

**REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY
OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL**

(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)

SECTION I - REQUEST FOR OFFICIAL TRAVEL

1. DATE (YYYYMMDD) 20180919		2. NAME (Last, First, Middle) Doe, John, M.		3. SOCIAL SECURITY NUMBER 123-45-6789	
4. NEW POSITION TITLE Security Specialist		5. GRADE OR RATING GS-12	6. RETIREMENT CODE <i>(Insert retirement code from Block 30 of employee's most recent SF-50. If unknown, employee should contact their servicing personnel office.)</i> K		
7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE Business Director Management Services Security NAVFAC Southwest, San Diego, CA			8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION NAVSUP, Fleet Logistics Center Security and Safety Command and Staff U.S. Naval Air Station Sigonella, Italy		
9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD) o/a 20181028					
10. TRAVEL PURPOSE		11. TRANSPORTATION MODE		12a. PER DIEM FOR EMPLOYEE	
<input checked="" type="checkbox"/> BETWEEN OFFICIAL STATIONS		<input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> POC		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> RENEWAL AGREEMENT		<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> RAIL		b. PER DIEM FOR DEPENDENT(S)	
<input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION		MILEAGE RATE: <input checked="" type="checkbox"/> AIR		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> TEMPORARY CHANGE OF STATION		\$ _____			
<input type="checkbox"/> OTHER					
13a. ROUND TRIP TRAVEL FOR HOUSE-HUNTING		14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE		15a. HOUSEHOLD GOODS (HHG) SHIPMENT	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED		<input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED		<input type="checkbox"/> COMMUTED RATE	
				<input checked="" type="checkbox"/> GOVERNMENT BILL OF LADING (GBL)	
b. NUMBER OF DAYS (Including travel)		b. NUMBER OF DAYS AUTHORIZED		b. NET WEIGHT AUTHORIZED 18,000 lbs	
16. OTHER AUTHORIZED EXPENSES				17. DEPENDENT TRAVEL	
<input checked="" type="checkbox"/> TEMPORARY STORAGE OF HHG		<input type="checkbox"/> UNEXPIRED LEASE		<input checked="" type="checkbox"/> CONCURRENT	
<input checked="" type="checkbox"/> NONTEMPORARY STORAGE OF HHG		<input checked="" type="checkbox"/> RELOCATION INCOME TAX ALLOWANCE		<input type="checkbox"/> DELAYED	
<input type="checkbox"/> RELOCATION SERVICES		<input checked="" type="checkbox"/> POV SHIPMENT <input type="checkbox"/> CONUS <input checked="" type="checkbox"/> OCONUS		<input type="checkbox"/> EARLY RETURN	
<input type="checkbox"/> PROPERTY MANAGEMENT SERVICES		<input checked="" type="checkbox"/> MISCELLANEOUS EXPENSES		<input type="checkbox"/> NOT AUTHORIZED	
<input type="checkbox"/> REAL ESTATE EXPENSES		TRAVEL ADVANCE AUTHORIZED (Amount) \$ _____			
18a. DEPENDENT TRAVEL FROM (Home Address) San Diego, CA			b. TO (New PDS) U.S. NAS Sigonella, Italy		
19. DEPENDENTS					
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH (YYYYMMDD)	
Doe, Jane, F.		Spouse			
Smith, Nancy, F.		Step-Child		20110802	
Doe, Fawn, F.		Child		20150513	
-- NO OTHERS --					
20. ESTIMATED COST				21. TRANSPORTATION AGREEMENT	
a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL	SIGNED (X one)	
\$ 1,500.00	\$ 8,000.00	\$ 28,800.00	\$ 38,300.00	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				DATE SIGNED (YYYYMMDD) 20180830	

SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL

22. ACCOUNTING CITATION AA 97X4930 (Your Line of Accounting will be here) (Per Diem) AB 97X4930 (Your Line of Accounting will be here) (Flight)		
23. APPROVING OFFICIAL		b. SIGNATURE
a. TITLE Resources, Human, R. Director, Resource Management		Human R. Resources
24. AUTHORIZING/ORDER-ISSUING OFFICIAL		c. ORGANIZATION ADDRESS
a. TITLE Boss, Theodore, A. Deputy Commander		Civilian Human Resources PSC 824 Box 18 FPO AE 09623-0001
25. TRAVEL AUTHORIZATION NUMBER N5081541PC00015		26. DATE ISSUED (YYYYMMDD) 20180919

PRIVACY ACT STATEMENT

(5 U.S.C. §552a)

AUTHORITY: 5 U.S.C. §§5701, 5702; and E.O. 9397 (SSN).

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

ROUTINE USE(S): None.

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

SECTION III - ADMINISTRATIVE INFORMATION

27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS:

(Losing/Gaining Activity - provide the address to where the employee should submit this claim for final disbursement.)

By mail: DFAS Rome, ATTN: Travel, 325 Brooks Road, Rome, NY 13441-4527 OR file your claim to the travel coordinator at the gaining activity. The travel coordinator will submit the claim via the Transaction Online Processing System (TOPS) to PSD. Employees separating/retiring should file the claim with the travel coordinator of the former activity, who will submit the claim via TOPS to the former PSD. Traveler should file travel voucher within 5 days. **RETAIN ALL RECEIPTS FOR LODGING, MEALS, DRY-CLEANING, EXCESS ACCOMPANIED BAGGAGE, ETC. FOR REIMBURSEMENT PURPOSES.**

28. REMARKS OR OTHER AUTHORIZATIONS *(Use this space for special requirements, leave, excess baggage, etc., or other authorization.)*

This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

AC 97X4930 (Your Line of Accounting will be here) (FTA/MEA)

AA 97X4930 (Your Line of Accounting will be here) (HHGs/POV)

AA 97X4930 (Your Line of Accounting will be here) (NTS)

AD 97X4930 (Your Line of Accounting will be here) (TQSA)

Use of a Government Travel Charge Card (GTCC) is NOT authorized on Permanent Change of Station (PCS) travel orders.

Transportation Officer(s) will furnish necessary transportation to travelers, HHGs, and baggage IAW JTR, Vol. II. If mode or routing other than authorized in this travel order is used, reimbursement is limited to constructive cost to the government.

Free checkable baggage - check with carrier for specific numbers/sizes/weights of baggage authorized. Reimbursement is authorized for the first piece of accompanied baggage for each traveler if there is a charge for the first piece.

Excess accompanied baggage may be authorized/approved by the Authorizing Official under official travel. **THE TRAVELER SHOULD BE FINANCIALLY PREPARED TO PAY FOR EXCESS ACCOMPANIED BAGGAGE CHARGES WHILE TRAVELING SUBJECT TO REIMBURSEMENT AFTER TRAVEL IS COMPLETED.**

Shipment/Storage of HHG is by GBL IAW JTR, Chapter 5, and may not exceed 18,000 lbs. HHG shipped in excess of weight are chargeable to the employee. The total combined weight of HHG includes: A. Unaccompanied baggage (Expedited shipment): Weight allowances for travelers are 350 net weight for each adult and 175 lbs net weight for each child under age 12. However, the total aggregate amount, which may be shipped by commercial air, may not exceed 1,000 lbs net weight. B. Shipment of HHG. C. Authorized non-temporary storage (NTS) of HHG.

Travel performed by other than the most common, usually traveled route must be justified as officially necessary (JTR Vol II, par C2115).

HHGs will be shipped under Government Bill of Lading (GBL). Charges not allowed at government expense will be borne by or collected from the employee concerned.

TQSA (Temporary Quarters Subsistence Allowance) not to exceed 90 days upon arrival to OCONUS PDS, IAW conditions, limitations, and rates set forth in the DSSR, Sections 120 and 925.

FTASE (Foreign Transfer Allowance Subsistence Expense) may be authorized NTE 10 days JAW JTR, Vol 11, CI 260 & DSSR. Sec 240.

Storage in transit (temporary storage) of HHGs is authorized NTE 90 days at point of origin, destination, en route, or any combination IAW JTR para. C5 190.

Authorized 3 months advance pay before or after reporting to new PDS.

Actual place of residence is Santa Alicia, San Diego, CA.

Employee performing PCS travel may elect to ship any portion of HHGs to an alternate destination and the remaining portion to the new duty station as long as the constructed cost of both shipments does not exceed the cost of one shipment to the new PDS.

Authorized HHG pick up from Santa Alicia, San Diego, CA. Employee will be liable for excess costs if the constructed cost exceeds that of transporting the maximum HHG weight in one lot from the Actual Residence to the new PDS, Sigonella.

Any excess cost due to circuitous or interrupted travel for the convenience of the employee will be borne by the employee. Any travel time not justified as officially necessary will be charged to the appropriate type of leave.

Employees are responsible for securing required official passport, missione visa, immunization and physical examination prior to departure and will have in their possession required documentation.

Allowable travel and transportation must begin within 1 year from the employee's transfer or appointment effective date. The employee is financially responsible for PCS travel and transportation allowances beyond the initial 1 year (JTR C5035).

If any portion of these orders conflict with the JTR, the JTR prevails.