS OR OTHER AUTHORIZATIONS (Use this space for special requirements, leave, excess beggege, etc., or other extensistion.) This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

DD FORM 1614 (BACK), MAY 2003

		AL ESTATE SALE A					XPENSE	5
AUTHORITY: 5 USC 5724 and PRINCIPAL PURPOSE[5]: Used purchase of their primary resider ROUTINE USE[5]: None. DISCLOSURE: Voluntary; howe personal information requested in	l by DoD civilian nce due to a pe wer, completion	<ol> <li>employees to request n rmanent change in their</li> <li>of this form is necessar</li> </ol>	duty stations.	of real est				
<ol> <li>Prepare an original and one of II, or III and enter all applicable a 2. Attach one complete set of r Please submit copies as the doc 3. Submit Travel Voucher or Su</li> </ol>	amounts and to required support uments are not ibvoucher, DD 1	nbursement for Real Est; tals in Columns (1) and ( ting documents, e.g., sal <i>returned</i> . Sign and date Form 1351-2, along with	<ol> <li>of Part V, or es agreement b in the applicat the original DI</li> </ol>	n the back between b ble Employ D Form 17	k of this buyer and yee Certi 705 and	form. d seller, settler ification block. copies of supp	nent state orting do	ment, etc.
your supervisor. Retain a copy		plication and the original	s of all support	ting docun	nents for	r your personal	files.	
PART I EMPLOYEE INFORMAT						le ZIP Codel		
NAME (Lest, First, Middle Initia)     Was a real estate claim PR		2. SOCIAL SECURITY NO		NG ADURE	55 (inclue	te 2/P Cade/		
THIS PCS TRANSFER? (X one)	YES	NO						
PART II - TRANSFER INFORMAT	TION							
5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMOD)	6. OLD DUT	Y STATION LOCATION		7. NEW (	DUTY ST/	ATION LOCATIO	N	
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD)	E -	9. DATE TRANSPORTATI (YYYYMMDD)	ON AGREEMENT	SIGNED		TE REPORTED FO		T NEW DUTY
PART III - RESIDENCE INFORMA	TION	a. PROPERTY AT C	DUD DUTY STAT	ION	Ь.	PROPERTY AT	NEW DUT	Y STATION
11. COMPLETE RESIDENCE ADDRES (Include apartment number and .		123 OLD STREET DAVENPORT, IA 528	01					
12. NUMBER OF DWELLING UNITS			1					
13. CLOSING OR SETTLEMENT DAT	TE (YYYYMMDD)	2009	0610					
14. SALE AND/OR PURCHASE PRIC	E	\$ 862,000.00			S			
15. TOTAL EXPENSES CLAIMED		\$ 61,916.20			\$			
EMPLOYEE CERTIFICATION(S)								
<ol> <li>SALE OF OLD RESIDENCE         <ol> <li>certify that the amounts claims             zale represent only amounts actually             in my name and/or a member of my             primary residence when I was first d</li> </ol> </li> </ol>	paid by me, that immediate family,	title to the property was , and that this was my	purchase repres	t the arriou cent only ar ly name an	nta claime mounta ac	d in Part V in co tually paid by m	e, and that	
a. EMPLOYEE SIGNATURE		6. DATE (YYYYMMDD)	a. EMPLOYEE	SIGNATUR	RE		b. DAT	Е (ҮҮҮҮММОО)
YOUR SIGNATURE		20090615						
(To be reviewed/completed b 1. For Sales and Purchases: Se and copies of the supporting do 2. Submit the original DD Form to the appropriate payment appr	and the original currents to the 1705 and copi roving official in	Reimbursement for Real official designated to ap es of the supporting doc the paying office.	<i>tial designated</i> Estate Sale and prove the reaso	by the co d/or Purch mablenes	hase Clos s of the (	sing Cost Expe expenses itemi	nses, DD ized in Pa	Form 1705, rt V.
PART IV - MANAGEMENT APPR	ROVAL INFORM							
<ol> <li>SALE EXPENSES The cale expenses claimed in P approved as being reasonable in any customarily paid by a seller in the lo property is located.</li> </ol>	<ol> <li>PURCHASE EXPENSE The purchase expense approved as being reasons customarily paid by a buys property is located.</li> </ol>	es claimed in Par ble in amount an	nd br	Payn of: \$_(	nent of this claim 51,000.00	is approv	d in the amount	
AS CLAIMED X AS REDUCED (See attached m	emol	AS CLAIMED AS REDUCED (See a	ttached memol			ched memo.	s less then	amount claimed,
a. SIGNATURE	b. DATE	a. SIGNATURE	b. DA	TE	a. SIGN	ATURE		b. DATE
Reviewer Signature	(YYYYMMOD) 20090618		(77)	YYMMDD)	AO Si	ignature		(YYYYMMDD) 20090619
e. TITLE Reviewing Official Title		e. TITLE	·		e. TITU Appio	e wing Official	(AO)Tit	le
DD FORM 1705, OCT 20	02	PREVIOUS	EDITION IS OB	SOLETE.		Reset		dobe Professional 7.0

	TOTAL AM	DUNTS PAID
EXPENSE ITEM AND EXPLANATION	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE A NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The calec commission paid to a broker or real estate agent for calling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	\$ 51,720.00	
22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	s	
<ol> <li>APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested cale price for the residence.</li> </ol>	s	
24. LEGAL AND RELATED FEES: The amount(z) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	\$ 790.00	s
25. MISCELLANEOUS COSTS: Amount: paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except item a, below); however, depending on local custom and practice, the seller may be required to pay some of them.		
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage zecurity instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	s	
<ul> <li>LENDER'S APPRAISAL FEE: The amount paid for the mortgages or lender's charge for residence appraisal.</li> </ul>		S
c. FHA OR VA APPLICATION FEE	s	s
d. CERTIFICATION FEE: The amount paid for any required certification as to the structural soundness or physical condition of the property, e.g., lender's inspection fee, past inspection, radon test, etc., if required by the mortgages and/or lender, FHA or VA.	\$ 1,407.00	s
<ul> <li>CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgages and/or lender, FHA or VA.</li> </ul>	s	s
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender'z, title incurance only. A mortgage incurance policy on the life of the borrower and the additional cost for an owner'z title policy are NOT reimburzable expenses.	s	s
g. ESCROW AGENT'S FEE: The amount paid to an excrew agent, title company, or zimilar entity used to close a real estate transaction.	s	S
h. CITY/COUNTY/STATE TAX STAMPS	s	S
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	\$ 7,974.20	s
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	\$ 25.00	s
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1), See Footnotes 1 and 3)	\$ 61,916.20	
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2), See Factinates 2 and 3)		\$ 0.00

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, morigage 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. 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 by the Board of Governors of the Federal Reserve System.

Footnotes:

1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.

2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.

3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

DD FORM 1705 (BACK), OCT 2002

		L ESTATE SALE AI					PENSE	5
AUTHORITY: 5 USC 5724 and PRINCIPAL PURPOSE(S): Used purchase of their primary reside ROUTINE USE(S): None. DISCLOSURE: Voluntary; howo personal information requested	I by DoD civilian nce due to a per aver, completion	employees to request re manent change in their o of this form is necessar	imbursem duty statio	ent of				
<ol> <li>Prepare an original and one ( II, or III and enter all applicable 2. Attach one complete set of <i>Please submit copies as the doc</i> 3. Submit Travel Voucher or Si your supervisor. <u>Retain a copy</u></li> </ol>	amounts and tot required support uments are not ubvoucher, DD F	als in Columns (1) and (, ing documents, e.g., sal <u>returned.</u> Sign and date orm 1351-2, along with	te Sale an 2) of Part es agreem in the app the origin	d/or F V, on ent b plicabl	the back etween b le Employ Form 17	of this form. uver and seller, settleme vee Certification block. 05 and copies of support	nt state rting doo	ment, etc.
PART I - EMPLOYEE INFORMAT	TON							
1. NAME (Leat, First, Middle Initial) Doe, John M.		2. SOCIAL SECURITY NO 000-00-0000			G ADDRES Street	SS (Include ZIP Code)		
<ol> <li>WAS A REAL ESTATE CLAIM P THIS PCS TRANSFER? (X one)</li> </ol>		ITTED FOR EXPENSES FOR	Coh	umbus	s, OH 43	216		
PART II - TRANSFER INFORMA	TION							
5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMDD)	Rock Island	_			Columbu			
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 2009	0501	9. DATE TRANSPORTATI (YYYYMMDD)	ON AGREE		SIGNED	10. DATE REPORTED FOR STATION (YYYYMM)		20090602
PART III - RESIDENCE INFORM/	ATION	a. PROPERTY AT C	DED DUTY S	TATIO	N	b. PROPERTY AT N	EW DUT	Y STATION
11. COMPLETE RESIDENCE ADDRE (Include apertment number and						123 New Street Columbus, Ohio 43216		
12. NUMBER OF DWELLING UNITS							1	
13. CLOSING OR SETTLEMENT DA	TE (YYYYMMDD)					2009	0902	
14. SALE AND/OR PURCHASE PRIC	E	\$				\$ 287,900.00		
15. TOTAL EXPENSES CLAIMED		\$				\$ 6,858.95		
EMPLOYEE CERTIFICATION(S)								
<ol> <li>SALE OF OLD RESIDENCE         <ul> <li>certify that the amounts claim sale represent only amounts actually in my name and/or a member of my primary residence when I was first r</li> </ul> </li> </ol>	y paid by me, that immediate family,	title to the property was and that this was my	I certif purchase r	y that aprece t in my	the amount only and name and	RESIDENCE ntz claimed in Part V in conj nountz actually paid by me, d'or a member of my immed	and that	title to the
a. EMPLOYEE SIGNATURE		b. DATE (YYYYMMDD)	a. EMPLO	OYEE S	SIGNATUR	E	b. DAT	E (YYYYMMOD)
			YOUR	SIGN	ATURE		2	0090905
(To be reviewed/completed	by the employee	MANAGEMENT				mmending officer of the	omolow	no'r artivity I
<ol> <li>For Sales and Purchases: S and copies of the supporting do</li> <li>Submit the original DD Form to the appropriate payment app</li> </ol>	and the original l currents to the 1705 and copie	Reimbursement for Real official designated to ap as of the supporting doc	Estate Sal prove the i	e and reasor	or Purch	ase Closing Cost Expenses of the expenses itemize	es, DD ed in Par	Form 1705, t V.
PART IV - MANAGEMENT APP	ROVAL INFORM	ATION						
18. SALE EXPENSES The cale expenses claimed in F	at V are	19. PURCHASE EXPENSE The purchase expense		in Part	× •	20. PAYMENT APPROVAL Payment of this claim i		
approved as being reasonable in am oustomarily paid by a seller in the lo property is located.	ount and	approved as being reasons customarily paid by a buye property is located.	ble in amou	ant and		ef: \$ 6,858.95	2 approve	
AS CLAIMED AS REDUCED (See attached m	emo)	AS CLAIMED	tteched me	ma)		If amount approved is I see attached memo.	ess than	amount claimed,
a. SIGNATURE	b. DATE (YYYYMMOD)	a. SIGNATURE Reviewer Signature	Ь		YMMDD)	a. SIGNATURE AO Signature		b. DATE (YYYYMMDD)
e. TITLE		c. TITLE		2009	90910	c. TITLE		20090913
DD FORM 1705, OCT 20	02	Reviewing Official T: PREVIOUS		S OP1	OLETE	Approving Official (.		le dobe Professional 7.0
				_		Decet		NAME OF TAXABLE PARTY.

	EODM	1705	OOT.	2002	
$\mathbf{v}$	FORM	1/05.		2002	
_			_		

	TOTAL AM	OUNTS PAID	
EXPENSE ITEM AND EXPLANATION	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2 PURCHASE FOR NEW RE NEW DUTY	EXPENSES SIDENCE A
21. SALES/BROKER'S COMMISSION FEES: The calec commission paid to a broker or real estate agent for saling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	s		
22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	s		
<ol> <li>APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.</li> </ol>	s		
24. LEGAL AND RELATED FEES: The amount(z) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	s	s	596.04
25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.			
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	s		
<ul> <li>LENDER'S APPRAISAL FEE: The amount paid for the mortgages or lender's charge for residence appraisal.</li> </ul>		s	300.00
c. FHA OR VA APPLICATION FEE	s	\$	0.00
d. CERTIFICATION FEE: The amount paid for any required certification at to the structural coundness or physical condition of the property, e.g., lender's inspection fee, past inspection, radon test, etc., if required by the mortgages and/or lender, FHA or VA.	s	s	7.50
<ul> <li>CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgages and/or lender, FHA or VA.</li> </ul>	s	\$	15.50
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title insurance only. A mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	s	<b>s</b> ;	1,285.04
g. ESCROW AGENT'S FEE: The amount paid to an eccrow egent, title company, or zimilar entity used to close a real estate transaction.	s	s	545.00
h. CITY/COUNTY/STATE TAX STAMPS	s	<b>S</b> 1	1,727.67
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	s	s	79.00
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customary charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	s	s a	2,303.20
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1), See Footnotes 1 and 3)	\$ 0.00		
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnates 2 and 3)		s	6,858.95

<u>Note:</u> Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, morigage 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. 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 by the Board of Governors of the Federal Reserve System.

Footnotes:

1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.

2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.

3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

DD FORM 1705 (BACK), OCT 2002

#### RELOCATION INCOME TAX ALLOWANCE (RITA) / STATUS CERTIFICATION FORM

 I certify that the following information, which is to be used in calculating the RIT allowance to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or by my spouse and me) with the applicable Federal, State, and Local (specify which) tax authorities for the <u>2009</u> tax year.

2) <u>GROSS COMPENSATION</u> as shown on attached IRS Form(s) W-2, 1099R(s) showing \*non-disability Military pay and, if applicable, net earnings (or loss) from self-employment income shown on attached Schedule SE (Form 1040):

	Forms W-2	Forms 1099R*	Schedule SE	
Employee	\$63,042.00	\$	\$	
Spouse	\$_42,080.00	\$	_ \$	
(if filing jointly		Total ( <u>All columns</u> )	\$105,122.00	
3) FILING ST.	ATUS Specify the fil	ing status that was (or v	will be) claimed on IRS F	Form 1040 (Please circle one below)
Single	Head of Household	Married Filing Jo	oint Married Filin	g Separate
4) PRINTED }	NAME OF EMPLOY	EE FRED P. DO	Έ	

5) <u>STATE TAX RETURNS</u> Since most non-deductible moving expense reimbursements will be taxed at the new location, the Federal Travel Regulations do not provide for a RIT allowance related to state taxes at the employee's old location.

However, in very <u>limited circumstances</u>, the employee may be subject to state taxes in two states at the <u>new location</u>. This would be true if the employee's state of residence at the new location and the state where the employee worked at the new location were different and <u>both taxed the employee's RIT income</u> – without either of these states allowing an adjustment or credit for this double taxation.

If either state allows an adjustment or credit for this double taxation, then the RIT allowance is based on the other state's tax rate – otherwise, it is based on the sum of the tax rates for both states at the new location.

List below the name(s) of the state(s) which taxed your non-deductible moving expense reimbursements for this tax year.

OH	JA	
State	State	

6) LOCAL TAX RETURNS If the employee incurs an additional local income tax liability as a result of moving expense reimbursements. Specify the name of <u>all</u> localities <u>and</u> the applicable tax withholding rate (s), i.e. 1%, 2%, etc. for this tax year. These local tax rates are expressed as a percent of one of the following: income, federal tax or state tax, and are to be listed in the "Type of Tax" column. <u>Please contact your local tax authorities if you are unsure of these items.</u>

Locality	Percent	Type of Tax	
N/A	N/A	N/A	

The above information is true and accurate to the best of my knowledge. I (we) agree to notify the appropriate DOD component official of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustment to the RIT allowance can be made. The required supporting documents, including a signed and dated DD Form 1351-2 with 3 copies of my travel orders, and all claimed income W-2s, etc., are attached. Additional documentation will be furnished if requested.

I (We) further agree that if the 12 month services agreement required by the Joint Travel Regulation (JTR), Vol II, Paragraph C4001-A is violated, the total amount of the RIT allowance will become a debt due the U.S. Government.

<ol><li>Employee's Signature</li></ol>	***** THIS FORM MUST BE SIGNED BY EMPLOYEE *****	Date_3/8/2009
--	--	---------------

Spouse's Signature (If joint tax return(s) were filed	) **MUST SIGN WHEN JOINT	FILING CLAIMED** Date 3/8/2009

Social Security Number 123-45-6789 Employee

Spouse (if applicable)

<u>PRIVACY ACT STATEMENT</u> Collection of this information is authorized by 5 U.S.C., Section 5724b and 10 U.S.C. Section 136. The use of an individual's Social Security Number for purposes related to Federal income taxes is authorized by 26 U.S.C., Section 6109. The Social Security Number will be used to verify the individual employee's identity. The information furnished or submitted with this form is confidential and will be used to calculate the employee's RIT allowance. Failure to provide this information could preclude or delay processing of your RIT Allowance.