



# Civilian Relocation

## Travel Voucher Guide

*Civilian Relocation Travel Voucher Guide  
Updated October 2016*

*Authorizations for many entitlements are agency discretion and must be documented on DD 1614 for reimbursement.*

*Your Human Resources office should provide you with mandatory PCS counseling prior to your relocation (Chapter 5, Part B, Section 1- 5510)*

*Before expenses are incurred, be sure you have signed the Transportation Agreement (DD Form 1617 or DD Form 1618) as well as received and reviewed your travel orders (DD 1614)*

*Guidance can change regarding all aspects of travel at any time which is updated on the [www.dfas.mil](http://www.dfas.mil) website*



# Civilian Relocation

## Travel Voucher Guide

### **A note to our valued customers:**

Thank you for your service to our great nation and thank you in advance for referring to this guide as you prepare your travel voucher(s). This “how to” guide is intended for all Civilian Relocation Travelers serviced by DFAS Rome Travel Pay Services. It provides step-by-step procedures in preparing a travel voucher so it is “pay- ready” upon submission. Submitting “pay ready” vouchers will allow DFAS to provide you with a timely and accurate reimbursement. Allow yourself time to read through all of this information very carefully as it will significantly assist you with submitting your claims. If your voucher is incomplete or has errors, you will be notified by email as long as you have provided this contact information with your claim (see block 6e of the 1351-2). When your corrections are submitted, your new claim business date will be the day your corrections are received, not the date of your original submission. **Your claim will not be expedited as we process first in/first out. Do your best to take a few extra minutes to submit your claim correctly the first time and avoid frustration and delays.** Reminder, your credit card bill and any late fees will be your responsibility, regardless of when reimbursement occurs. Keep this in mind when utilizing it. When your reviewer signs and dates your voucher in block 20C – 20F (required on all travel vouchers) they are verifying it is a pay ready submission.

### **Items to Keep In Mind**

- All emails ending in DFAS.MIL are no longer valid! If you are using an address ending in DFAS.MIL, we will not receive your email. See pages 5-6 of this handbook for how/where to submit your claim(s).
- An advance is a loan. See page 8-10 for help and information regarding your travel advance.
- Majority of your reimbursements are taxed at a rate of 32.65 %. This is extremely important to be aware of because it will ultimately reduce your reimbursement. See taxable entitlements, WTA and RITA.
- Be sure to have a legible email address in block 6e of your 1351-2 travel voucher as this is how DFAS will contact you.
- Monitor your email for status (including junk/spam as sometimes our emails go there) and follow the directions extremely carefully if you receive a return notification. Be sure to send back to the appropriate address, do not hit reply. Also, be sure to send the Bar Code when advised to do so, but only when specifically advised to do so. This will allow your corrections to attach to your pending claim, which will automatically reassign to the examiner for continued processing. However, this will not expedite your claim and the Bar Code should only be used within the allowable time frame, per your notification. Sending the Bar Code if/when you are not specifically advised to do so will result in lost submissions.
- Once a claim is paid, even partially, disregard the Bar Code from all future use. If you need to submit a supplemental for additional reimbursement, do not use the Bar Code. If you do, your corrections will attach to a closed claim, and we will not know they were received.
- To check on the status of your claim, please utilize your **myPay (under Travel Voucher Advice of Payment (AOP) or try the [Online Payment Status Tool](#)** These tools, along with email notifications, will provide you with updates, as your claim moves through our system. And don't forget to watch your emails!



# Civilian Relocation

## Travel Voucher Guide

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## Civilian Relocation Forms & Statements

### **BLANK FORMS**

[DD Form 1618  
Transportation Agreement – CONUS](#)

[DD Form 1617  
Transportation Agreement – OCONUS](#)

[Request for Civilian PCS Advance Form](#)

[SF 1199 – Direct Deposit Form](#)

[Withholding Tax Allowance \(WTA\) Form](#)

[DD Form 1614  
Travel Orders \(to be provided by your agency\)](#)

[DD Form 1351-2 Travel Voucher](#)

[DD Form 1351-2 Travel Voucher  
\(Continuation page, if needed\)](#)

[DD Form 2912 \(For Actual Expense TQSE\)](#)

[DD Form 1705 – For Real Estate  
Sale and/or Purchase \(complete for one at a time!\)](#)

[RITA Form – Reported to Duty on or after 1/1/15](#)

[RITA Form – Reported to Duty before 1/1/15](#)

### **STATEMENTS**

#### **MEA required Statement:**

##### **Single Rate:**

“I certify that **I** have discontinued **MY** residence at the old PDS and have established a residence at the new PDS.”

##### **Family Rate:**

“I certify that **WE** have discontinued **OUR** residence at the old PDS and have established a residence at the new PDS.”

#### **TQSE Lump Sum Required Statement**

"I have agreed to accept the offer of the TQSE Lump Sum entitlement and I certify that TQSE will be occupied and if not occupied, I am required to return the TQSE Lump Sum payment amount in full. I certify that I have accepted the terms of this entitlement effective mm/dd/yyyy."

*(Must be between the date the TA was signed and the date the orders were issued, typically, the date of your mandatory PCS counseling.)*

## Submitting your Advances and Settlements

**\*\*Note\*\* If you are DODEA, you must submit your complete claim to [hqpcsratvouchers@hq.dodea.edu](mailto:hqpcsratvouchers@hq.dodea.edu).  
If you do not submit your claim to DODEA HQ, DFAS will return your claim, unpaid.**

*Be advised: DFAS.MIL is no longer valid. Additionally, never submit a Bar Code unless specifically advised to do so.  
Repeated use at a later time could prevent DFAS from seeing your submission.*

### **Advance Request Only:**

Email - Shortened Version – [dfas-civrelo-advances@mail.mil](mailto:dfas-civrelo-advances@mail.mil)

Email - Long Version - [dfas.rome.jft.mbx.civrelo-advances@mail.mil](mailto:dfas.rome.jft.mbx.civrelo-advances@mail.mil)

Note the long version is JFT, not JFX as incorrectly stated on the outdated Travel Advance form

Fax - 216-367-3428

[Travel Voucher Direct](#) – (“Submit a Ticket” and then upload your documents)

*Note – Travel Voucher Direct is our most secure method of submission. You will be notified “this ticket is closed by an external processor.” This means the claim has been submitted, it does not mean it has been paid or canceled.*

### **Settlement Voucher – Do Not Send Advances Here:**

#### Fax

216-367-3422

A confirmation of receipt will be sent in 2-4 business days based on the email provided by you in block 6E of your 1351-2.

#### Email

When sending by email, avoid:

Java Script, CC to other areas, embedded emails.

Use only PDF files. File size must be less than 10MB

Email – Shortened Version - [dfas-civrelo-vouchers@mail.mil](mailto:dfas-civrelo-vouchers@mail.mil)

Email – Longer Version: [dfas.rome.jft.mbx.civrelo-vouchers@mail.mil](mailto:dfas.rome.jft.mbx.civrelo-vouchers@mail.mil)

#### Travel Voucher Direct

Travel Voucher Direct: “Submit a Ticket” and then upload your document, Travel Voucher Direct is our most secure method of submission. You will be notified “this ticket is closed by an external processor.” This means the claim has been submitted. It does not mean it has been paid or canceled. Travel Voucher Direct can accept up to 35 MB and 10 files. Be cautious to upload accurately and abide by guidance on the site.

#### Notification of Receipt

When submitting by email or via TVD you will receive an auto response, usually within a few minutes. A 2nd notification will be sent in 2-4 business days based on the email provided by you in block 6E of your 1351-2. This is your notification that the claim is logged to the system. If you do not receive the 2nd notification in 2-4 business days, check your myPay under Travel Voucher Advice of Payment (AOP) or try the Online Payment Status Tool. If you do not see anything, feel free to contact us to confirm receipt.

Mail (Mailing your claim is strongly discouraged. If you have no choice, be sure to make copies.)

Mail To: DFAS, Rome

Attn: Travel Pay, Civilian Relocation 325 Brooks Road

Rome, NY 13441

## Submitting your Advances and Settlements, Continued

Much of what you need to know to file your CIV Relo claim is contained within this handbook.

You can also find helpful information on our [website](#) or by viewing [WePayDod](#), a series of YouTube videos. Taking extra time now will avoid significant delays and frustration, allowing you to focus on the responsibilities of your new position and the needs of your family.

The information in this handbook provides a general understanding of civilian relocation travel pay entitlements. It is not intended to replace guidance found in the [Joint Travel Regulations](#). Find rates for per diem, mileage and more at [Defense Travel Management Office](#). Keep in mind, changes do occur. While every attempt will be made to modify this information in a timely manner, if you are uncertain of something, check with your HR. If you find incorrect information within this handbook or on our website, send an email to [DFAS-CIVREL-Questionsonly@mail.mil](mailto:DFAS-CIVREL-Questionsonly@mail.mil) and let us know, so it can be addressed immediately.

Our DFAS Rome, NY office processes vouchers for civilian employees of the following agencies:

Defense Department Agencies  
Navy Working Capital Fund/Revolving  
Fund Army and the Army Material  
Command Marine Corps

We unfortunately cannot assist with Air Force Civilian Employees contact your finance office for travel pay assistance.

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Make sure your claim is complete and correct before you send it in.

Be sure your reviewer carefully reviews your claim prior to completing blocks 20C – 20F.

If your voucher is partially paid or returned, there will be a delay in full reimbursement.

Follow these five steps:

1. Review your specific entitlement within this handbook, and read carefully!
2. Use the [Traveler's and Reviewer's Checklist](#) to make sure you complete all the required information.
3. Review [frequently asked questions](#) on the website.
4. Avoid these [common errors](#) to reduce delays.
5. Watch the civilian relocation entitlement videos at [WePayDod](#).

Use the May 2011 version of the travel voucher, DD1351-2 form

Utilize the [May 2011 version of the 1351-2](#) as this is the only version that can be signed electronically. Older versions of this form may cause your travel voucher to be returned. Be sure all of block 20 is completed in full. Do not forget the dates in blocks 20B and 20F!

## Submitting your Advances and Settlements, Continued

### Before submitting your claim be sure you include:

- Completed DD form [DD 1351-2](#) signed/dated by you (blocks 20 a-b) and your reviewer (blocks 21a-d).
- Complete copies of all [DD 1614](#) orders, amendments, and memorandums
- Supplemental forms and documentation ([DD 1705](#), [DD Form 2912](#), and other forms when applicable)
- Paid in full receipts for reimbursable expenses of \$75 or more and all lodging expenses
- Direct Deposit/Electronic Fund Transfer form [SF1199A](#)

## Civilian Relocation Customer Service Inquiries

For significantly involved questions related to your claim, your Human Resources Office should always be your first stop. It is their job to assist you, fully review your claim(s), and properly complete blocks 20C – 20F to indicate they have determined that everything is correct and your claim is pay-ready.

It is the responsibility of DFAS to process your pay-ready submission, send your advice of payment with detailed remarks, and/or notify you of any corrections that are needed.

If your claim is not correct your voucher will be rejected and you will be notified based on the email address you entered in block 6E of your 1351-2 travel voucher. Don't forget this important information!

For additional information regarding a payment or return remarks for your civilian relocation voucher(s) processed by DFAS Rome Travel Pay Services contact us at Toll Free 1-888-332-736. You may also send an email to [DFAS-CIVREL-Questiononly@mail.mil](mailto:DFAS-CIVREL-Questiononly@mail.mil) (Do not submit claims here - this box is for "Questions Only") Or submit a question through [Ask Travel Pay](#) where you can also read answers to frequently asked questions (FAQ's).

Again, to ensure you receive important notifications including confirmation of receipt, return remarks, and payment information, always enter a legible email address in block 6E of your 1351-2(s) prior to submitting your claim (s) to DFAS.

Once received, check the status of your claim by utilizing your [myPay](#) (under Travel Voucher Advice of Payment (AOP) or click here to use the [Online Payment Status Tool](#)



## Travel Advance

Authorized advances are issued no sooner than 10 days before anticipated travel or authorization begins. An advance must be authorized in your DD Form 1614 travel orders for DFAS to pay it. If authorized, an advance may be issued for a portion of the anticipated reimbursement. An advance is a loan that is issued for a percentage of the potential maximum allowance. Since we have no way of knowing if the maximum amount authorized will actually be needed, there is always the potential to be “over-advanced”. If your settlement voucher is not enough to cover both your advance and your taxes, you will owe the additional funds back to the government. If you fail to submit a pay-ready settlement voucher, you will be in debt for the full amount of the advance. You must submit a settlement voucher to the paying travel office within five work days of completion of each portion of travel for which an advance has been issued. If the advance you were given exceeds your travel reimbursement, you will be informed of the balance due. You will receive a letter from Debt Management with the information you need to settle your debt. Read carefully to avoid a potential debt. Also, ensure you read carefully about “Taxable entitlements” (see page 11) to avoid a potential debt by entering a specified amount on the form:

**"I am only requesting \$ \_\_\_\_\_ be issued to me instead of the full amount of the authorized advance."**

### Regarding use of your Government Issued Credit Card vs an Advance:

Check with your agency regarding policies for the use of your government credit card for civilian PCS travel. Be aware that your reimbursement date and credit card payment due date may not coincide. Also note that most civilian PCS travel is taxable and in some situations you may receive less reimbursement from your claim than you charged to the government credit card. You are responsible for any and all amounts charged to your government issued travel credit card including any late fees and/or penalties. The ONLY time a DoD Government Travel Charge Card should be "turned in" (closed) is when an individual is separating from the Department of Defense. In addition the DoD FMR Chapter 3 030302.B.1.i exempts mandatory use of the travel charge card for all Relocation Allowances except En Route travel and HHT expenses; however, there is no prohibition for using the card on other Relocation Allowances. Caution should be exercised as the length of time necessary to incur and obtain reimbursement for expenses (such as TQSE) could cause travel cards to go into a delinquent status. Per the card-holder agreement, all undisputed charges must be paid by the due date regardless of the status of the traveler's reimbursement. Also note that withdrawals are limited to daily maximums established by the charge card company, unless increased via your GTCC coordinator's request.

If authorized, request a travel advance (loan to be repaid) by submitting a copy of your [DD Form 1614](#) (travel orders) and any amendments along with an [Advance Request Form](#) to DFAS stating:

- What type of advance (i.e., TQSE, House Hunting)
- For whom (employee and/or spouse and/or dependent children)
- Period of time an advance is for (dates of travel/dates of TQSE)
- Method of travel (for both HHT and/or En Route)
- Direct Deposit Information (DD Form 2762 or SF 1199)
- Correct mailing address, e-mail address, and work, home, and cell phone number
- To reduce the potential of a debt, enter only the amount you need where the form reads: “I am only requesting \$ \_\_\_\_\_ be issued to me instead of the full amount of the authorized advance.”

## Advance Entitlement

*If authorized, an advance of funds may be requested for:*

1. House Hunting (Actual Expense method only) - Employee and/or Spouse
2. En Route Travel - Employee and/or Spouse/Dependents (Mileage and per diem, not airfare)
3. Temporary Quarters (Actual Expense method only) - Employee and/or Spouse/Dependents, not to exceed 30 days per advance.
4. Household Goods - (If Commuted Rate) Employee arranges the shipment directly with a vendor. Submit the mover's "estimate of cost for services" showing estimated weight and distance, origin and destination of goods being shipped, storage location, anticipated dates of storage, weight of storage, etc. \*SEE NOTE BELOW.
5. Temporary Storage of Household Goods - If commercial storage used.
6. Mobile Home Transportation - Moved by commercial transporter- submit estimate

*An advance of funds is NOT authorized for:*

1. HHG shipped via Government Bill of Lading (GBL) or the self-procured Actual Expense Method (limited to the GBL cost)
2. Real Estate Allowance/Unexpired Lease/HMIP
3. Miscellaneous Expense Allowance
4. Fixed/Lump Sum HHT and Fixed/Lump Sum TQSE
5. Renewal Agreement Travel (RAT)
6. Return travel for separation
7. Advance return of dependents
8. Non-temporary storage of HHG

Individuals PCSing to OCONUS should receive all advances and settlements from the paying station overseas, EXCEPT for TQSA advances which should be requested from the servicing payroll office on a SF Form 1190 prior to departing old duty station. The DFAS travel payment office is not authorized to advance Department of State allowances, overseas transfer allowances e.g., TQSA.

Use the [Request for Civilian PCS Advance Form](#) when requesting an advance from DFAS Rome Travel Pay. See above for submission information.

Read and complete the entire Advance form very, very carefully to avoid delays and returns. The example below has been modified with notes to assist you and has highlighted some key points.

***\* Note, please be sure you do not use an outdated form showing "JFX" in the email address. This form has been updated but the original form with the error may still be circulating. If you send your advance to "JFX" you will receive an undeliverable message.***

**Under "PURPOSE OF THIS ADVANCE":**

**Enter a conservative amount to avoid a debt issue.**

**Row 1: What kind** of advance? Check the box.

**Row 2:** Is this advance for the **employee?** If yes, check the box.

**Row 3:** Is this advance for a **dependent?** If yes, check the box.

**Row 4:** Enter inclusive Dates

**Do not forget to circle the mode of travel for HHT and/or En Route**

**Review and submit carefully**

Short Version - [DFAS-CIVRELO-ADVANCES@mail.mil](mailto:DFAS-CIVRELO-ADVANCES@mail.mil) (or)

Long Version - [dfas.rome.ift.mbx.civrello-advances@mail.mil](mailto:dfas.rome.ift.mbx.civrello-advances@mail.mil)

**\*NOTE\* "JFX" is incorrect**

**REQUEST FOR CIVILIAN PCS ADVANCE**

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Travel Order Number \_\_\_\_\_ Issue Date \_\_\_\_\_

Telephone Number (including area code): Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

POC and Phone # at old PDS \_\_\_\_\_

POC and Phone # at new PDS \_\_\_\_\_

Retirement is FERS \_\_\_\_\_ or CSRS \_\_\_\_\_ CSRS Offset \_\_\_\_\_

**PURPOSE OF THIS ADVANCE**

I am only requesting \$ \_\_\_\_\_ be issued to me instead of the full amount of the authorized advance.  
(\*List dependents names included in this request and their inclusive dates of TQSE if different from employee. Orders must authorize ACTUAL EXPENSE for House Hunting Trip and TQSE, cannot advance Fixed Expenses\*)

	Row 1	Row 2	Row 3	Inclusive Dates:
House Hunting Trip	Employee	Spouse		
En Route Travel and Per Diem	Employee	Dependents		
TQSE 1 <sup>st</sup> 30 Days	Employee	Dependents		
TQSE 2 <sup>nd</sup> 30 Days	Employee	Dependents		
TQSE 3 <sup>rd</sup> 30 Days	Employee	Dependents		
TQSE 4 <sup>th</sup> 30 Days	Employee	Dependents		

HOUSE HUNTING MODE OF TRAVEL	AIR OR POC <u>circle one</u>	ENROUTE MODE OF TRAVEL	AIR OR POC <u>circle one</u>
---------------------------------	---------------------------------	---------------------------	---------------------------------

** Dependents Name	Dates of TQSE	Dependents Name	Dates of TQSE
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

**Direct Deposit Authorization**

Bank Name \_\_\_\_\_

Enter 9 digit bank routing number → [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Account Number \_\_\_\_\_

You must file a voucher (1351-2 Travel Voucher or Sub Voucher) to settle each advance before receiving any additional advances. Please mail or fax this advance request form and a copy of ALL your PCS orders to your servicing DFAS Travel Office.

**SIGNATURE AND DATE ARE REQUIRED**

Signature \_\_\_\_\_

Date \_\_\_\_\_

An advance of funds is treated as a short term loan, and will be recouped from processed allowable entitlements (settlement claims) and directly from the traveler as applicable, until collected in full.

PRIVACY ACT STATEMENT: AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397. PRINCIPLE PURPOSE(S): Used for reviewing, and determining the amount of an authorized travel advance. SSN is used to maintain a numerical identification system for individual requests. ROUTINE USE: To substantiate a request for advance payment of official travel. DISCLOSURE: Voluntary; however, failures to furnish information requested may result in total or partial denial of amount claimed. AN ADVANCE MUST NOT BE PAID MORE THEN 10 DAYS BEFORE TRAVEL BEGINS. SUBMISSION OF A TRAVEL VOUCHER TO SETTLE THIS ADVANCE IS REQUIRED BEFORE ADDITIONAL ADVANCES ARE PAID AND UPON COMPLETION OF TRAVEL.

**FAX, EMAIL OR MAIL THIS REQUEST ALONG WITH A COPY OF YOUR ORDERS TO:**

DFAS-JT/CO Fax Number: 216-367-3428

Email: ~~[dfas.rome.ift.mbx.civrello-advances@mail.mil](mailto:dfas.rome.ift.mbx.civrello-advances@mail.mil)~~ Travel Voucher Direct: <http://go.usa.gov/3tGJR>

Customer Service Number: 1-888-332-7366

## Taxable Entitlements

Most of your civilian PCS travel claims are taxable. When you perform a permanent change of station (PCS) with the government, the Internal Revenue Service (IRS) considers the majority of your entitlements taxable.

### **Taxable reimbursements include:**

1. Meals En Route to your new duty station
2. All House Hunting Trip (HHT) expenses (including CBA and IBA airfare)
3. All Temporary Quarters Subsistence Expenses
4. All Real Estate expenses
5. Household Goods (HHG) storage after 30 days
6. Miscellaneous Expense Allowance
7. Relocation Services (i.e., HMIP, Property Management)
8. Withholding Tax Allowance (WTA)
9. Relocation Income Tax Allowance (RITA)
10. Household Goods (HHG) Shipment - Commuted Rate (Reimbursement in excess of actual expenses is taxable)

### **Non-taxable reimbursements include:**

1. Household Goods (HHG) Shipment - Government Bill of Lading (GBL)
2. Household Goods (HHG) Storage for first 30 days
3. En Route travel (lodging and transportation, to include government issued airline tickets)
4. Privately Owned Vehicle (POV) shipment

**Note:** Some immediate tax relief may be available to offset the impact of the taxes withheld on Civilian PCS Travel Claims. You should always contact your HR or accounting professional for guidance on these entitlements. You can read more about the [Withholding Tax Allowance](#) on **pages 13-15** and [Relocation Income Tax Allowance](#) on **pages 67-74 of this handbook**.

Travel reimbursements are taxable in the calendar year in which the reimbursement is issued. This may not necessarily be the year the expense is incurred. For example, if you traveled in 2015 but did not receive your reimbursement until 2016, this becomes taxable income for 2016. You will receive a 2016 Travel W-2 which you are required to file with your 2016 taxes. You may also utilize your 2016 Travel W-2 (if authorized) to file a 2016 RITA. You cannot file a 2016 RITA until 2017, since you must wait for all of your 2016 W-2's. Additionally, in most cases, you will be required to file your income taxes prior to filing your RITA. For all [Taxable entitlements](#), the paying travel office issues a PCS W-2 by January 31 of the year following the year of reimbursement. Navy and Marine Corp travelers may receive multiple Travel W-2's. A Travel W-2 is a separate W-2 from the one issued by the servicing payroll activity. Travel advances are not included in the W-2, but any payment of WTA will be.

Note: A mandatory 25 percent Federal Withholding Tax (FWT) is withheld from all taxable entitlements before payment of a claim, but state and local taxes are not withheld. In addition, applicable FICA (6.2 percent) and Medicare (1.45 percent) taxes are also withheld. FICA is deducted for FERS and CSRS "offset" employees (not deducted for full CSRS employees). The withheld taxes are deposited in your name with the Internal Revenue Service (IRS). This is a total of 32.65% that will be subtracted from your settlement claim(s).

**A total of 32.65% will be subtracted from most of your settlement claim(s).**

You may be eligible for [WTA](#) and [RITA](#) since nearly all of your reimbursements are considered [Taxable entitlements](#). You should be aware that both of these entitlements are also taxable.

You will receive at least one Travel W-2 (Navy and Marine Corp will receive one W-2 for each taxable entitlement) in January or February for any taxable reimbursement received in the previous year.

WTA is a taxable allowance and is treated as an advance against Relocation Income Tax Allowance (RITA).

If you utilize WTA, a RITA submission is absolutely mandatory and the full amount of your WTA will be subtracted from your RITA.

If you choose to utilize WTA, it is suggested that you set these funds aside until taxes are due to the IRS the following year. Remember, RITA is mandatory if you utilize WTA and there is no guarantee of additional reimbursement.

When you submit your RITA claim, DFAS will determine if additional reimbursement is due to you, or if funds are due back to the US government, based on your overall income for the year and your tax bracket.

***Speak to your HR and/or your tax advisor prior to filing for WTA.  
Our call center representative cannot determine if this is the best option for you.***

To request WTA you must complete the [Withholding Tax Allowance \(WTA\) Form](#) and submit it to DFAS along with your pay ready settlement claim. Once we apply WTA to a claim, all claims going forward will also have WTA applied. The claims will be processed similar to the examples below. Remember, since WTA is an advance on a RITA, you are required file a RITA claim within 120 days of the following calendar year. Failure to file a RITA claim results in collection of the WTA by placing the traveler into a debt status. If you do not utilize WTA, RITA is optional.

### **When claiming WTA you have two options:**

**OPTION A:** If you anticipate that your Federal Withholding Tax Rate (FWTR) will be 25 percent or greater, WTA will be computed using a rate of 33.33 percent.

**OPTION B:** If you anticipate that your Federal Withholding Tax Rate (FWTR) will not be more than 15 percent, WTA will be computed using a rate of 17.647 percent.

## WTA Examples

You should set aside the WTA amount until taxes are due to the IRS the following year. RITA is mandatory if you utilize WTA and there is no guarantee of additional reimbursement. When a RITA claim is filed the following calendar year, the entire amount of any excess WTA must be repaid. To begin payment of WTA, submit a completed Withholding Tax Allowance (WTA) Form with your settlement travel voucher(s). Once we apply WTA to a claim, all claims going forward will also have WTA applied.

### **Option A - Allowance computed with WTA calculated at 33.33 %**

**In this example, the amount of WTA issued is shown as \$333.33.**

*Allowance computed without WTA:*

\$1,000.00  
 - \$250.00 FWTR (25%)  
 - \$14.50 Medicare (1.45%)  
 - \$62.00 FICA (6.20%)  
 -----  
 \$673.50 amount due to traveler

*Allowance computed with WTA at 33.33%:*

\$1,000.00  
 + \$333.33 WTA (33.33%)  
 -----  
 \$1,333.33  
 - \$333.33 FWT (25%)  
 - \$19.33 Medicare (1.45%)  
 - \$82.67 FICA (6.20%)  
 -----  
 \$898.00 amount due to traveler

### **Option B - Allowance computed with WTA calculated at 17.6471 %**

**In this example, the amount of WTA issued is shown as \$176.47.**

*Allowance computed with WTA at 17.647%:*

\$1,000.00  
 + \$176.47 WTA (17.647%)  
 -----  
 \$1,176.47  
 - \$176.47 FWT (15%)  
 - \$72.94 FICA (6.2%)  
 \$17.06 Medicare (1.45%)  
 -----  
 \$910.00 amount due traveler

**Read this form very carefully and discuss with your HR and/or your tax advisor before including it with your Settlement. You must file a RITA if you receive WTA or you will be placed in debt!**

EMPLOYEE AGREEMENT  
FOR REPAYMENT OF EXCESS WITHHOLDING TAX ALLOWANCE (WTA)\*

OPTION A: If you anticipate that your Federal Withholding Tax Rate (FWTR) **will be 25 percent or greater**, WTA will be computed using a rate of 33.33 percent, and you should not be in an overpaid status upon the computation of your Relocation Income Tax (RIT) Allowance.

OPTION B: If you anticipate that your FWTR **will not be more than 15 percent**, WTA will be computed using a rate of 17.6471 percent, and you should not be in an overpaid status upon the computation of your RIT allowance.

AGREEMENT: I hereby agree to:

- a. Repay any excess amount of WTA paid to me in any Year 1\*\* immediately upon computation of the RIT claim or within 30 days of issuance of the indebtedness letter.
- b. Submit the required certified tax information and claim for my RIT allowance within 120 days, unless an extension is granted by the commanding officer or designee of the DoD component concerned, after the close of Year 1.

I also understand that failure to comply with this requirement will preclude the DoD component's payment of the WTA. The entire WTA will be considered an excess payment if the RIT claim is not submitted timely to settle the RIT account, and the WTA will be due in full within 30 days of issuance of an indebtedness letter.

Please check only 1 box:

- Elect WTA as Option A
- Elect WTA as Option B
- I **decline** any payment of WTA

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
PRINTED NAME OF EMPLOYEE

\_\_\_\_\_  
DATE

DEFINITIONS:

\*WITHHOLDING TAX ALLOWANCE: WTA is calculated in Year 1, to cover the employee's Federal tax withholding obligation each time covered moving expenses are made that result in a Federal tax withholding obligation.

\*\*YEAR 1: The calendar year in which reimbursement or payment for moving expenses is made to, or for, the employee under the provisions of The Joint Travel Regulations (JTR), Volume II, Chapter 16, Paragraph C16000. If an employee's reimbursement for moving expenses is spread over more than one year, he/she will have more than one Year 1.

DFAS-CO Form 62  
Rev: March 14, 2005

## House Hunting Trip (HHT)

Joint Travel Regulations (JTR), Chapter 5, Part B, Sec 12

House Hunting is a **round trip** travel reimbursement intended for the purpose of locating a new residence at your new duty location within the United States.

### **Note - If you do not return back to your old duty location, you have not taken a House Hunting Trip.**

Airfare must be utilized if traveling more than 250 miles, unless the Approving Official provides a signed cost construct showing it is more advantageous to drive.

A House Hunting Trip is a discretionary entitlement. Your agency will decide if they wish to authorize a House Hunting trip. If block 10 (Travel Purpose) of your travel orders (DD Form 1614) is marked between official stations, then block 13 may authorize a HHT.

A House Hunting trip (HHT) should not be performed until a Transportation Agreement has been signed DD Form 1614 travel orders authorizing this entitlement have been issued. A House Hunting claim will potentially reimburse a portion of the round trip travel and additional expenses for you and/or your spouse, together or individually, between the localities of the old and new duty stations, for the purpose of seeking a new home.

***House Hunting must be round trip travel and cannot exceed 10 calendar days; the travel cannot be broken up into multiple trips.***

To be authorized a HHT, both the old and the new Permanent Duty Station (PDS) must be located in the United States or in a non-foreign OCONUS location like Alaska or Puerto Rico. Round trip travel must be performed by the employee before reporting to the new permanent duty station. You are in a duty status at no charge to leave during the authorized absence. Your spouse may take a HHT at any time before relocation of the family to the new PDS, as long as it begins within one year of your report date.

Note: If a HHT is taken, only 30 days of TQSE can be paid without any adjustments or reductions. If you claim 31 days or more of TQSE Actual Expense, HHT days must be subtracted from your TQSE claim. The number of days of HHT utilized is subtracted from the first 30-day period of TQSE (AE) only if more than 30 days of TQSE AE are reimbursed. HHT will not be subtracted from Lump Sum TQSE since only 30 days can be authorized.

***There are two methods of HHT that may be authorized, understand the difference, check your DD 1614 (block 13a and b) to confirm authorization type and the number of days.***

- 1. Lodgings Plus Method (Actual Expense)**
- 2. Lump Sum (LS) Amount Method (Fixed)**

The Permanent Change of Station (PCS) travel authorization/order, your DD Form 1614 (per JTR, Appendix I) must include:

1. The indication of yes, HHT is authorized, and the method of HHT (Fixed or Actual - block 13a)
2. The number of days authorized (block 13b)
3. Transportation mode (to include local transportation) (blocks 11 and 28)
4. New PDS duty reporting date (block 9)
5. The indication that a new Transportation Agreement has been signed and the date (block 21 of the DD Form 1614)



## Important Notes regarding both AE HHT and LS HHT:

To be reimbursed for airfare, your orders (DD Form 1614) must state “IBA Authorized” or “Personally Procured Airfare Authorized.”, airfare must be claimed in block 18 (DD1351-2), and a complete flight itinerary and paid in full receipt, showing the names of the travelers and invoice number must be provided.

*A HHT is 100% taxable, including airfare under both CBA and IBA*

While the house-hunting trip is only authorized for you and your spouse, there is nothing to prevent dependents from accompanying you at your own expense.

## **Lodgings-Plus / Actual Expense HHT:**

Regardless of the location, the maximum per diem rate authorized for (AE) HHT is limited to the current Standard CONUS Rate (currently \$ 142 – effective 10/01/2016). Lodging is paid on an actual expense basis for the single room rate not to exceed the Standard CONUS lodging rate (receipts are required). The accompanying spouse is authorized 3/4 of the employee's rate. Again, this is regardless of the location. This includes non-foreign OCONUS locations like Hawaii, Alaska, and Puerto Rico.

The meal allowance is paid without receipts or itemization. For travel lasting more than 24 hours, the M&IE rate on the first and final day will be at three quarters of a day or 75%. The mileage rate (MALT) for POC travel to and from the HHT location is the PCS mileage rate.

Note: Effective January 1, 2016 the POC mileage rate changed to \$0.19 per mile. Local transportation authorized must be consistent with your transportation mode to and from new duty location. The total number of days payable for HHT may not exceed 10 days (which includes travel days). Separate round trips by you and your spouse are allowed; however, the overall cost to the government is limited to the cost of one round trip for you and your spouse traveling together. The following daily maximums apply if the (AE) HHT is taken by the:

- |    |  |  |
|----|--|--|
| 1. | Employee <b><u>or</u></b> spouse alone     | 100% of Standard CONUS Rate  |
| 2. | Employee <b><u>and</u></b> spouse together | Employee – 100 % of Standard CONUS Rate<br>Spouse - 3/4 of Standard CONUS Rate       |
| 3. | Employee and Spouse separately             | Both authorized to full rate<br>(limited to maximum cost had they traveled together) |

Note: If you report for duty at the new PDS upon completion of the HHT instead of returning to the old duty station, you will not file a HHT claim. That is because House Hunting must be round trip. If this happens, your travel to your new location will be paid as En Route Travel. Your TQSE allowances, if authorized, will be utilized for the days spent seeking permanent housing up to the day before reporting for duty at the new PDS. Again, if you did not return to your old PDS, you will not be submitting a HHT travel voucher.

A House-Hunting Trip should not be taken until a [Transportation Agreement](#) has been signed and you have an official travel authorization [DD Form 1614](#) in hand, authorizing HHT and providing a report date.

## Voucher Submission for AE HHT

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – All of block 20 must be completed in full – see example Indicate on the DD Form 1351-2 if your spouse traveled on HHT (blocks 5, 12, and 13)
2. [DD Form 1614](#) - Travel Authorization, including any and all amendments/pages.
3. Paid itemized lodging receipt and receipts for any other reimbursable expense of \$75 or more (Potentially including a rental car receipt).
4. Itinerary of air schedule to include the transportation cost, if flying, whether CBA or IBA were used
5. A signed cost construct from your AO if driving more than 250 miles, to prove driving is more advantageous
6. [SF 1199](#) - Direct Deposit Authorization or complete EFT information.
7. Annotate advances received in block 9 on the DD Form 1351-2 or provide advance payment paperwork.

### **Lump Sum HHT**

When a Lump Sum HHT is authorized, the per diem portion of HHT is calculated as follows:

1 - You and your spouse both utilize HHT (together or separately) - the applicable locality rate is multiplied by 6.25. (Reduces TQSE (AE) first 30 days by six days, if more than 30 days are utilized)

2 - Only one utilizes HHT, you or your spouse - the applicable locality rate is multiplied by 5. (Reduces TQSE (AE) first 30 days by five days, if more than 30 days are utilized) For example, if the locality rate were \$166 (\$124 lodging and \$42 meals), you and your spouse utilizing a HHT would receive \$166 X 6.25 for a total of \$1,037.50, before tax.

If only one utilizes a HHT the calculation is \$166 X 5 for a total of \$830, before tax.

This amount is for the per diem only. Additional reimbursement for travel expenses may be reimbursable for airfare, rental car, taxi, etc. Any balance from the determined Lump Sum per diem amount not used by the employee still belongs to the employee but remember.....

***A HHT is 100% taxable, including airfare under both CBA and IBA***

### **Voucher submissions for Lump Sum HHT:**

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – All of block 20 must be completed in full – see example Indicate on the DD Form 1351-2 if your spouse traveled on HHT (blocks 5, 12, and 13)
2. [DD Form 1614](#) - Travel Authorization, including any and all amendments/pages.
3. Receipt for any reimbursable expense of \$75 or more, except for lodging – lodging receipt not required for LS  
\*Note\* Lodging taxes are not authorized as an additional reimbursement on (LS)HHT.
4. Itinerary of air schedule to include the transportation cost, if flying, whether CBA or IBA were used
5. A signed cost construct from your AO if driving more than 250 miles, to prove driving is more advantageous
6. [SF 1199](#) - Direct Deposit Authorization or complete EFT information.
7. Annotate advances received in block 9 on the DD Form 1351-2 or provide advance payment paperwork.

# How to complete Form 1351-2 for HHT LS and HHT AE

## 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:

- The Traveler's name, SSN and address
- The routing number and account number
- Whether the account is Checking or Savings

**SPLIT DISBURSEMENT** when you would like funds applied directly to your government travel card, place an "x" in the block requesting it and indicate the dollar amount to be sent. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card, regardless of which items were or were not paid.

**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 – full 9 digits

**Block 5:** Indicate "PCS" and "Member/Employee" if only the employee traveled

Indicate "PCS" and "Dependent(s) if only the spouse traveled

Indicate "PCS", Member/Employee" and "Dependent(s)" if the employee/spouse traveled together.

**Blocks 6a-6d:** Valid mailing address

**Block 6e:** Valid and legible e-mail addresses (**Extremely Important!**)

**Block 7:** Daytime telephone number in the event DFAS should need to make contact (we will typically use your email)

**Block 8:** Order/Authorization number which is listed on the original orders (See DD Form 1614 Block 25)

**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:** This block may be used to make a note for the examiner, to explain something, if applicable

(e.g. Supplemental for \_\_\_\_\_)

**Block 11:** Employee's new duty station address where employee is being assigned

(See DD Form 1614 Block 8).

**Blocks 12:** complete for spouse only as children are not authorized per diem on a HHT

\*\*\* Note: Mark "accompanied" if you and your spouse traveled together, mark "unaccompanied" if you and your spouse did not travel together. If you both performed a HHT, but you did not travel together, complete 2 1351-2s, one for each of you.

**Block 12a:** List the last name, first name, and middle initial your spouse. (If he or she traveled on the dates indicated in block 15)

**Block 12b:** Enter "spouse"

**Block 12c:** List the date of marriage for spouse.

**Block 13:** List the address where your spouse was residing at time PCS orders were received, not the address of your new PDS

**Block 14:** Indicate whether household goods have been shipped.

**Block 15:** Itinerary (see below, and example)

**Block 15a:** Date: List the year the travel was conducted on the line in the top box

Next to "DEP" and "ARR" list the month and day of departure and arrival (e.g., 05/15).

**Block 15b:** Place: Enter a specific location such as a City and State, a Fort, or a Country – do not enter "HOR", "Hotel"

**Block 15c:** Mode of Travel – See 2 letter codes on page 2 of 1351-2

For example, **PA** = Personal Auto, **CP** = Commercial Plane

**Block 15d:** Reason for Stop – See 2 letter codes on page 2 of the 1351-2

For example, **HH** = House Hunting; **AD** = Authorized Delay (an overnight stop)

**AT** = Awaiting Transportation (brief, not an overnight stop, such as at an airport) **MC** = Mission Complete

**Block 15e:** Indicate lodging expense for Actual Expense HHT (not required for lump sum/fixed HHT)

**Block 15f:** If "PA" is indicated in block 15C and block 16 is checked own/operate, then indicate POC miles

**Block 16:** POC Mileage – Own/Operate must be checked to be reimbursed for mileage

**Block 17:** Duration of Travel from beginning to end

**Block 18:** List any reimbursable expenses such as airfare, rental car, tolls, etc.

**Block 19:** Not applicable for HHT

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer's signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned.

**A supervisor/reviewer signature and date are required for all claims sent to DFAS. Signature date must be after 20B.**

**Block 21:** Would be required for an "after the fact entitlement", such as excess baggage

**Block 22:** If block 21 is completed, block 22 would explain the "after the fact entitlement" e.g. Excess baggage

**Blocks 23 – 28:** These blocks are not used for HHT

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		<input checked="" type="checkbox"/> Payment by Check		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:		\$ 1838.43	
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)		
MOUSE, MICKEY, M			G11	111-11-1111	<input type="checkbox"/> TDY	<input checked="" type="checkbox"/> Member/Employee	
6. ADDRESS, a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	<input checked="" type="checkbox"/> PCS		
9414 PLANTATION DRIVE		LEESBURG	FL	12345	<input checked="" type="checkbox"/> Dependent(s)		
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY	
(315) 123-4567		123456		0.00		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION				b. SUBVOUCHER NUMBER			
CASTLE CITY ORGANIZATION							
12. DEPENDENT(S) (X and complete as applicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				9414 PLANTATION DRIVE			
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	LEESBURG, FL, 12345			
MOUSE, MINNIE		SPOUSE	1/1/1926	14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
				<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY				d. COMPUTATIONS			
DATE				* NOTES ON HHT			
2016				b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			
5/15	DEP	LEESBURG, FL		c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
5/15	ARR	ORLANDO, FL		PA			
5/15	DEP			CP	AT		56
5/15	ARR	SAN ANTONIO, TX			HH	986.75	
5/22	DEP			CP			
5/22	ARR	ORLANDO, FL			AT		
5/22	DEP			PA			
5/22	ARR	LEESBURG, FL			MC		56
	ARR	READ IT LIKE A SENTENCE, ONE LINE AT A TIME. THAT IS THE TRICK!					
	ARR	** DONT FORGET BLOCK 16, IF CLAIMING ANY MILEAGE!!					
16. POC TRAVEL (X one)				17. DURATION OF TRAVEL			
<input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				12 HOURS OR LESS			
18. REIMBURSABLE EXPENSES				MORE THAN 12 HOURS BUT 24 HOURS OR LESS			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	MORE THAN 24 HOURS			
5/15/16	TOLLS	2.75		<input checked="" type="checkbox"/>			
5/23/16	RENTAL CAR	275.45					
5/15/16	AIRFARE	576.23					
				19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS	
20. a. CLAIMANT SIGNATURE				b. DATE			
[Signature]				After MC			
c. REVIEWER'S PRINTED NAME		d. SIGNATURE		e. TELEPHONE NUMBER		f. DATE	
REQUIRED FIELD'S : 20A - 20F		[Signature]				After 20B	
21. a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
21A-D ARE NOT REQ. IN MOST CASES		[Signature]					
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
						28. AMOUNT PAID	

**Am I eligible for a house hunting trip?** You are eligible for a house hunting trip if you are Between Official Stations, and in addition:

- (a) Have signed a new Transportation Agreement (TA) and been issued a DD Form 1614
- (b) Both your old and new official stations are located within the United States;
- (c) You are not assigned to Government or other prearranged housing at your new official station; and
- (d) Your old and new official stations are 75 or more miles apart (as measured by map distance) via a usually traveled surface route.

## **What do I need to have to be reimbursed for my airfare?**

You must claim airfare in block 18 of the 1351-2, submit a complete flight itinerary and paid in full receipt, and your orders (DD Form 1614) must state “IBA Authorized” or “Personally Procured Airfare Authorized.”.

## **May my spouse and I perform separate house hunting trips at Government expense?**

Yes, however, your reimbursement will be limited to the cost that would have been incurred if you and your spouse had traveled together on one round trip. Additionally, you will complete a separate 1351-2 for each of you with accurate itinerary in block 15, marking unaccompanied in block 12.

## **When must my house hunting trip be completed?**

Your House Hunting trip must be completed by you, the day before reporting to your new official station. A House Hunting trip must be completed by your spouse the day before your family relocates to your new official station and before your allowable travel time expires, typically within one year of your report date.

## **What transportation expenses will my agency pay?**

Your agency will authorize you to travel by the transportation mode(s) it determines to be advantageous to the Government. Your agency will pay for your transportation expenses by the authorized mode(s). If you travel by any other mode(s), your agency will pay your transportation expenses not to exceed the cost of transportation by the authorized mode(s). \*NOTE\* If you are driving more than 250 miles, your Approving Official must provide a cost construct clearly indicating it is more advantageous to drive than fly.

## **May I retain any balance left over from my house hunting reimbursement if my Lump Sum amount is more than adequate to cover my house hunting trip?**

Yes, if your Lump Sum house hunting amount covers your house hunting expenses, any balance belongs to you.

## **If I am filing a claim for Lump Sum house hunting, am I required to provide any receipts?**

Yes, you are required to provide the complete flight itinerary to include the transportation cost, and proof of payment if flying. You are also required to provide receipts for any reimbursable expense of \$75 or more, except for lodging and meals.

## **Can I be reimbursed for parking at the airport during my house hunting trip?**

Yes, the reimbursement is limited to \$250 unless specifically approved by AO on Form 1351-2 Block 22 with AO signature in Block 21.

Joint Travel Regulations (JTR), Chapter 5, Part B, Sec 2 –4

En Route Travel is one way travel from an old duty location to a new duty location

### **PCS Monetary Allowance in Lieu of Transportation (MALT)**

For each privately owned conveyance (POC) authorized, the mileage rate is currently \$0.19 per mile. This rate is effective for all PCS travel beginning on or after 1 January 2016.

### **Per Diem for Meals and Incidental Expenses (M&IE) and Lodging:**

Per Diem is limited to an average distance of 350 miles per day but paid based on your actual travel itinerary. If the remaining distance is 51 miles or more, per diem for an additional day is paid. However, when the total distance is 400 miles or less only 1 day of per diem is allowed. (The distance is determined by DFAS, utilizing the DTOD - the Defense Table of Distance – zip code to zip code). Lodging is reimbursed per receipts, up to the max allowed. If you choose to travel 700 miles straight thru, without an overnight stop, this is only one day of travel and will be paid as such. Complete the voucher accurately to reflect your actual travel.

Note: No per diem authorized for travel of 12 hours or less. (See block 17 of the 1351-2, and mark appropriately when submitting to DFAS)

The daily maximum amounts allowed are as follows:

Employee or unaccompanied spouse - In the CONUS, the Standard CONUS lodging ceiling  
\*(based on the single room rate) and Standard CONUS M&IE rate for full days (partial days pro-rated)  
Accompanied spouse/dependents 12 and over - 3/4 of Employee total (75%)  
Dependent(s) under 12 - 1/2 of Employee total (50%)

Note: Itemized lodging receipts are required. Lodging is paid based on the actual cost incurred not to exceed the maximum. All stops must be shown on the voucher in block 15, itinerary.

If flying, you should book thru CTO (SATO), your orders (DD Form 1614) must state “IBA Authorized” or “Personally Procured Airfare Authorized”, we must have a complete flight itinerary and paid receipt, and airfare must be claimed in block 18 of your 1351-2.

## **Voucher Submission for En Route Travel:**

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – All of block 20 must be completed in full – see example
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. Indicate if dependent(s) travel was concurrent (accompanied) or delayed (unaccompanied)  
Complete boxes 5, 12, and 13 on the 1351-2.
4. Annotate advances received in block 9 on the DD Form 1351-2 or provide advance payment paperwork.
5. Provide a detailed itinerary in block 15 showing daily travel entering the cities and states in 15B
6. Mark blocks 16 and 17 on the DD Form 1351-2 as appropriate.  
Indicate if two POCs are authorized and used.
7. Itemized receipts for lodging, airfare, and any single expense over \$ 75
8. SF 1199 - Direct Deposit Authorization or complete EFT information.

# How to complete Form 1351-2 for En Route 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:

- The Traveler's name, SSN and address
- The routing number and account number
- Whether the account is Checking or Savings

SPLIT DISBURSEMENT when you would like funds applied directly to your government travel card, place an "x" in the block requesting it and indicate the dollar amount to be sent. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card, regardless of which items were or were not paid.

**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 – full 9 digits

**Block 5:** Indicate "PCS" and "Member/Employee" if only the employee traveled

Indicate "PCS" and "Dependent(s)" if only dependents traveled

Indicate "PCS", "Member/Employee" and "Dependent(s)" if the employee and dependents traveled together.

**Blocks 6a-6d:** Valid mailing address

**Block 6e:** Valid and legible e-mail address (**Extremely Important!**)

**Block 7:** Daytime telephone number in the event DFAS should need to make contact (we will typically use your email)

**Block 8:** Order/Authorization number which is listed on the original orders (See DD Form 1614 Block 25)

**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:** This block may be used to make a note for the examiner, to explain something, if applicable

(e.g. Supplemental for \_\_\_\_\_)

**Block 11:** Employee's new duty station address where employee is being assigned. (See DD Form 1614 Block 8).

**Blocks 12-13:** Complete for any authorized dependents who traveled on the dates listed in block 15 (itinerary)

\*\*\* Note: Mark "accompanied" if you traveled together, mark "unaccompanied" if only you or your dependents traveled on the dates listed in block 15 (itinerary). In other words, if you did not travel on the same exact dates, mark unaccompanied.

**Block 12a:** List the last name, first name, and middle initial your dependents.

**Block 12b:** Enter "spouse", "son", "daughter", etc.

**Block 12c:** List the date of marriage and birthdays

**Block 13:** List the address where dependents were residing at time PCS orders were received, not the address of your new PDS

**Block 14:** Indicate whether household goods have been shipped.

**Block 15a:** Date: List the year the travel was conducted on the line in this box.

Next to "DEP" and "ARR" list the month and day of departure and arrival (e.g., 05/15).

**Block 15b:** Place: Enter a specific location such as a City and State, a Fort, or a Country – do not enter "HOR", "Hotel"

**Block 15c:** Mode of Travel – See 2 letter codes on page 2 of 1351-2

For example, PA = Personal Auto, CP = Commercial Plane

**Block 15d:** Reason for Stop – See 2 letter codes on page 2 of the 1351-2

AD = Authorized Delay (an overnight stop)

AT = Awaiting Transportation (brief, not an overnight stop, such as at an airport) MC = Mission Complete

**Block 15e:** Indicate lodging expense for each stop, if applicable (taxes can be included or listed separately in block 18)

**Block 15f:** If "PA" is indicated in block 15c and block 16 is checked own/operate, then indicate any POC miles

**Block 16:** POC Mileage – Own/Operate must be checked to be reimbursed for mileage

**Block 17:** Duration of Travel from beginning to end

**Block 18:** List any reimbursable expenses such as airfare, rental car, tolls, etc.

**Block 19:** Not applicable for En Route travel unless TDY En Route is claimed

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer's signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned.

**A supervisor/reviewer signature and date are required for all claims sent to DFAS. Signature date must be after 20B.**

**Block 21:** Would be required for an "after the fact entitlement", such as excess baggage

**Block 22:** If block 21 is completed, block 22 would explain the "after the fact entitlement" e.g. Excess baggage

**Blocks 23 – 28:** These blocks are not used for En Route travel

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)		<input checked="" type="checkbox"/> Payment by Check		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: <b>\$ 600</b>			
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
MOUSE, MICKEY, M			G11	111-11-1111		<input type="checkbox"/> TDY	<input checked="" type="checkbox"/> Member/Employee
8. ADDRESS, a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE		
9414 PLANTATION DRIVE		LEESBURG		FL	12345		
e. E-MAIL ADDRESS MICKEY.MOUSE.CIV@MAIL.MIL						10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER	
(315) 123-4567		123456		0.00		b. SUBVOUCHER NUMBER	
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
CASTLE CITY ORGANIZATION				(Add dependents moved from..) 9414 PLANTATION DRIVE LEESBURG, FL, 12345			
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
<input checked="" type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
a. NAME (Last, First, Middle initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE		d. COMPUTATIONS	
MOUSE, MINNIE		SPOUSE		1/1/1926		* NOTES ON EN ROUTE	
16. ITINERARY				c. MEANS/MODE OF TRAVEL		e. LODGING COST	
2016		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		d. REASON FOR STOP		f. POC MILES	
5/15	DEF	LEESBURG, FL		PA			
5/15	ARR	MOBILE, AL		AD		457	
5/16	DEF			PA		125.36	
5/16	ARR	BEAUMONT, TX		AD		383	
5/17	DEF			PA		117.45	
5/17	ARR	SAN ANTONIO, TX		MC		282	
	DEF						
	ARR	READ IT LIKE A SENTENCE, ONE LINE AT A TIME. THAT IS THE TRICK!					
	DEF						
	ARR						
	DEF						
	ARR	** DONT FORGET BLOCK 16 OR 2 POV'S					
	DEF						
	ARR						
18. POC TRAVEL (X one)				17. DURATION OF TRAVEL			
<input checked="" type="checkbox"/> OWN/OPERATE				12 HOURS OR LESS			
<input type="checkbox"/> PASSENGER				MORE THAN 12 HOURS BUT 24 HOURS OR LESS			
				<input checked="" type="checkbox"/> MORE THAN 24 HOURS			
18. REIMBURSABLE EXPENSES				19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT	d. ALLOWED	a. DATE	b. NO. OF MEALS	
5/15	TOLLS		2.75				
	** 2 POV'S **						
20.a. CLAIMANT SIGNATURE				b. DATE			
				After MC			
c. REVIEWER'S PRINTED NAME			d. SIGNATURE		e. TELEPHONE NUMBER		f. DATE
REQUIRED FIELD'S : 20A - 20F							After 20B
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE
21A-D ARE NOT REQ. IN MOST CASES							
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID



## Frequently Asked Questions - En Route

### Is my En Route travel voucher taxable?

Only Meals En Route to your new duty station are taxed. En Route travel (lodging and transportation, to include government issued airline tickets) are not taxed. POV Mileage is not taxed.

### Will I automatically receive the standard CONUS rate for my En Route Travel regardless of what I spend on lodging and meals?

You will be paid 75 % of the meal rate on the first and last day of travel. For example, if \$ 46 is the meal per diem, then only \$ 34.50 would be paid. In addition to the M&IE, the lodging per diem is paid per the receipt, up to the max allowed, on the first day, but not the last.

### Are there any circumstances in which a per diem allowance for my immediate family members is not allowed?

Yes, per diem for your immediate family members cannot be authorized if you are:

- (a) ) A new appointee;
- (b) Assigned to posts of duty outside CONUS returning to place of actual residence for separation; or
- (c) Being relocated under the Government Employees Training Act (5 U.S.C. 4109).

### If my spouse and I travel on the same days along the same general route by using more than one POV, is my spouse considered unaccompanied?

No; for per diem purposes, you and your spouse are considered to be traveling together if you travel on the same days along the same general route by using more than one POV. Mark accompanied in block 12.

### If I drive from my old PDS to my new PDS, how many days will I receive per diem?

Per Diem allowance is reimbursed based on the lesser of the result of:

- a. Allowing 1 day of travel time for each 350 miles of official distance between the old and new PDS or authorized points. If the access is 51 miles or more after dividing the total number of miles by 350, one additional day of travel is allowed. When the total official distance is 400 miles or less, 1 day's travel time is allowed.
- b. Actual travel time in full days (e.g. 9 days and 3 hours is 10 days)

### Are there exceptions to this daily minimum?

Yes, your agency may authorize exceptions to the daily minimum driving distance when there is a delay beyond your control such as acts of God, restrictions by Governmental authorities, or other acceptable reasons; e.g., a physical handicap or special needs. Your agency must have a designated approving official authorize the exception.

### What do I need to have to be reimbursed for my airfare?

You must claim airfare in block 18 of the 1351-2, submit a complete flight itinerary and paid in full receipt, and your orders (DD Form 1614) must state "IBA Authorized" or "Personally Procured Airfare Authorized.". If CBA is authorized in your orders, then no reimbursement is due or necessary.

Joint Travel Regulation (JTR), Chapter 5, Part B

TQSE is a discretionary allowance that is intended to reimburse employees for *some* of the expenses associated with lodging, food, and other necessities when occupying temporary quarters. TQSE can be utilized at the **old** location **prior to departure** and/or at the **new** duty station **upon arrival** while the employee is looking for a permanent residence.

**TQSE must be authorized in advance of occupancy, and may not be approved after the fact.**

TQSE can be authorized at your old and/or your new duty location if:

1. You signed a new Transportation Agreement (see block 21 of your DD Form 1614)
2. You are “Between Official Stations” (see block 10 of your DD Form 1614)

**There are two methods of TQSE that may be authorized, understand the difference. Check your DD 1614 (block 14a and b) to confirm authorization type and the number of days.**

## **1. TQSE (AE) Actual expense reimbursement**

- typically authorized in 30 day increments
- cannot be authorized for more than 60 days on the original order, DD Form 1614
- 120 day max, no exceptions
- dates claimed must run consecutively

Exceptions only for En Route travel, Approved Sick leave, and/or TDY

- DD Form 2912 claiming exact amounts spent, and lodging receipts are required
- based on Standard CONUS rate (not locality) except for non-foreign OCONUS

## **2. TQSE (LS) Lump Sum payment (30 day max, no exceptions)**

- Lump Sum Statement Required
- Based on locality rate – see formula

*There is no authorization for a rental car or in/around mileage while staying in TQSE*

**\*\*\*If you are going to or coming from an overseas duty location, you may be authorized TQSA or FTA, which are not paid by DFAS\*\*\***

1. Temporary Quarters Subsistence Allowance, TQSA - is an overseas subsistence allowance governed by the State Department. It is claimed on a Standard Form 1190, submitted through the agency authorizing it, and paid by your servicing payroll activity. Additional information about TQSA can be located in the [Department of State Standardized Regulation \(DSSR\) Section 120](#).

2. Foreign Transfer Allowance, FTA - is a pre-departure subsistence expense paid in relation to a move to a foreign post. It is also governed by the State Department. FTA is made up of several elements. Among them is a pre-departure subsistence expense granted to an employee for expenses incurred prior to departing a post in the United States for a post overseas. Contact the agency authorizing FTA for instructions on how and where to properly claim it. Additional information about FTA can be located in the [Department of State Standardized Regulation \(DSSR\) Section 240](#).

# TQSE Actual Expense

[Joint Travel Regulation \(JTR\)](#), Chapter 5, Part B, Sec 9c

**In every CONUS location, TQSE (AE) is based on the CONUS Standard per diem rate, not on locality rate. This means, maximum reimbursement is the same whether you are in Alexandria, VA or Rome, NY. In Non-foreign locations like Alaska and Hawaii, TQSE AE will be based on Locality rate.**

When temporary quarters are required due to an employee's transfer to a new duty station, reimbursement of some subsistence expenses associated with this temporary lodging are reimbursable. Subsistence expenses include the cost of temporary lodging, meals and/or groceries, some tips and fees incident to meals and lodgings, laundry, cleaning and pressing of clothing, and other expenses. Reimbursement for groceries is limited to those food and laundry items consumed or used while occupying temporary quarters.

The location of the temporary quarters must be within reasonable proximity of the old and/or new official station.

Your initial authorization (original DD 1614) cannot exceed 60 consecutive days. You are encouraged to find a new home as quickly as possible. Extensions of up to 60 days may be authorized only in situations where there is a demonstrated need, due to circumstances that occur during the initial 60-day period of temporary quarters. An official amendment is required to be reimbursed additional days. Under no circumstance will the total reimbursement of TQSE (AE) exceed 120 days.

Note: A House Hunting trip should provide you with the ability to locate adequate housing in a timely manner. If you have taken a HHT, and you exceed 30 days of TQSE, then the period of TQSE (AE) allowance must be reduced. The number of days reimbursed for HHT will be subtracted from the first 30 day period of TQSE (AE). For example, if 7 days of HHT were taken and 31 or more days of TQSE are used, it is as if your TQSE began on day 8 and your HHT will be considered TQSE days 1-7. Again, this is only if greater than 30 days of TQSE (AE) has been authorized and used.

Currently (as of October 1, 2016) The MAXIMUM DAILY allowance for the FIRST 30 days in CONUS (unless reduced by paid/used HHT) is:

Employee or unaccompanied Spouse	\$ 142.00	(100% of daily max CONUS Standard per diem rate)
Spouse (accompanied)	\$ 106.50	(75% of daily max CONUS Standard per diem rate)
Dependent 12 and over	\$ 106.50	(75% of daily max CONUS Standard per diem rate)
Dependent under 12	\$ 71.00	(50% of daily max CONUS Standard per diem rate)

The MAXIMUM DAILY allowance for day 31 (or sooner if HHT is taken) through day 120 in CONUS (if authorized additional days) is:

Employee or unaccompanied spouse	\$ 106.50	(75% of daily max CONUS Standard per diem rate)
Spouse (accompanied)	\$ 71.00	(50% of daily max CONUS Standard per diem rate)
Dependent 12 and over	\$ 71.00	(50% of daily max CONUS Standard per diem rate)
Dependent under 12	\$ 56.80	(40% of daily max CONUS Standard per diem rate)

All boxes on the DD Form 2912 must be completed in full.

**\*Hint\* If authorized Actual Expense TQSE, it is recommended that you print a [DD Form 2912](#) and carry it with you, completing it at every meal.**

When meals are prepared from groceries purchased, the total amount of the groceries must be divided by the number of meals prepared. You will show this computation at the bottom of the DD 2912 form (see example). This amount should appear in each meal block that a home cooked meal was eaten, and should be annotated with an "H" for home prepared on the TQSE worksheet. (Do not include non-food items, alcohol, and snacks when averaging grocery expenses; they are not reimbursable expenses.)

Note: Itemized Receipts are required for meals of \$75 or more (Includes any meal expense for one or more individuals). This is to prove that no alcohol was purchased, as it is not reimbursable. If you do not have receipts, provide a signed statement indicating no alcohol was purchased.

Itemized and paid in full lodging receipts must always be provided, regardless of cost. If an apartment is rented short term, we must have a complete copy of the lease and paid in full receipts. If a one year lease is signed, this is not temporary; this is your new permanent residence and it is not reimbursable.

TQSE must begin within one year after the employee reports for duty at the new PDS.

**TQSE (AE) may not be claimed for yourself or any dependents that have not permanently vacated the former residence at the old permanent duty station.** You may occupy temporary quarters at one location while your dependents occupy temporary quarters at another location, as long as the quarters reasonably relate to the old or new duty station.

In this situation, separate DD Form 2912 must be completed for each location specifically identifying persons occupying at each location. **The period of eligibility for TQSE terminates when you occupy or any dependent occupies permanent residence quarters or when the authorized period of time expires, whichever occurs first.**

The period of time allowed for TQSE begins for you and all dependents as soon as any one person enters quarters for which reimbursement will be requested. The time period runs concurrently for you and all dependents. In other words, day one of TQSE for any one person starts "the clock" running for the number of days authorized. Every day going forward is counted consecutively, whether claimed or not.

You should not check in and out of TQSE in an effort to extend your time allowed. Every day in TQSE at your new duty location should be used to find a permanent residence as quickly as possible. The "clock" will continue to run during leave time, although TQSE is not reimbursable while on leave except for approved sick leave. In other words, if you go on leave for a week after claiming 10 days of TQSE, upon your arrival back at the hotel, you will be claiming day 17 rather than day 11.

The period of consecutive temporary quarters' days may be interrupted and the "clock" stopped for the following reasons:

1. Travel between old and new duty stations
2. Temporary Duty (TDY) or Military Duty
3. Hospitalization or approved sick leave
4. Other reasons beyond the employee's control and approved by the DoD component concerned

#### **TQSE (AE) Voucher Submission:**

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – All of block 20 must be completed in full – see example
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. [DD Form 2912](#) This is a two-sided TQSE worksheet and is to be completed in its entirety, totaled, signed and dated
4. Itemized and paid lodging receipt and lease, if applicable
5. Receipt for any meal expense of \$75 or more for one or more individuals
6. Annotate advances received in block 9 on the DD Form 1351-2 or provide advance payment paperwork.

**\*\*Note\*\*** TQSE advances are not recommended but should be conservative if utilized – see Advance section.

## TQSE Fixed/Lump Sum

[Joint Travel Regulation \(JTR\)](#), Chapter 5, Section B9b

The authorizing/order-issuing official has the option to offer you a lump sum TQSE amount in lieu of actual expense TQSE. (The JTR contains guidelines for offering lump sum TQSE.) Lump Sum TQSE is based on either the old or the new duty station locality rate in effect when the TQSE (LS) offer is accepted by the employee, and is paid in a lump sum.

TQSE (LS) may be authorized for the number of days determined necessary, up to 30 days with no extensions under any circumstances. During your mandatory PCS counseling with your agency, you must discuss and choose between TQSE (LS) and TQSE (AE). Once you select a TQSE method, your orders will be created, and it may not be changed.

Payment of TQSE (LS) is based on the locality rate and the total number of individuals actually moving to the new PDS, not the number occupying temporary quarters. For example, an employee, spouse, and 2 children moving to Columbus would be paid as follows (when authorized 30 days):

Based on Columbus, Ohio per diem (p/d) rate in effect 10/01/2015 - \$109 (lodging) + \$59 (meals) = \$168  
Employee: (75% of max p/d rate)  $\$168 \times .75 = \$126 \times 30 \text{ days} = \$3,780.00$   
3 Dependents: (25% of max p/d rate)  $3 \times (\$168 \times .25) = \$126 \times 30 = \$3,780.00$   
Total Lump Sum TQSE = \$7,560

Minus Taxes of 32.65 % (\$ 2,468.34) = a payment of \$ 5,091.66, after taxes

*Note: There is no deduction from TQSE (LS) for HHT days taken, because there is a 30 day max*

### TQSE (LS) Voucher Submission:

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – All of block 20 must be completed in full – see example
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. Annotate advances received in block 9 of the DD Form 1351-2 or provide advance payment paperwork.
4. Including the following statement signed and dated by the travelers (best in block 15 of the 1351-2):
  - "I have agreed to accept the offer of the TQSE Lump Sum entitlement and I certify that TQSE will be occupied and if not occupied, I am required to return the TQSE Lump Sum payment amount in full. I certify that I have accepted the terms of this entitlement effective mm/dd/yyyy." (This effective date is the date the traveler accepted the offer from his/her agency and should fall between date the transportation agreement was signed and the issue date of orders.)

**Note:** For Lump Sum TQSE to be paid Temporary Quarters must be occupied (see Joint Travel Regulation (JTR), Chapter 5).

**Note:** For Lump Sum TQSE a payment is issued to you in the form of a settlement, not an advance. Taxes are withheld, and a RIT allowance may be filed on this payment in the following year.

# How to complete form 1351-2 for TQSE

## 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:

- The Traveler's name, SSN and address
- The routing number and account number
- Whether the account is Checking or Savings

SPLIT DISBURSEMENT when you would like funds applied directly to your government travel card, place an “x” in the block requesting it and indicate the dollar amount to be sent. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card, regardless of which items were or were not paid.

**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 – full 9 digits

**Block 5:** Indicate “PCS” and “Member/Employee” if only the employee is claiming TQSE

Indicate “PCS” and “Dependent(s)” if only the dependents is claiming TQSE

Indicate “PCS”, Member/Employee” and “Dependent(s)” if both are claiming TQSE

**Blocks 6a-6d:** Valid mailing address

**Block 6e:** Valid and legible e-mail address (**Extremely Important!**)

**Block 7:** Daytime telephone number in the event DFAS should need to make contact (we will typically use your email)

**Block 8:** Order/Authorization number which is listed on the original orders (See DD Form 1614 Block 25)

**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:** This block may be used to make a note for the examiner, to explain something, if applicable

**Block 11:** Employee’s new duty station address where employee is being assigned. (See DD Form 1614 Block 8).

**Blocks 12-13:** Please complete for any dependents occupying TQSE during the dates claimed

\*\*\* Note: Mark “unaccompanied” only if you are alone in TQSE

**Block 12a:** List the last name, first name, and middle initial your dependents

**Block 2b:** Enter “spouse”, son, daughter, etc.

**Block 12c:** List the date of marriage for spouse and birthdays of all other dependents

**Block 13:** List the address where dependents were residing at time PCS orders were received, not the address of your new PDS

**Block 14:** Indicate whether household goods have been shipped.

**Block 15:** Actual Expense TQSE – leave blank

Lump Sum TQSE - use this block for your required statement (See Example)

**Block 16:** POC Mileage – not needed for a TQSE claim – travel expense (in/around mileage, rental car, etc., are not reimbursable)

**Block 17:** Duration of Travel - not needed for a TQSE claim

**Block 18:** Actual Expense TQSE - List TQSE dates and total amount claimed (18B) utilizing the DD Form 2912

Lump Sum TQSE – indicate “TQSE Lump Sum” – DFAS will calculate the dollar amount authorized based on your orders and location

**Block 19:** Not applicable

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer’s signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned. **A supervisor/reviewer signature and date are required for all claims sent to DFAS. Signature date must be after 20B.**

**Block 21:** Would be required for an “after the fact entitlement”

**Block 22:** If block 21 is completed, block 22 would explain the “after the fact entitlement”

**Blocks 23 – 28:** These blocks are not used for TQSE

The below example is to assist with both Actual and Lump Sum/Fixed TQSE – Note the difference  
You will require the statement for Lump Sum/Fixed TQSE, not the DD Form 2912  
You will require the DD form 2912 for Actual Expense TQSE, not the statement







**CLAIM FOR TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE)  
(SUB-VOUCHER)**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. Sections 5701, 5724; 2 JTR Ch. 5, Part H; 5 U.S.C. Section 301, Departmental regulations; DoDFMR 7000.14, Vol. 9; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** 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 filing system for filing and retrieving individual claims.

**ROUTINE USE(S):** 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 criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001; and Title 31, Section 3729).

<b>1. EMPLOYEE NAME</b> <i>(Last, First, Middle Initial)</i> Mouse, Micky M.		<b>2. SOCIAL SECURITY NUMBER</b> 555-55-5555	<b>3. GRADE</b> GS-7
<b>4. NEW DUTY STATION</b> Ft Bragg, N.C.		<b>5. DATE REPORTED FOR DUTY</b> <i>(YYYYMMDD)</i> 20110301	
<b>6. DATE VACATED OLD RESIDENCE:</b> <i>(YYYYMMDD)</i>		<b>7. DATE OCCUPIED NEW RESIDENCE:</b> <i>(YYYYMMDD)</i>	
a. EMPLOYEE 20110220	b. DEPENDENTS 20110220	a. EMPLOYEE 20110401	b. DEPENDENTS 20110401
<b>8. NAME(S) OF DEPENDENT(S) INCLUDED IN CLAIM</b> <i>(Last, First, Middle Initial) (Show only eligible members of family included in travel authorization (DD 1614))</i> Jane Mouse - spouse Samantha Mouse -daughter Steven Mouse - son			

**INSTRUCTIONS**

All expenses will be itemized and only actual expenses claimed. Home meal cost will be accumulated and averaged for all meals prepared at home.

If expenses claimed are for temporary quarters occupied at different locations by the employee and dependent(s), use separate expense itemization sheets for each location. Temporary quarters occupied at other than the old or new duty station location requires approval by the order approving official based on a determination that such occupancy is justified.

If any other claim has been made for temporary quarters expenses in connection with this PCS move, explain. Attach copy of paid voucher if claim has been paid.

If separate claim has been made for PCS travel from old to new duty station, explain. Attach copy of paid voucher if claim has been paid.

If official temporary duty travel was performed during the temporary quarters subsistence expense or foreign allowance reimbursement claim period, explain. Attach copy of paid voucher if claim has been paid.

Occupancy of permanent quarters occurs when the employee or any member of the family starts occupying the permanent quarters.

Receipts are required for lodging expenses and any single expense of \$75.00 or more to include meal expense for one or more individuals.

**ADDITIONAL NOTES:**

The DD Form 2912 is a two-page form and is to be completed in its entirety. You are reimbursed for the allowable "actual" expenses incurred by you and your dependents, **NOT TO EXCEED** the maximum rates, provided the expenses are reasonable and can be substantiated. H = Home Cooked and C=

9. WORKSHEET													
a. DAY	b. DATE (YYYYMMDD)	c. PERSONS		d. LODGING*		e. MEAL COST (including tips)				f. LAUNDRY***		g. DAILY TOTAL AMOUNT	
		Emp	Dep	City and State	Cost	** Breakfast	** Lunch	** Dinner	Coin	Other			
1	20110301	1	3	Fayetteville, N.C.	\$0.00	H	14.77	C	27.29	C	53.16		\$ 175.22
2	20110302	1	3	Fayetteville, N.C.	\$0.00	C	17.12	C	32.65	C	51.47		\$ 181.24
3	20110303	1	3	Fayetteville, N.C.	\$0.00	H	14.77	H	14.77	C	61.60		\$ 171.14
4	20110304	1	3	Fayetteville, N.C.	\$0.00	H	14.77	C	25.78	C	41.00		\$ 161.55
5	20110304	1	3	Fayetteville, N.C.	\$0.00	H	14.77	C	21.23	C	58.97		\$ 174.97
6	20110305	1	3	Fayetteville, N.C.	\$0.00	C	24.19	C	22.31	C	77.59		\$ 204.09
7	20110306	1	3	Fayetteville, N.C.	\$0.00	C	19.18	C	23.30	C	55.43		\$ 177.91
8	20110307		3	Fayetteville, N.C.	\$0.00	C	14.65	C	20.54	C	39.03		\$ 154.22
9	20110308		3	Fayetteville, N.C.	\$0.00	C	12.50	C	18.18	C	35.26		\$ 145.94
10	20110309	1	3	Fayetteville, N.C.	\$0.00	C	20.05	C	24.17	C	44.38		\$ 168.60
11	20110310	1	3	Fayetteville, N.C.	\$0.00	C	18.61	C	32.52	C	65.43		\$ 196.56
12	20110311	1	3	Fayetteville, N.C.	\$0.00	C	11.00	C	27.75	C	38.59		\$ 157.34
13	20110312	1	3	Fayetteville, N.C.	\$0.00	C	19.21	C	26.66	C	42.35		\$ 168.22
14	20110313	1	3	Fayetteville, N.C.	\$0.00	C	22.44	C	30.00	C	51.93		\$ 184.37
15	20110314	1	3	Fayetteville, N.C.	\$0.00	C	16.59	C	22.05	C	32.76		\$ 151.40
16	20110315	1	3	Fayetteville, N.C.	\$0.00	C	23.87	C	35.24	C	26.54		\$ 165.65
17	20110316	1	3	Fayetteville, N.C.	\$0.00	C	17.22	C	28.74	C	45.46		\$ 171.42
18	20110317	1	3	Fayetteville, N.C.	\$0.00	C	18.27	C	27.58	C	63.90		\$ 189.75
19	20110318	1	3	Fayetteville, N.C.	\$0.00	C	19.35	C	21.57	C	59.86		\$ 180.78
20	20110319	1	3	Fayetteville, N.C.	\$0.00	C	19.88	C	28.12	C	30.54		\$ 158.54
21	20110320	1	3	Fayetteville, N.C.	\$0.00	C	15.42	C	27.31	C	68.94		\$ 191.67
22	20110321	1	3	Fayetteville, N.C.	\$0.00	C	19.21	C	24.17	C	72.82		\$ 196.20
23	20110322	1	3	Fayetteville, N.C.	\$0.00	C	14.98	C	33.98	C	50.88		\$ 179.84
24	20110323	1	3	Fayetteville, N.C.	\$0.00	C	22.61	C	25.00	C	63.45		\$ 191.06
25	20110324	1	3	Fayetteville, N.C.	\$0.00	C	20.30	C	32.02	C	68.79		\$ 201.11
26	20110325	1	3	Fayetteville, N.C.	\$0.00	C	20.75	C	24.52	C	49.87		\$ 175.14
27	20110326	1	3	Fayetteville, N.C.	\$0.00	C	16.58	C	22.78	C	70.15		\$ 189.51
28	20110327	1	3	Fayetteville, N.C.	\$0.00	C	18.55	C	32.41	C	48.67		\$ 179.63
29	20110328	1	3	Fayetteville, N.C.	\$0.00	C	21.48	C	33.96	C	56.47		\$ 191.91
30	20110329	1	3	Fayetteville, N.C.	\$0.00	C	22.45	C	30.75	C	67.96		\$ 201.16
<b>h. TOTALS FOR THIS PERIOD</b>					2,400.00		545.54		797.35		1,593.25		\$5,336.14

**NOTES:**

- \* Receipts are required for lodging expenses and any single expense of \$75.00 or more to include any meal expense for one or more individuals.
- \*\* Indicate in box, type of meal. Enter "C" for commercial meals, "H" for home prepared meals.
- \*\*\* Laundry: Coin - cost of washer/dryers, laundry soaps, etc. Other - dry cleaning expenses.

**10. EMPLOYEE SIGNATURE**

**11. DATE (YYYYMMDD)**

Do not forget to Sign and Date this form – Signature date must be after final date claimed

**12. REMARKS** (Use this space for additional explanations. Show periods of TDY or other deviations during period of temporary quarters.)

I was TDY 7 & 8 March dependents remained in lodging

Groceries were purchased in the amount of \$73.86 these groceries did not contain snacks or alcoholic beverages. These groceries covered 5 meals.  $\$73.86/5 = 14.77$

I have attached a receipt for the dinner meal on 5 March 2010

# Frequently Asked Questions – TQSE

## **Am I eligible for a TQSE allowance?**

You are eligible for a TQSE allowance if you are an employee who is authorized to transfer; and

- (a) Your new official station is located within the United States; and
- (b) Your old and new official stations are 50 miles or more apart (as measured by map distance) via a usually traveled surface route.

## **Who is not eligible for a TQSE allowance?**

New appointees, employees assigned under the Government Employees Training Act (5 U.S.C. 4109), and employees returning from an overseas assignment for the purpose of separation are not eligible for a TQSE allowance.

## **Must my agency authorize payment of a TQSE allowance?**

No, your agency determines whether it is in the government's interest to pay TQSE.

## **May my immediate family and I occupy temporary quarters at different locations?**

Yes. For example, if you must vacate your home at the old official station and report to the new official station and your family remains behind until the end of the school year, you may need to occupy temporary quarters at the new official station while your family occupies temporary quarters at the old official station.

## **Am I eligible for a TQSE allowance if I transfer to a foreign area?**

No, you may not receive a TQSE allowance under this part when you transfer to an area outside the United States. However, you may qualify for a comparable allowance under the Standardized Regulations (Government Civilians, Foreign Areas) prescribed by the Department of State. Ask your agency about TQSA and FTA.

## **May the period for which I am authorized to claim actual TQSE reimbursement for myself be different from that of my immediate family?**

No, the eligibility period for which you are authorized to claim actual TQSE reimbursement for yourself and for each member of your immediate family must run concurrently. Only En Route travel, Approved Sick Leave, or TDY can “stop the clock”.

## **Can I average my meals on my DD Form 2912 (Actual Expense TQSE) and claim \$ 10.00 for breakfast, \$20.00 for lunch, and \$ 40.00 for dinner every day?**

No, your meals should be claimed based on exactly what you spent and not rounded or estimated. Indicating meals in this manner can result in an unpaid travel voucher that will be returned to you.

## **Will my Rental Car, In and Around Mileage, or Hotel Parking be reimbursed while in TQSE?**

No, any costs associated with transportation while staying in TQSE are not reimbursable expenses.

## **Will I receive additional TQSE reimbursement if my lump sum amount is not adequate to cover my TQSE?**

No, you will not receive additional TQSE reimbursement if the lump sum amount is not adequate to cover your TQSE.

## **May I retain any balance left over from my TQSE reimbursement if my lump sum amount is more than adequate?**

Yes, if your lump sum TQSE amount is more than adequate to cover your TQSE expenses any balance belongs to you.

## Miscellaneous Expense Allowance (MEA)

### Joint Travel Regulation (JTR), Chapter 5, Part B, Sec 10

Miscellaneous Expense Allowance (MEA) is non-discretionary. This means, if you are eligible for MEA, your agency cannot deny this entitlement. You are **always** eligible if you sign a new TA and are between official stations (block 10 of you DD 1614). Read These requirements are different depending on whether you submit for the flat rate or itemize your expenses. Be sure you do not forget the appropriate statement or required signatures.

You must have discontinued and established a residence in connection with such change of station, regardless of where the old or new duty station is located. You are required to certify on the voucher that you have discontinued your residence at the old permanent duty station (PDS) and have established a residence at the new PDS in connection with the PCS.

When you report to the new PDS but your dependent(s) remain at the old PDS (or other location), reimbursement is limited to the single rate until the dependents actually move.

#### **Some Reimbursable Items (including, but are not limited to):**

1. Disconnecting/connecting appliances, equipment, and utilities involved in relocation; and cost of converting appliances for operation on available utilities. (Does not include purchasing new appliances in lieu of conversion.)
2. Cutting and fitting rugs, drapes and curtains moved from one residence to another.
3. Utility fees and deposits that are not offset by eventual refunds.
4. Automobile registration, driver's license and use taxes imposed when bringing automobiles into some jurisdictions, cost of reinstalling a catalytic converter upon re-entry of vehicle into the United States.
5. Transportation of house pets.
6. Charges for pet quarantine excluding medicine and medical care, grooming, and similar fees for services that are part of routine pet care.
7. Similar costs.

#### **Some Items that are Not Reimbursable (including, but are not limited to):**

1. Fees for boarding pets while preparing to move and during the move to new PDS.
2. Costs/expenses incurred for reasons of personal taste or preference and not required because of the move.
3. Additional costs caused by the employee shipping HHG that exceed the maximum weight allowance provided by law or this volume.
4. Losses due to the sale/disposal of HHG items that are not convenient or practicable to move.
5. Damage to/loss of clothing, luggage, or other personal items while traveling to the new PDS.
6. Subsistence, transportation, or travel expense in excess of the amounts reimbursed as per diem or other allowances.
7. Medical expenses due to illness/injuries of the employee or dependents while En Route to the new PDS or while living in temporary quarters.

**Amount Allowable - Without receipts (Flat Rate):**

1. \$650 or the equivalent of one week's basic compensation, whichever is the lesser amount, for an employee without dependents;
2. \$1,300 or the equivalent of two week's basic compensation, whichever is the lesser amount, for an employee with dependents;

**Amount Allowable – With receipts (Itemized):**

1. Employee's basic salary rate of one week (without dependents)
2. Employee's basic salary rate for two weeks (with dependents)

**Note:** The basic salary rate refers to the rate in effect at the time the employee reports for duty at the new duty station. In no instance can the allowable amount exceed the maximum rate of grade GS-13.

\*If a claim is made with receipts, paid bills or other acceptable evidence justifying the entire amount claimed must support it. The travel-approving official must sign the voucher in block 21a.

**Voucher submission for MEA:**

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – All of block 20 must be completed in full – see example
    - a. Indicate in Block 12 of the DD Form 1351-2 who actually relocated.
    - b. You must include one of the following statements in block 15 of DD Form 1351-2 (no itinerary needed):
      - "I certify that **I** have discontinued **MY** residence at the old PDS and have established a residence at the new PDS." (Single rate)

**\*OR\***

    - "I certify that **WE** have discontinued **OUR** residence at the old PDS and have established a residence at the new PDS." (With dependents)  - c. Indicate in Block 18 of the DD Form 1351-2 "MEA" and the dollar amount being claimed for flat rate or the actual expenses (matching receipts) for itemized MEA (see example)
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. If itemizing, receipts are required.
4. If itemizing, approving official (AO) signature is required on the 1351-2. (Complete 21 in full)
5. If itemizing, a copy of a recent LES is required

# How to complete Form 1351-2 for MEA

## 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:

- The Traveler's name, SSN and address
- The routing number and account number
- Whether the account is Checking or Savings

**SPLIT DISBURSEMENT** when you would like funds applied directly to your government travel card, place an "x" in the block requesting it and indicate the dollar amount to be sent. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card, regardless of which items were or were not paid.

**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 – full 9 digits

**Block 5:** Indicate "PCS" and "Member/Employee" if only the employee traveled

Indicate "PCS" and "Dependent(s)" if only the spouse traveled

Indicate "PCS", "Member/Employee" and "Dependent(s)" if the employee and the spouse traveled together.

**Blocks 6a-6d:** Valid mailing address

**Block 6e:** Valid and legible e-mail address (**Extremely Important!**)

**Block 7:** Daytime telephone number in the event DFAS should need to make contact (we will typically use your email)

**Block 8:** Order/Authorization number which is listed on the original orders (See DD Form 1614 Block 25)

**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:** This block may be used to make a note for the examiner, to explain something, if applicable

**Block 11:** Employee's new duty station address where employee is being assigned. (See DD Form 1614 Block 8).

**Blocks 12:** Complete for all dependents who have relocated

**Block 12a:** List the last name, first name, and middle initial your dependents

**Block 2b:** Enter "spouse", son, daughter, etc.

**Block 12c:** List the date of marriage for spouse and birthdays of all other dependents

**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 – use this block for your required MEA statement

- "I certify that I have discontinued MY residence at the old PDS and have established a residence at the new PDS." (Single rate)
- "I certify that WE have discontinued OUR residence at the old PDS and have established a residence at the new PDS." (With dependents)

**Block 16:** POC Mileage – not needed for a MEA

**Block 17:** Duration of Travel - not needed for a MEA claim

**Block 18:** List MEA and the total flat rate amount claimed, or each item itemized – see example

**Block 19:** Not applicable for Civilian PCS travel unless TDY En Route

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer's signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned.

**A supervisor/reviewer signature and date are required for all claims sent to DFAS. Signature date must be after 20B.**

**Block 21:** Required for itemized MEA

**Blocks 22 – 28:** These blocks are not used for MEA

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <b>NOTE:</b> A split disbursement is only necessary when a GTCC is used while on official travel for the Government. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> MOUSE, MICKEY, M		<b>3. GRADE</b> G11	<b>4. SSN</b> 111-11-1111		<b>6. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
<b>8. ADDRESS, a. NUMBER AND STREET</b> 9414 PLANTATION DRIVE		<b>b. CITY</b> LEESBURG	<b>c. STATE</b> FL	<b>d. ZIP CODE</b> 12345		<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY	
<b>e. E-MAIL ADDRESS</b> MICKEY_MOUSE.CIV@MAIL.MIL		<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> (315) 123-4567		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> 123456		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b> 0.00	
<b>11. ORGANIZATION AND STATION</b> CASTLE CITY ORGANIZATION		<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDER (Include Zip Code)</b> 9414 PLANTATION DRIVE LEESBURG, FL, 12345		<b>d. COMPUTATIONS</b> <b>* NOTES ON MEA</b> Must use correct statement - with or without family - to be paid correctly Most will take the standard rate of \$ 650 if single and \$ 1300 with dependents If they want to itemize, they will need an LES, paid in full receipts, each item listed, and all of block 20 and 21 completed in full. See the website for more details	
<b>15. ITINERARY</b> 2016 b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		<b>c. MEANS/ MODE OF TRAVEL</b>	<b>d. REASON FOR STOP</b>	<b>e. LODGING COST</b>	<b>f. POC MILES</b>	<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	
DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR DEP ARR		I certify that I have discontinued my residence at the old PDS and have established a residence at the new PDS ** OR ** I certify that WE have discontinued OUR residence at the old PDS and have established a residence at the new PDS				(1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed 0.00 (10) Amount Due	
<b>18. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS		<b>18. GOVERNMENT/DEDUCTIBLE MEALS</b> a. DATE      b. NO. OF MEALS      a. DATE      b. NO. OF MEALS 5/5/15      Cutting Rugs      120.00 5/6/15      Car Registration      300.00 5/7/15      Pet Quarantine      1,200.00			
<b>19. REIMBURSABLE EXPENSES</b> a. DATE      b. NATURE OF EXPENSE      c. AMOUNT      d. ALLOWED		MEA      1,300.00		**** OR ****			
<b>20.a. CLAIMANT SIGNATURE</b>		<b>b. DATE</b> After MC		<b>c. REVIEWER'S PRINTED NAME</b> REQUIRED FIELD'S : 20A - 20F			
<b>21.a. APPROVING OFFICIAL'S PRINTED NAME</b> 21A-D ARE NOT REQ. IN MOST CASES		<b>d. SIGNATURE</b>		<b>e. TELEPHONE NUMBER</b> After 20B			
<b>22. ACCOUNTING CLASSIFICATION</b> *** Reminder ** Approving Official Signature is needed for Itemized MEA, but not for the standard rate. The appropriate statement is needed for both.		<b>b. SIGNATURE</b>		<b>c. TELEPHONE NUMBER</b> <b>d. DATE</b>			
<b>23. COLLECTION DATA</b>							
<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER/ AUTHORIZATION POSTED BY</b>			
<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>		<b>28. AMOUNT PAID</b>					

## **Movement and Storage of Household**

### Joint Travel Regulations (JTR), Chapter 5, Part B, Sec 5

**If you were prior military, Movement of HHG as a civilian is not the same as a DITY.** In most cases, you will be reimbursed for your out of pocket expenses only, up to the government cost, and based on paid in full receipts. As with all of your PCS entitlements, read carefully and discuss with your agency and/ or transportation office prior to setting up the movement of your HHG's. Be sure to maintain copies of your weight tickets as they will be needed for reimbursement.

The maximum weight allowance of HHG that may be shipped or stored at government expense is 18,000 pounds net weight. For uncrated or van line shipments, a 2,000 pound allowance is added to the 18,000 pounds net weight allowance to cover packing materials for the shipment. In no case may a shipment weigh over 20,000 gross pounds (the 18,000 pounds net weight of the uncrated HHG plus the 2,000 pound allowance for packing materials). The relocating employee is responsible for reimbursing the government for all costs incurred if the shipment is overweight. There are two methods of shipping HHG:

*There are two methods of shipping HHG:*

1. Actual Expense Method / Government Bill of Lading (GBL)
2. Commuted Rate Schedule (CRS)

Committed Rate is NOT an option for a move involving a location Outside the Continental United States (OCONUS). Before any PCS authorization is issued for CONUS to CONUS PCS move, a cost comparison must be done between the actual expense (GBL) and commuted rate methods of shipping HHG.

In the event the estimated cost under one method exceeds the estimated cost under the other method by more than \$100, the more economical method must be used. Your travel authorization must state authorization of one of the above-mentioned (GBL or Commuted Rate) methods. You have one year from your report date to complete your HHG shipment.

Note: The certified weight of goods moved MUST be obtained from the mover. (When loading a rental or personal vehicle you must show the vehicle weight both before and after the household goods are loaded.) The weight tickets are necessary to show proof of the Gross weight (total weight of goods loaded plus truck weight), Tare weight (weight of truck without goods), and Net weight (weight after deduction of tare weight - goods loaded on truck minus the weight of the truck). Itemized paid receipts are also required for proper reimbursement.

#### ***Actual Expense/GBL – When the government moves you or you move yourself.***

When actual expense/GBL is authorized, and the government moves you, you do not submit a voucher to DFAS.

However, if you did incur out of pocket expenses and are looking for reimbursement, you will claim your cost. Reimbursement will be limited to what it would have cost the government to move you. Either way, you are responsible for contacting the appropriate [transportation office](#) (usually the closest military facility) in order to:

1 – Obtain a memo. If you choose to personally arrange to move the HHG in lieu of using the authorized GBL, you may only be reimbursed for the actual incurred expenses (i.e., boxes, packing tape, rental truck, gas, etc.) not to exceed what the GBL shipment cost would have been. Keep a copy of all receipts for related expenses in addition to proof of weight, for payment consideration. You will need a memo from transportation to show the weight you moved and what the cost would have been, had the government moved the same amount of weight.

2 - Make arrangements for packing, moving and unpacking, if you choose to have the government assumes the responsibility for selecting the moving company and pays transportation vouchers directly to the carriers. You do not file a voucher with the paying travel office; however, you must provide a copy of the GBL for tax purposes to the paying travel office if there is storage over 30 days.



When CRS is authorized, you may choose to move the HHG yourself, or hire a commercial mover to do so. The "[Commuted Rate Schedule for Transportation and Storage of Household Goods](#)," as published by the General Services Administration (GSA), is used in determining reimbursement (see JTR).

## Helpful Hints

The government does not reimburse you for Additional Valuation Charges (extra insurance).

### **The following items may not be shipped as HHG (for a complete listing see JTR, Appendix A):**

1. Motor vehicles, boats that cannot be fitted into a van (whether or not actually shipped by van), airplanes, mobile homes, camper trailers, and farming vehicles
2. Live animals, birds, fish, and reptiles
3. Cordwood and building materials
4. Property for resale, disposal, or commercial use rather than for use by the employee or immediate family
5. Privately owned live ammunition
6. Hazardous articles including explosives, flammable and corrosive materials, poisons, etc.

### **In addition, carrier tariffs may prohibit the shipment of the following:**

1. Articles that cannot be taken from the premises without damage to the article or the premises
2. Perishable articles including frozen foods, articles requiring refrigeration, or perishable plants

**Note:** Irreplaceable items and articles with high monetary or sentimental value are not provided special security. You are advised to personally transport these items.

Note: The total amount that may be paid or reimbursed by the government for a PCS HHG shipment cannot exceed the cost of transporting the property in one lot by the most economical route from the last permanent duty station of the transferring employee to the new permanent station or the actual residence (as appropriate).

**Note:** Shipment of HHG is limited to those owned by you and your dependents when shipment or storage begins (whichever comes first).

As to storage of HHG, you may need to store all, or a portion, of your HHG before you move into a permanent residence at the new duty station. Temporary storage should not exceed 60 days (CONUS-CONUS) and 90 days (to/from OCONUS) unless the employee requests (in writing) an additional period, NTE 90 days, that is authorized/approved by a Service/Defense AGENCY designated official. Under no circumstances may a Service/Agency authorize/approve SIT at GOV'T expense for CONUS to CONUS shipments exceeding a total of 150 days (CONUS) or 180 days (to/from OCONUS). If no additional storage is authorized/approved, the employee is financially responsible for additional storage expense.

*For directions on how/where to submit, see pages 5-7 of this handbook.*

## Voucher Submission:

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – All of block 20 must be completed in full – see example
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. Proof of gross, tare and net weight (original or certified copy).
4. Paid commercial bill of lading if moved by a commercial mover or paid rental truck receipt if a personally procured move. Itemized receipts incurred by the move.
5. Government cost construction memo from your [transportation office](#)
6. Paid storage receipts showing dates, where stored, and rates billed.
7. Indicate advances received in block 9 on the DD Form 1351-2 or provide advance payment paperwork.

## How to complete Form 1351-2 for your HHG

**Blocks 1 – 11:** Complete all Blocks as with all previous vouchers in this handbook

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

**Block 12 – 17:** Not required to be completed for HHG

**Block 18a:** List the date the expense was paid

**b:** List itemized expenses – e.g. “U-Haul”

**c:** List the amount being claimed

**Block 19:** Not required for Civilian PCS travel.

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer’s signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned. **A supervisor/reviewer signature and date are required for all claims sent to DFAS.**

**Signature date must be after 20B.**

**Block 21:** Would be required for an “after the fact entitlement”

**Block 22:** If block 21 is completed, block 22 would explain the “after the fact entitlement”

**Blocks 23 – 28:** These blocks are not used for HHG Claims

## Frequently Asked Questions - HHG

### **Who is eligible for the transportation and temporary storage of household goods (HHG) at government expense?**

The following are eligible for the transportation and temporary storage of household goods (HHG) at Government expense when relocation has been determined to be in the interest of the Government:

- (a) An employee transferred between official duty stations, within or outside the continental United States (CONUS);
- (b) A new appointee to his/her first official duty station within or outside the CONUS;
- (c) An employee being returned to CONUS for separation from an outside CONUS assignment, after completion of an agreed upon period of services;
- (d) An SES employee authorized last move home benefits under [§§302-3.304](#) through [302-3.315](#)
- (e) An employee authorized a temporary change of station (TCS).

### **May HHG be transported or stored in more than one lot?**

Household goods may be transported and stored in multiple lots; however, your maximum HHG weight allowance is based upon shipping and storing all HHG as one lot.

### **What documentation must be provided for reimbursement?**

When claiming reimbursement under the commuted rate, you must provide:

- (a) A receipted copy of the bill of lading (reproduced copies are acceptable) including any attached weight certificate copies if issued; or
- (b) Other evidence showing points of origin and destination and the weight of your HHG, if no bill of lading was issued, or
- (c) If a commercial HHG carrier is not used, you are responsible for establishing the weight of the HHG, and temporary storage by obtaining proper certified weight certificates. Certified weight certificates include the gross and tare weights. This is required because payment at commuted rates on the basis of constructive weight usually is not possible.

An employee Permanent Change of Station (PCS) to or from an OCONUS Permanent Duty Station (PDS) may be authorized shipment of one Personally Owned Vehicle (POV) when the Authorizing Official (AO) determines that it is in the government's best interest for the employee to have the use of a POV at the OCONUS PDS. OCONUS shipment is handled directly by the government and is not typically claimed for reimbursement on Form 1351-2.

## *POV Shipment within CONUS*

When the cost of shipping a vehicle is advantageous to the government, shipment of one or more POV(s) may be authorized at government expense between PDS locations within CONUS. In some cases it is advantageous to the government for the traveler to personally procure the CONUS to CONUS shipment and reimbursement for the shipping costs can be claimed on Form 1351-2. A government cost construction memo is required, drafted by the transportation management office, to show the government cost to ship the vehicle.

*Note: There is no authority for rental car reimbursement while awaiting POV arrival. Travelers should check to see if the POV shipping contract contains any rental provisions.*

## **How to complete Form 1351-2 for your CONUS to CONUS POV Shipment**

**Blocks 1 – 11:** Complete all Blocks as with all previous vouchers in this handbook

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

**Block 12 – 17:** Not required to be completed for POV Shipment

**Block 18a:** List the date the POV was shipped.

**b:** List "POV Shipment CONUS"

**c:** List the amount being claimed for POV Shipment.

**Block 19:** Not required for Civilian PCS travel.

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer's signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned. **A supervisor/reviewer signature and date are required for all claims sent to DFAS.**

**Signature date must be after 20B.**

**Block 21:** Would be required for an "after the fact entitlement"

**Block 22:** If block 21 is completed, block 22 would explain the "after the fact entitlement"

**Blocks 23 – 28:** These blocks are not used for POV Pick-up/Drop Off

## **Voucher Submission for POV Shipment**

**For directions on how/where to submit, see pages 5-7 of this handbook.**

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – All of block 20 must be completed in full
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. Include proof of payment for any expenses of \$75 or greater in the form of paid receipts
4. Include a Cost Construction memo from the government Transportation Management Office showing the government cost to ship the vehicle that was personally shipped.

## **POV Pick-up and/or Drop-off**

**Joint Travel Regulation** - Chapter 5, Part B6

### **POV Shipment OCONUS**

An employee Permanent Change of Station (PCS) to or from an OCONUS Permanent Duty Station (PDS) may be authorized shipment of one Personally Owned Vehicle (POV) when the Authorizing Official (AO) determines that it is in the government's best interest for the employee to have the use of a POV at the OCONUS PDS.

### **About POV Pick-up or Drop-off Expense Reimbursement**

An employee PCS move to or from an OCONUS PDS may be authorized shipment of one Personally Owned Vehicle (POV) when the Authorizing Official (AO) determines that it is in the government's best interest for the employee to have the use of a POV at the OCONUS PDS.

Reimbursement may be authorized at the applicable PCS MALT rate for one-way travel for the official distance traveled to the port/VPC to deliver the POV, and from the port/VPC after reclaiming the POV. Mileage rate for POV pickup is the PCS mileage rate, not the TDY mileage rate

Limited reimbursement is also authorized for the actual one-way return transportation cost from the port/VPC to the old PDS/actual residence, as appropriate, after delivering the POV, and to the port/VPC from the new PDS/actual residence, as appropriate, to pick up the POV. Paid receipts are required for transportation expenses claimed in the amount of \$75 and greater. Per diem is not payable when a traveler makes a separate trip to a port/VPC to deliver/pick up the POV.

Sometimes the vehicle can be dropped off on the way out of the country or picked up on arrival on the way to the new PDS. This is called En Route POV pick-up or drop-off. In those cases, the POV pick-up and/or drop-off travel should be completed on the same Form 1351-2 itinerary as the En Route travel, showing DV or PV as the reason for an authorized stop at the Vehicle Processing Center (VPC) location. See the En Route Travel section of the handbook for an example of En Route POV pick-up.

Often it is not possible to drop off or pick up the shipped vehicle in conjunction with the En Route travel. In this case a separate round trip is authorized, from the old PDS to/from VPC location for drop off and from the new PDS to/from the VPC location for pickup. A separate Form 1351-2 is required for the roundtrip drop-off and/or pick-up travel reimbursement. The instructions are in the next section below.

## How to complete Form 1351-2 for POV Pick-up / Drop-Off Expenses

**Blocks 1 – 11:** Complete all Blocks as with all previous vouchers in this handbook

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

**Block 12 – 14:** Not required to be completed for POV Pick-up/Drop-off reimbursement claims

**Block 15a:** Date: List the year the travel was conducted on the line in this box.

Next to “DEP” and “ARR” list the month and day of departure and arrival (e.g., 05/14).

**Block 15b:** Place: Enter a specific location – City, State, a Fort, or a Country – do not enter “HOR”, “Hotel”

**Block 15c:** Mode of Travel – See 2 letter codes on page 2 of 1351-2

For example, **PA** = Personal Auto, **CP** = Commercial Plane

**Block 15d:** Reason for Stop – See 2 letter codes on page 2 of the 1351-2

**AD** = Authorized Delay (an overnight stop)

**AT** = Awaiting Transportation (brief, not an overnight stop, such as at an airport)

**MC** = Mission Complete

**Block 15e:** per diem is not authorized for a round trip POV pickup/drop off, regardless of distance

**Block 15f:** Enter the total miles driven for each leg of travel.

**Block 15e:** NA - per diem is not authorized for a round trip POV pickup/drop off, regardless of distance

**Block 16:** POC Mileage – Own/Operate must be checked to be reimbursed for mileage

**Block 17:** Not required

**Block 18a:** List the date the expense was incurred

**Block 18 b:** List the type of expense (taxi, tolls, etc.)

**Block 18 c:** List the amount being claimed for each expense

**Block 18 d:** Leave blank

**Block 19:** Not required for Civilian PCS travel.

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer’s signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned. **A supervisor/reviewer signature and date are required for all claims sent to DFAS. Signature date must be after 20B.**

**Block 21:** Would be required for an “after the fact entitlement”

**Block 22:** If block 21 is completed, block 22 would explain the “after the fact entitlement”

**Blocks 23 – 28:** These blocks are not used for POV Pick-up/Drop Off

### Voucher Submission for POV Pick-up/Drop-Off:

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – Be sure to mark “own/operate” only in Block 16 if you are claiming POV mileage. All of block 20 must be completed in full – see example
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. Itinerary/paid in full receipt of air schedule to include the transportation cost, if flying, whether
4. Include proof of payment for any expenses of \$75 or greater in the form of paid receipts

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.				
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.						
<b>2. NAME (Last, First, Middle Initial if not empty)</b> Doe, Jane R.		<b>3. GRADE</b> GS-9	<b>4. SSN</b> 000-00-0000	<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Civilian <input type="checkbox"/> CLA			<b>6. AMOUNT PAID</b> \$ 0.00	
<b>6. ADDRESS: a. NUMBER AND STREET</b> 456 NEW STREET		<b>b. CITY</b> CHICAGO	<b>c. STATE</b> IL	<b>d. ZIP CODE</b> 60609	<b>10. FOR D.O. USE ONLY</b> <b>a. D.O. VOUCHER NUMBER</b> <b>b. SUBVOUCHER NUMBER</b> <b>c. PAID BY</b> <b>d. COMPUTATIONS</b>			
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 555-555-5555		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> Block 25 of DD form 1614		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> 0.00		<b>11. ORGANIZATION AND STATION</b> Agency Name & Location		
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <b>a. NAME (Last, First, Middle Initial)</b> <b>b. RELATIONSHIP</b> <b>c. DATE OF BIRTH OR MARRIAGE</b>		<b>13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (include Zip Code)</b>		<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (broken in Remarks)				
<b>15. ITINERARY</b> <b>a. DATE</b> 2009				<b>b. PLACE (Home Office, Base Activity, City and State, City and Country, etc.)</b>	<b>c. MEANS/ MODE OF TRAVEL</b>	<b>d. REASON FOR STOP</b>	<b>e. LODGING COST</b>	<b>f. POC MILES</b>
05/14	DEP	DCMA CHICAGO, IL (DUTY STATION)		TP				
05/14	ARR	PONTOON BEACH, IL (VPC)			AT			
05/14	DEP	DCMA CHICAGO, IL (DUTY STATION)		PA				
05/14	ARR	DCMA CHICAGO, IL (DUTY STATION)			MC		289	
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS				
<b>18. REIMBURSABLE EXPENSES</b> <b>a. DATE</b> <b>b. NATURE OF EXPENSE</b> <b>c. AMOUNT</b> <b>d. ALLOWED</b>				<b>19. GOVERNMENT DEDUCTIBLE MEALS</b> <b>a. DATE</b> <b>b. NO. OF MEALS</b> <b>c. DATE</b> <b>d. NO. OF MEALS</b>				
5/14/09		AIRFARE	229.00					
5/14/09		AGENT FEE	30.00					
5/14/09		TAXI TO AIRPORT	55.00					
5/14/09		TAXI TO VPC	30.00					
5/14/09		(VEHICLE PROCESSING CTG)						
5/14/09		TOLLS	3.00					
<b>20. CLAIMANT SIGNATURE</b> ***** FORM MUST BE SIGNED AND DATED *****								<b>e. DATE</b> MMDDYYYY
<b>21. REVIEWER'S PRINTED NAME</b> * MUST PRINT NAME OF REVIEWER *				<b>22. REVIEWER SIGNATURE</b> MUST HAVE SIGNATURE OF REVIEWER		<b>23. TELEPHONE NUMBER</b> 000-000-0000		<b>24. DATE</b> MMDDYYYY
<b>25. APPROVING OFFICIAL'S PRINTED NAME</b> REQUIRED ONLY ON CERTAIN CLAIMS				<b>26. SIGNATURE</b> REQUIRED ONLY ON CERTAIN CLAIMS		<b>27. TELEPHONE NUMBER</b> 614-693-0000		<b>28. DATE</b> MMDDYYYY
<b>29. ACCOUNTING CLASSIFICATION</b> AGENCY USE ONLY								
<b>30. COLLECTION DATA</b> AGENCY USE ONLY								
<b>31. COMPUTED BY</b> AGENCY USE		<b>32. AUDITED BY</b> AGENCY USE		<b>33. TRAVEL ORDER AUTHORITY</b> AGENCY USE		<b>34. RECEIVED (Payee Signature and Date or Check No.)</b> AGENCY USE		<b>35. AMOUNT PAID</b>

## **Real Estate Sale and Real Estate Purchase**

### **Joint Travel Regulation - Chapter 5, Part B14 and B15**

You may be authorized reimbursement for certain expenses paid by you in connection with the sale of your residence at the old duty station and/or the purchase of a residence at the new duty station.

In lieu of real estate sale expenses at the old duty station, reimbursement is allowed for expenses associated with the settlement of an unexpired lease on a place of residence or the hiring of a property management service to handle rental and/or maintenance management of your residence at the old duty station. See their separate sections for information on unexpired lease or property management services allowances.

#### **The following limitations apply to Real Estate and related reimbursements:**

1. A transportation agreement must be signed
2. The residence is defined as the residence from which the employee regularly commutes to and from work
3. The residence at the old PDS must be the employee's actual residence at the time he/she was first informed by the appropriate authority that he/she was to be transferred to a new duty station
4. The settlement dates for the sale or purchase transaction must be within the one-year time limitation
5. The PCS must be authorized between two duty stations within the United States and/or non-foreign OCONUS areas like Hawaii or Puerto Rico (with exceptions)
6. When an employee at a CONUS PDS is assigned to a foreign PDS, then transferred back to a different CONUS/non-foreign OCONUS PDS than the one from which they departed when transferred to the foreign PDS, the employee may be eligible for reimbursement of expenses to sell the residence at the original CONUS PDS from which they departed overseas.
7. There is no authority for reimbursement of expenses to travel to the old duty station to finalize real estate transactions.

#### **Time Limitations – How long do I have to buy/sell my home?**

The settlement dates for the sale and/or purchase for which reimbursement is requested must not be later than one year after the date that you reported for duty at the new duty station. Upon your written request, the one-year time limitation may be extended by the commanding officer of the activity bearing the cost, or his/her designee for an additional period of time not to exceed one additional year.

The written request should be submitted to the appropriate authority as soon as you become aware of the need for an extension and must be before the expiration of the one-year limitation. An extension may be granted only if extenuating circumstances prevented the employee from completing the sale, purchase and/or lease termination transaction within the initial 1-year period and that the delayed transactions are reasonably related to the PCS. (CBCA 2092-Relo, 13 October 2010)

#### **Time Limitations – How soon can I buy/sell my home?**

The general rule is that you may be reimbursed for real estate expenses incurred before, and in anticipation of a transfer, if a clearly evident administrative intent to transfer you exists at the time the expenses are incurred. Due to legal requirements, if the claimed expense was incurred before the travel authorization (DD 1614) was issued or transportation agreement (TA) signed, DFAS-Rome requires that a copy of written intent to transfer accompany the real estate claim, to authorize reimbursement (e.g., if you have been placed in the priority placement program, or you have formally accepted the offer to transfer). You must have a travel authorization (DD Form 1614) prior to submitting a claim for reimbursement of authorized expenses.



*Ownership and Title/Lease requirements* - The title to the residence at the old or new duty station must be in your name alone, or in the joint names of you and one or more dependents, or solely in the name of one or more dependents. If the title is in your name and/or that of someone who is not your dependent *only a partial reimbursement is given.*

Title interest must have been acquired prior to the date you were first officially notified of the transfer. In cases where a divorce occurs prior to the settlement date of a real estate transaction, and the ex-spouse is on the title, *generally* a partial reimbursement is made. You are only reimbursed for expenses actually incurred and paid by you or a dependent.

*Reimbursement Limits* - For employees whose effective date of transfer is on or after March 22, 1997, the following rates apply: In connection with the sale of the residence at the old PDS, reimbursement must not exceed 10 percent of the actual sale price. In connection with the purchase of a residence at the new PDS, reimbursement must not exceed 5 percent of the purchase price.

#### Allowable Expenses for Sale of Residence

The following expenses are typically reimbursable when reasonable in amount and customarily paid by the seller in the locale where the property is situated:

1. Broker's fees or realtor commission
2. Other advertising and selling expenses (i.e., newspaper, bulletin board, multiple-listing services, etc.)  
ONLY if not listed with a broker
3. Costs of title search, abstract prep, and legal fees for a title opinion/title insurance policy
4. Costs of preparing conveyances and other instruments/contracts
5. Related notary fees and recording fees
6. Costs of making surveys and/or preparing drawings or plats - only when required for financing purposes
7. Lender required inspections
8. Transfer taxes
9. Reasonable attorney fees
10. Charge for prepayment of a mortgage

#### Allowable Expenses for Residence Purchase

The following expenses are typically reimbursable when reasonable in amount and customarily paid by the buyer in the locale where the property is situated:

1. FHA or VA fee for the loan application
2. Loan origination fees (generally up to 1 percent of loan amount)
3. Credit report
4. Mortgage and transfer taxes
5. State revenue stamps
6. Mortgage title insurance policy paid for by the employee on a residence purchased by the employee for the protection of, and required by, the lender
7. Expenses in connection with the construction of a residence that are comparable to purchasing an existing residence
8. Lender's appraisal fee (only one is reimbursable)
9. Survey
10. Closing costs
11. Recording fees
12. Document preparation fees
13. Reasonable attorney fees
14. Expenses in connection with environmental testing and property inspection fees when required

### **Expenses which are not reimbursable**

1. Except as otherwise provided, the following items of expense are not reimbursable:
2. Owner's title insurance policy, "record title" insurance policy, mortgage insurance or insurance against loss or damage of property, and optional insurance (except as in JTR Para 5912 4.a.9)
3. Tax service fee (charged to buyer to compute and prorate the tax obligation)
4. Interest on loans, points, and mortgage discounts or "rate buy downs"
5. Home owners warranty (ERA warranty, Blue Ribbon warranty)
6. Property taxes
7. Operating or maintenance costs
8. Cashier's check
9. Any fee, cost, charge, or expense determined to be part of the finance charge
10. Home improvements
11. VA funding fee
12. Buyer's expenses paid by the seller
13. Expenses that result from construction of a residence
14. Legal fees where sale is not consummated
15. Losses due to prices/market conditions at old/new duty station

### **Legal and HR must be involved in the review and approval of real estate claims.**

DFAS recommends that a legal review memo, drafted by your command's legal office, be enclosed with real estate claim packages as it will often be required to verify local real estate legal requirements and customs

### **Helpful Real Estate Hints**

You do not have to sell the residence at your old official station to be eligible for residence purchase transactions at your new official station.

When buying a home, ask your bank to itemize or spell out what is included in your "points" charges. Sometimes the charge for points includes an appraisal fee, legal fees for document preparation, and survey cost, each of which maybe reimbursable if listed as such. Points relating only to mortgage interest are not reimbursable.

A complete real estate sale/purchase contract, signed and dated by both the buyer and seller, is required. This is the very first document signed, the accepted purchase offer, and is usually signed with the real estate agent. We must have all pages, including any addendums.

The real estate transaction settlement/closing disclosure statement, signed by the employee, is required. (Hud-1, ALTA, etc.) Most versions do not have a designated location for a signature. Sign and date it, anywhere.

Separate complete packages must be submitted for a sale and purchase of a residence. This means, you will submit all required documents for your sale in one submission (submit by fax, email, or TVD) with all required documents (1351- 2, orders, amendments, DD 1705, etc.). You will do the same for a purchase. Do not try to send these claims together. They are too large and involved and cannot be processed as one transaction.

All real estate sale and purchase claims require Form 1705 to be filled out by the employee or and signed by their command as detailed below:

All DFAS and DISA funded employees should submit their claims for review and signature on Form 1705 **block 18/19 and 20** by fax to 317-212-7369. POC phone number is 317-212-3254 or DSN (312) 699-3254. If you are unable to submit a fax then DFAS and DISA funded employees may submit their claims by mailto:

DFAS INDIANAPOLIS CENTER ATTN: DFAS/HG, COL. 208BB PCS REAL ESTATE  
8899 EAST 56TH STREET INDIANAPOLIS, IN 46249

All Navy and Civilian Army funded employees should submit their claims for review and signature in block 18 or 19 to your designated agency or official.

**For Sale of residence** - The official designated to approve reasonableness of charges at the **OLD DUTY STATION** (generally a lawyer in the legal office or a personnel officer) must review and sign the DD Form 1705 in section IV, **block 18**. In cases of base closure, ordinarily the nearest military installation reviews claims for reasonableness.

**Note:** All DFAS funded employees see directions above.

**For Purchase of residence** - Submit to the Personnel office at your **NEW DUTY STATION** to be forwarded to the official designated to approve reasonableness of charges. The official signs the DD Form 1705 in section IV, **block 19**.

**Note:** All DFAS funded employees see directions above.

**BOTH** sale and purchase of residence must be approved by the **NEW DUTY STATION** official designated to approve payment, by a signature on the DD Form 1705 in section IV, **block 20**.

The following guidelines may prove helpful when transferring expenses from the settlement statement to the [DD Form 1705](#). Completion of this form is your responsibility. DFAS Customer Care Center cannot assist with the completion of this form. See your HR office and/or your legal office for additional assistance.

## **Part I:**

Make sure employee information matches Form 1351-2.

## **Part II:**

Make sure transfer information matches the Form 1614 orders for the PCS relocation.

## **Part III:**

Make sure residence information matches the settlement or closing statement.

Sign and date the certifying statement in Block 16 for Residence Sale.

Sign and date the certifying statement in Block 17 for Residence Purchase.

## **Part IV**

Approving official signature and date are required in Block 18a-c and 20a-c for Residence Sale.

Approving official signature and date is required in Block 19a-c and 20a-c for Residence Purchase.

## **Part V**

Transfer the expense items from your settlement/closing statement to the related allowable expense sections in Blocks 21 – 26. For fastest processing, itemize the individual real estate expenses and provide their line items from the settlement statement, if possible. Note any reimbursable expenses paid outside of closing and not listed on the settlement states. Make sure that itemized, paid receipts are included for any real estate expenses that are not listed on the settlement/closing statement.

## Voucher submission for Real Estate

*For additional directions on how/where to submit, see pages 5-7 of this handbook.*

Due to the file size of a Real Estate claim, [Travel Voucher Direct](#) is strongly encouraged.

### Real Estate Voucher Submission

**\*\* Remember not submit the sale and the purchase together \*\***

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher)  
Complete block 18 for either “Real Estate Sale” **OR** “Real Estate Purchase” in block 18 (Never both!)  
All of block 20 must be completed in full – signatures and dates
2. [DD Form 1614, Travel Authorization](#), including any amendments.
3. A [DD Form 1705](#) properly completed for the **Sale of Residence**  
**\*\*OR\*\*** A [DD Form 1705](#) properly completed for the **Purchase of Residence**  
**NEVER try to claim both the sale and the purchase on one DD Form 1705**
4. A copy of the Closing Disclosure Statement/HUD-1. (Itemized list of charges for the sale **or** purchase of a residence. This form requires the employee's signature anywhere on the form.
5. A complete copy of Sale and/or Purchase agreement. (Must have both the seller and buyer's signature.) This is the form you sign with the real estate agent when the offer is made and accepted, including addendums
6. DFAS-Rome requires a copy of receipts for expenses paid in cash outside of closing. (i.e., application fee, credit report, etc.)

## How to complete Form 1351-2 for Real Estate Purchase or Sale

### Blocks 1 – 11

Complete all Blocks as with all previous vouchers in this handbook

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

**Block 12 – 17:** Not required to be completed for Real Estate reimbursement claims

**Block 18:** Reimbursable Expenses:

- a:** List the real estate transaction closing date
- b:** Specify Real Estate Sale **or** Real Estate Purchase (only one per voucher)
- c:** List the total expense amount as approved on Form 1705 Block 20

**Block 19:** Not required for Civilian PCS travel.

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer's signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned. **A supervisor/reviewer signature and date are required for all claims sent to DFAS. Signature date must be after 20B.**

**Block 21:** Would be required for an “after the fact entitlement”, not typical for Real Estate claims

**Block 22:** If block 21 is completed, block 22 would explain the “after the fact entitlement” e.g. Excess baggage

**Blocks 23 – 28:** These blocks are not used for Real Estate



TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you send a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0.00					
<b>2. NAME (Last, First, Middle Initial, if first or type)</b> Doe, John M.		<b>3. GRADE</b> GS-7	<b>4. SSN</b> 000-00-0000		<b>5. TYPE OF PAYMENT (X all applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependents <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA		
<b>6. ADDRESS: a. NUMBER AND STREET</b> 123 NEW STREET		<b>b. CITY</b> COLUMBUS	<b>c. STATE</b> OH	<b>d. ZIP CODE</b> 43216			
<b>e. E-MAIL ADDRESS</b> PUBLIC.SAMPLE@US.ARMY.MIL						<b>19. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 555-555-5555		<b>8. TRAVEL ORDER AUTHORIZATION NUMBER</b> Block 25 of DD form 1614		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b> 0.00			
<b>11. ORGANIZATION AND STATION</b> Agency Name & Location							
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				<b>13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b> 123 OLD STREET DAVENPORT, IA 52801		<b>c. PAID BY</b>	
<b>a. NAME (Last, First, Middle Initial)</b> Doe, Suzie Q.		<b>b. RELATIONSHIP</b> Wife	<b>c. DATE OF BIRTH OR MARRIAGE</b> 050701				
Doe, Sally		Daughter	081031				
<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain in Remarks)				<b>d. COMPUTATIONS</b>			
<b>15. ITINERARY</b>							
<b>a. DATE 2009</b>	<b>b. PLACE (Home, Office, Base, Activity, City and State City and County, etc.)</b>	<b>e. MEALS/ MODE OF TRAVEL</b>	<b>f. REASON FOR STOP</b>	<b>g. LODGING COST</b>	<b>h. PDC MILES</b>		
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				<b>e. SUMMARY OF PAYMENT</b> (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total    0.00 (8) Less Advance (9) Amount Owed (10) Amount Due			
<b>16. PDC TRAVEL (X one)</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PASSENGER		<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS					
<b>18. REIMBURSABLE EXPENSES</b>							
<b>a. DATE</b> 09/02/09	<b>b. NATURE OF EXPENSE</b> PURCHASE OF RESIDENCE AT NEW DUTY STATION DD FORM 1705 ATTACHED	<b>c. AMOUNT</b> 6,858.95	<b>d. ALLOWED</b>				
				<b>19. GOVERNMENT DEDUCTIBLE MEALS</b> a. DATE    b. NO OF MEALS    c. DATE    d. NO OF MEALS			
<b>20. CLAIMANT SIGNATURE</b> ***** FORM MUST BE SIGNED AND DATED *****				<b>e. DATE</b> MMDDYYYY			
<b>f. REVIEWER'S PRINTED NAME</b> * MUST PRINT NAME OF REVIEWER *		<b>g. REVIEWER SIGNATURE</b> MUST HAVE SIGNATURE OF REVIEWER		<b>h. TELEPHONE NUMBER</b> 000-000-0000	<b>i. DATE</b> MMDDYYYY		
<b>21. APPROVING OFFICIAL'S PRINTED NAME</b> REQUIRED ONLY ON CERTAIN CLAIMS		<b>22. SIGNATURE</b> REQUIRED ONLY ON CERTAIN CLAIMS		<b>c. TELEPHONE NUMBER</b> 614-693-0000	<b>d. DATE</b> MMDDYYYY		
<b>23. ACCOUNTING CLASSIFICATION</b> AGENCY USE ONLY							
<b>23. COLLECTION DATA</b> AGENCY USE ONLY							
<b>24. COMPUTED BY</b> AGENCY USE		<b>25. AUDITED BY</b> AGENCY USE		<b>26. TRAVEL ORDER AUTHORITY CONTROLLED BY</b> AGENCY USE		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b> AGENCY USE	
				<b>28. AMOUNT PAID</b>			

Purchase only.  
Do not submit purchase and sale together, or include any other entitlement with this claim

## REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES

*(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))*

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 5724 and EO 9397 (SSN).

**PRINCIPAL PURPOSE(S):** Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee.

### EMPLOYEE INSTRUCTIONS

1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I, II, or III and enter all applicable amounts and totals in Columns (1) and (2) of Part V, on the back of this form.
2. Attach one complete set of required supporting documents, e.g., sales agreement between buyer and seller, settlement statement, etc. **Please submit copies as the documents are not returned.** Sign and date in the applicable Employee Certification block.
3. Submit Travel Voucher or Subvoucher, DD Form 1351-2, along with the original DD Form 1705 and copies of supporting documents to your supervisor. **Retain a copy of this claim application and the originals of all supporting documents for your personal files.**

#### PART I - EMPLOYEE INFORMATION

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NO.	3. MAILING ADDRESS (Include ZIP Code)
4. WAS A REAL ESTATE CLAIM PREVIOUSLY SUBMITTED FOR EXPENSES FOR THIS PCS TRANSFER? (X one)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

#### PART II - TRANSFER INFORMATION

5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMDD)	6. OLD DUTY STATION LOCATION	7. NEW DUTY STATION LOCATION
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD)	9. DATE TRANSPORTATION AGREEMENT SIGNED (YYYYMMDD)	10. DATE REPORTED FOR DUTY AT NEW DUTY STATION (YYYYMMDD)

#### PART III - RESIDENCE INFORMATION

11. COMPLETE RESIDENCE ADDRESS (Include apartment number and ZIP Code)	a. PROPERTY AT OLD DUTY STATION	b. PROPERTY AT NEW DUTY STATION
12. NUMBER OF DWELLING UNITS		
13. CLOSING OR SETTLEMENT DATE (YYYYMMDD)		
14. SALE AND/OR PURCHASE PRICE	\$	\$
15. TOTAL EXPENSES CLAIMED	\$	\$

#### EMPLOYEE CERTIFICATION(S)

16. SALE OF OLD RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above sale represent only amounts actually paid by me, that title to the property was in my name and/or a member of my immediate family, and that this was my primary residence when I was first definitely informed of my transfer.	17. PURCHASE OF NEW RESIDENCE I certify that the amounts claimed in Part V in conjunction with the above purchase represent 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 primary residence.		
a. EMPLOYEE SIGNATURE	b. DATE (YYYYMMDD)	a. EMPLOYEE SIGNATURE	b. DATE (YYYYMMDD)

### MANAGEMENT INSTRUCTIONS

*(To be reviewed/completed by the employee's supervisor or the official designated by the commanding officer of the employee's activity.)*

1. For Sales and Purchases: Send the original Reimbursement for Real Estate Sale and/or Purchase Closing Cost Expenses, DD Form 1705, and copies of the supporting documents to the official designated to approve the reasonableness of the expenses itemized in Part V.
2. Submit the original DD Form 1705 and copies of the supporting documents, including the Travel Voucher or Subvoucher, DD Form 1351-2, to the appropriate payment approving official in the paying office.

#### PART IV - MANAGEMENT APPROVAL INFORMATION

18. SALE EXPENSES The sale expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a seller in the locality where the property is located.	19. PURCHASE EXPENSES The purchase expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a buyer in the locality where the property is located.	20. PAYMENT APPROVAL BY NEW DUTY STATION Payment of this claim is approved in the amount of: \$ _____  If amount approved is less than amount claimed, see attached memo.	
<input type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo)	<input type="checkbox"/> AS CLAIMED <input type="checkbox"/> AS REDUCED (See attached memo)		
a. SIGNATURE	b. DATE (YYYYMMDD)	a. SIGNATURE	b. DATE (YYYYMMDD)
c. TITLE		c. TITLE	

PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION		
EXPENSE ITEM AND EXPLANATION	TOTAL AMOUNTS PAID	
	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The sales commission paid to a broker or real estate agent for selling 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.	\$	
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.	\$	
23. APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
24. LEGAL AND RELATED FEES: The amount(s) 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.	\$	\$
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.	\$	
b. LENDER'S APPRAISAL FEE: The amount paid for the mortgagee or lender's charge for residence appraisal.		\$
c. FHA OR VA APPLICATION FEE	\$	\$
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, pest inspection, radon test, etc., if required by the mortgagee and/or lender, FHA or VA.	\$	\$
e. CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgagee and/or lender, FHA or VA.	\$	\$
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.	\$	\$
g. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity used to close a real estate transaction.	\$	\$
h. CITY/COUNTY/STATE TAX STAMPS	\$	\$
i. SALES OR TRANSFER TAXES: MORTGAGE TAX	\$	\$
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.	\$	\$
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 Footnotes 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, 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. 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.



## **Must I sell a residence at the old official station to be eligible to purchase a residence at the new official station?**

No, you do not have to sell the residence at your old official station to be eligible for residence purchase transactions at your new official station.

## **How long do I have to submit my claim for reimbursement of expenses incurred in connection with my residence transactions?**

Your claim for reimbursement should be submitted to your agency as soon as possible after the transaction occurred. However, the settlement dates for the sale and purchase or lease termination transactions for which reimbursement is requested must occur not later than one year after the day you report for duty at your new official station.

## **May the 1-year time limitation be extended by my agency?**

An extension may be granted only if extenuating circumstances prevented the employee from completing the sale, purchase and/or lease termination transaction within the initial 1-year period and that the delayed transactions are reasonably related to the PCS. (CBCA 2092-Relo, 13 October 2010)

## **Will my agency reimburse me for losses due to market conditions or prices at the old and new official station?**

No, losses incurred due to market conditions or prices at your old and new duty station are not reimbursable when incurred by you due to:

- (a) Failure to sell a residence at the old official station at the price asked, or at its current appraised value, or at its original cost; or
- (b) Failure to buy a dwelling at the new official station at a price comparable to the selling price of the residence at the old official station; or
- (c) Any losses that are similar in nature to (a) or (b).

## **What residence transaction expenses are reimbursable if an employee violates the terms of his/her service agreement?**

If the employee violates his/her service agreement, no residence transaction expenses will be paid, and any amounts paid prior to such violation shall be a debt due the United States until they are paid by the employee.

## **Who can help me fill out the DD Form 1705?**

Your HR office and/or your legal office should assist you with all aspects of your Real Estate claim, including your DD Form 1705. The DFAS customer care center cannot assist with the proper completion of this form.

Joint Travel Regulation - Chapter 5, Part B14 and B15

## **About Unexpired Lease Penalty Reimbursement**

In lieu of real estate sale expenses at the old duty station, reimbursement is allowed for expenses associated with the settlement of an unexpired lease on a place of residence. This reimbursement also applies to the lot on which a mobile home was located, as long as the mobile home was used as your residence.

### **The following limitations apply to Unexpired Lease and related reimbursements:**

1. A transportation agreement is signed
2. The residence is defined as the residence from which the employee regularly commutes to and from work
3. The residence at the old PDS must be the employee's actual residence at the time he/she was first informed by the appropriate authority that he/she was to be transferred to a new duty station
4. The settlement dates for the lease termination transaction are within the one-year time limitation
5. A PCS must be authorized between two duty stations within the United States and/or non-foreign OCONUS areas like Hawaii or Puerto Rico (with exceptions)

### **Time Limitations**

The settlement dates of the lease termination transaction for which reimbursement is requested must not be later than one year after the date that you reported for duty at the new duty station. Upon your written request, the one-year time limitation may be extended by the commanding officer of the activity bearing the cost, or his/her designee for an additional period of time not to exceed an additional one year.

The written request should be submitted to the appropriate authority as soon as you become aware of the need for an extension and must be before the expiration of the one-year limitation. An extension may be granted only if extenuating circumstances prevented the employee from completing the lease termination transaction within the initial 1-year period and that the delayed transactions are reasonably related to the PCS. (CBCA 2092-Relo, 13 October 2010)

The general rule is that you may be reimbursed for real estate expenses incurred before, and in anticipation of a transfer, if a clearly evident administrative intent to transfer you exists at the time the expenses are incurred. Due to legal requirements, if the claimed expense was incurred before the travel authorization was issued or transportation agreement signed, DFAS-Rome requires that a copy of written intent to transfer accompany the real estate claim, to authorize reimbursement (e.g., if you have been placed in the priority placement program, or you have formally accepted the offer to transfer). You must have a travel authorization (DD Form 1614) prior to submitting a claim for reimbursement of authorized expenses.

You must be able to show that the lease was signed before the date when you were first informed of your PCS.

You must also show that appropriate lease termination notice was given to the landlord promptly after you had definite knowledge of the proposed duty station transfer.

### **Lease requirements**

The lease must be in your name alone, or in the joint names of you and one or more dependents, or solely in the name of one or more dependents. You are only reimbursed for expenses actually incurred and paid by you or a dependent. When you share a lease with someone else you will be reimbursed on a pro rata basis for that portion of the lease that you are responsible for.

## Allowable Expenses for Settlement of Unexpired Lease:

Become familiar with the provisions/requirements of your lease.

Some examples of the expenses that may be reimbursed for settling an unexpired lease are:

- Broker's fees for obtaining a sublease (not in excess of those customarily charged for comparable service).
- Charges for advertising an unexpired lease
- Penalties payable if the lease is terminated prior to the expiration date.

Itemization of these expenses is required with the total amount entered on the travel voucher.

Each item of expense must be supported by documentation showing that the expense was incurred and paid by you.

### Voucher Submission for Unexpired Lease:

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – Complete block 18 for UEL  
All of block 20 must be completed in full
2. DD Form 1614, Travel Authorization, including any and all amendments/pages.
3. A copy of the lease explaining penalties or other costs payable if occupancy is terminated prior to the lease expiration date.
4. Documentation showing the extent of bona fide attempts made if the lease includes a saving provision for subleasing or making other arrangements to avoid penalty costs.
5. Itemization and explanation necessary for clarification of penalty costs claimed for reimbursement and paid receipts for each expense item. Examples of this would be: a letter from the landlord accepting the terms to vacate; or a copy of the final ledger from the landlord or rental agent.
6. A copy of the employee's notification of the intent to vacate (provided to the Landlord/Rental Agency).

### How to complete Form 1351-2 for Unexpired Lease Allowance

**Blocks 1 through 11:** Complete all Blocks as with all previous vouchers in this handbook

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

**Blocks 12 through 17:** Not required to be completed for Unexpired Lease reimbursement claims

**Block 18:**    **a:** List the date that lease termination expenses were paid

**b:** List each lease termination expense separately

**c:** List the amount being claimed for each expense listed in Block 18b

**Block 19:** Not required for Civilian PCS travel.

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer's signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned. **A supervisor/reviewer signature and date are required for all claims sent to DFAS. Signature date must be after 20B.**

**Block 21:** Would be required for an "after the fact entitlement", not typical for UEL claims

**Block 22:** If block 21 is completed, block 22 would explain the "after the fact entitlement"

**Blocks 23 – 28:** These blocks are not used for Unexpired Lease

## Relocation Services – Home Marketing Assistance

Joint Travel Regulation - Chapter 5, Part B15c

There is a DoD contract with a private firm under which DoD components may offer relocation services to its designated employees. The services provided include, but are not limited to the following:

1. Home-sale program
2. Home finding assistance
3. Home marketing assistance
4. Property management (PM) services
5. Mortgage finding assistance

The Guaranteed Home Sale program (#1 above) is not available for all employees. If your PCS travel authorization specifically authorizes use of the "home buy-out" or "relocation services" known as the Home Equity Act, it is *in lieu* of the PCS reimbursement allowances for sale transactions. The personnel office handles all aspects of these programs.

NOTE: If the employee elects the HMIP (Home Sale Program) under the JTR Chapter 5, Part B Section 15, reimbursement for real estate sale transaction, unexpired lease expense allowances, or property management (PM) services expenses are not authorized.

The purpose of a home marketing incentive payment (HMIP) is to encourage you to independently and aggressively find a buyer for your residence, thereby reducing the Government's relocation costs. The authorizing/order-issuing official determines when such a payment is authorized, in addition to the dollar amount authorized. The maximum payment is \$10,000. This payment is treated as taxable income, and taxes are withheld.

***There is no authority to pay WTA or a RIT allowance to offset the taxes incurred.***

To qualify for a HMIP, an employee must:

1. Enroll in the home-sale program,
2. Market the residence independently,
3. Locate a buyer,
4. Transfer the residence to the relocation services company, and
5. Meet any additional conditions established by the DoD component.

***The authorizing/order-issuing official must provide you with a signed source document with the computed payment for HMIP. There is an example form below that is recommended, but not official.***

***The document submitted for payment may be a locally developed form, or the one below, for attachment to the travel claim. Agencies may assign personnel to administer the HMIP process and paperwork.***

**The form at a minimum must contain the following information:**

*There is a template on the next page that is available for use*

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. C5849, and determined to be the lesser of the following:
  - i) 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 \$10,000
  - ii) 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.
7. Authorizing/order-issuing official's signature
8. Traveler's signature

*Note: 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. If no savings are realized, a home marketing incentive may not be paid.*

**How to complete Form 1351-2 for Home Marketing Incentive Payment**

**Blocks 1 through 11:** Complete all Blocks as with all previous vouchers in this handbook

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

**Blocks 12 through 17:** Not required to be completed for this claim

**Block 18:** a: List the date of the approval for HMIP as computed by the authorizing agency  
b: List HMIP  
c: List the amount being claimed for HMIP

**Block 19:** Not required for Civilian PCS travel.

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer's signature and date.

All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned. **A supervisor/reviewer signature and date are required for all claims sent to DFAS. Signature date must be after 20B.**

**Block 21–Block29:** Not required on a HMIP claims

**Voucher submission for Home Marketing Incentive Payment:**

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – Complete block 18 for HMIP  
All of block 20 must be completed in full
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. A copy of the approved document for HMIP (as described above, which may vary by agency).

Home Marketing Request Form

1. Employee's Name (First, MI, Last):
2. Employee's SSN:
3. Employee's Present Position, Title, Grade:
4. Employee's Current Organization:
5. Employee's Current Duty Phone (Comm. & DSN):
6. PCS Travel Order Number:
7. Computation of the HMIP (to include the final payment amount):
  - a. Five percent of the price the relocation service company paid for the purchase of the employee's residence.

OR

b. \$10,000.00

OR

- c. One half the savings realized from the reduced fees and expenses paid as a result of the employee finding a bona fide buyer and the sale closing.
  - 1) Appraised Value Fee:
  - 2) Amended Value Fee:
  - 3) Saving Realized (Net Savings):
  - 4) ½ of Savings Realized (Net Savings):

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

The Amount authorized for HMIP payment is: \$ \_\_\_\_\_

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ <b>0.00</b>					
<b>2. NAME</b> (Last / first, Middle Initial; if not on type)		<b>3. GRADE</b>	<b>4. SSN</b>		<b>5. TYPE OF PAYMENT</b> (X as applicable)		
Doe, Fred P.		GS-11	000-00-0000		<input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s)		
<b>6. ADDRESS</b> a. NUMBER AND STREET		<b>b. CITY</b>	<b>c. STATE</b>	<b>d. ZIP CODE</b>	<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> CLA		
123 YOUR STREET		GROVEPORT	OH	43236			
<b>7. E-MAIL ADDRESS</b> PUBLIC.SAMPLE@USARMY.MIL							
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>		<b>10. FOR D.O. USE ONLY</b>	
555-555-5555		Block 25 of DD form 1614		0.00		a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
<b>11. ORGANIZATION AND STATION</b>				<b>13. DEPENDENT'S ADDRESS ON RECEIPT OF CREDITS</b> (Include Zip Code)			
Agency Name & Location				497 OLD STREET DAVENPORT, IA 52801			
<b>12. DEPENDENT(S)</b> (X and complete as applicable)				<b>c. PAID BY</b>			
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED					
<b>a. NAME</b> (Last / first, Middle Initial)	<b>b. RELATIONSHIP</b>	<b>c. DATE OF BIRTH OR MARRIAGE</b>					
<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one)				<b>d. COMPUTATIONS</b>			
<input checked="" type="checkbox"/> YES				<input type="checkbox"/> NO (explain in Remarks)			
<b>15. ITINERARY</b>							
<b>a. DATE</b> 2009	<b>b. PLACE</b> (Home, Office, Base, Activity, City and State, City and Country, etc.)			<b>e. MEANS/ MODE OF TRAVEL</b>	<b>f. REASON FOR STOP</b>	<b>g. LODGING COST</b>	<b>h. POC MILES</b>
DEL							
AIR							
DEL							
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AIR							
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AIR							
DEL							
AIR							
DEL							
AIR							
						<b>i. SUMMARY OF PAYMENT</b>	
						(1) Per Diem	
						(2) Actual Expense Allowance	
						(3) Mileage	
						(4) Dependent Travel	
						(5) CLA	
						(6) Reimbursable Expenses	
						(7) Total <b>0.00</b>	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
<b>16. POC TRAVEL</b> (X one)		<b>OWN/OPERATE</b>	<b>PASSENGER</b>		<b>17. DURATION OF TRAVEL</b>		
					12 HOURS OR LESS		
<b>18. REIMBURSABLE EXPENSES</b>		<b>a. DATE</b>		<b>b. NATURE OF EXPENSE</b>	<b>c. AMOUNT</b>	<b>d. ALLOWED</b>	<b>e. DATE</b>
11/30/09		HMIP		10,000.00			
		See attached documents:					
		DD form 1614 with all					
		ammendments					
		and the agency approved HMIP					
		Payment worksheet.					
		(Employee & agency complete this form or some form of it.)					
				<b>19. GOVERNMENT DEDUCTIBLE MEALS</b>			
		<b>a. DATE</b>	<b>b. NO. OF MEALS</b>	<b>a. DATE</b>	<b>b. NO. OF MEALS</b>		
<b>20. CLAIMANT SIGNATURE</b>							
***** FORM MUST BE SIGNED AND DATED *****							
						<b>e. DATE</b>	
						MMDDYY	
<b>c. REVIEWER'S PRINTED NAME</b>		<b>d. REVIEWER SIGNATURE</b>		<b>a. TELEPHONE NUMBER</b>	<b>f. DATE</b>		
* MUST PRINT NAME OF REVIEWER *		MUST HAVE SIGNATURE OF REVIEWER		000-000-0000	MMDDYY		
<b>21. APPROVING OFFICIAL'S PRINTED NAME</b>		<b>b. SIGNATURE</b>		<b>c. TELEPHONE NUMBER</b>	<b>d. DATE</b>		
REQUIRED ONLY ON CERTAIN CLAIMS		REQUIRED ONLY ON CERTAIN CLAIMS		614-693-0000	MMDDYY		
<b>22. ACCOUNTING CLASSIFICATION</b>							
AGENCY USE ONLY							
<b>23. COLLECTION DATA</b>							
AGENCY USE ONLY							
<b>24. COMPUTED BY</b>	<b>25. AUDITED BY</b>	<b>26. TRAVEL ORDER AUTHORITY</b>		<b>27. RECEIVED</b> (Payee Signature and Date or Check No.)		<b>28. AMOUNT PAID</b>	
AGENCY USE	AGENCY USE	AGENCY USE		AGENCY USE			

# Property Management Services

[Joint Travel Regulation](#) Chapter 5, Part B15b

## About Property Management Services Reimbursement

The purpose of the property management allowance is to reduce the government's relocation costs by using property management service in lieu of allowances for the sale of an employee's residence; and to relieve an employee transferred to an OCONUS duty station from the cost of maintaining a home in CONUS during their overseas tour of duty.

The following limitations apply:

- A new service agreement has been signed by the employee
- The residence at the old PDS must be the employee's actual residence at the time he/she was first definitely informed by the appropriate authority that he/she was to be transferred to a new duty station
- The employee and/or a dependent must hold the title to the residence
- Transfer must be in the government interest to a foreign PDS; or
- When an employee at a CONUS PDS is assigned to a foreign PDS, then transferred back to a different CONUS/non-foreign OCONUS PDS than the one from which they departed when transferred to the foreign PDS, and is eligible for reimbursement of expenses to sell the residence at the original CONUS PDS from which they departed overseas; or
- A PCS is authorized between two duty stations within the United States and/or non- foreign OCONUS areas like Hawaii or Puerto Rico and is eligible to sell a residence with the government expense reimbursement.
- A TCS is authorized (see JTR Chapter 5, Part B13)
- New Appointees are not eligible for this entitlement
- Transfers between foreign PDS are not eligible for this entitlement on any foreign residence, but may be eligible for a continuation of previous property management allowance on CONUS residence that they still maintain, in conjunction with a new service agreement.

## Property Management Service Allowance Details

Property Management services may be obtained under DNRP contract <http://www.nab.usace.army.mil/Home.aspx> or the employee can procure the services of a rental agency or manager charging normal and customary property management fees NTE 10% of the month rental amount or for up to 10% of the established rental value of the property.

The reimbursable services include:

Obtaining a tenant

Negotiating a lease

Regular property inspection Maintenance and repair management Enforcement of lease terms

Rent collection

Payment of mortgage and other property expenses from employee's escrow funds

Accounting and reporting services

Similar services related to property management.



## Property Management Service Allowance

To ensure that payment for PM services continues after completing a tour of duty, the employee must sign a new service agreement that includes PM services continuation.

On form 1351-2 the property management time frame must be claimed in block 18, with dollar amounts broken out by month. See the example form 1351-2 at the end of this section.

PM services reimbursement cannot be claimed for future months even if payment is made in advance. Wait to submit the claim for reimbursement until after the month has passed.

PM services are offered in lieu of home sale expense reimbursement and any PM service reimbursement will be deducted from the total reimbursement allowance for a home sale if the home is later sold.

A copy of property/rental management services contract is required to show the duration and terms of the property management.

Proof of payment is required for the months being claimed (i.e. canceled checks, paid invoice, etc.).

### Voucher Submission for Property Management Service:

*For directions on how/where to submit, see pages 5-7 of this handbook.*

- 1) [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – Complete block 18 for PMS  
All of block 20 must be completed in full
- 2) [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
- 3) A copy of property/rental management services contract to show the duration and terms of the property management.
- 4) Proof of payment is required for the months being claimed (i.e. canceled checks, paid invoice, etc.).

### How to complete Form 1351-2 for Property Management Services

**Blocks 1 through 11:** Complete all Blocks as with all previous vouchers in this handbook

\*\*\* *Ensure your current address is provided with each claim submission.* \*\*\* **Blocks**

**12 through 17:** Not required to be completed for Property Management claims **Block**

**18:**           **a:** List the month and year being claimed for property management

**b:** List 'property management service'

**c:** List the amount being claimed for each month listed in Block 18a&b

**Block 19:** Not required for Civilian PCS travel.

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer's signature and date.

All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned.

**A supervisor/reviewer signature and date are required for all claims sent to DFAS.**

**Signature date must be after 20B.**

**Block 21–Block29:** Not required on a Property Management Services

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.																			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.																					
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> Doe, John M.		<b>3. GRADE</b> GS-7	<b>4. SSN</b> 000-00-0000	<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Spouse <input type="checkbox"/> Other <input type="checkbox"/> DLA																			
<b>6. ADDRESS: a. NUMBER AND STREET</b> 123 NEW STREET		<b>b. CITY</b> COLUMBUS	<b>c. STATE</b> OH	<b>d. ZIP CODE</b> 43216	<b>10. FOR G.O. USE ONLY</b> <b>a. G.O. VOUCHER NUMBER</b>  <b>b. SUBVOUCHER NUMBER</b>  <b>c. PAID BY</b>																		
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> 555-555-5555				<b>8. TRAVEL ORDER AUTHORIZATION NUMBER</b> Block 25 of DD form 1614		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> 0.00																	
<b>11. ORGANIZATION AND STATION</b> Agency Name & Location				<b>13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b> 123 OLD STREET DAVENPORT, IA 52801																			
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain in Remarks)		<b>15. ITINERARY</b>																			
<b>a. NAME (Last, First, Middle Initial)</b> Doe, Suzie Q. Doe, Sally		<b>b. RELATIONSHIP</b> Wife Daughter		<b>c. DATE OF BIRTH OR MESSAGE</b> 050701 081031		<b>d. COMPUTATIONS</b>  <b>e. SUMMARY OF PAYMENT</b> (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total 0.00 (8) Less Advance (9) Amount Owed (10) Amount Due																	
<b>16. POC TRAVEL (X one)</b> <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER		<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS		<b>18. GOVERNMENT DEDUCTIBLE MEALS</b> <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NO. OF MEALS</th> <th>c. DATE</th> <th>d. NO. OF MEALS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				a. DATE	b. NO. OF MEALS	c. DATE	d. NO. OF MEALS												
a. DATE	b. NO. OF MEALS	c. DATE	d. NO. OF MEALS																				
<b>19. REIMBURSABLE EXPENSES</b> <table border="1"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr> <td>09/02/09</td> <td>Property Management June</td> <td>\$150</td> <td> </td> </tr> <tr> <td> </td> <td>Property Management July</td> <td>\$150</td> <td> </td> </tr> <tr> <td> </td> <td>Property Management August</td> <td>\$150</td> <td> </td> </tr> </tbody> </table>		a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	09/02/09	Property Management June	\$150			Property Management July	\$150			Property Management August	\$150		<b>20. CLAIMANT SIGNATURE</b> ***** FORM MUST BE SIGNED AND DATED *****		<b>e. DATE</b> MMDDYYYY			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED																				
09/02/09	Property Management June	\$150																					
	Property Management July	\$150																					
	Property Management August	\$150																					
<b>f. REVIEWER'S PRINTED NAME</b> * MUST PRINT NAME OF REVIEWER *		<b>g. REVIEWER SIGNATURE</b> MUST HAVE SIGNATURE OF REVIEWER		<b>h. TELEPHONE NUMBER</b> 000-000-0000																			
<b>21. APPROVING OFFICIAL'S PRINTED NAME</b> REQUIRED ONLY ON CERTAIN CLAIMS		<b>i. SIGNATURE</b> REQUIRED ONLY ON CERTAIN CLAIMS		<b>j. TELEPHONE NUMBER</b> 614-693-0000																			
<b>22. ACCOUNTING CLASSIFICATION</b> AGENCY USE ONLY		<b>23. COLLECTION DATA</b> AGENCY USE ONLY		<b>24. COMPUTED BY</b> AGENCY USE																			
<b>25. AUDITED BY</b> AGENCY USE		<b>26. TRAVEL ORDER AUTHORITY</b> AGENCY USE		<b>27. RECEIVED (Payee Signature and Date or Check No.)</b> AGENCY USE																			
<b>28. AMOUNT PAID</b>																							

## Relocation Income Tax Allowance (RITA)

**When you relocate, most entitlements received are reported as taxable income to the Internal Revenue Service (IRS). DFAS is required to withhold the following taxes from your settlement.**

**Mandatory Federal Withholding Tax (FWT) – 25% Federal Insurance Contributions Act (FICA) – 6.25% Medicare – 1.45 %**

You may also have to pay state and local taxes applicable to the old and new permanent duty stations. To offset this additional tax burden, you may be able to apply for a RITA. RITA is designed to reimburse you for much of the additional federal, state, and local income taxes paid because of the relocation.

**RITA is not automatic, you must apply for it.**

One (or more) Civilian Relocation Travel W-2's showing travel entitlement income disbursed to you by DFAS, along with the taxes withheld, will be issued in January. You must include your Civilian Relocation Travel W-2's as taxable income on your IRS Form 1040 in order to be eligible for a RITA. Failure to include all W-2's when filing your taxes can result in a significant fine by the IRS. You will not receive any W-2's until January. Since a RITA submission requires these documents, a RITA will never be filed until the calendar year following reimbursement. For example, you will file your 2015 taxes with the IRS in 2016. Likewise, you will file your 2015 RITA with DFAS in 2016, utilizing the same W-2's.

*Due to regulatory changes there will be two different documentation requirements when submitting a RITA claim, based on the report date to your new duty location.*

*For employees who reported to their new duty location on or after January 1, 2015 the RITA calculation will be based on taxable income from your Federal Income Tax Return (Form 1040) and the IRS published tax tables.*

*For employees who relocated prior to January 1, 2015, the RITA calculation will be based on your earned income amount and the GSA published tax tables.*

If you received a Withholding Tax Allowance (WTA) entitlement, you must submit a RITA claim the following calendar year. The WTA entitlement is treated similar to an estimated advance of the RITA entitlement. When we calculate your RITA claim, the WTA will be subtracted, potentially creating a \$ 0.00 RITA or even a debt. You should be prepared for this possibility if you utilize WTA. Read about WTA on page 12 – 14.

RITA is a taxable entitlement and you will receive another W-2 for this payment. If the only payment you received in a single tax year was a RITA payment, then you are not entitled to file a RITA on that RITA payment. However, as always, all W-2's must be included when submitting your income taxes to the IRS.

Keep in mind; you may be entitled to more than one RITA if your travel reimbursement claim submissions are spread over more than one calendar year. For example, if you receive reimbursement for the sale of your residence at the old location in 2015 and are reimbursed for the purchase of a new residence at the new duty station in 2016 you would be eligible to file both a 2015 RITA and a 2016 RITA. However, the portion of your W-2 that is for your 2015 RITA will not be included in calculating the 2016 RITA. A separate RITA claim is required for:

- Each relocation travel order (when multiple moves are involved)
- Each tax year taxable entitlements were paid

***Again, due to recent regulatory changes there are two different documentation requirements when submitting a RITA claim, based on the report date to your new duty location.***

***For help with the RITA Certification form, see your HR and/or your accountant/financial advisor. DFAS cannot assist you in completing this form.***

***If DFAS Rome was not the paying office for your relocation entitlements, submit to the office that processed your relocation claim and issued the W-2 for the claims.***

***Most RITA claims submitted at this time will follow this process.***

**Report date on or after January 1, 2015**

Those who reported to their new duty location on or after January 1, 2015 must absolutely file their income taxes prior to submitting a RITA claim. This will be the large majority of travelers. RITA calculation will be based on taxable income from Federal Income Tax Returns (Form 1040) and the IRS published tax tables. Again, income taxes absolutely must be filed first, and all travel income must be included in order to qualify for a RITA.

**Voucher Submission: (report date on or after January 1, 2015)**

***For directions on how/where to submit, see pages 5-7 of this handbook.***

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) - a new one is required, do not use one from a prior claim  
Must claim "20XX RITA" in block 18B (Year must match W-2's, for example, 2015 for 2015 Tax Year)  
No entry is needed in blocks 18A (date) or 18C (amount) or 18D (allowed)  
All of block 20 must be completed in full (Your signature and date, and your reviewer's signature and date)
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. [RITA Status Certification Form](#) - Reported to Duty **After** 1/1/2015"
4. Current Electronic Funds Transfer (EFT) information ([SF 1199A](#))
5. All W-2s (travel and payroll), including spouse's if filing jointly, for the year you are claiming RITA
6. Completed Federal income tax return (Form 1040) for the year you are claiming RITA

Form 1040 must be signed and dated by employee and, if married filing joint, also the spouse)

### **Report date prior to January 1, 2015**

For those who reported to their new duty location **prior to January 1, 2015**, the RITA calculation will be based on their earned income amount and the GSA published tax tables. The tax tables are typically released in the spring. We cannot process these claims until we receive them, regardless of which tax year is being claimed.

Do not wait to file your income taxes. You can submit your RITA; just know that payment will be delayed. Please watch the DFAS website for updates. The following documents are required:

### **Voucher Submission (report date prior to January 1, 2015)**

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub Voucher) - a new one is required, do not use one from a prior claim
  - Must claim "20XX RITA" in block 18B (Year must match W-2's, for example, 2014 for 2014 Tax Year)
  - No entry is needed in blocks 18A (date) or 18C (amount)
  - All of block 20 must be completed in full (Your signature & date and your reviewer's signature & date)
2. [DD Form 1614, Travel Authorization](#), including any and all amendments
3. [RITA Status Certification Form](#) - Reported to Duty **Before** 1/1/2015"
  - Using the amounts in block 1 of your W-2's - Add all W-2's together (travel and payroll).
4. Current Electronic Funds Transfer (EFT) Information ([SF 1199](#))
5. All W-2s (travel and payroll), including spouse's if filing jointly, for the year you are claiming RITA
6. Form 1099-R for military retirement non-disability ONLY, if applicable
7. Schedule SE - Self Employment Tax, if applicable

### **How to complete Form 1351-2 for RITA**

**Blocks 1 through 11:** Complete all Blocks as with all previous vouchers in this handbook

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

**Blocks 12 through 17:** Not required to be completed for RITA claims

**Block 18:** Reimbursable – In block 18B indicate "20XX RITA" (Year claimed must match the year on your W-2's)

If your W2s are for 2015 tax year, Block 18B will state "2015 RITA" - Leave 18A, 18C, and 18D blank.

**Block 19:** Not needed for RITA

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**

**Block 20c-f:** Reviewer's signature and date.

All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned.

**A supervisor/reviewer signature and date are required for all claims sent to DFAS.**

**Signature date must be after 20B.**

**Block 21–Block 29:** Not required on a RITA Claim

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <b>NOTE:</b> A split disbursement is only necessary when a GTCC is used while on official travel for the Government. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> MOUSE, MICKEY, M		<b>3. GRADE</b> G11	<b>4. SSN</b> 111-11-1111		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA Dependent(s)		
<b>6. ADDRESS, a. NUMBER AND STREET</b> 9414 PLANTATION DRIVE		<b>b. CITY</b> LEESBURG	<b>c. STATE</b> FL	<b>d. ZIP CODE</b> 12345			
<b>e. E-MAIL ADDRESS</b> MICKEY.MOUSE.CIV@MAIL.MIL		<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS					
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> (315) 123-4567		<b>8. TRAVEL ORDER AUTHORIZATION NUMBER</b> 123456	<b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b> 0.00			<b>*NOTES ON RITA*</b> Be sure you include all W-2's (payroll and Travel) when you file your taxes with the IRS Be sure you include all W-2's (payroll and Travel) when you file your RITA with DFAS Be sure to include the correct RITA certification form and a complete copy of your orders and any amendments	
<b>11. ORGANIZATION AND STATION</b> CASTLE CITY ORGANIZATION		<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b>			
<b>a. NAME (Last, First, Middle Initial)</b> _____		<b>b. RELATIONSHIP</b> _____	<b>c. DATE OF BIRTH OR MARRIAGE</b> _____	<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
<b>15. ITINERARY</b> <b>a. DATE</b> 2016		<b>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</b> _____	<b>c. MEANS/ MODE OF TRAVEL</b> _____	<b>d. REASON FOR STOP</b> _____	<b>e. LODGING COST</b> _____	<b>f. POC MILES</b> _____	
<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS				<b>(1) Per Diem</b> <b>(2) Actual Expense Allowance</b> <b>(3) Mileage</b> <b>(4) Dependent Travel</b> <b>(5) DLA</b> <b>(6) Reimbursable Expenses</b> <b>(7) Total</b> 0.00 <b>(8) Less Advance</b> <b>(9) Amount Owed</b> 0.00 <b>(10) Amount Due</b>	
<b>18. REIMBURSABLE EXPENSES</b> <b>a. DATE</b> 20XX RITA (Year entered should match the year on your W-2's)		<b>b. NATURE OF EXPENSE</b> _____	<b>c. AMOUNT</b> _____	<b>d. ALLOWED</b> _____	<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b> <b>a. DATE</b> _____		
<b>20. a. CLAIMANT SIGNATURE</b>		<b>b. DATE</b> After MC	<b>c. REVIEWER'S PRINTED NAME</b> REQUIRED FIELD'S : 20A - 20F	<b>d. SIGNATURE</b>	<b>e. TELEPHONE NUMBER</b> _____	<b>f. DATE</b> After 20B	
<b>21. a. APPROVING OFFICIAL'S PRINTED NAME</b> 21A-D ARE NOT REQ. FOR RITA		<b>b. SIGNATURE</b>	<b>c. TELEPHONE NUMBER</b> _____	<b>d. DATE</b> _____			
<b>22. ACCOUNTING CLASSIFICATION</b> _____							
<b>23. COLLECTION DATA</b> _____							
<b>24. COMPUTED BY</b> _____		<b>25. AUDITED BY</b> _____	<b>26. TRAVEL ORDER/ AUTHORIZATION POSTED BY</b> _____	<b>27. RECEIVED (Payee Signature and Date or Check No.)</b> _____		<b>28. AMOUNT PAID</b> _____	

**CERTIFIED STATEMENT OF INCOME AND TAX FILING STATUS  
RELOCATION INCOME TAX ALLOWANCE (RITA)**  
*(For relocations that reported to duty on or after 1/1/2015)* ←

The following information, which my agency will use in calculating the RITA to which I am entitled, was shown on the Federal, state and local income tax returns that I (or my spouse and I) filed for the 20 \_\_\_\_\_ tax year.

1. **FEDERAL FILING STATUS.** As shown on my (our) IRS Form 1040:

- |  |   |
|--|---|
| <input type="checkbox"/> Single                    | <input type="checkbox"/> Head of Household    |
| <input type="checkbox"/> Married Filing Jointly    | <input type="checkbox"/> Qualifying Widow(er) |
| <input type="checkbox"/> Married Filing Separately |   |

2. **TAXABLE INCOME.** As shown on my (our) IRS Form 1040 after personal exemptions and itemized/standard deductions are subtracted:

\$ \_\_\_\_\_

3. **STATE TAX RETURNS.** In some circumstances, an employee may incur a state income tax liability on moving expense reimbursements in more than one state. For example, an employee may incur taxes on moving expense reimbursements in one state because of residency in that state, and in another state because that particular state taxes income earned within its jurisdiction irrespective of whether the employee is a resident.

The following state tax questions must be answered to determine the state marginal tax rate used to compute the RITA. If you do not know the answers, please ask your tax preparer for assistance.

A. Did more than one state tax your non-deductible moving expense reimbursements for the tax year?  YES  NO

B. Did more than one state tax the same portion of your non-deductible moving expense reimbursements for the tax year?  YES  NO

C. If two or more states taxed the same portion of your non-deductible moving expense reimbursements, did either state allow for an adjustment or credit of other income taxes paid to the other state?  YES  NO

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

STATE \_\_\_\_\_

STATE \_\_\_\_\_

E. Did a state treat a moving expense reimbursement as taxable even though that same expense is nontaxable under federal tax rules?  YES  NO

**4. LOCAL TAX RETURNS.** If you incurred an additional local income tax liability *as a result of moving expense reimbursements*, specify the name of the taxing locality(ies) and the applicable tax rate(s), i.e., 1%, 2%, etc., for the tax year. If local tax rate is stated as a percentage of federal or state income tax liability, such rate must be converted to a percent of taxable income.

<u>LOCALITY</u>	<u>PERCENT</u>
<input type="text"/>	<input type="text"/>

**5. DECLARATION.** The above information is true and accurate to the best of my (our) knowledge. I (we) agree to notify the appropriate agency official of any significant changes to the above so that appropriate adjustments to the RITA can be made.

I (we) further agree that if the 12-month service agreement required by 41 CFR 302-2.15 is violated, the total amount of the RITA will become a debt due the United States Government and will be repaid according to agency procedures.

Employee's Signature	<input type="text"/>	Date	<input type="text"/>
Spouse's Signature	<input type="text"/>	Date	<input type="text"/>
(If joint tax returns were filed for the year affected.)			
Social Security Number	<input type="text"/>	<input type="text"/>	
	Employee	Spouse (if applicable)	

### PRIVACY ACT STATEMENT

Collection of this information is authorized by 5 U.S.C. Section 5724b. 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 RITA. Submission of the requested information is voluntary; however, failure to provide the information listed on this form will make it impossible to compute the allowances.

### ENSURE THE FOLLOWING DOCUMENTATION IS INCLUDED WITH THE CLAIM:

- Travel voucher (DD Form 1351-2), signed and dated, annotated as "RITA"
- Travel orders (DD Form 1614 and all amendments)
- All W-2s (spouse's if filing jointly)
- Completed Federal income tax return (Form 1040) for the year in which the taxes were paid.

**NOTE:** In order to avoid processing delays, please ensure that the amount of income, as indicated on this Certification Form, matches the income tax documentation submitted with the RITA claim. Failure to do so will result in your claim being returned without action until you provide a corrected claim and/or additional documentation to support the claim.



**CERTIFIED STATEMENT OF INCOME AND TAX FILING STATUS  
RELOCATION INCOME TAX ALLOWANCE (RITA)**  
*(For relocations that reported to duty before 1/1/2015)* ←

I certify that the following information, which is to be used in calculating the RITA to which I am entitled, has been shown on the income tax returns filed by me (or by my spouse and me) with the applicable federal, state, and local (specify which) tax authorities for the \_\_\_\_\_ tax year.

1. **INCOME.** Gross compensation as shown on attached IRS Form(s) W-2, 1099-R(s) for non-disability military retirement pay and, if applicable, net earnings (or loss) from self-employment income shown on attached Schedule SE (Form 1040):

	<b>Add block 1 of all W-2's</b>		
	<b>Forms W-2</b>	<b>Military Retirement (Forms 1099-R)</b>	<b>Schedule SE</b>
Employee	\$ _____	\$ _____	\$ _____
Spouse (if filing jointly)	\$ _____	\$ _____	\$ _____
	<b>TOTAL (all columns)</b>		
			\$ _____

Filing Status: \_\_\_\_\_  
(Specify the filing status that was claimed on IRS Form 1040; i.e., single, married filing jointly, etc.)

Printed Name of Employee: \_\_\_\_\_

2. **STATE TAX RETURNS:** In some circumstances, an employee may incur a state income tax liability on moving expense reimbursements in more than one state. For example, an employee may incur taxes on moving expense reimbursements in one state because of residency in that state, and in another state because that particular state taxes income earned within its jurisdiction irrespective of whether the employee is a resident.

The following state tax questions must be answered to determine the state marginal tax rate used to compute the RITA. If you do not know the answers, please ask your tax preparer for assistance.

- A. Did more than one state tax your non-deductible moving expense reimbursements for the tax year?     YES     NO
- B. Did more than one state tax the same portion of your non-deductible moving expense reimbursements for the tax year?     YES     NO
- C. If two or more states taxed the same portion of your non-deductible moving expense reimbursements, did either state allow for an adjustment or credit of other income taxes paid to the other state?     YES     NO
- D. List below the name of the state(s), if any, which taxed your non-deductible moving expense reimbursements for the tax year.

STATE \_\_\_\_\_ STATE \_\_\_\_\_

- E. Did a state treat a moving expense reimbursement as taxable even though that same expense is nontaxable under federal tax rules?     YES     NO

**3. LOCAL TAX RETURNS:** If you incurred an additional local income tax liability *as a result of moving expense reimbursements*, specify the name of the taxing locality(ies) and the applicable tax rate(s), i.e., 1%, 2%, etc., for the tax year. If local tax rate is stated as a percentage of federal or state income tax liability, such rate must be converted to a percent of taxable income.

LOCALITY

PERCENT

\_\_\_\_\_

\_\_\_\_\_

**4. DECLARATION.** The preceding 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 RITA can be made. The required supporting documents, including a signed and dated DD Form 1351-2 with my travel orders and all claimed income (W-2s, etc.) are attached. Additional documentation will be furnished if required.

I (we) further agree that if the 12-month service agreement required by 41 CFR 302-2.15 is violated, the total amount of the RITA will become a debt due the United States Government and will be repaid according to agency procedures.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If joint tax returns were filed for the year affected.)

Social Security Number \_\_\_\_\_ Employee \_\_\_\_\_ Spouse (if applicable) \_\_\_\_\_

**PRIVACY ACT STATEMENT**

Collection of this information is authorized by 5 U.S.C. Section 5724b. 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 RITA. Submission of the requested information is voluntary; however, failure to provide the information listed on this form will make it impossible for DFAS-Rome to compute the allowances.

**ENSURE THE FOLLOWING DOCUMENTATION IS INCLUDED WITH THE CLAIM:**

- a. Travel voucher (DD Form 1351-2), signed and dated, annotated as "RITA"
- b. Travel orders (DD Form 1614 and all amendments)
- c. W-2s, 1099-Rs for non-disability military retired pay and, if applicable, self-employment income shown on attached Schedule SE (and spouse's if filing a joint return)

**NOTE:** In order to avoid processing delays, please ensure that the amount of income, as indicated on this Certification Form, matches the income tax documentation submitted with the RITA claim. Failure to do so will result in your claim being returned without action until you provide a corrected claim and/or additional documentation to support the claim.

## **Renewal Agreement Travel (RAT)**

Joint Travel Regulation (JTR), Chapter 5, Part B, Section A10

***An employee and eligible accompanying dependents may receive travel and transportation allowances for returning home between OCONUS tours of duty.***

To be eligible for these allowances prior to departure from the OCONUS PDS, an employee must:

1. Have satisfactorily completed the prescribed tour of duty
2. Have entered into a new written agreement for another tour of duty at an OCONUS PDS; (the new agreement covers cost incident to travel to the employee's actual residence or alternate location, return and any additional cost paid by the government as a result of the employee's transfer to another OCONUS PDS at the time of the tourRAT)
3. (For Hawaii or Alaska) be eligible under JTR, Ch. 5. (When Alaska and Hawaii are involved, the return must be to a PDS in the same state as the PDS at which the employee served immediately prior to RAT.)

Eligible employee and dependents are authorized transportation (including to from common carrier terminals) to the employee's actual residence at the time of the assignment to the OCONUS PDS.

Employee may travel alone or with dependents. Dependents may travel unaccompanied but cannot perform roundtrip travel under renewal agreement authority if the employee does not perform (or has already performed) authorized RAT.

Unaccompanied dependents must not be allowed to start RAT beyond 6 months after the date the employee begins travel, except for teachers (JTR, Ch. 5).

Per diem is authorized for the employee during the allowable RAT travel periods between the OCONUS PDS and the authorized RAT destination. No per diem is authorized for the employee's dependents incident to RAT when the employee returns to the same OCONUS PDS for duty. However, when the employee is to report to a different OCONUS PDS for duty, after leave, per diem is allowable for dependents while En Route. Per diem in this situation will be limited to the constructed time by the usual transportation mode and route directly between old and new OCONUS duty stations.

**\*\*Note\*\* If you are DODEA, you must submit your complete claim to [hqpcsratvouchers@hq.dodea.edu](mailto:hqpcsratvouchers@hq.dodea.edu).**

**If you do not submit your claim to DODEA HQ, DFAS will return your claim, unpaid.**

### **Voucher submissions for RAT:**

*For directions on how/where to submit, see pages 5-7 of this handbook.*

1. [DD Form 1351-2](#) (Travel Voucher/Sub voucher) – All of block 20 must be completed in full
2. [DD Form 1614, Travel Authorization](#), including any and all amendments/pages.
3. Itinerary of air schedule to include the transportation cost, receipt. (see notes)  
\*Note\* When RAT travel is performed to an “alternate location” and/or when a traveler did not use SATO/CTO to book airfare, DFAS must utilize city pairs for a cost construct. Many times, airfare is not fully reimbursed for RAT travel as a result of these variations.
4. Receipt for any taxi or transportation expense to/from the airport, of \$75 or more
5. Receipt for any postage claimed, with the weight indicated (limited to 100lbs each way)
6. Receipt for any excess baggage, limited to 100 lbs. or 2 bags each way, per person

## How to complete Form 1351-2 for RAT

### 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:

- The Traveler's name, SSN and address
- The routing number and account number
- Whether the account is Checking or Savings

SPLIT DISBURSEMENT: When you would like funds applied directly to your government travel card, place an "x" in the block requesting it and indicate the dollar amount to be sent. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card, regardless of which items were or were not paid.

**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 – full 9 digits

**Block 5:** Indicate "PCS" and "Member/Employee" if only the employee travel is being claimed

Indicate "PCS" and "Dependent(s)" if only the Dependents travel is being claimed

Indicate "PCS", "Member/Employee" and "Dependent(s)" if claiming travel for both the employee and one or more dependents

**Block 6a-6d:** Valid mailing address

**Block 6e:** Valid and legible e-mail address (Extremely Important!)

**Block 7:** Daytime telephone number in the event DFAS should need to make contact (we will typically use your email)

**Block 8:** Order/Authorization number which is listed on the original orders (See DD Form 1614 Block 25)

**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:** This block may be used to make a note for the examiner, to explain something, if applicable (e.g. Supplemental for " )

**Block 11:** Employee's new duty station address (See DD Form 1614 Block 8).

**Block 12:** Complete for all dependents traveling/being claimed (do not list them if you are not claiming reimbursement for them)

\*\*\* Note: Mark "accompanied" if you and your dependents traveled together, mark "unaccompanied" if you and your dependent(s) did not travel together. If the employee travels separately, we will require a separate 1351-2 for each itinerary.

**Block 12a:** List the last name, first name, and middle initial your dependent(s)

**Block 12b:** Enter "spouse", "son", "daughter", etc.

**Block 12c:** List the date of marriage for spouse and the birthday's for all other travelers

**Block 13:** List the address where dependents were residing at the time PCS orders were received (where they came from)

**Block 14:** Indicate whether household goods have been shipped.

**Block 15:** Itinerary

**Block 15a:** Date: List the year the travel was conducted at the very top of 15A, on the line in the box with the word "date".

In the boxes below, next to "DEP" and "ARR" list the month and day of departure and arrival (e.g., 05/15).

**Block 15b:** Place: Enter a specific location such as a City and State, a Fort, or a Country – do not enter "HOR" or "Hotel"

**Block 15c:** Mode of Travel – See 2 letter codes on page 2 of 1351-2 : for example, PA = Personal Auto, CP = Commercial Plane

**Block 15d:** Reason for Stop – See 2 letter codes on page 2 of the 1351-2 : for example, LV = Leave AD = Authorized Delay (an overnight stop) AT = Awaiting Transportation (brief, such as at an airport, not an overnight stop) MC = Mission Complete

**Block 15f:** IF PA is in block 15C and block 16 is checked own/operate, then indicate any POC miles

**Block 16:** POC Mileage – Own/Operate must be checked to be reimbursed for mileage

**Block 17:** Duration of Travel from beginning to end (Mission Complete)

**Block 18:** List any reimbursable expenses such as excess baggage, airfare, postage, etc.

**Block 19:** Not used for RAT Travel

**Block 20a&b:** Signature of traveler and date the voucher was signed. **Do not forget the date in block 20B, even if it is in your digital signature. Signature date must be after final date claimed.**



**Block 20c-f:** Reviewer's signature and date. All parts (20c, 20d, 20e, & 20f) must be completed or voucher will be returned.

**A supervisor/reviewer signature and date are required for all claims sent to DFAS. Signature date must be after 20B.**

**Block 21:** Would be required for an "after the fact entitlement", such as excess baggage

**Block 22:** If block 21 is completed, block 22 would explain the "after the fact entitlement" e.g. Excess baggage

**Blocks 23 – 28:** These blocks are not used for RAT Travel

TRAVEL VOUCHER OR SUBVOUCHER		Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>			
		<input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:		\$ 600	
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> MOUSE, MICKEY, M		<b>3. GRADE</b> G11	<b>4. SSN</b> 111-11-1111	<b>5. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA	
<b>6. ADDRESS, a. Number and Street</b> 9414 PLANTATION DRIVE		<b>b. CITY</b> LEESBURG		<b>c. STATE</b> FL	<b>d. ZIP CODE</b> 13345
<b>e. E-MAIL ADDRESS</b> MICKEY.MOUSE.CIV@MAIL.MIL					<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> (315) 123-4567		<b>8. TRAVEL ORDER AUTHORIZATION</b> 133456		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> 0.00	
<b>11. ORGANIZATION AND STATION</b> CASTLE CITY ORGANIZATION					
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			<b>13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Exclude Zip Code)</b>		
<b>a. NAME (Last, First, Middle Initial)</b> MOUSE, MINNIE		<b>b. RELATIONSHIP</b> SPOUSE	<b>c. DATE OF BIRTH</b> 1/1/1926		
			<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		
<b>15. ITINERARY</b>					<b>4. COMPUTATIONS</b> * NOTES ON RAT "ALTERNATE LOCATION" MEANS YES, YOU CAN GO THERE, BUT REIMBURSEMENT WILL NOT EXCEED THE CITY PAIR RATE FOR DIRECT TRAVEL TO YOUR HOME OF RECORD. IBA MUST BE AUTHORIZED IN THE ORDERS FOR AIRFARE TO BE PAID *DODEA - SEE EXCEPTION* **ALWAYS USE SATO**
<b>2016</b>	<b>b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)</b>		<b>MEANS/ MODE OF TRAVEL</b>	<b>REASON FOR STOP</b>	<b>a. LODGING COST</b>
6/20	DEP	DODDS BAMBERG, GERMANY	CA		
6/20	ARR	NUREMBERG AIRPORT		AT	
6/20	DEP		CP		
6/20	ARR	SAN ANTONIO, TX		AD	
07/15	DEP		CP		
07/15	ARR	NUREMBERG AIRPORT		AT	
07/15	DEP		PA		
07/15	ARR	DODDS BAMBERG, GERMANY		MC	45
	DEP				
	ARR	READ BLOCK 15 LIKE A SENTENCE, ONE LINE AT A TIME, FOR EXAMPLE, LINE 1 READS:			
	DEP				
	ARR	*ON 6/20 I DEPARTED FROM DODDS BAMBERG, GERMANY BY COMMERCIAL AUTO*			
	DEP				
	ARR	** DON'T FORGET BLOCK 16, IF APPLICABLE**			
	DEP				
<b>16. POB TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWNOPERATE <input type="checkbox"/> PASSENGER			<b>17. DURATION OF TRAVEL</b> <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS		
<b>18. REIMBURSABLE EXPENSES</b>					
<b>a. DATE</b>	<b>b. NATURE OF EXPENSE</b>	<b>c. AMOUNT</b>	<b>d. ALLOWED</b>	<b>(1) Total</b>	<b>(7) Total</b>
6/20/16	TAXI	59.00			0.00
6/20/16	AIRFARE	1,576.35			
6/20/16	POSTAGE TO TX	187.00			
7/15/16	POSTAGE TO GERMANY	146.00			
7/15/16	EXCESS BAGGAGE	50.00			0.00
	*POSTAGE RECEIPT MUST SHOW WEIGHT Postage and Excess Baggage are both limited to 100 lbs each way				
<b>19. GOVERNMENT DEDUCTIBLE MEALS</b>					
<b>a. DATE</b>	<b>b. NO. OF MEALS</b>	<b>a. DATE</b>	<b>b. NO. OF MEALS</b>		
<b>20. CLAIMANT SIGNATURE</b> 					
<b>21. REVIEWER'S PRINTED NAME</b> REQUIRED FIELD'S : 20A - 20F				<b>a. TELEPHONE NUMBER</b>	<b>d. DATE</b> After 20B
<b>21. APPROVING OFFICIAL'S PRINTED NAME</b> 21A-D ARE NOT REQ. IN MOST CASES				<b>b. SIGNATURE</b> 	<b>c. TELEPHONE NUMBER</b>
<b>22. ACCOUNTING CLASSIFICATION</b> EXCESS BAGGAGE SHOULD BE AUTHORIZED IN THE ORDERS - IF THIS IS MISSING, IT CAN BE AUTHORIZED AS AN "AFTER THE FACT" ENTITLEMENT - APPROVING OFFICIAL MUST COMPLETE BLOCK 21A - 21D AND ENTER "EXCESS BAGGAGE AUTHORIZED" IN THIS BOX					
<b>23. COLLECTION DATA</b>					
<b>24. COMPUTED BY</b>	<b>25. AUDITED BY</b>	<b>26. TRAVEL ORDER/ AUTHORIZATION POSTED BY</b>	<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>	<b>28. AMOUNT PAID</b>	

## Frequently Asked Questions:

### What do I need for my airfare to be reimbursed?

- a. Airfare must be claimed in block 18 of the 1351-2
- b. Flight itinerary and paid in full airfare receipts are required (should book thru CTO/TMC/SATO)
- c. Individually Billed Account (IBA) must be authorized on the orders with the exception of DoDEA/DoDDS employees.
- d. DoDEA/DoDDS employees must refer to current command guidance for airfare reimbursement

### I am authorized to travel to an alternate destination. Will I still be paid for my airfare in full?

Transportation to an alternate destination in CONUS is possible if listed on the orders. If traveler does not go to HOR (Home of Record), reimbursement is limited to the Gov't cost to the HOR. DFAS will pay the actual expense or the city pair rate to the HOR, whichever is less.

### My spouse and children are traveling a few weeks earlier than I am. Is that ok?

Dependents can travel separately, but travel must be completed within 6 months of employee's start date.

### I am too busy at work to travel, but my spouse and children want to perform RAT travel. Are they eligible if I stay OCONUS?

No, they are not. An employee must perform RAT for dependent's travel to be reimbursable.

### What do I need to be paid for my Excess/Accompanied Baggage?

- 1 - Excess Baggage must be authorized on the orders or by the Approving Official
- 2 - Excess Baggage must be claimed in block 18 of the 1351-2
- 3 - Paid receipts are required.

\* Note\* The weight of baggage needs to be listed on receipts or a signed statement certifying the weight of the bag(s) must be provided. Excess Baggage is limited to 100 lbs. per person, each way

### What do I need to be paid for my Postage/Unaccompanied Baggage?

- 1 - Postage/Unaccompanied Baggage must be claimed on the 1351-2
- 2 - Weight of postage/unaccompanied baggage needs to be listed on receipts or a signed statement certifying the weight of the package(s) must be provided - Limited to 100 lbs. per person each way

### I am a DODEA traveler and my orders do not state IBA, what do I do?

All DODEA travelers must submit claims to HQ DoDEA. HQ DoDEA will be aware of the requirements to have your airfare paid if you are missing IBA authorization. Submit your completed claim to [hqpcsratvouchers@hq.dodea.edu](mailto:hqpcsratvouchers@hq.dodea.edu) for signatures and guidance. (The Approving Official (AO) must complete block 21 and 22. The statement in block 22 must read: "Airfare was personally procured and not billed to the CBA". HQ DoDEA must submit claim in pay ready status.

### Am I authorized per diem? Are my dependents?

Only the Employee will be authorized per diem. Dependents do not receive per diem, unless it is RAT in conjunction with a PCS to a new location.

## How to submit a Supplemental Claim

### What do I do when I think I have been paid incorrectly?

If you think an error and/or omission has been made in the payment of a travel voucher, see your Human Resource Office (HR). They should always be your first stop to resolve any questions on your voucher.

### What do I do when an error or omission has occurred? For example, I was partially paid, but failed to include my paid in full lodging receipt.

When an error or omission has occurred, you must submit a supplemental claim to DFAS through your local reviewing official.

### How do I prepare a supplemental claim?

You will make all required corrections and resubmit the entire package to processing with:

1 – Your corrected DD Form 1351-2 marked “Supplemental For \_\_\_\_\_.” Provide an explanation of what you’re supplemental is for, such as “Supplemental for lodging” Block 10D (Computations) is usually a good place to indicate this. Some like to also note it in the margins. Your voucher should match your original submission except for:

- Any corrections that needed to be made
- The indication of “Supplemental for \_\_\_\_\_” in block 10D of your 1351-2
- New signature and dates in blocks 20A – 20B of your 1351-2
- New signature and dates in blocks 20C – 20F of your 1351-2

2 – Complete copy of all orders and any amendments/memo’s

3 - A copy of all supporting documentation applicable to the supplemental claim.

4 - A copy of the Advice of Payment for the original payment made on the voucher in question.



# Civilian Relocation

## Travel Voucher Guide

*On behalf of DFAS, thank you for taking the time to carefully review this handbook.*

*We hope that it has assisted you with all of your submissions, and that your reimbursement will go smoothly as a result of your time and efforts.*

*Congratulations on your new position, and thank you for your service.*

*Feel free to let us know how we are doing.*

*Make us aware of any discrepancies identified within any of our sources. While we do the best we can to provide you with accurate and detailed assistance, a Civilian Relocation Travel can be a frustrating and complicated process.*

*While it is always the responsibility of your agency to assist you with submitting your claims, we are hopeful that the tools we have provided will also be a great deal of help for you and your agency alike.*