

**NEW
EMPLOYEE
RELOCATION
GUIDE**



**Homeland
Security**

**Federal Law Enforcement
Training Center**

**FEDERAL LAW ENFORCEMENT TRAINING CENTER
OFFICE OF THE CFO
FINANCE DIVISION
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INTRODUCTION

Congratulations on your selection as a member of the staff of the Federal Law Enforcement Training Center. This pamphlet is designed to be used as a guide for your convenience in the relocation of your family and household goods. Included are guidelines, regulations and some helpful hints to be used before, during and after your relocation process.

Also included in this guide are sample forms and actual forms you will be using for preparing and filing claims for reimbursement. Take your time in going over the enclosed information and filling out the forms, with emphasis on accuracy.

If there are any questions, please contact the Center's Travel Office at Commercial (912) 267-2237.

We welcome you to the Federal Law Enforcement Training Center family and hope your move is safe and smooth.

HELPFUL HINTS FOR NEW EMPLOYEES

1. Read the entire contents of this pamphlet.
2. Standard Form 1012 (Travel Voucher) is used in filing all reimbursement items.
3. Vouchers are required to be submitted for payment **within 15 days** of completion of each portion of the move.
 - a) After travel is completed, file for mileage, per diem and miscellaneous expenses.
 - b) After temporary quarters (30 day intervals).
 - c) After sale of real estate transaction.
 - d) After purchase of real estate transaction.
 - e) After movement of household goods (if commuted rate).
4. Before submission, all vouchers or forms must be properly signed by you and your immediate supervisor.
5. The processing of real estate transactions is often quite complicated and requires a longer period of time to process: therefore, a separate voucher covering real estate transactions is required.
6. Remember, when you take an advance of funds, the vouchers submitted for preparation and payment are used first to recover any advances issued.
7. Taxes will be withheld on reimbursements for most moving expenses. Withholding of taxes and the amount of reimbursement of moving expenses do not reflect final tax liability on your part. Reimbursements for miscellaneous moving expenses are subject to withholding taxes. Reimbursements for house hunting trips and temporary quarters are subject to withholding taxes on the amount reimbursed. Reimbursements for real estate expenses (sale of a former residence, termination of a lease, and purchase of a new residence) are subject to withholding taxes on the amount reimbursed. The amount withheld for Federal Income taxes will be computed using the "Withholding Tax Allowance Formula". The state withholding will be computed using the individual tax rate and FICA will be calculated according to which retirement fund the employee is under. If the employee is under the FERS Program, FICA is calculated at the full rate of 6.2% and if the employee is under the CSRS Program, the rate is for Medicare only at 1.45%.
8. No per diem is payable for PCS transfers when the en route travel time between the old and new duty stations is 12 hours or less.

TRAVEL AND TRANSFER ORDER

You will usually assist the Travel Officer in the preparation of a draft of the Travel and Transfer Order, usually by phone or in certain cases in person.

This is the official document notifying you that you may begin to incur moving expenses. The FLETC Travel Office will prepare the required number of copies. This form must be signed by the Authorizing official before you incur any moving expenses. Therefore, if you are not certain whether or not your order has been signed i.e., you have not received your copy and you are ready to begin incurring moving expenses, you should check with the Travel Office to make certain that the order has been signed and dated.

It will be necessary for you to attach a copy of your Travel and Transfer Order with each Travel Voucher (SF-1012) you submit for reimbursement of relocation expenses.

ADVANCE OF FUNDS

Cash advances are not automatic, to make arrangements to receive an advance of funds to cover some of your reimbursable expenses you must submit Standard Form 1038, Advance of Funds Application and Account, (Enclosed) to the Travel Office.

You may receive an advance of funds for the following:

- * Transportation and per diem for authorized house hunting for employee and/or spouse. (not to exceed 10 days, including travel time).

* Transportation and per diem for employees and immediate family to report to new duty station.

* Subsistence while occupying temporary quarters for employee and family members (not to exceed 30 days) if transfer is within the 48 continental states or District of Columbia.

* Transportation and storage of household goods (if shipment is not by a Government Bill of Lading).

You may not receive an advance of funds to cover the cost of:

•Miscellaneous expenses.

• Real estate transactions.

New appointees, including SES employees and student trainees if staff shortage categories, as well as transferees, may apply for advance of funds to cover expenses to which they are entitled.

For second and subsequent advance of funds submit your application to the Travel Office about two weeks before you expect to actually need the cash you are requesting.

TRAVEL VOUCHER

FLETC uses Standard Form 1012, Travel Voucher, to claim reimbursement for any expenses and to liquidate advances.

Voucher's along with the required supporting documentation are required to be submitted to the Travel Office within 15 days after each leg of your relocation, provided that all expenses of a given type are claimed on the same voucher. Vouchers should be submitted to FLETC Travel Office via your supervisor. Vouchers submitted in pencil, turned in without

signatures and/or lacking original receipts will be returned.

TIME LIMITS FOR TRAVEL AND TRANSPORTATION

Generally, your move must be completed within two years from the date on which your report for duty at your new official station. This two year period is extended in the case of an employee who begins active military service before the end of the two year period or an extension of an additional year for residential transactions is approved.

TRAVEL TO SEEK RESIDENCE QUARTERS

As a discretionary matter, FLETC allows either Travel to Seek residence Quarters (commonly called a House hunting trip) or Temporary Quarters (covered later in this guide). The option must be approved in advance on the Transfer Order.

If authorized a House hunting Trip, payment of travel and transportation expenses of the employees and spouse traveling together, or the employee or spouse traveling individually instead of travel by the other or together, for one round trip between the localities of the old and new duty stations for the purpose of seeking a new residence by the employee and spouse may be allowed provided the overall cost to the Government does not exceed the cost, had the employee and spouse traveled together. A round trip performed by the employee for this purpose, must be accomplished before reporting to the new station. A round trip by the spouse, may be accomplished at any time before

relocation of the family to the new official station but not after the expiration of the applicable maximum time for beginning allowable travel and transportation.

In addition to the guidelines set out above, reimbursement for travel and transportation expenses for trips to seek permanent quarters shall not be authorized under the following circumstances:

- (1) When the employee has not yet formally agreed to transfer to the new station;
- (2) When the map distance between the old and new stations is less than 75 miles via a usually traveled surface route.

The round trip should be allowed for a reasonable period of time considering distance between the old and new stations, mode of transportation to be used, and the housing situation at the new official station location. In no instance shall the period of the round trip at Government expense be allowed in excess of 10 days including travel time, weekends and holidays.

In authorizing or allowing a particular mode of transportation, consideration shall be given to providing minimum time en route and maximum time at the new official station locality. Accordingly, if the use of a privately owned automobile is permitted, this use is considered advantageous to the Government at the appropriate PCS mileage allowance. Reasonable expenses for local transportation at the location of the new official station shall be allowed. The FLETC authorizes commercially rented automobiles and mileage for

privately owned automobiles; however, the mode of local transportation must be consistent with the mode of transportation authorized for travel to and from the new official station. Expenses for the use of taxi's are limited to transportation between depots, airports, or other carrier terminals, and place of lodging. When a POV is used in lieu of a taxi to and from common carrier terminals, the TDY mileage rate applies.

Reimbursement is at the en route travel entitlements. in no instance should a house-hunting trip be taken without the proper authorization.

ENROUTE BREAKDOWN ON RELOCATION

	LODGING	MEALS	TOTAL
MEMBER	\$55.00	\$31.00	\$86.00
SPOUSE	\$41.25	\$23.25	\$64.50
CHILD OVER 12	\$41.25	\$23.25	\$64.50
CHILD UNDER 12	\$27.50	\$15.50	\$43.00

FIRST TEMPORARY QUARTERS ON RELOCATION

	LODGINGS	MEALS	TOTAL
MEMBER	\$55.00	\$31.00	\$86.00
SPOUSE	\$41.25	\$23.25	\$64.50
CHILD OVER 12	\$41.25	\$23.25	\$64.50
CHILD UNDER 12	\$27.50	\$15.50	\$43.00

**SECOND AND FOLLOWING
TEMPORARY QUARTERS ON RELOCATION**

	LODGINGS	MEALS	TOTAL
MEMBER	\$41.25	\$23.25	\$64.50
SPOUSE	\$20.63	\$11.63	\$32.25
CHILD OVER 12	\$20.63	\$11.63	\$32.25
CHILD UNDER 12	\$16.50	\$9.30	\$25.80

RATES EFFECTIVE OCTOBER 1, 2003

TRAVEL VOUCHER SF 1012 <small>Under the Privacy Act (Information on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE Dept of Treasury FLETC	2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT CHANGE <small>OF DUTY STATION</small>	3. VOUCHER NO.
			4. SCHEDULE NO.

5	a. NAME (Last, first, middle initial) DAKIDD, IRA M	b. Social Security No 100-23-3456	6. PERIOD OF TRAVEL a. FROM 1-Mar-97 b. TO 10-Mar-97
	c. MAILING ADDRESS (Include ZIP code) 123 BACK ROAD ANY CITY, STATE 23233	d. OFFICE TELEPHONE NO. 267-3333	7. TRAVEL AUTHORIZATION a. NUMBERS R-0000-90 b. DATE(S) 3/1/90
	e. PRESENT DUTY STATION FLETC, GLYNCO, GA 31524	f. RESIDENCE (CITY AND STATE) BRUNSWICK, GA	10. CHECK NUMBER

8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash d. Balance Outstanding	9. CASH PAYMENT RECEIPT a. DATE RECD b. AMOUNT RECD c. PAYEE'S SIGNATURE	11. PAID BY
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12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH. <small>list by number below and attach passenger coupon; if cash is used show claim on reverse side.</small>	I assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					TRAVELER INITIAL'S	
	AGENTS VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATION (c)	DATE ISSUED (d)	POINTS OF TRAVEL		
					FROM (e)	TO (f)	
RELOCATION HOUSE/HUNTING TRIP PERSONS TRAVELING YEE SE - BARBARA 12546583659 12546583660	AIRFARE PURCHASED BY THE FLETC \$540.00 \$540.00	DL DL	YGA YGA	28-Feb 28-Feb	BIG CITY & RTN BIG CITY & RTN	BRUNSWICK BRUNSWICK	

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

TRAVELER SIGN HERE	IRA M DAKIDD	DATE	12-Mar-90	AMOUNT CLAIMED	\$1,120.85
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NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 USC 2514) and may result in a fine of not more than \$10,000.00 or imprisonment for not more than 5 years or both (18 USC 287; I.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE: if long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency (31 USC 680A)) APPROVING OFFICIAL SIGN HERE	J. B. SUPERVISOR DATE 4/1/90	17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. differences, if any explain and show amount)
--	---------------------------------	--

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D. O. SYMBOL c. MONTH & YEAR	16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE	17. FOR FINANCE OFFICE USE ONLY b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION certifier's initials: c. APPLIED TO TRAVEL ADVANCE d. NET TO TRAVELER
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18. TRAVEL CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

(UNLISTED ITEMS ARE SELF EXPLANATORY)

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

Complete only for actual expense travel (d) thru (g) (h) (i) (j) (m) (n)

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

Complete this information if this is a continuation sheet
 PAGE # OF PAGE #
 TRAVEL AUTHORIZATION NO.
 TRAVELER'S LAST NAME

DATE 1990 (a)	TIME (HOUR AND AM/PM) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES					TOTAL subsistence expense (j)	MILEAGE RATE \$0.17 NO. MILES (k)	AMOUNT CLAIMED			
			MEALS				MISC. SUBSIS TENCE (h)			LODGING (l)	MILEAGE (l)	SUBSTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
1-Mar	7AM	DEP OLD RESIDENCE VIA POV											
1-Mar	8:15AM	ARR BIG CITY AIRPORT							35	\$5.95			
1-Mar	11:AM	ARR BRUNSWICK, GA	3/4 M&IE = \$39.38					\$42.00	\$42.00		\$42.00		
10-Mar	1:15PM	DEP BRUNSWICK, GA	3/2-3/9 LODGING 8 DAYS 39.5					\$316.00	\$316.00		\$316.00		
10-Mar	6:00PM	ARR BIG CITY AIRPORT	3/2-3/9 M&IE 8 DAYS AT 52.50					\$420.00			\$420.00		
10-Mar	9:15PM	ARR OLD RESIDENCE VIA POV							35	\$11.90			
											10 DAYS AIRPT PARKING	\$85.00	
		RENTAL VEHICLE FROM 3/1 - 3/10 RECEIPT ATTACHED										\$240.00	
									SUBTOTALS	\$17.85	\$778.00	\$325.00	
									TOTALS	\$17.85	\$778.00	\$325.00	

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 USC Chap 57 as implemented by the Federal Travel Regulations FPMR 101.7 EO 1160 : November 22 1943 and 26 USC 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursement to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil,

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

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

TOTAL AMOUNT CLAIMED \$17.85

ENROUTE REIMBURSEABLE EXPENSES:
TRANSPORTATION AND PER DIEM

En route, you will incur two major reimbursable expenses; Transportation and Per Diem.

As described below, your reimbursement for these expenses will be affected by whether or not you have an immediate family. Your reimbursement for these expenses will also be affected by whether you are a transferring employee or a new appointee in the SES or staff shortage category.

Transferring employees are entitled to reimbursement for transportation and per diem expenses of themselves. New Employees are entitled to reimbursement for their own transportation and per diem expenses. They may not receive reimbursement for per diem expenses for their immediate families.

TRANSPORTATION:

Transportation to your new official station is affected by the following regulations:

* while you and your family may select your own origin and destination points, you will not be reimbursed more than the cost of transportation by the usually traveled route between your old and new official stations. Each individual may be transported only one way and at one time between stations.

* if you travel to your new station in your own automobile, it is generally expected that your immediate family will travel with you in the same automobile. There are certain cases, however, in which you and your immediate family may

be allowed travel in different cars, or at different times. The expense of more than one automobile trip must be authorized on the transfer order and is allowable when:

- * one car cannot transport the entire family together with luggage.
- * the age of a family member or his/her physical condition requires special accommodations in one car.

* an employee must report to his/her new official duty station before his/her family can feasibly leave the old residence (if, for example, the family must remain at the old residence until the end of the school term, or until the shipment of household goods is completed).

* members of the family travel between more than one set of authorized points of travel

* family members must take up residence at the new station in advance of the employee's reporting date (if, for example, the family must arrive early at the new station in order to enroll children in school)

Your auto trip in connection with your change in official stations will be reimbursed as follows:

* employee only or one member of immediate family is .15 per mile.

* employee and one member or two member's of employee's immediate family is .17 per mile.

* employee and two members or three members of employee's

immediate family is .19 per mile.

- * employee and three members or four or more members of employee's immediate family is .20 per mile.

An average of 300 miles per calendar day is the maximum driving time prescribed.

PER DIEM:

Per Diem en route to your new station will be paid according to the following regulations:

- * your travel "en route" begins when you actually leave your old station and ends when you actually arrive at your new station.

- * if you travel in your own automobile, you will receive per diem on the basis of your actual travel authorized. However, you may not receive more per diem than you would receive if you traveled a minimum distance of 300 miles a day.

- * you will be paid per diem according to the current administratively established rates. Legislation changes these rates from time to time, therefore check with your employing office for the current per diem rates.

- * if your spouse travels with you, his or her per diem will be three-fourths of your allowable per diem.

- * if your spouse does not travel with you, he or she will be entitled to the same amount of per diem to which you are entitled.

- * other family members twelve years old or older are entitled

to per diem on the basis of three-fourths of the rate to which you are entitled. Family members under twelve years old are entitled to per diem on the basis on one-half of the rate to which you are entitled. The minimum per diem rate for any family member is \$6.50.

- * The first and last day of travel is lodging NTE the applicable lodging rate and three quarters of the M&IE. For example, the day you depart from your old residence to begin the travel en route is three quarters of the M&IE, other family members reduced as above. The second and subsequent full days of travel are full per diem and lodging costs NTE the applicable per diem rate, with other family members reduced as above. The last day of travel is again a flat three quarters of a day M&IE with no lodging costs, with other family members reduced as above.

MISCELLANEOUS MOVING EXPENSES

You will probably encounter miscellaneous moving expenses on one residence to another.

ELIGIBILITY:

Miscellaneous Moving costs are only reimbursable if you are a transferring employee. If you are a new appointee, SES or student trainee in a staff shortage category or an employee returning from overseas assignment for separation, you may not be reimbursed for these costs.

DOCUMENTATION:

You will receive an outright allowance of either \$500 (if single) or \$1000 (if married and/or have an immediate family). There is no documentation to receive reimbursement for this particular item, only that you claim it on the travel voucher at the right time.

REIMBURSABLE EXPENSES:

The following expenses are examples of what the miscellaneous expense allowance was designed for.

- * disconnecting and connecting appliances, equipment, and utilities and converting appliances for operation on available utilities.
- * utility fees or deposits not offset by eventual refunds.
- * losses due to forfeiture of medical, dental, food locker

and private institutional care for handicapped or invalid dependents, contracts which are not transferable or refundable.

- * automobile registration, driver's license and use taxes imposed when bringing automobiles into some jurisdictions.

- * unblocking and blocking expenses in connection with relocating a mobile home for continued use as a residence.

- * refitting rugs and drapes and curtains moved from one residence to the other.

- * telephone and cable TV hook-up fees.

- * dismantling/assembly of above ground pools, utility sheds, swing sets, pool tables, satellite TV discs, etc.

- * adjusting grandfather clocks, pianos and organs.

NON-REIMBURSABLE EXPENSES:

The following expenses are examples of costs that should not be claimed.

- * medical expense, accident insurance premiums or liability costs that you incur in connection with your move.

- * losses resulting from the sale or disposal of personal property.

- * costs of additional insurance on household goods while in transit to the new official station or cost of loss or damage.

* damage or loss of clothing,
luggage, or other personal
effects while traveling to the
new official station locality,
or

* additional costs of moving
household goods caused by
exceeding the maximum weight
limitation for which the
employee has eligibility as
provided by law or in these
regulations.

* costs of newly acquired
items.

* costs of repairing or
replacing appliances and
equipment.

* costs of altering or
remodeling residence or other
property.

TRAVEL VOUCHER SF 1012 <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL () TEMPORARY DUTY (X) PERMANENT DUTY RELOCATION		3. VOUCHER NO.			
						4. SCHEDULE NO.			
5		a. NAME (Last, first, middle initial) DAKIDD, IRA M		b. Social Security No 100-23-3456		6. PERIOD OF TRAVEL a. FROM 22-Mar-98 b. TO 25-Mar-98			
		c. MAILING ADDRESS (include ZIP code) 123 BACK ROAD ANY CITY, STATE 23233		d. OFFICE TELEPHONE NO. 267-3333		7. TRAVEL AUTHORIZATION a. NUMBERS R-0000-98 b. DATE(S)			
		e. PRESENT DUTY STATION FLETC GLYNCO GA		f. RESIDENCE (CITY AND STATE) BRUNSWICK, GA		10. CHECK NUMBER			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY					
a. Outstanding		a. DATE RECD						b. AMOUNT RECD	
b. Amount to be applied		c. PAYEE'S SIGNATURE							
c. Amount due Government Attached () Check () Cash									
d. Balance Outstanding									
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH. list by number below and attach passenger coupon; if cash is used show claim on reverse side.		I assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) TRAVLER INITIAL'S							
		AGENTS VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATION (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM TO (e) (f)			
TRAVEL MILEAGE, PER DIEM, MISCELLANEOUS EXPENSES PERSONS TRAVELING EMPLOYEE SPOUSE-BARBARA SON-JOHN over 12 SON-SAMMY under 12 DAU-DEBRA under 12									
13. I certify that this voucher is true and correct to the best of my knowledge and belief, that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period of this voucher.		TRAVELER SIGN HERE IRA M DAKIDD				DATE 31-Mar-98	AMOUNT CLAIMED \$1,416.90		
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 USC 2814) and may result in a fine of not more than \$10,000.00 or imprisonment for not more than 5 years or both (18 USC 287; Ld. 1001).						WTA TAXABLE WAGES			
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency (31 USC 680A)		APPROVING OFFICIAL SIGN HERE I B SUPERVISOR		DATE 4/1/98		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
						a. differ- FITW (-) ences, if SITW (-) any explain S/S(IF APPLICABLE) (-) and show MED (-) amount)			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D. O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION certifier's initials:			
						c. APPLIED TO TRAVEL ADVANCE			
						d. NET TO TRAVELER			
18. ACCOUNTING CLASSIFICATION									

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

(UNLISTED ITEMS ARE SELF EXPLANATORY)

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

- Complete only for actual expense travel
- (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
 - (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc
 - (i) Complete for per diem and actual expense travel
 - (j) Show total subsistence expense incurred for actual expense travel.
 - (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (i) and maximum rate.
 - (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

PAGE # OF PAGE #

DATE 2000	DEP ARR	TIME (HOUR AND AM/PM)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES					TOTAL SUBSISTENCE EXPENSES (j)	MILEAGE RATE \$0.20 NO. MILES (k)	AMOUNT CLAIMED		
				MEALS			LODGING (i)	TOTAL (h)			MILEAGE (l)	SUBSTENCE (m)	OTHER (n)
				BREAK-FAST	LUNCH	DINNER							
22-Mar	DEP	10AM	DEP RESIDENCE ANY CITY, STATE										
22-Mar	ARR	7:10PM	ARR SHREVEPORT, LA	3/4 M&IE @ \$105.00 =			\$78.75	\$36.00	\$114.75	304	\$60.80	\$114.75	
23-Mar	DEP	6AM	SHREVEPORT, LA										
23-Mar	ARR	8:30PM	MERIDIAN, MS	M&IE @ \$105.00			\$105.00	\$40.00	\$145.00	319	\$63.80	\$145.00	
24-Mar	DEP	5:30AM	MERIDIAN, MS										
24-Mar	ARR	7:45PM	ATLANTA, GA	M&IE @ \$105.00			\$105.00	\$40.00	\$145.00	289	\$53.80	\$145.00	
25-Mar	DEP	6:30AM	ATLANTA, GA										
25-Mar	ARR	2:20PM	BRUNSWICK, GA	3/4 M&IE @ \$105.00 =			\$78.75		\$78.75	275	\$55.00	\$78.75	
	DEP												
	ARR		MISCELLANEOUS EXPENSE ALLOWANCE										\$700.00
									TOTALS	\$233.40	\$483.50	\$700.00	

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 USC Chap 57 as implemented by the Federal Travel Regulations FPMR 101.7 EO 11609 of July: November 22 1943 and 26 USC 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursement to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil,

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

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

TOTAL AMOUNT CLAIMED \$1,416.90

TRAVEL VOUCHER SF 1012 <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL () TEMPORARY DUTY (X) PERMANENT DUTY RELOCATION		3. VOUCHER NO.		
						4. SCHEDULE NO.		
5		a. NAME (Last, first, middle initial) DAKIDD, IRA M		b. Social Security No 100-23-3456		6. PERIOD OF TRAVEL a. FROM 22-Mar-98 b. TO 25-Mar-98		
		c. MAILING ADDRESS (include ZIP code) 123 BACK ROAD ANY CITY, STATE 23233		d. OFFICE TELEPHONE NO. 267-3333		7. TRAVEL AUTHORIZATION a. NUMBERS R-0000-98 b. DATE(S)		
		e. PRESENT DUTY STATION FLETC GLYNCO GA		f. RESIDENCE (CITY AND STATE) BRUNSWICK, GA		10. CHECK NUMBER		
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY				
a. Outstanding		a. DATE RECD		b. AMOUNT RECD				
b. Amount to be applied								
c. Amount due Government Attached () Check () Cash		c. PAYEE'S SIGNATURE						
d. Balance Outstanding								
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH. list by number below and attach passenger coupon; if cash is used show claim on reverse side.		I assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					TRAVELER INITIALS	
		AGENTS VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATION (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM TO (e) (f)		
TRAVEL MILEAGE, PER DIEM, MISCELLANEOUS EXPENSES(U-HAUL SELF MOVE)								
PERSONS TRAVELING								
EMPLOYEE SPOUSE-BARBARA SON-JOHN over 12 SON-SAMMY under 12 DAU-DEBRA under 12								
13. I certify that this voucher is true and correct to the best of my knowledge and belief, that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period of this voucher.		TRAVELER SIGN HERE		DATE		AMOUNT CLAIMED		
		IRA M DAKIDD		31-Mar-98		\$2,670.90		
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 USC 2514) and may result in a fine of not more than \$10,000.00 or imprisonment for not more than 5 years or both (18 USC 287; L.d. 1001).						WTA TAXABLE WAGES		
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency (31 USC 680A)		APPROVING OFFICIAL SIGN HERE		DATE		17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
		I B SUPERVISOR		4/1/98		a. differ- FITW (-) ences, if SITW (-) any explain S/S(IF APPLICABLE) (-) and show MED (-) amount)		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION certifier's initials:				
a. VOUCHER NO.		b. D. O. SYMBOL		c. MONTH & YEAR		c. APPLIED TO TRAVEL ADVANCE		
						d. NET TO TRAVELER		
16. AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		18. ACCOUNTING CLASSIFICATION		DATE				

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

(UNLISTED ITEMS ARE SELF EXPLANATORY)

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

- Complete only for actual expense travel (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc
- (i) Complete for per diem and actual expense travel
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (i) and maximum rate.
- (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet

OF PAGE

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 2000 (a)	DEP ARR (b)	TIME (HOUR AND AM/PM) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES					TOTAL SUBSISTENCE EXPENSES (l)	MILEAGE RATE \$0.20 NO. MILES (k)	AMOUNT CLAIMED			
				MEALS			LODGING (i)	MILEAGE (l)			SUBSTENCE (m)	OTHER (n)		
				BREAK-FAST	LUNCH	DINNER							TOTAL (h)	
22-Mar	DEP	10AM	DEP RESIDENCE ANY CITY, STATE											
22-Mar	ARR	7:10PM	ARR SHREVEPORT, LA	3/4 M&IE @ \$105.00 =			\$78.75	\$38.00	\$114.75	304	\$60.80	\$114.75		
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23-Mar	ARR	8:30PM	MERIDIAN, MS	M&IE @ \$105.00			\$105.00	\$40.00	\$145.00	319	\$63.80	\$145.00		
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25-Mar	ARR	2:20PM	BRUNSWICK, GA	3/4 M&IE @ \$105.00 =			\$78.75		\$78.75	275	\$55.00	\$78.75		
	DEP													
	ARR		MISCELLANEOUS EXPENSE ALLOWANCE											\$700.00
	DEP		ACTUAL COSTS U-HAUL RENTAL TRUCK WPADS AND ACCESSORIES (PER ATTACHED RECEIPTS)											\$1,254.00
	ARR													
	DEP													
	ARR													
									TOTALS		\$233.40	\$483.50	\$1,954.00	

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 USC Chap 57 as implemented by the Federal Travel Regulations FPMR 101.7 EO 11609 of July: November 22 1943 and 26 USC 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursement to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil,

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

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

TOTAL AMOUNT CLAIMED \$2,670.90

TRAVEL VOUCHER SF 1012 <small>(Read the Privacy Act Statement on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT DUTY RELOCATION	3. VOUCHER NO.
	5 a. NAME (Last, first, middle initial) DAKIDD, IRA M		4. SCHEDULE NO.
c. MAILING ADDRESS (include ZIP code) 123 BACK ROAD ANY CITY, STATE 23233		b. Social Security No 100-23-3456	6. PERIOD OF TRAVEL a. FROM 22-Mar-98 b. TO 25-Mar-98
e. PRESENT DUTY STATION FLETC GLYNCO GA		d. OFFICE TELEPHONE NO. 267-3333	7. TRAVEL AUTHORIZATION a. NUMBERS R-0000-98 b. DATE(S)
f. RESIDENCE (CITY AND STATE) BRUNSWICK, GA		10. CHECK NUMBER	

TRAVEL ADVANCE	9. CASH PAYMENT RECEIPT		11. PAID BY
Outstanding	a. DATE RECD	b. AMOUNT RECD	
Amount to be applied	c. PAYEE'S SIGNATURE		
Amount due Government Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash Balance Outstanding			

13. I certify that this voucher is true and correct to the best of my knowledge and belief, that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period of this voucher.	I assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				TRAVELER INITIALS	
	AGENTS VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATION (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
					FROM (e)	TO (f)
TRAVEL MILEAGE, PER DIEM, MISCELLANEOUS EXPENSES (COMMUTED HHG RATE) PERSONS TRAVELING EMPLOYEE SPOUSE-BARBARA SON-JOHN over 12 SON-SAMMY under 12 DAU-DEBRA under 12						

TRAVELER SIGN HERE IRA M DAKIDD	DATE 31-Mar-98	AMOUNT CLAIMED \$1,416.90
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NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 USC 2514) and may result in a fine of not more than \$10,000.00 or imprisonment for not more than 5 years or both (18 USC 287; I.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency (31 USC 680A)) APPROVING OFFICIAL SIGN HERE IB SUPERVISOR DATE 4/1/98	17. FOR FINANCE OFFICE USE ONLY	
	COMPUTATION a. differences, if any explain and show amount)	
		FITW (-) SITW (-) S/S(IF APPLICABLE) (-) MED (-)

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION certifier's initials:
a. VOUCHER NO.	b. D. O. SYMBOL	c. MONTH & YEAR	

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE	DATE	c. APPLIED TO TRAVEL ADVANCE
		d. NET TO TRAVELER

18. ACCOUNTING CLASSIFICATION

SUBSISTENCE EXPENSES WHILE
OCCUPYING TEMPORARY QUARTERS

Under certain conditions, you may be reimbursed for the expense of occupying temporary quarters sometime during the course of your move. Temporary quarters refer to lodging obtained temporarily from private or commercial sources, as an expedient until permanent type residence quarters can be obtained.

ELIGIBILITY:

Subsistence for Temporary Quarters for the first 60 days is included in your orders. In Accordance With the FTR the FLETC has limited TQSE to a maximum of 60 consecutive days. Additional information may be obtained upon check in at the FLETC Travel Office.

All requests for advances must be made separately and through the Travel Office.

New Appointees, including SES and student trainees in staff shortage categories, are not entitled to subsistence expenses for either themselves or their families.

If the distance from your old residence to your new station is not at least 40 miles greater than the distance from your old residence to your old station, you will not be allowed subsistence expenses except when temporary quarters are used while awaiting the arrival of household goods.

TIME LIMITATION:

You may be reimbursed for subsistence expenses for a maximum of 30 consecutive days, or of 60 consecutive days if you transfer to or from Hawaii, Alaska, a U. S. Territory and possessions of Puerto Rico or the Republic of Panama. The period of occupation of temporary quarters may begin anytime after you receive your authorization to use this benefit. It must begin within 30 days from the date your family vacates your old residence.

Temporary quarters occupancy is computed in whole calendar days, i.e., 12:01 AM to midnight. When temporary quarters and travel to the new station or temporary duty travel are during the same calendar day, allowable temporary quarters expenses are limited to those expenses incurred before and/or after such travel when you are actually in temporary quarters.

You may elect not to claim any temporary quarters at all, for the day of arrival at temporary quarters, since it counts as a whole day. If you elect not to claim temporary quarters on the day you arrive, your temporary quarters will begin at 12:01 AM the next day.

ALLOWABLE AMOUNTS:

Reimbursement for subsistence expenses is made on an actual expense basis. Be certain that you keep accurate records of your daily subsistence expenses, including the amounts you spend for lodging, food (including groceries consumed while occupying temporary quarters), laundry and cleaning and fees and tips incident to these expenses. In cases where you receive receipts, you must present these receipts with your claim for reimbursement.

Receipts are required for lodging, laundry and dry cleaning. Local transportation expenses are not reimbursable.

DAILY ITEMIZATION OF EXPENSES PAID

Days	Date	Lodging Location	Cost	Number of Persons		Meal cost including Tips			Laundry and Dry Cleaning		Daily Total Amount
				Empl Only	Dep	Breakfast	Lunch	Dinner	Coin Machine	Dry Cleaning	
1	26-Mar	BRUNSWICK	\$32.10	1	4	\$8.50	\$10.23	\$20.05			\$70.88
2	27-Mar		\$32.10	1	4	\$7.00	\$11.30	\$37.75			\$88.15
3	28-Mar		\$32.10	1	4	\$7.00	\$12.00	\$37.11	\$6.60		\$94.81
4	29-Mar		\$32.10	1	4	\$8.00	\$13.00	\$28.96			\$82.06
5	30-Mar		\$32.10	1	4	\$5.00	\$10.23	\$27.02			\$74.35
6	31-Mar		\$32.10	1	4	\$7.05	\$11.30	\$41.53			\$91.98
7	1-Apr		\$32.10	1	4	\$8.25	\$12.00	\$28.93			\$81.28
8	2-Apr		\$32.10	1	4	\$10.00	\$13.00	\$29.07			\$84.17
9	3-Apr		\$32.10	1	4	\$9.00	\$18.25	\$42.00	\$3.30		\$104.65
10	4-Apr		\$32.10	1	4	\$7.05	\$17.00	\$39.42			\$95.57
Total			\$321.00			\$76.85	\$128.31	\$331.84	\$9.90		\$867.90
11	5-Apr		\$32.10	1	4	\$10.00	\$15.50	\$26.00			\$83.60
12	6-Apr		\$32.10	1	4	\$11.00	\$16.00	\$27.00			\$86.10
13	7-Apr		\$32.10	1	4	\$8.36	\$10.23	\$40.52			\$91.21
14	8-Apr		\$32.10	1	4	\$8.23	\$11.30	\$31.00			\$82.63
15	9-Apr		\$32.10	1	4	\$10.23	\$12.00	\$23.00	\$4.00		\$81.33
16	10-Apr		\$32.10	1	4	\$8.45	\$13.00	\$31.00			\$84.55
17	11-Apr		\$32.10	1	4	\$8.00	\$10.23	\$27.00			\$77.33
18	12-Apr		\$32.10	1	4	\$9.25	\$11.30	\$21.00			\$73.65
19	13-Apr		\$32.10	1	4	\$7.50	\$12.00	\$22.00			\$73.60
20	14-Apr		\$32.10	1	4	\$7.24	\$13.00	\$26.00			\$78.34
Total			\$321.00			\$88.26	\$124.56	\$274.52	\$4.00		\$812.34
21	15-Apr		\$32.10	1	4	\$7.24	\$18.25	\$18.00			\$75.59
22	16-Apr		\$32.10	1	4	\$7.24	\$17.00	\$36.05	\$10.00		\$102.39
23	17-Apr		\$32.10	1	4	\$7.24	\$15.50	\$24.58			\$79.42
24	18-Apr		\$32.10	1	4	\$7.50	\$18.00	\$21.00			\$78.60
25	19-Apr		\$32.10	1	4	\$6.60	\$20.10	\$23.00			\$81.80
26	20-Apr		\$32.10	1	4	\$5.00	\$18.75	\$43.00			\$98.85
27	21-Apr		\$32.10	1	4	\$6.00	\$17.00	\$21.00	\$5.50		\$81.60
28	22-Apr		\$32.10	1	4	\$7.00	\$20.00	\$24.00			\$83.10
29	23-Apr		\$32.10	1	4	\$8.00	\$16.00	\$20.05			\$76.15
30	24-Apr		\$32.10	1	4	\$7.23	\$10.23	\$37.75			\$87.31
Total			\$321.00			\$69.05	\$170.83	\$268.43	\$15.50		\$844.81
Grand Total			\$963.00			\$234.16	\$423.70	\$874.79	\$29.40		\$2,525.05

REAL ESTATE TRANSACTIONS AND
UNEXPIRED LEASES

You might be eligible to be reimbursed for expenses you incur in connection with a real estate transaction or with an unexpired lease pertaining to your residence or dwelling.

REQUIREMENTS:

These requirements must be met before any reimbursement may be made.

* you must be a transferring employee. New appointees, including SES and student trainees in shortage categories, are not eligible for this sort of reimbursement. Both your old and new official stations must be within the 50 states, Puerto Rico, the Canal Zone or territories and possessions of the United States.

* any title or interest involved must be in the name of you and/or your immediate family.

* you must have acquired your interest in the property involved before you were informed of your transfer.

* you must settle for sales, purchases and lease terminations within two years after you report for duty at your new station unless an extension of time has been authorized in writing, but not later than three years from the actual reporting date. This is not automatic.

* if other persons (outside your immediate family) share expenses with you, you may receive reimbursement only for your share of expenses. (Documentation will be required at the time of filing).

APPLICATION FOR REIMBURSEMENT:

File your claims for reimbursement of real estate expenses or expenses

incurred in connection with an unexpired lease on a Travel Voucher. For real estate expenses, you must also submit Form 4527, The Employee Application for Reimbursement of Expenses Incurred Upon Sale or Purchase (or both) of Residence Upon Change of Official Station.

You should receive at least two copies of this form with this pamphlet. You should submit this form along with the Travel Voucher cover sheet when you have your first transaction, (as in the sample following this section) whether it be a Sale or Purchase.

You must also submit supporting documentation indicating that you actually did incur and pay for the expenses you claim. Be sure to retain copies of the following papers for submission as documentation:

* the purchase agreement, the sales agreement, property settlement documents, loan closing statements, and invoices or receipts for other bills paid as well as itemized listings of legal fees you incurred.

* reimbursement may be claimed separately for expenses incurred in the sale of the former residence and for expenses incurred in the purchase of a new dwelling.

REIMBURSABLE EXPENSES:

You may be reimbursed for the following expenses provided that it is the customary practice in the area in which you are buying or selling your residence.

* broker's fees and real estate commissions in connection with selling your residence, but not in connection with purchasing a residence at your new official station.

* advertising expenses (e.g., newspaper, bulletin board and multiple-listing services in connection with selling your

residence provided you are not paying for such services in your payment of a broker's fee or real estate commission.

- * cost of appraisal
- * cost of loan origination fee.
- * certain legal and related costs in connection with selling your residence or with purchasing a new residence, provided you are not paying for such services, in payment of broker's fee or real estate commissions; these costs include searching for title, preparing abstract, and legal fees for a title opinion, cost of a title insurance policy where customarily furnished by the seller; costs of preparing conveyances, other instruments, and contracts, notary and recording fees, and costs of making surveys, preparing drawings and plans, when necessary: reimbursable legal services should be specifically itemized on the attorney's bill and not submitted under the general heading of legal fees when an itemization is available.
- * certain miscellaneous costs in connection with selling your residence or with purchasing a new residence; these miscellaneous costs include VA and FHA loan application fees, cost of preparing credit reports, mortgage and transfer taxes, state revenue stamps, charges or prepayment a mortgage title policy.
- * costs incurred in construction of a residence provided these costs are comparable to what the reimbursable cost of purchasing an existing residence would be.
- * expenses of settling an unexpired lease which may include the broker's fee for obtaining a sublease or charges for advertising an unexpired lease; these expenses are reimbursable if applicable laws or terms of the lease provide for payment of these charges, which must be reasonable for the locality, and

if these expenses could not be avoided.

NON-REIMBURSABLE EXPENSES:

You may not be reimbursed for the following expenses.

- broker's fees and real estate commissions in connection with purchasing a home at your new official station.
- any litigation costs.
- owner's title insurance policy, "record title" insurance policy, mortgage insurance or insurance against loss of damage of property, hazard insurance, and optional insurance paid for by the employee in connection with the purchase of a residence for the protection of the employee, whether or not it is required by the lender.
- expenses determined to be part of the Truth in Lending Act finance charge.
- losses due to your failure to sell your residence at your old post of duty for a certain price, or to your failure to buy a residence at your new post of duty for a certain price.
- legal expenses of an advisory nature.
- VA funding fees
- operating or maintenance costs.

LIMITATIONS:

For expenses of the sale of your residence at your old official station, you may not receive more than 10% of the sale price. In connection with the purchase of a residence at your new station, you may not receive more than 5% of the purchase price.

REAL ESTATE TRANSACTIONS AND
UNEXPIRED LEASES

You might be eligible to be reimbursed for expenses you incur in connection with a real estate transaction or with an unexpired lease pertaining to your residence or dwelling.

REQUIREMENTS:

These requirements must be met before any reimbursement may be made.

* you must be a transferring employee. New appointees, including SES and student trainees in shortage categories, are not eligible for this sort of reimbursement. Both your old and new official stations must be within the 50 states, Puerto Rico, the Canal Zone or territories and possessions of the United States.

* any title or interest involved must be in the name of you and/or your immediate family.

* you must have acquired your interest in the property involved before you were informed of your transfer.

* you must settle for sales, purchases and lease terminations within two years after you report for duty at your new station unless an extension of time has been authorized in writing, but not later than three years from the actual reporting date. This is not automatic.

* if other persons (outside your immediate family) share expenses with you, you may receive reimbursement only for your share of expenses. (Documentation will be required at the time of filing).

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* reimbursement may be claimed separately for expenses incurred in the sale of the former residence and for expenses incurred in the purchase of a new dwelling.

REIMBURSABLE EXPENSES:

You may be reimbursed for the following expenses provided that it is the customary practice in the area in which you are buying or selling your residence.

* broker's fees and real estate commissions in connection with selling your residence, but not in connection with purchasing a residence at your new official station.

* advertising expenses (e.g., newspaper, bulletin board and multiple-listing services in connection with selling your residence provided you are not

paying for such services in your payment of a broker's fee or real estate commission.

- * cost of appraisal
- * cost of loan origination fee.
- * certain legal and related costs in connection with selling your residence or with purchasing a new residence, provided you are not paying for such services, in payment of broker's fee or real estate commissions; these costs include searching for title, preparing abstract, and legal fees for a title opinion, cost of a title insurance policy where customarily furnished by the seller, costs of preparing conveyances, other instruments, and contracts, notary and recording fees, and costs of making surveys, preparing drawings and plans, when necessary: reimbursable legal services should be specifically itemized on the attorney's bill and not submitted under the general heading of legal fees when an itemization is available.
- * certain miscellaneous costs in connection with selling your residence or with purchasing a new residence; these miscellaneous costs include VA and FHA loan application fees, cost of preparing credit reports, mortgage and transfer taxes, state revenue stamps, charges or prepayment a mortgage title policy.
- * costs incurred in construction of a residence provided these costs are comparable to what the reimbursable cost of purchasing an existing residence would be.
- * expenses of settling an unexpired lease which may include the broker's fee for obtaining a sublease or charges for advertising an unexpired lease; these expenses are reimbursable if applicable laws or terms of the lease provide for payment of these charges, which must be reasonable for the locality, and if these expenses could not be

avoided.

NON-REIMBURSABLE EXPENSES:

You may not be reimbursed for the following expenses.

- broker's fees and real estate commissions in connection with purchasing a home at your new official station.
- any litigation costs.
- owner's title insurance policy, "record title" insurance policy, mortgage insurance or insurance against loss of damage of property, hazard insurance, and optional insurance paid for by the employee in connection with the purchase of a residence for the protection of the employee, whether or not it is required by the lender.
- expenses determined to be part of the Truth in Lending Act finance charge.
- losses due to your failure to sell your residence at your old post of duty for a certain price, or to your failure to buy a residence at your new post of duty for a certain price.
- legal expenses of an advisory nature.
- VA funding fees
- operating or maintenance costs.

LIMITATIONS:

For expenses of the sale of your residence at your old official station, you may not receive more than 10% of the sale price. In connection with the purchase of a residence at your new station, you may not receive more than 5% of the purchase price.

TRAVEL VOUCHER SF 1012 the Privacy Act (ment on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE Dept of Treasury FLETC		2. TYPE OF TRAVEL () TEMPORARY DUTY (X) PERMANENT CHANGE OF DUTY STATION		3. VOUCHER NO.	
5		a. NAME (Last, first, middle initial) DAKIDD, IRA M		b. Social Security No 100-23-3456		6. PERIOD OF TRAVEL a. FROM 1-May-90 b. TO 1-May-90	
c. MAILING ADDRESS (include ZIP code) 911 GETBACK AVE THE CITY, STATE 31529		d. OFFICE TELEPHONE NO. 267-3333		7. TRAVEL AUTHORIZATION a. NUMBERS R-0000-90 b. DATE(S) 3/1/90		10. CHECK NUMBER	
e. PRESENT DUTY STATION FLETC, GLYNCO, GA 31524		f. RESIDENCE (CITY AND STATE) BRUNSWICK, GA		11. PAID BY			
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government Attached () Check () Cash d. Balance Outstanding		9. CASH PAYMENT RECEIPT a. DATE RECD b. AMOUNT RECD c. PAYEE'S SIGNATURE					
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH. list by number below and attach passenger coupon; if cash is used show claim on reverse side.		I assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				TRAVELER INITIAL'S	
		AGENTS VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATION (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
REIMBURSEMENT OF REAL ESTATE EXPENSES CLAIMED IN CONNECTION WITH THE SALE OF RESIDENCE REQUIRED DOCUMENTATION IS ATTACHED: - SETTLEMENT STATEMENT (CERTIFIED) - COPY OF SALE AGREEMENT/CONTRACT/LEGAL FEE STATEMENT - REQUIRED HUD FORMS - FORM 4527 (REAL ESTATE FORM)							
LOGGING {DOES / DOES NOT} MEET FIRE SAFETY ACT OF 1990							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period of this voucher.							
TRAVELER SIGN HERE		IRA M DAKIDD		DATE 5-May-90		AMOUNT CLAIMED \$4,412.50	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 USC 2514) and may result in a fine of not more than \$10,000.00 or imprisonment for not more than 5 years or both (18 USC 237; L.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE: if long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency (31 USC 680A)) APPROVING OFFICIAL SIGN HERE				17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. differences, if any explain and show amount)			
I. B. SUPERVISOR DATE 5/12/90							
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D. O. SYMBOL c. MONTH & YEAR				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION certifier's initials:			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFF				c. APPLIED TO TRAVEL ADVANCE d. NET TO TRAVELER			
ACCOUNTING CLASSIFICATION				DATE			

**EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED
UPON SALE OR PURCHASE (OR BOTH) OF RESIDENCE UPON CHANGE OF OFFICIAL STATION**
(See Instructions at bottom of page)

I. EMPLOYEE - CLAIMANT:

Name: AKIDD, IRA M	Mailing Address: 911 GETBACK AVE BRUNSWICK GA 31529	Check Applicable Box: An Earlier Claim for Real Estate Expenses was Submitted for this Transfer. () YES (X) NO
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TRANSFER DATA:

Old Official Station 123 BACK ROAD	New Official Station FLETG BRUNSWICK, GA	Date of Notification of Impending Transfer 3/1/90
Travel Authorization No. and Date R-000-90 3/1/90	Date Reported for Duty at New Official Station 26-Mar-90	Date Service Agreement Signed 5-Mar-90

III. RESIDENCE PROPERTY DATA:		AT OLD OFFICIAL STATION	AT NEW OFFICIAL STATION
COMPLETE ADDRESS OF RESIDENCE	123 BACK ROAD ANY CITY, STATE 23233		
NUMBER OF DWELLING UNITS ON PROPERTY	ONE		
SALE AND/OR PURCHASE PRICE	\$ 87,900.00		
DATE OF CLOSING OR SETTLEMENT	5/1/90		
AMOUNT OF EXPENSE BEING CLAIMED	\$ 4,412.50		

IV. EMPLOYEE CERTIFICATION(S)

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

I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property is in my name and for a member of my immediate family and is my new residence.

[Signature]
(Signature of Employee)

Date:

[Signature]
(Signature of Employee)

Date:

V. APPROVALS:

<p>A. SALE EXPENSES: The expenses of the sale applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a seller in the locality where the property is located.</p> <p>() as claimed () As Reduced. Per Attached Memo</p> <p>_____ (Signature) (Date)</p> <p>_____ (Title)</p>	<p>B. PURCHASE EXPENSES: The expenses of the purchase applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a buyer in the locality where the property is located.</p> <p>() as claimed () As Reduced. Per Attached Memo</p> <p>_____ (Signature) (Date)</p> <p>_____ (Title)</p>	<p>C. FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT Payment of this claim is approved in the amount of: \$ _____ If Amount Approved is Less Than Amount Claimed, See Attached Memo.</p> <p>_____ (Signature) (Date)</p> <p>_____ (Title)</p>
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INSTRUCTIONS

A. EMPLOYEE - CLAIMANT

1. Prepare application in triplicate, completing Parts I, II, and III of face and enter all applicable amounts and totals on reverse side.
2. Attach one complete set of documents required to support claim -- sales agreement between buyer and seller, settlement or loan closing statement, invoices and statements to support other items claimed for reimbursement, etc. These should be photo or picture copies, as they will not be returned. Be sure you have signed the employee certifications.
3. Prepare and attach an appropriate agency travel voucher form, or Standard Form 1012, Travel Voucher. (Record total amounts claimed on this form on the travel voucher.)
4. Submit original and first copy of application and supporting documentation together with Standard Form 1012 or other appropriate agency travel voucher form to the head of your office at new official station or the appropriate official designated by your department or agency, and retain second copy of the application.

B. HEAD OF OFFICE

1. For Sales: Send original and copy of the application, together with the supporting documentation and travel voucher, to the head of the office at the locality of the claimant's old official station as provided in FPMR 101.7 for handling and execution of the approval by him, or his designee, who will return the package to you.
2. For Purchase: Approval of the claim must be executed by the head of the office or his designee at the locality of the claimant's new official station (unless agency review and approval functions are performed elsewhere.)
3. Final administrative approval of payment of the claim must be executed by an appropriate approving official. Such official shall independently determine, in accordance with the provisions of FPMR 101.7 the propriety of all CCC reimbursements claimed (except with regard to reasonableness and whether customarily paid). In this connection, all vouchers for reimbursement of real estate expenses incident to the same transfer shall be examined.
4. Standard Form 1012, or other appropriate agency travel voucher form shall be completed and submitted following usual procedures accompanied by the original application and supporting documents. File the copy of the application with the office copy of the voucher.

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

ITEM	EXPLANATION	Former Residence	New Residence
1	BROKERAGE FEES: The sales commission paid to a broker or real estate agent for selling home/residence. Also fees for listing a residence and payment for multiple listing service. If not included in commission paid to the broker or agent.	\$3,722.50	
2	ADVERTISING Expenses paid for newspaper and other advertising when a direct sale is made without the services of a real estate broker or real estate agent.	\$	
3	APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
4	LEGAL AND RELATED COSTS: The amounts paid for costs of (1) searching title, preparing abstract and legal fees for a title opinion, or (2) title insurance policy where customarily furnished by the seller, costs of preparing conveyances, other instruments and contracts: related notary fees, costs of making surveys, preparing drawings or plats: recording fees and recording taxes of other charges paid incident to recordation (e.g. mortgage discharge recording fees, etc.)	\$500.00 \$100.00 \$10.00 \$	TITLE SEARCH SURVEY RECORDING FEE \$
5	MISCELLANEOUS COSTS: Amounts paid in connection with sale of former residence and purchase of a new residence. Normally, these expenses except A are paid by the purchaser however, depending on local custom and practice, the seller may be required to pay some of them.		
	A. PREPAYMENT COSTS: Amounts paid as required in the mortgage or other security instrument as a charge for prepayment: or if not specifically required by the mortgage instrument, the amount paid limited to 3 months prevailing interest on the loan balance	\$	
	B. LENDERS APPRAISAL FEE: The amount paid for the mortgagee-lender's charge for residence appraisal	\$	\$
	C. FHA OR VA APPLICATION FEE: The amount paid	\$	\$
	D. CERTIFICATIONS: The amount paid for any required certifications as to structural soundness or physical condition of property, when required by mortgagee-lender, FHA or VA	\$50.00	\$
	E. CREDIT REPORT: The amount paid for credit or factual data report on the buyer, if required by the mortgagee-lender, FHA or VA	\$30.00	\$
	F. MORTGAGE TITLE POLICY: The amount paid for mortgage (or lender's) title insurance policy only (as distinguished from a mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy).		\$
	G. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity for closing a real estate transaction	\$	\$
	H. STATE REVENUE STAMPS: The amount paid	\$	\$
	I. SALES OR TRANSFER TAXES; MORTGAGE TAX, IF ANY: The amount paid	\$	\$
6	OTHER INCIDENTAL EXPENSES: Such other reasonable and customary charges or fees paid as may be authorized and not properly includable in items listed above (itemize and explain). attach separate sheet:	\$	\$
TOTAL - FORMER RESIDENCE		\$4,412.50	
TOTAL - NEW RESIDENCE			

NOTE: In accordance with the real estate expense provisions of FPMR 101.7, 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. Notwithstanding the Above, no fee, cost, charge or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title i, Public Law 90/321, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

FOOTNOTES:

- The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of sale price or \$23,070.00 whichever is smaller
- The aggregate amount of expenses may be reimbursed in this amount, but it shall not exceed 5% of purchase price or \$11,534.00 whichever is smaller
- In multiple family dwellings, condominium expenses will be prorated and allowed for single residence unit only.

TRAVEL VOUCHER SF 1012 <small>(the Privacy Act comment on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE Dept of Treasury FLETC	2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT CHANGE OF DUTY STATION	3. VOUCHER NO.
			4. SCHEDULE NO.

5	a. NAME (Last, first, middle initial) DAKIDD, IRA M	b. Social Security No 100-23-3456	6. PERIOD OF TRAVEL a. FROM 20-Jun-90 b. TO 20-Jun-90	
	c. MAILING ADDRESS (include ZIP code) 911 GETBACK AVE THE CITY, STATE 31529		d. OFFICE TELEPHONE NO. 267-3333	7. TRAVEL AUTHORIZATION a. NUMBERS R-0000-90 b. DATE(S) 3/1/90
	e. PRESENT DUTY STATION FLETC, GLYNCO, GA 31524		f. RESIDENCE (CITY AND STATE) BRUNSWICK, GA	
10. CHECK NUMBER				

8. TRAVEL ADVANCE	9. CASH PAYMENT RECEIPT		11. PAID BY	
a. Outstanding	a. DATE RECD	b. AMOUNT RECD		
b. Amount to be applied	c. PAYEE'S SIGNATURE			
c. Amount due Government Attached () Check () Cash				
d. Balance Outstanding				

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH. list by number below and attach passenger coupon; if cash is used show claim on reverse side.	I assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					TRAVELER INITIAL'S
	AGENTS VALUATION OF TICKET (a)	ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATION (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM TO (e) (f)	

REIMBURSEMENT OF REAL ESTATE EXPENSES CLAIMED IN CONNECTION WITH THE PURCHASE OF RESIDENCE

REQUIRED DOCUMENTATION IS ATTACHED:
 - TITLEMENT STATEMENT (CERTIFIED)
 - COPY OF SALE AGREEMENT/CONTRACT/LEGAL FEE STATEMENT
 - ALL REQUIRED HUD FORMS
 - FORM 4527 (REAL ESTATE FORM)

LOGGING (DOES / DOES NOT) MEET FIRE SAFETY ACT OF 1990

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

TRAVELER SIGN HERE	IRA M DAKIDD	DATE	23-Jun-90	AMOUNT CLAIMED	\$827.50
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NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 USC 2514) and may result in a fine of not more than \$10,000.00 or imprisonment for not more than 5 years or both (18 USC 287; L.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency (31 USC 680a)) APPROVING OFFICIAL SIGN HERE	I. B. SUPERVISOR	DATE	6/20/90	17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. differences, if any explain and show amount)
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15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D. O. SYMBOL	c. MONTH & YEAR	certifier's initials:	

18. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL DATE	c. APPLIED TO TRAVEL ADVANCE	d. NET TO TRAVELER
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ACCOUNTING CLASSIFICATION

**EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED
UPON SALE OR PURCHASE (OR BOTH) OF RESIDENCE UPON CHANGE OF OFFICIAL STATION**
(See Instructions at bottom of page)

I. EMPLOYEE - CLAIMANT:

Name: MAKIDD, IRA M	Mailing Address: 911 GETBACK AVE BRUNSWICK GA 31529	Check Applicable Box: An Earlier Claim for Real Estate Expenses was Submitted for this Transfer. () YES (X) NO
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TRANSFER DATA:

Old Official Station 123 BACK ROAD	New Official Station	Date of Notification of Impending Transfer 3/1/90
Travel Authorization No. and Date R-000-90 3/1/90	Date Reported for Duty at New Official Station	Date Service Agreement Signed 5-Mar-90

III. RESIDENCE PROPERTY DATA:	AT OLD OFFICIAL STATION	AT NEW OFFICIAL STATION
COMPLETE ADDRESS OF RESIDENCE		911 GET BACK AVE ANY CITY, STATE 31529
NUMBER OF DWELLING UNITS ON PROPERTY		ONE
SALE AND/OR PURCHASE PRICE		\$79,000.00
DATE OF CLOSING OR SETTLEMENT		20-Jun
AMOUNT OF EXPENSE BEING CLAIMED		\$827.50

IV. EMPLOYEE CERTIFICATION(S)
I hereby certify that the amount claimed in connection with the above sale represents only amounts actually paid by me and that title to the property was in my name and or a member of my immediate family and was my residence when first definitely informed of my transfer.

I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property is in my name and for a member of my immediate family and is my new residence:

IRA M. MAKIDD

(Signature of Employee) Date: _____

V. APPROVALS:

<p>A. SALE EXPENSES: The expenses of the sale applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a seller in the locality where the property is located.</p> <p>() as claimed () As Reduced. Per Attached Memo</p> <p>_____ (Signature) (Date)</p> <p>_____ (Title)</p>	<p>B. PURCHASE EXPENSES: The expenses of the purchase applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a buyer in the locality where the property is located.</p> <p>() as claimed () As Reduced. Per Attached Memo</p> <p>_____ (Signature) (Date)</p> <p>_____ (Title)</p>	<p>C. FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT Payment of this claim is approved in the amount of: \$ _____ If Amount Approved is Less Than Amount Claimed, See Attached Memo.</p> <p>_____ (Signature) (Date)</p> <p>_____ (Title)</p>
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INSTRUCTIONS

A. EMPLOYEE - CLAIMANT

1. Prepare application in triplicate, completing Parts I, II, and III of face and enter all applicable amounts and totals on reverse side.
2. Attach one complete set of documents required to support claim - sales agreement between buyer and seller, settlement or loan closing statement, invoices and statements to support other items claimed for reimbursement, etc. These should be photo or picture copies, as they will not be returned. Be sure you have signed the employee certifications.
3. Prepare and attach an appropriate agency travel voucher form, or Standard Form 1012, Travel Voucher. (Record total amounts claimed on this form on the travel voucher.)
4. Submit original and first copy of application and supporting documentation together with Standard Form 1012 or other appropriate agency travel voucher form to the head of your office at new official station or the appropriate official designated by your department or agency. Retain second copy of the application.

B. HEAD OF OFFICE

1. For Sales: Send original and copy of the application, together with the supporting documentation and travel voucher, to the head of the office at the locality of the claimant's old official station as provided in FPMR 101.7 for handling and execution of the approval by him, or his designee, who will return the package to you.
2. For Purchase: Approval of the claim must be executed by the head of the office or his designee at the locality of the claimant's new official station (unless agency review and approval functions are performed elsewhere.)
3. Final administrative approval of payment of the claim must be executed by an appropriate approving official. Such official shall independently determine, in accordance with the provisions of FPMR 101.7 the propriety of all CCC reimbursements claimed (except with regard to reasonableness and whether customarily paid). In this connection, all vouchers for reimbursement of real estate expenses incident to the same transfer shall be examined.
4. Standard Form 1012, or other appropriate agency travel voucher form shall be completed and submitted following usual procedures accompanied by the original application and supporting documents. File the copy of the application with the office copy of the voucher.

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

ITEM	EXPLANATION	Former Residence	New Residence
1	BROKERAGE FEES: The sales commission paid to a broker or real estate agent for selling home/residence. Also fees for listing a residence and payment for multiple listing service. If not included in commission paid to the broker or agent.		
2	ADVERTISING Expenses paid for newspaper and other advertising when a direct sale is made without the services of a real estate broker or real estate agent.	\$	
3	APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	
4	LEGAL AND RELATED COSTS: The amounts paid for costs of (1) searching title, preparing abstract and legal fees for a title opinion, or (2) title insurance policy where customarily furnished by the seller, costs of preparing conveyances, other instruments and contracts: related notary fees, costs of making surveys, preparing drawings or plats: recording fees and recording taxes of other charges paid incident to recordation (e.g. mortgage discharge recording fees, etc.)	\$	SURVEY FILING \$120.00 \$7.50
5	MISCELLANEOUS COSTS: Amounts paid in connection with sale of former residence and purchase of a new residence. Normally, these expenses except A are paid by the purchaser however, depending on local custom and practice, the seller may be required to pay some of them.		
	A. PREPAYMENT COSTS: Amounts paid as required in the mortgage or other security instrument as a charge for prepayment: or if not specifically required by the mortgage instrument, the amount paid limited to 3 months prevailing interest on the loan balance	\$	
	B. LENDERS APPRAISAL FEE: The amount paid for the mortgagee-lender's charge for residence appraisal	\$	\$
	C. FHA OR VA APPLICATION FEE: The amount paid	\$	\$
	D. CERTIFICATIONS: The amount paid for any required certifications as to structural soundness or physical condition of property, when required by mortgagee-lender, FHA or VA		\$
	E. CREDIT REPORT: The amount paid for credit or factual data report on the buyer, if required by the mortgagee-lender, FHA or VA		\$30.00
	F. MORTGAGE TITLE POLICY: The amount paid for mortgage (or lender's) title insurance policy only (as distinguished from a mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy).		\$40.00
	G. ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity for closing a real estate transaction	\$	\$30.00
	H. STATE REVENUE STAMPS: The amount paid	\$	\$
	I. SALES OR TRANSFER TAXES; MORTGAGE TAX, IF ANY: The amount paid	\$	\$
6	OTHER INCIDENTAL EXPENSES: Such other reasonable and customary charges or fees paid as may be authorized and not properly includable in items listed above (itemize and explain). attach separate sheet: LOAN ORIGATION FEE	\$	\$600.00
	TOTAL - FORMER RESIDENCE		
	TOTAL - NEW RESIDENCE		\$827.50

NOTE: In accordance with the real estate expense provisions of FPMR 101.7, 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. Notwithstanding the Above, no fee, cost, charge or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title i, Public Law 90/321, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

FOOTNOTES:

- The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of sale price or **\$23,070.00** whichever is lower
- The aggregate amount of expenses may be reimbursed in this amount, but it shall not exceed 5% of purchase price or **\$11,534.00** whichever is lower
- In multiple family dwellings, condominium expenses will be prorated and allowed for single residence unit only.

RELOCATION SERVICE COMPANIES

The Federal Law Enforcement Training Center provides you with many services and forms of reimbursement to help ease the financial and emotional stress associated with relocation. To assist in this traumatic experience, here are a few of the individualized services available to you.

Marketing Assistance

- Listing Broker interviewing and selection assistance
- Development of a marketing strategy
- Contract negotiation, countering assistance and contract review

Guaranteed Homesale Program

- Offer based on independent market value appraisals
- Appraisal process may begin once house is listed
- Amended Value Sale
- Early Equity Advance Program as needed to close on residence at new duty station
- 100% Equity disbursement within five working days of acceptance

Homesearch and Area Counseling

- Reliable and objective information regarding the community, neighborhood and schools
- Assistance in selection of a knowledgeable real estate professional tailored to the employee's specific criteria
- Purchasing strategy
- Relocation Assessor cost of living comparison

TRANSPORTATION AND TEMPORARY STORAGE
OF HOUSEHOLD GOODS

ACTUAL EXPENSE METHOD:

The actual expense method of shipping your household goods on a Government Bill of Lading (which covers the actual costs for transportation crating, packing, unpacking, drayage incident to transportation and necessary accessorial services within applicable weight limits) will be authorized if the actual costs to be incurred by the Government are predetermined and will result in a savings of \$100 or more for the Government. Under the actual expense method, the household goods are shipped by the Government, not the employee. You will be allowed to ship and temporarily store, at Government expense up to 18,000 pounds of household goods not to exceed the maximum weight limitation, the total quantity may be shipped on a Government Bill of Lading, but you must reimburse the Government for the cost of transportation and other charges applicable to the excess weight, computed from the total charges according to the ratio of excess weight to the total weight of the shipment.

Cost comparisons must be obtained from the appropriate GSA regional office for all household goods shipped within the 48 United States and the District of Columbia.

The Travel Office of FLETC obtains the cost comparisons and forwards them to the Transportation Office for them to issue the Government Bill of Lading.

During your phone interview with the Travel Officer, you must furnish the estimated weight of your household goods, approximate moving

date and length of time for storage, if any.

COMMUTED RATE SYSTEM:

The Actual Expense method is the acceptable method used by the Government; however, if for reasons acceptable to the Center it becomes necessary to use the commuted rate system, you will need to arrange for transportation and temporary storage through a moving company, of your household goods and personal effects. Some of the reasons to use the commuted rate system follow:

- * if the notification of employment is a short term notice and the job starts before adequate time can be made to arrange the household goods shipment through the usual method.
- * by reason of cost effectiveness or convenience of the Government.

The following requirements will affect your arrangements.

NET WEIGHT OF SHIPMENT:

The net weight of your shipment is extremely important in determining how much money you will receive from the Government to cover the cost of transportation and storage of these goods. The net weight is the actual weight of your shipment as stated on the documentation you submit with your application for reimbursement. A bill of lading from a professional mover is an example of such documentation. While you probably will not know, until your actual move, the exact net weight of your shipment, a professional mover can help you obtain a fairly accurate estimate of this weight.

You will be reimbursed for the expense of transporting and temporarily storing up to 18,000

pounds of goods regardless of family status.

If the weight transported is less than the minimum weight charged by the commercial carrier, the reimbursement will be at the minimum weight charge exceeds the actual weight for the purpose of special or "expedited" service, only the actual weight transported will be used in computing reimbursement.

ORIGIN AND DESTINATION OF YOUR SHIPMENT:

Household goods may be shipped from residence and/or other places to new official station and/or other places. However, you may not be reimbursed more than the cost of transporting your shipment in one lot by the most economical route from your present residence to your new residence. The Household Goods Carriers Bureau Mileage Guide is used to determine distance between points authorized. Rental of Self Move equipment is not reimbursable in conjunction with Commercial Movers.

STORAGE OF HOUSEHOLD GOODS:

You may be reimbursed the expense of temporarily storing your goods for a period of 90 days. However, upon your written request, the initial period may be extended an additional 90 days under certain conditions, if approved. Send this request separately from any other.

REIMBURSEMENT FOR TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS:

Reimbursement for storage is for the amount allowed in the commuted rate schedule. The amount of money you will receive to cover the cost of transporting your shipment is determined by the official Government schedule of commuted

rates.

The rates quoted in this schedule are based on shipment weight, shipment origin and destination, special services provided by the carrier (moving goods up and down stairs; for example), and usual storage expenses. Most professional movers will have available copies of the commuted rate schedule. You will not be given a separate allowance for packing, unpacking, insurance costs or "expedited service".

When you submit your claim for reimbursement, you must also submit documentation indicating that you actually did incur and pay for the shipping and storing expenses of household goods.

To document your claim for the expense of transporting your goods on a commercial moving van, submit a receipted copy of the carrier's bill of lading, including any attached weight certificate copies if such a bill was issued. If no bill of lading was involved, other evidence showing points of origin, destination and weight of goods must be submitted.

When the household goods are not weighed because the carrier's charges for a local or metropolitan area move are properly computed on a basis other than the weight or volume of the shipment (as when payment is based on an hourly rate and the distance involved), you should obtain a statement showing the amount of properly loaded van space required for the shipment.

To document your claim for the expense of transporting your goods by some means other than a commercial moving van, for example by truck, submit:

* receipts for expenses incurred.

* a statement from the transporter showing the origin and destination points of your shipment.

* a statement from you giving all the details of the move (means used, who did the moving, who owned the transporting vehicle, etc.) and

* weight slips or some other evidence of the actual weight or constructive weight based on seven pounds (7) per cubic foot of properly loaded van space of the shipment. Use of constructive weight must explain why actual weight was not obtained and must be estimated by a disinterested qualified person.

Employees who are authorized to transport their own household goods by the commuted rate system are cautioned to establish the weight of such goods by obtaining proper weight certificates showing gross weight (weight of vehicle and goods) and tare weight (weight of the vehicle alone), if it is at all possible, because compliance with requirements for payment at commuted rates on the basis of constructive weight may not be possible.

HAUL SELF RENTAL

An alternative to either of the above methods is hands-on Self-Move. Using this method (if authorized) allows you to rent a truck, hand dolly's, pads, moving cartons and accessories and be reimbursed the actual costs. Self Storage also will be based on actual costs. This method allows you to move at your convenience and speed. The primary concern with with of the two alternatives to GBL moves is proper authorization. As stated previously, Actual Expense (or GBL) is considered by the Government to be the most acceptable.

NEW APPOINTEES REHIRED ANNUITANTS STUDENT TRAINEES

If you are a new appointee including SES, rehired annuitant or a student trainee appointed to a staff shortage category position, you are eligible for reimbursement of the following items of expense:

Column 1 – Relocation allowances that agency must pay or reimburse	Column 2 – Relocation allowances that agency has discretionary authority to pay or reimburse
1. Transportation of employee & immediate family member(s) (part 302-4 of this chapter).	1. Shipment of privately owned vehicle (POV) (part 302-9, subpart B of this chapter).
2. Per diem for employee only (part 302-4 of this chapter).	
3. Transportation & temporary storage of household goods (part 302-7 of this chapter).	
4. Extended storage of household goods (part 302-8 of this chapter) 1\.	
5. Transportation of a mobile home or boat used as a primary residence in lieu of the transportation of household goods (part 302-10 of this chapter).	

As a new appointee, including SES, rehired annuitant or student trainee appointed to a staff shortage category position, you will **not** receive reimbursement for the following items of expense:

- Per diem for your family
- Travel and transportation expenses to seek residence
- Subsistence while occupying temporary quarters
- Miscellaneous moving expense
- Expenses incurred in connection with real estate transactions and unexpired leases

RELOCATION INCOME TAX ALLOWANCE

Certain moving expense payments are considered income to the employee for tax purposes. These are identified to you by a W-2 form issued by the Budget and Finance Division (BFD). Payment of a relocation income tax (RIT) allowance is authorized to substantially reimburse the additional Federal, State and local income taxes incurred by the employee, or by the employee and spouse if a joint tax return is filed, as a result of certain travel and transportation expenses and relocation allowances which are paid to the employee by the Government, or paid to a third party for services furnished in kind.

The RIT allowance is payable to employees transferred in interest of the Government and the employee must transfer without a break in service unless involuntarily separated due to a reduction in force and within one year are reemployed by the Government at another geographical location. The allowance is not discretionary with agencies.

Covered expenses under the RIT allowance are as follows:

- House hunting trips
- En route travel (includes per diem and transportation)
- Temporary quarters
- Shipment of household goods
- Transportation of mobile homes
- Real Estate expenses
- Miscellaneous expense allowance

You will be notified in writing at the end of the tax year detailing steps to follow to apply for the RIT allowance for the preceding year.

RELOCATION CHECK LIST

BEFORE LEAVING STOP SERVICES ON:

- Telephone
- Water
- Gas
- Electricity
- Water softener service
- Laundry
- Newspapers
- Lawn care
- Garbage collection

SCHOOLS

- Get transcripts of children's grades

CHURCH

- Letter of introduction to new church

CHANGE ADDRESSES FOR:

- Magazines
- Book clubs
- Veterans Administration
- Military Retired Pay
- Life Insurance companies
- Auto Insurance companies
- Household Insurance companies

- Credit Cards and Charge Accounts

MOVING DAY

- Make arrangements for care of children and pets
- Make arrangements for meals

Assemble a moving kit to take with you: Hammer, screwdriver, pliers, nail assort., masking tape, tape measure, flashlight, scissors, cleaning cloths, etc.

Take old telephone book for names and addresses

Pack clothing for family

WHEN YOU ARRIVE ORDER SERVICES:

- Telephone
- Water
- Gas
- Electricity
- Water softener service
- Laundry
- Newspapers
- Lawn care
- Garbage collection
- Locate nearest firebox
- Locate new schools and enroll children

GSA BULLETIN FPMR G-142
TRANSPORTATION AND MOTOR VEHICLES

SUBJECT: Reweighing household goods shipment

Bulletin, GSA Bulletin FPMR G-142 transportation and motor vehicles, warns household goods shippers against fraudulent weighing practices by some Van carriers of household goods and suggests preventive measures.

Any method of obtaining a weight ticket showing an inflated net weight for a shipment of household goods is called weight bumping. Then this happens the shipper is overcharged, since weight is a basic factor in computing charges for van shipments. GSA personnel, in their household goods seminars, recommend reweighing a shipment if the weight appears excessive. Interstate Commerce commission reports indicate the need for shipper awareness of possible weight irregularities. Some weight bumping methods are:

- a. Persons other than the driver are on the van when it is weighed with the household goods shipment therein, but they were not aboard when the van was weighed without the household goods; or the additional persons may stand on the scales while the loaded van is weighed. The added weight is charged as household goods.
- b. Items such as blankets, dollies, and other devices normally included in the empty van weight are removed before the empty weight is obtained but they are included in the loaded weight of the van. The added weight is charged as household goods.
- c. The driver is not aboard when the vehicle is weighed empty, or a very lightweight alternate driver is aboard. The loaded vehicle is weighed with the regular driver aboard and the difference is charged as household goods.
- d. Concrete blocks or similar items are placed in the loaded vehicle to increase the loaded scale ticket weight. The added weight is charged as household goods.

A "Portable scale" may be used. This is a set of metal punches which a driver may use change the numbers on a valid scale ticket to increase the apparent weight of household goods, or he may print a totally fraudulent ticket.

Recommended action: If the shipper has reason to believe that the origin weight is more than it should be, reweighing should be requested. This request must be made before the delivery date and should be confirmed in writing. The reweighing will usually be done at the destination by first weighing the loaded van and again weighing it after the household goods have been unloaded. The lower of the two net weights will be used to determine applicable rates and charges. If possible, the reweighing, both loaded and empty, should be witnessed by the owner of the household goods or an agency employee.

TRAVEL VOUCHER SF 1012 <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL () TEMPORARY DUTY (X) PERMANENT DUTY RELOCATION		3. VOUCHER NO.			
5		a. NAME (Last, first, middle initial)		b. Social Security No		4. SCHEDULE NO.			
		c. MAILING ADDRESS (Include ZIP code)		d. OFFICE TELEPHONE NO.		6. PERIOD OF TRAVEL a. FROM _____ b. TO _____			
		e. PRESENT DUTY STATION		f. RESIDENCE (CITY AND STATE)		7. TRAVEL AUTHORIZATION a. NUMBERS _____ b. DATE(S) _____			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY					
a. Outstanding		a. DATE RECD		b. AMOUNT RECD					
b. Amount to be applied		c. PAYEE'S SIGNATURE							
c. Amount due Government Attached () Check () Cash									
d. Balance Outstanding									
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH. List by number below and attach passenger coupon; if cash is used show claim on reverse side.		I assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					TRAVELER INITIAL'S ▶		
		AGENTS VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATION (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM _____ TO _____ (e) _____ (f) _____			
13. I certify that this voucher is true and correct to the best of my knowledge and belief, that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period of this voucher.									
TRAVELER SIGN HERE ▶				DATE		AMOUNT CLAIMED ▶			
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 USC 2514) and may result in a fine of not more than \$10,000.00 or imprisonment for not more than 5 years or both (18 USC 287; I.d. 1001).						WTA			
						TAXABLE WAGES			
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE: if long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency (31 USC 680A)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION				
APPROVING OFFICIAL SIGN HERE ▶								a. differ- FITW (-)	
DATE								ences, if SITW (-)	
								any explain S/S(IF APPLICABLE) (-)	
					and show MED (-)				
					amount)				
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION certifier's initials:				
a. VOUCHER NO.		b. D. O. SYMBOL		c. MONTH & YEAR		c. APPLIED TO TRAVEL ADVANCE			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					d. NET TO TRAVELER				
APPROVING OFFICIAL SIGN HERE ▶					DATE				
18. ACCOUNTING CLASSIFICATION									

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER (UNLISTED ITEMS ARE SELF EXPLANATORY) Col (c) If the voucher includes per diem allowances for members of employee's immediate family, show member's names, ages, and relationship to employee and marital status of children unless information is shown. on the travel authorization.)	Complete (d) thru (n) (h) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (i) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (j) Complete for per diem and actual expense travel (k) Show total subsistence expense incurred for actual expense travel. (l) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (i) and maximum rate. (m) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	Complete this information if this is a continuation sheet	PAGE # OF PAGE #
			TRAVEL AUTHORIZATION NO.	
			TRAVELER'S LAST NAME	

DATE 1997 (a)	DEP ARR (b)	TIME (HOUR AND AM/PM) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES					TOTAL SUBSISTENCE EXPENSES (j)	MILEAGE RATE NO. MILES (k)	AMOUNT CLAIMED		
				MEALS			MEALS				MILEAGE (l)	SUBSTENCE (m)	OTHER (n)
				BREAK-FAST	LUNCH	DINNER	TOTAL (h)	LODGING (i)					
	DEP												
	ARR												
	DEP												
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TOTALS													

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 USC Chap 57 as implemented by the Federal Travel Regulations FPMR 101.7 EO 11609 of Jul : November 22 1943 and 26 USC 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursement to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to

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

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

TOTAL AMOUNT CLAIMED

TRAVEL VOUCHER SF 1012 <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT DUTY RELOCATION		3. VOUCHER NO. 4. SCHEDULE NO.			
5	a. NAME (Last, first, middle initial) 			b. Social Security No		6. PERIOD OF TRAVEL a. FROM b. TO			
	c. MAILING ADDRESS (Include ZIP code)			d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION a. NUMBERS b. DATE(S)			
	e. PRESENT DUTY STATION			f. RESIDENCE (CITY AND STATE)		10. CHECK NUMBER			
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government <small>Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash</small> d. Balance Outstanding		9. CASH PAYMENT RECEIPT a. DATE RECD b. AMOUNT RECD c. PAYEE'S SIGNATURE		11. PAID BY					
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH. list by number below and attach passenger coupon; if cash is used show claim on reverse side.		I assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					TRAVLER INITIAL'S		
		AGENTS VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(initials)</small> <small>(b)</small>	MODE, CLASS OF SERVICE AND ACCOMMODATION <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL FROM TO <small>(e)</small> <small>(f)</small>			
13. I certify that this voucher is true and correct to the best of my knowledge and belief, that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period of this voucher.									
TRAVELER SIGN HERE					DATE	AMOUNT CLAIMED			
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 USC 2514) and may result in a fine of not more than \$10,000.00 or imprisonment for not more than 5 years or both (18 USC 287; I.d. 1001).						WTA TAXABLE WAGES			
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency (31 USC 680A) APPROVING OFFICIAL SIGN HERE					17. FOR FINANCE OFFICE USE ONLY COMPUTATION				
					a. differ-	FITW	(-)		
					ences, if	SITW	(-)		
					any explain	S/S(IF APPLICABLE)	(-)		
					and show	MED	(-)		
					amount)				
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D. O. SYMBOL c. MONTH & YEAR					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION <small>certifier's initials:</small>				
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CEP					c. APPLIED TO TRAVEL ADVANCE				
					d. NET TO TRAVELER				
18. ACCOUNTING CLASSIFICATION									

**EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED
UPON SALE OR PURCHASE (OR BOTH) OF RESIDENCE UPON CHANGE OF OFFICIAL STATION
(See Instructions at bottom of page)**

I. EMPLOYEE - CLAIMANT:

Name:	Mailing Address:	Check Applicable Box: An Earlier Claim for Real Estate Expenses was Submitted for this Transfer. () YES () NO
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TRANSFER DATA:

Old Official Station	New Official Station	Date of Notification of Impending Transfer
Travel Authorization No. and Date	Date Reported for Duty at New Official Station	Date Service Agreement Signed

III. RESIDENCE PROPERTY DATA:

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

IV. EMPLOYEE CERTIFICATION(S)

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

(Signature of Employee) Date: _____

I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property is in my name and for a member of my immediate family and is my new residence.

(Signature of Employee) Date: _____

V. APPROVALS:

A. SALE EXPENSES:	B. PURCHASE EXPENSES:	C. FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT
The expenses of the sale applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a seller in the locality where the property is located. () as claimed () As Reduced. Per Attached Memo	The expenses of the purchase applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a buyer in the locality where the property is located. () as claimed () As Reduced. Per Attached Memo	Payment of this claim is approved in the amount of _____ If Amount Approved is Less Than Amount Claimed, See Attached Memo.
_____ (Signature) (Date)	_____ (Signature) (Date)	_____ (Signature) (Date)
_____ (Title)	_____ (Title)	_____ (Title)

INSTRUCTIONS

A. EMPLOYEE - CLAIMANT

1. Prepare application in triplicate, completing Parts I, II, and III of face and enter all applicable amounts and totals on reverse side.
2. Attach one complete set of documents required to support claim -- sales agreement between buyer and seller, settlement or loan closing statement, invoices and statements to support other items claimed for reimbursement, etc. These should be photo or picture copies, as they will not be returned. Be sure you have signed the employee certifications.
3. Prepare and attach an appropriate agency travel voucher form, or Standard Form 1012, Travel Voucher. (Record total amounts claimed on this form on the travel voucher.)
4. Submit original and first copy of application and supporting documentation together with Standard Form 1012 or other appropriate agency travel voucher form to the head of your office at new official station or to the appropriate official designated by your department or agency. Retain second copy of the application.

B. HEAD OF OFFICE

1. For Sales: Send original and copy of the application, together with the supporting documentation and travel voucher, to the head of the office at the locality of the claimant's old official station as provided in FPMR 101.7 for handling and execution of the approval by him, or his designee, who will return the package to you.
2. For Purchase: Approval of the claim must be executed by the head of the office or his designee at the locality of the claimant's new official station (unless agency review and approval functions are performed elsewhere.)
3. Final administrative approval of payment of the claim must be executed by an appropriate approving official. Such official shall independently determine, in accordance with the provisions of FPMR 101.7 the propriety of all CCC reimbursements claimed (except with regard to reasonableness and whether customarily paid) in this connection, all vouchers for reimbursement of real estate expenses incident to the same transfer shall be examined.
4. Standard Form 1012, or other appropriate agency travel voucher form shall be completed and submitted following usual procedures accompanied by the original application and supporting documents. File the copy of the application with the office copy of the voucher.

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

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

NOTE: In accordance with the real estate expense provisions of FPMR 101.7, 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. Notwithstanding the Above, no fee, cost, charge or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title i, Public Law 90/321, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

FOOTNOTES:

1. The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of sale price
2. The aggregate amount of expenses may be reimbursed in this amount, but it shall not exceed 5% of purchase price
3. In multiple family dwellings, condominium expenses will be prorated and allowed for single residence unit only.

**EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED
UPON SALE OR PURCHASE (OR BOTH) OF RESIDENCE UPON CHANGE OF OFFICIAL STATION
(See Instructions at bottom of page)**

I. EMPLOYEE -- CLAIMANT:

Name:	Mailing Address:	Check Applicable Box: An Earlier Claim for Real Estate Expenses was Submitted for this Transfer. <input type="checkbox"/> YES <input type="checkbox"/> NO
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TRANSFER DATA:

Old Official Station	New Official Station	Date of Notification of Impending Transfer
Travel Authorization No. and Date	Date Reported for Duty at New Official Station	Date Service Agreement Signed

III. RESIDENCE PROPERTY DATA:	AT OLD OFFICIAL STATION	AT NEW OFFICIAL STATION
COMPLETE ADDRESS OF RESIDENCE		
NUMBER OF DWELLING UNITS ON PROPERTY		
SALE AND/OR PURCHASE PRICE		
DATE OF CLOSING OR SETTLEMENT		
AMOUNT OF EXPENSE BEING CLAIMED		

IV. EMPLOYEE CERTIFICATION(S)

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

(Signature of Employee) Date: _____

I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property is in my name and for a member of my immediate family and is my new residence:

(Signature of Employee) Date: _____

V. APPROVALS:

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

A. EMPLOYEE -- CLAIMANT

1. Prepare application in triplicate, completing Parts I, II, and III of face and enter all applicable amounts and totals on reverse side.
2. Attach one complete set of documents required to support claim -- sales agreement between buyer and seller, settlement or loan closing statement, invoices and statements to support other items claimed for reimbursement, etc. These should be photo or picture copies, as they will not be returned. Be sure you have signed the employee certifications.
3. Prepare and attach an appropriate agency travel voucher form, or Standard Form 1012, Travel Voucher. (Record total amounts claimed on this form on the travel voucher.)
4. Submit original and first copy of application and supporting documentation together with Standard Form 1012 or other appropriate agency travel voucher form to the head of your office at new official station to the appropriate official designated by your department or agency. Retain second copy of the application.

B. HEAD OF OFFICE

1. For Sales: Send original and copy of the application, together with the supporting documentation and travel voucher, to the head of the office at the locality of the claimant's old official station as provided in FPMR 101.7 for handling and execution of the approval by him, or his designee, who will return the package to you.
2. For Purchase: Approval of the claim must be executed by the head of the office or his designee at the locality of the claimant's new official station (unless agency review and approval functions are performed elsewhere.)
3. Final administrative approval of payment of the claim must be executed by an appropriate approving official. Such official shall independently determine, in accordance with the provisions of FPMR 101.7 the propriety of all CCC reimbursements claimed (except with regard to reasonableness and whether customarily paid). In this connection, all vouchers for reimbursement of real estate expenses incident to the same transfer shall be examined.
4. Standard Form 1012, or other appropriate agency travel voucher form shall be completed and submitted following usual procedures accompanied by the original application and supporting documents. File the copy of the application with the office copy of the voucher.

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

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

NOTE: In accordance with the real estate expense provisions of FPMR 101.7, 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. Notwithstanding the Above, no fee, cost, charge or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title i, Public Law 90/321, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

FOOTNOTES:

1. The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of sale price
2. The aggregate amount of expenses may be reimbursed in this amount, but it shall not exceed 5% of purchase price
3. In multiple family dwellings, condominium expenses will be prorated and allowed for single residence unit only.

ADVANCE OF FUNDS APPLICATION AND ACCOUNT	1. TYPE OF ADVANCE	2. TYPE OF TRAVEL	3. NAME (Last, first, middle initial)		4. ACCOUNT NO.			
	<input type="checkbox"/> CASH	<input type="checkbox"/> TEMPORARY						
	<input type="checkbox"/> CHECK	<input type="checkbox"/> PERMANENT	5. TELEPHONE NUMBER(S)		6. SOCIAL SECURITY ACCOUNT NO.			
<p>In compliance with Privacy Act of 1974 the following information is provided. Solicitation of the information on this form is authorized by 5 USC Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971 E.O. 11012 of March 27, 1962, and E. O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting, and advancement of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will be disclosed to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, security clearances, or other investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary, however, failure to provide the information required may result in delay or suspension of your advance of funds request.</p>			7. DEPARTMENT OR ESTABLISHMENT DEPARTMENT OF TREASURY FEDERAL LAW ENFORCEMENT TRAINING CTR		8. BUREAU, DIVISION OR OFFICE DIVISION			
			9. APPLICATION — (For completion by applicant)					
			An advance of funds is hereby requested for travel and other expenses to be incurred by me.				e. BALANCE DUE U.S. PREVIOUS ADVANCE \$	
			a. UNDER AUTHORIZATION NUMBER		b. DATE OF AUTHORIZATION		f. AMOUNT HEREIN APPLIED FOR \$	
c. TRAVEL PERIOD		From To		g. TOTAL \$				
d. MAIL CHECK TO <input type="checkbox"/> OFFICE <input type="checkbox"/> RESIDENCE (Give address - number, street, city State, ZIP code)				<p>Note: Outstanding advances not fully recovered by deductions from reimbursement vouchers must be promptly repaid. When travel is canceled or indefinitely postponed, the full amount of any outstanding advance shall be repaid immediately.</p>				
APPLICANT SIGN HERE				DATE				
10. APPROVAL			SIGNATURE AND TITLE OF APPROVING OFFICIAL		DATE APPROVED			
12. REMARKS			13. CASH PAYMENT RECEIVED		11. APPN TO BE CHARGED			
					DATE			

Prescribed by GSA, FPMR (41CFR) 101-7

U. S. GPO 1987-170-470

STANDARD FORM 1038 (REV.10-77)

ADVANCE OF FUNDS APPLICATION AND ACCOUNT	1. TYPE OF ADVANCE	2. TYPE OF TRAVEL	3. NAME (Last, first, middle initial)		4. ACCOUNT NO.			
	<input type="checkbox"/> CASH	<input type="checkbox"/> TEMPORARY						
	<input type="checkbox"/> CHECK	<input type="checkbox"/> PERMANENT	5. TELEPHONE NUMBER(S)		6. SOCIAL SECURITY ACCOUNT NO.			
<p>In compliance with Privacy Act of 1974 the following information is provided. Solicitation of the information on this form is authorized by 5 USC Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971 E.O. 11012 of March 27, 1962, and E. O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting, and advancement of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will be disclosed to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, security clearances, or other investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary, however, failure to provide the information required may result in delay or suspension of your advance of funds request.</p>			7. DEPARTMENT OR ESTABLISHMENT DEPARTMENT OF TREASURY FEDERAL LAW ENFORCEMENT TRAINING CTR		8. BUREAU, DIVISION OR OFFICE DIVISION			
			9. APPLICATION — (For completion by applicant)					
			An advance of funds is hereby requested for travel and other expenses to be incurred by me.				e. BALANCE DUE U.S. PREVIOUS ADVANCE \$	
			a. UNDER AUTHORIZATION NUMBER		b. DATE OF AUTHORIZATION		f. AMOUNT HEREIN APPLIED FOR \$	
c. TRAVEL PERIOD		From To		g. TOTAL \$				
d. MAIL CHECK TO <input type="checkbox"/> OFFICE <input type="checkbox"/> RESIDENCE (Give address - number, street, city State, ZIP code)				<p>Note: Outstanding advances not fully recovered by deductions from reimbursement vouchers must be promptly repaid. When travel is canceled or indefinitely postponed, the full amount of any outstanding advance shall be repaid immediately.</p>				
APPLICANT SIGN HERE				DATE				
J. APPROVAL			SIGNATURE AND TITLE OF APPROVING OFFICIAL		DATE APPROVED			
12. REMARKS			13. CASH PAYMENT RECEIVED		11. APPN TO BE CHARGED			
					DATE			

Prescribed by GSA, FPMR (41CFR) 101-7

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