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| | U·S·DEPARTMENT OF THE INTERIOR<br>OFFICE OF SURFACE MINING<br>RECLAMATION AND ENFORCEMENT<br>DIRECTIVES SYSTEM | Subject Number: TRV-3<br>Transmittal Number: 778<br>Date: APR 13 1993 |

**Subject:** Relocation/Travel

**Approval:** [signature] **Title:** ACTING DIRECTOR

1. Purpose. This directive establishes the policies and procedures for permanent change of duty station travel for the Office of Surface Mining Reclamation and Enforcement (OSM). It is provided as a supplement to rules set forth in the Federal Travel Regulations, Department of the Interior (DOI) Manual and other applicable sources of guidance. Users of this directive are cautioned that it is necessary to use this directive in conjunction with these other official sources to determine all the rules which apply to permanent change of duty station travel.

2. Summary. This directive provides the OSM policy on payment of moving expenses for the various circumstances resulting in employee relocation; specific guidance for matters only addressed in general terms in the applicable rules; and restatement of existing Government-wide rules which are especially critical to the relocating employee.

3. Definitions. To accurately determine the applicability of the rules established by this directive and by the Federal Travel Regulations, it is necessary to know the exact definitions of terms used. These definitions are furnished in Section 302-1.4 of the Federal Travel Regulations and are further explained by the General Accounting Office publication, "Civilian Personnel Law Manual, Title IV, Relocation".

4. Policy/Responsibilities/Procedures

a. Reimbursement of Relocation Expenses. The following policies are established for employee eligibility for reimbursement of relocation expenses. The determination as to whether a relocation is advantageous to the Government or solely for the convenience or benefit of the employee will be made on a case-by-case basis according to the Federal Travel Regulations and OSM's Policy by the designated official in accordance with OSM Directive OPM-5, Delegation of Authority (OPM-5, Delegation of Authority).

Employees relocating for the following reasons are entitled to reimbursement of relocation expenses:

o Employees affected by an OSM-directed reassignment resulting from a reorganization, an OSM-initiated action under a mobility agreement, or a determination that his/her services are needed for another position. These reassignments are considered to be for the benefit of the Government.

o Employees affected by a reduction in force within OSM, who are offered and accept an offer to relocate to another geographical location in OSM unless it

*NOTE: General changes made to the previous TRV-3 Directive are identified by the broken-vertical lines, and the bold-all caps indicate major policy changes.*

is determined that the transfer is for the convenience or benefit of the employee.

o OSM employees, and employees from other agencies, who are selected through Merit Promotion Plan procedures to a position in a different geographical location than where they are currently employed.

o Employees who are selected for an OSM or DOI sponsored management development program and who, as a result of this selection, are permanently reassigned to another permanent duty station following the completion of the training.

Reimbursement for relocation expenses will not be paid to employees relocating for the following reason:

o OSM or other agency employees transferring primarily for their own convenience or benefit or at his/her request. These transfers are deemed to be in the interest of the employee and not advantageous to the Government.

Reimbursement for relocation expenses will be considered for the following situations:

o New hires from outside of the Federal government needed to fill shortage category positions, Presidential appointees, student trainees, or new Senior Executive Service appointees. Allowable expenses include those for travel and per diem for the appointee, transportation for the family, and for the transportation and temporary storage of household goods.

o If OSM hires an individual from another agency, who is affected by that agency's reduction in force, the losing agency will be requested to pay for relocation expenses. However, it must be recognized that the losing agency may not be required to pay for these costs.

b. Initial Approval Prior to Selection. **APPROVAL IN ACCORDANCE WITH THE AUTHORITY IN OPM-5, DELEGATION OF AUTHORITY, AND CERTIFICATION FOR FUNDS AVAILABILITY BY THE BUREAU BUDGET OFFICE ARE REQUIRED PRIOR TO ANY INITIAL SELECTION THAT WOULD NORMALLY INVOLVE THE PAYMENT OF EMPLOYEE RELOCATION EXPENSES.** This approval must be obtained prior to any formal or informal notice of selection. Assistance in making an estimate of costs may be obtained from the Relocation Coordinator.

If the approving official disapproves the request, the selecting official has the option of either leaving the position vacant or selecting a local candidate for whom relocation costs are not required.

c. Notice of Employee Selection. Following approval of the selection, the servicing personnel office will send the selectee a standard offer letter, with a courtesy copy to the appropriate Relocation Coordinator, confirming the selectee's selection and acceptance. At the same time the selectee will be

furnished a copy of the OSM Permanent Change of Station Handbook for Employees and the following forms to complete and return:

- o Employment Agreement (OSM-57) (Appendix 1)
- o Travel and Transportation Expenses (OSM-54) (Appendix 2)
- o Request for Contractor Provided Relocation Services (Appendix 3)
- o Request for Shipment of Household Goods and Temporary Storage (Appendix 4)
- o Application and Account for Advance of Funds (Appendix 5)

The selectee should be instructed to return the completed forms to the appropriate Relocation Coordinator within five (5) work days (address and telephone number provided under 9. Contacts). The servicing personnel office should advise the selectee that a minimum of five (5) work days will be required for issuance of the travel authorization following receipt of the information supplied by the selectee. The selectee should also be instructed not to initiate any actions for which relocation cost reimbursement will be claimed until the travel authorization has been approved.

d. Preparation of the Travel Authorization. The Relocation Coordinator for the receiving office location will prepare the Travel Authorization form (Appendix 6) based on information received from the servicing personnel office and the selectee. **THE TRAVEL AUTHORIZATION WILL BE APPROVED BY THE APPROPRIATE OFFICIAL DESIGNATED IN THE OSM DIRECTIVE OPM-5, DELEGATION OF AUTHORITY, AND CERTIFIED FOR FUNDS AVAILABILITY BY THE BUREAU BUDGET OFFICE.**

e. Amendments of Travel Authorizations. If, after issuance of a travel authorization, it becomes necessary to make changes in allowances, dates, cost estimates, extension of temporary quarters, etc., a travel authorization amendment document must be prepared. This will be done by the Relocation Coordinator utilizing the Travel Authorization Amendment form (Appendix 7). Required entries on the amendment form are:

- o Travel authorization number from the original authorization
- o Social Security number
- o Traveler's name
- o Authorizing officer's signature

Other entries are optional but should be restricted to the items which are changed (added, deleted, modified).

f. Advance of Funds. An advance of funds may be secured to offset all costs approved for reimbursement except expenses to be incurred in connection with the sale or purchase of residences, and the allowance for miscellaneous expenses. The Relocation Coordinator will forward the selectee's Application and Account for Advance of Funds (Advance) to the approving official, and then send the approved Advance request to the Division of Financial Management for scheduling of payment by Treasury check. Advances will be made to cover reimbursable expenses to be incurred in 30 day increments. The employee should submit Advances for succeeding 30 day periods early enough so the advance will be paid shortly before the beginning of the applicable period.

Permanent change of station advances must be repaid by personal check or offset by a reimbursement voucher within five (5) days after completion of the following events:

- o Completion of a house hunting trip
- o Completion of travel to the new duty station
- o Completion of each 30 day period in temporary quarters
- o Completion of each real estate transaction; sale or purchase

Advances not repaid or offset by a submitted reimbursement voucher within the above time frames will be considered delinquent and will be subject to recovery under the provision of the Debt Collection Act. Subsequent advances will not be allowed for employees with delinquent outstanding advance balances.

g. Relocation Services Provided by GSA Contractors. The General Services Administration has contracted with private relocation service companies to provide the following services to relocating Government employees:

- o Home marketing assistance
- o Guaranteed home sale
- o Home finding assistance at the new duty station includes, (a) Rental Assistance (b) Buyer's Assistance (c) Mortgage Counseling.

The Relocation Coordinator will advise the employee of the services available. **THE EMPLOYEE MUST ELECT TO USE THE RELOCATION SERVICE AT THE TIME IT IS OFFERED AND COMPLETE THE RELOCATION CONTRACT SERVICE PROCESS WITHIN 1 YEAR (APPENDIX 3). THE RELOCATION COORDINATOR WILL PROVIDE THE INFORMATION TO THE CONTRACTOR.**

The Relocation Coordinator will prepare a requisition for the desired services and will submit it to the appropriate procurement office, to initiate the written order to the contractor. After receiving the written order, the

contractor will contact the employee and make the necessary arrangements to provide the ordered services.

h. Submission of Reimbursement Vouchers. All claims for reimbursement of expenses incurred in relocation will be submitted on the Travel Voucher Form, (SF-1012), including claims for reimbursement costs of residence sale at old official station or purchase of residence at new official station. Eligible residence is the residence from which the employee commutes to and from work on a daily basis. Claims for reimbursement of residence costs must also be supported by an Employee Application for Reimbursement of Expenses Incurred Upon Sale or Purchase of Residence Upon Change of Official Station (OSM-59) (Appendix 8).

i. House Hunting Trip. Travel and transportation expenses of the employee and spouse for one round trip between localities of old and new duty stations for the purpose of seeking residence quarters may be authorized when circumstances warrant **BUT SHALL NOT BE ALLOWED IN EXCESS OF 10 CALENDAR DAYS, INCLUDING TRAVEL TIME.** 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 maximum time for beginning allowable travel and transportation. OSM Directive TRV-1, Domestic Temporary Duty Travel Policies and Procedures, provides guidelines for reimbursement of personal telephone calls by Government employees in official travel status.

j. Temporary Quarters. Subsistence expenses (lodging, meals, miscellaneous expenses) may be allowed for the employee and immediate family for a maximum of 120 days. In order to qualify for reimbursement, strict attention must be paid to the following rules which apply to temporary quarters:

o Use of temporary quarters must begin no later than 30 days from the date the employee reports for duty, or not later than 30 days from the date the family vacates the residence at the old duty station, provided it is within the maximum time limit for beginning allowable travel and transportation.

o The 120 days maximum eligibility for temporary quarters will be reduced by the number of days taken for an advance house hunting trip.

o **THE INITIAL AUTHORIZATION FOR TEMPORARY QUARTERS WILL BE FOR A MAXIMUM OF 60 DAYS.** Subsequent extensions in 30 day increments up to the 120 day limit may be allowed, in accordance with the regulations, upon prior approval by the designated approving official.

o **WHEN TEMPORARY QUARTERS ARE OCCUPIED PENDING COMPLETION OF HOUSE CONSTRUCTION, THE ALLOWANCE WILL BE LIMITED TO 60 DAYS.**

o In most circumstances, reimbursement for temporary quarters will not

be allowed when the temporary quarters subsequently become the permanent residence.

k. Relocation Income Tax Allowance. Federal employees must pay Federal, State and local tax liabilities incurred as a result of reimbursement for certain relocation expenses. Public Law 98-151, enacted November 14, 1983, provides for reimbursement of these tax payments to transferred employees. This tax offset is made in two payments:

o When a relocation reimbursement voucher is processed for payment by the Division of Financial Management (DFM), a Withholding Tax Allowance (WTA) will be calculated and paid to offset the estimated Federal income tax. This allowance will not cover liabilities for State/local income taxes or Social Security taxes.

o After the Federal, State and local taxes have been paid, the employee must file for a Relocation Income Tax Allowance (RITA) (Appendix 9) to determine the allowance for State and local taxes and what adjustment must be made to the WTA (plus or minus) so the total amount (WTA + RITA) is equal to the authorized tax offset.

Because the WTA payment is an estimate, the Federal government requires that a RITA application must be filed by every employee paid a WTA. Current instructions from DOI require that the RITA application be filed no later than May 15 of the year following the calendar year in which the relocation voucher was paid. Failure to submit the RITA claim on time may result in recovery of the WTA allowance by deduction from the employee's pay or other amounts due. Detailed instructions for preparation of the RITA claim will be provided by the DFM Relocation Coordinator.

**l. ADMINISTRATIVE LEAVE FOR PRE-AND POST-MOVING ARRANGEMENTS. EMPLOYEES ELIGIBLE FOR REIMBURSEMENT OF RELOCATION COSTS MAY BE GRANTED UP TO 40 HOURS TOTAL ADMINISTRATIVE LEAVE FOR MAKING PRE-AND POST-MOVING ARRANGEMENTS, I.E., AWAITING ARRIVAL OF MOVERS. THE AMOUNT OF LEAVE TO BE GRANTED WILL BE BASED ON A CASE-BY-CASE DETERMINATION OF NEED BY THE GAINING SUPERVISOR IN ACCORDANCE WITH DIRECTIVE, PER-12.**

m. Extensions of Time for Residence Transaction and Temporary Storage of Household Goods. The initial time limitation for completion of residence transactions (sale and/or purchase) is not later than 2 years after the date that the employee reported at the new official station. All residence transactions authorized for reimbursement must be completed within this time frame to qualify for reimbursement payment.

If the initial 2 year period is insufficient for completion of the residence transactions, sale and/or purchase, the employee may file for an extension not to exceed an additional year. The request for an extension must be delivered to the approving official as soon as the employee recognizes the need for an extension, but no later than 30 days prior to the end of the initial 2 year period. Approval of the extension is discretionary with the approving

official and must be supported by a justification stating that valid extenuating circumstances have prevented the employee from completing the sale and/or purchase of an eligible residence in the initial 2 year time frame.

The time limit for temporary storage of household goods is 90 days. However, upon an employee's written request, the initial 90-day period may be extended for up to an additional 90 days. Approval of the extension must be supported by a justification stating specific reasons beyond the control of the employee which necessitates an extension of the storage period.

The approving officials for extensions of both temporary storage and residence transactions are designated in OPM-5, Delegation of Authority.

5. REPORTING REQUIREMENTS. None

6. EFFECT ON OTHER DOCUMENTS. This directive supersedes OSM Directive TRV-3, Relocation Travel, dated June 8, 1988.

7. REFERENCES

a. Federal Travel Regulations, 41 CFR 302, Relocation Allowances

b. Department of the Interior Manual

347 DM 13, Official Change of Station
347 DM 14, New Appointees and Trainees in Shortage Category-Travel Expenses
370 DM 571, Travel and Transportation for Recruitment

c. Federal Personnel Manual

Chapter 572, Travel and Transportation Expenses, New Appointees
Chapter 334, Temporary Assignments Under the Intergovernmental Personnel Act

d. General Accounting Office Civilian Personnel Law Manual, Title IV, Relocation

e. Federal Property Management Regulations, 41 CFR 101-40.2, Centralized Household Goods Traffic Management Program

f. Government-wide Employee Relocation Services General Services Administration (GSA) Schedule IG 653

8. Effective Date. Upon issuance.

9. Contacts.

a. Chief, Division of Financial Management, (303) 236-0331

b. Relocation Coordinators:

(1) Division of Financial Management, (303) 236-0327

(2) Eastern Support Center, (412) 937-2916/2922

(3) Headquarters, (202) 208-2970

e. Procurement Offices:

(1) Western Support Center, (303) 844-4731

(2) Eastern Support Center, (412) 937-2846

(3) Headquarters, (202) 343-2203

10. Key Words. Travel, Relocation, Transfer

11. List of Appendices

Appendix 1, Employment Agreement (OSM-57)

Appendix 2, Travel and Transportation Expenses (OSM-54)

Appendix 3, Request for Contractor Provided Relocation Services

Appendix 4, Request for Shipment of Household Goods

Appendix 5, Application and Account for Advance of Funds

Appendix 6, Travel Authorization

Appendix 7, Travel Authorization Amendment

Appendix 8, Employee Application for Reimbursement of Expenses Incurred Upon Sale or Purchase of Residence Upon Change of Official Station (OSM-59)

Appendix 9, Relocation Income Tax Allowance Certificate

# United States Department of the Interior

**OFFICE OF SURFACE MINING**
**Reclamation and Enforcement**

## EMPLOYMENT AGREEMENT
## FOR
## TRANSFEREE

_____
(Date)

I agree to accept the position of _____
(Title and Grade)

in the Division or Office of _____

located in _____, Office of Surface Mining.
(City and State)

This transfer from my present position located at _____
(City and State)

will be effective on or about _____.
(Date)

In connection with this transfer, I hereby agree to remain in the Federal Government Service for 12 months following the effective date of transfer in consideration of payment by the Federal Government of travel, transportation, and other moving expenses including storage of household goods and personal effects as may be allowable under the Administrative Expenses Act of 1946, as amended, and Public Law 89-516, approved July 21, 1966, and regulations issued thereunder by the Bureau of the Budget.

In the event that I fail to remain in the Federal Government Service for a period of 12 months following the effective date of my transfer, unless separated for reasons beyond my control and acceptable to the Service or Office concerned, any monies expended by the Federal Government on account of such travel and transportation and other allowances pursuant to the above cited authority shall be recoverable from me as a debt due the United States.

_____
(Signature)

Original - OPF
Copy 1 - Denver Finance Office
Copy 2 - Budget Office
Copy 3 - Employee

OSM-57 (5/81)

## Request for Contractor-Provided Relocation Services

| Name | Organization Code |
|---|---|
| Office Address | |
| Office phone number | Home phone number |
| Date service agreement signed | Effective date of transfer (Reporting date at new station) |
| Address of home to be sold | |

Eligible homes are the primary residence owned and occupied by employee at time of initial official notification of transfer. It is the home from which the transferee commutes to and from work on a daily basis.

Employees are required to market the home independently (either by listing the home with a real estate broker or by making reasonable efforts to sell the house on a "For Sale by Owner" basis) in order to be eligible for the home sale services portion of the contract.

I have been briefed on the coverage of the relocation services which are available to me through a third party relocation contractor. I request the following services and understand that the fees paid to the contractor will void my entitlement to direct reimbursement of these fees.

_____ Home Marketing Assistance

_____ Rental Assistance

_____ Mortgage Counseling

_____ Home Marketing Assistance and Guaranteed Home Sale

_____ Home Buyer's Assistance

_____ I do not desire the services offered in the contract.

I understand this request may not be changed at a later date to add additional services for which the Government incurs a cost. I also understand that I may request the contractor services be terminated at any time I desire.

I will reimburse the Government for expenses and fees paid to the contractor for the services requested if I fail to fulfill the requirements of my service agreement.

_____ _____

Date Signature

APPENDIX 4

# United States Department of the Interior

OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

TAKE PRIDE IN AMERICA

To: Transportation Services Specialist
Department of the Interior, Rm. 5412 MIB
Washington, D.C. 20240

Telephone: (202) 208-6778
FAX: 202-208-5048

From: Office of Surface Mining
Bureau/Office

Willie McCurdy

Subject: Request for Relocation Services/Shipment of Household Goods

Please provide assistance in making the arrangements for relocating household goods of an employee to his/her new duty station. Pertinent information concerning the relocation is as follows:

EMPLOYEE NAME: _____

TELEPHONE NUMBER:
WORK: ( ) _____
HOME ( ) _____

PRESENT ADDRESS: _____
STREET RFD# P.O. BOX
_____
CITY STATE
_____
ZIP CODE

NEW ADDRESS: _____
CITY STATE

To be eligible for transportation of a mobile home for use as a residence, complete the following:

I certify that the mobile home that I am requesting to be shipped is going to be my residence at my new duty station. FTR 302-7.1

_____
Signature

_____
Date

APPROXIMATE PACK DATES: _____

APPROXIMATE PICK UP DATE: _____

AMOUNT OF STORAGE REQUIRED: _____

TRAVEL AUTHORIZATION: RE

APPROPRIATION NUMBER: _____

BILLING ADDRESS: U.S. Dept. of the Interior

BUREAU/OFFICE: Surface Mining MIB 5412 - OTS

BRANCH/DIVISION: 18th & C Streets NW

STREET: Washington, DC

ZIP CODE: 20240

AUTHORIZED BY: _____ DATE: _____
NAME TITLE
Relocation Coordinator

*Celebrating the United States Constitution*

UNITED STATES
DEPARTMENT OF THE INTERIOR
Office of Surface Mining

(1-2) ACT 4 0 | (3) F 4 | (4-11) TRANSACTION NO. U | (12) CC A

**APPLICATION AND ACCOUNT FOR ADVANCE OF FUNDS**

| (13-21) Social Security Number | (22-40) Name of Traveler (Last) (First) (M.I.) | Duty Station |
|---|---|---|
| | | |

An Advance of Funds is Hereby Requested for Travel and Other Expenses to Be Incurred Under Authorization No. _____ Dated _____

Itinerary: From _____ To _____

Type of Travel: ☐ Temporary Duty ☐ Permanent Change of Station

Type of Advance: ☐ Check ☐ Cash

Mail Check To: _____

_____

(Date) _____ (Signature of Traveler)

(41-46) (Date) _____ (Signature of Approving Official)

(Title of Approving Official)

Balance Due U.S. From Previous Advance ..... $_____

Amount Herein Applied For ..... $_____

TOTAL ..... $_____

_____

Cash Payment of $_____

Received (Date) _____

_____ (Signature of Payee)

(47-50) ORG. (51) PP (52-57) (58) T1 (59) T2 (60-63) ACCOUNT (64-68) OBJ (69-67) SUB (68-77) AMOUNT

DISTRIBUTION — SEE REVERSE

UNITED STATES
DEPARTMENT OF THE INTERIOR
Office of Surface Mining

# TRAVEL AUTHORIZATION

*(Read the Privacy Act Statement on the back)*

1. No. APPENDIX 6

2. Travel Purpose Code ☐

3. Type of Travel
☐ Area
☐ General
☐ Trip
☐ Foreign
☐ PCS

4. _____ *(Issuing Office)*

5. Social Security No. (13–21) – –

6. Name (22–40) (Last) (First) (M.I.)

7. Date (41–46) Mo. Da. Yr.

8. Title _____ 9. Official Station _____

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

## PLACES OF TRAVEL

10. From: _____ 11. To: _____

12. Purpose and Remarks:

13. Per Diem Allowance:

14. Period of Travel: Beginning on or about Ending on or about

## MODE OF TRAVEL

15. ☐ Common carrier
16. ☐ Extra fare at a mileage rate of
17. ☐ Government-owned conveyance cents, subject to:
18. ☐ Privately owned

(a) ☐ Administratively determined to be to the advantage of the Government
(b) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance
(c) ☐ Not to exceed cost by interagency motor pool

## ESTIMATED COST

23. Transportation: Common carrier ..... $_____
Mileage private vehicle .. _____
Taxi, limo, shuttle ..... _____
24. Per Diem ..... _____
25. Other temporary duty ..... _____
26. Moving household goods or house trailer . _____
27. Storage household effects ..... _____
28. Other moving allowance ..... _____
29. Estimated income tax and RITA (PCS only) _____
30. TOTAL $ _____

31.

| Account Number | | | | Amount |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## MISCELLANEOUS

19. ☐ Transportation immediate family
20. ☐ Shipment household goods and personal effects
21. ☐ Excess Baggage costs, subject to:
(a) ☐ To be obtained on Government transportation request
(b) ☐ To be paid by cash and claimed as a reimbursement on travel voucher
22. ☐ Other (e.g., car rental, excess baggage charge, etc.)

32. _____ *(Requestor's signature)*

33. _____ *(Title)*

34. _____ *(Fiscal officer's signature)*

35. _____ *(Authorizing officer's signature)*

36. _____ *(Title)*

1. TRAVELER'S COPY

APPENDIX 7

UNITED STATES
DEPARTMENT OF THE INTERIOR
Office of Surface Mining

# TRAVEL AUTHORIZATION AMENDMENT DOCUMENT

1. No. _____
2. Travel Purpose Code [ ]
3. Type of Travel
   - ☐ Area
   - ☐ General
   - ☐ Trip
   - ☐ Foreign
   - ☐ PCS

4. _____ (Issuing Office)

5. Social Security No. (13-21) [ . . ]
6. Name (22-40) [ (Last) (First) (M.I.) ]
7. Date (41-46) Mo. [ ] Da. [ ] Yr. [ ]
8. Title _____
9. Official Station _____

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

## PLACES OF TRAVEL

10. From:
11. To:
12. Purpose and Remarks:

13. Per Diem Allowance:
14. Period of Travel: Beginning on or about Ending on or about

## MODE OF TRAVEL

15. ☐ Common carrier
16. ☐ Privately owned
16. ☐ Extra fare at a mileage rate of _____
17. ☐ Government-owned conveyance cents, subject to:
    - (a) ☐ Administratively determined to be to the advantage of the Government
    - (b) ☐ Not to exceed cost by common carrier, including consideration of Per Diem allowance
    - (c) ☐ Not to exceed cost by interagency motor pool

## ESTIMATED COST

23. Transportation: Common carrier..... $ _____
    Mileage, private vehicle.... _____
    Taxi, limo, shuttle..... _____
24. Per Diem..... _____
25. Other temporary duty..... _____
26. Moving household goods or house trailer.... _____
27. Storage household effects..... _____
28. Other moving allowance..... _____
29. Estimated income tax and RITA (PCS only).. _____
30. TOTAL $ _____

31.

| Account Number | | | | Amount |
|---|---|---|---|---|
| | | | | . . |
| | | | | . . |
| | | | | . . |

## MISCELLANEOUS

19. ☐ Transportation immediate family
20. ☐ Shipment household goods and personal effects
21. ☐ Excess Baggage costs, subject to:
    - (a) ☐ To be obtained on Government transportation request
    - (b) ☐ To be paid by cash and claimed as a reimbursement on travel voucher
22. ☐ Other (e.g., car rental, excess baggage charge, etc.)

32. _____ (Requestor's signature)
33. _____ (Title)
34. _____ (Fiscal officer's signature)
35. _____ (Authorizing officer's signature)
36. _____ (Title)

GPO 587-007

U.S. DEPARTMENT OF THE INTERIOR
Office of Surface Mining

APPENDIX 8

# EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED UPON SALE OR PURCHASE (OR BOTH) OF RESIDENCE UPON CHANGE OF OFFICIAL STATION

(See Instructions Below)

## I. EMPLOYEE CLAIMANT

| Name | Mailing Address | Check Applicable Box if Earlier Claim for Real Estate Expenses Submitted for This Transfer ☐ Yes ☐ No |
|---|---|---|

## II. TRANSFER DATA

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

## III. RESIDENCE PROPERTY DATA

| ITEM | OLD OFFICIAL STATION | NEW OFFICIAL STATION |
|---|---|---|
| Complete Address of Residence | | |
| Number of Dwelling Units on Property | | |
| Sale and/or Purchase Price | $ | $ |
| Date of Closing or Settlement | | |
| Amount of Expense Being Claimed | $ | $ |

## EMPLOYEE CERTIFICATION(S)

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

| Signature | 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/or a member of my immediate family and is my new residence.

| Signature | Date |
|---|---|
| | |

## IV. APPROVALS

**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.

☐ As Claimed ☐ As Reduced, Per Attached Letter

| Signature | Date |
|---|---|
| | |
| Title | |

**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.

☐ As Claimed ☐ As Reduced, Per Attached Letter

| Signature | Date |
|---|---|
| | |
| Title | |

**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 letter.

| Signature | Date |
|---|---|
| | |
| 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.
2. Attach one complete set of documents required to support claim-sales agreement between buyer and seller, settlement or loan closing statement, invoices and statements to support other items claimed for reimbursement, etc. These should be photo or picture copies, as they will not be returned. Be sure you have signed the employee certification(s).
3. Prepare and attach an appropriate agency travel voucher form, or 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. Retain employee copy of the application.

### B. APPROVALS-HEAD OF OFFICE

1. FOR SALES: Send original and copy of the application, together with the supporting documentation and travel voucher, to the head of the office at the locality of the claimant's old official station as provided in the Federal Travel Regulations (FTR), for handling and execution of the approval (see item IV.A.) by him, or his designee, who will return the package to you.
2. FOR PURCHASES: Approval of the claim must be executed by the head of the office, or his designee, at the locality of the claimant's new official station (unless agency review and approval functions are performed elsewhere). (See item IV.B.)
3. FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT. The claim must be executed by an appropriate approving official. (See item IV.C.) Such official shall independently determine, in accordance with the provisions of the FTR, the propriety of all reimbursements claimed (except with regard to reasonableness and whether customarily paid). In this connection, all vouchers for reimbursement of real estate expenses incident to the same transfer shall be examined.
4. Standard Form 1012 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.

Copies: Original-Denver Finance Office, Goldenrod-Gaining Office, Yellow-Employee, Pink-Gaining Budget Office

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# 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 former residence. Also, fees for listing a residence and payment for multiple listing service, if not included in commission paid to the broker or agent. | | |
| 2. | ADVERTISING: Expenses paid for newspaper and other advertising when a direct sale is made without the services of a real estate broker or real estate agent. | | |
| 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 or other charges paid incident to recordation (e.g., mortgage discharge recording fees), etc. | | |
| 5. | MISCELLANEOUS COSTS: Amounts paid in connection with sale of former residence and purchase of a new residence. *(Normally, these expenses (except A.) are paid by the purchaser; however, depending on local custom and practice, the seller may be required to pay some of them.)* | | |
| A. | PREPAYMENT CHARGE: The amount paid as required in the mortgage or other security instrument as a charge for prepayment; or if not specifically required by the mortgage instrument, the amount paid limited to 3 months prevailing interest on the loan balance. | | |
| B. | LENDER'S APPRAISAL FEE: The amount paid for the mortgagee-lender's charge for residence appraisal. | | |
| C. | FHA OR VA APPLICATION FEE: The amount paid. | | |
| D. | CERTIFICATIONS: The amount paid for any required certifications as to structural soundness or physical condition of property, when required by mortgagee-lender, FHA or VA. | | |
| E. | CREDIT REPORT: The amount paid for credit or factual data report on the buyer, if required by mortgagee-lender, FHA or VA. | | |
| F. | MORTGAGE TITLE POLICY: The amount paid for mortgage (or lender's) title insurance policy only (as distinguished from a mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy). | | |
| G. | ESCROW AGENT'S FEE: The amount paid to an escrow agent, title company, or similar entity for closing a real estate transaction. | | |
| H. | STATE REVENUE STAMPS: The amount paid. | | |
| I. | SALES OR TRANSFER TAXES; MORTGAGE TAX, IF ANY: The amount paid. | | |
| 6. | OTHER INCIDENTAL EXPENSES: Such other reasonable and customary charges or fees paid as may be authorized and not properly includable in items listed above. *(Itemize and explain; if necessary, attach separate sheet)* | | |
| | TOTAL — FORMER RESIDENCE | 1-3 | |
| | TOTAL — NEW RESIDENCE | | 2-3 |

**NOTE:** In accordance with the real estate provisions of the FTR, cost of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. Notwithstanding the above, no fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90/321, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

**FOOTNOTES:**

[1]The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of sale price or $8,000, whichever is the smaller.
[2]The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of purchase price or $4,000, whichever is the smaller.
[3]If property is multiple family unit type (excluding condominium) expenses will be prorated and allowed for residence unit only.

## Relocation Income Tax Allowance
## RITA Certification

1. Attach this certification to:

   [ ] your travel voucher (SF-1012) to support a relocation income tax claim.

   [ ] W-2s and Schedule SE 1040 (if applicable).

Name_____

Reporting date on travel authorization_____

Your office phone number_____

I certify that the following information, which is to be used in calculating the RITA to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or my spouse and me) with the applicable Federal, State, and local tax authorities for the tax year 19___.

2. Gross compensation as show on the attached form(s) W-2 for the tax year and/or net earnings (or loss) from self-employment income shown on Schedule SE 1040 (line 1 plus line 2):

| | Form W-2 | Line 1 plus line 2 Schedule SE |
|---|---|---|
| Employee | $ | $ |
| Spouse (if filing joint return) | $ | $ |
| Total | $ | |

3. Federal tax filing status, check one:

   [ ] Single

   [ ] Married filing separate returns

   [ ] Married filing joint return

   [ ] Qualified widow(er) with dependent child

   [ ] Head of household

4. State or states where a tax liability was incurred as a result of relocation allowance payments. See instructions for taxation by more than one state. _____ _____

5. If total compensation shown above is less than $20,000, indicate State income tax rate. _____

6. State tax rate above is expressed as a percent of which of the following, check one. [ ] Income [ ] Federal tax

7. Locality or localities where a tax liability was incurred as a result of relocation allowance payments. See instrucitons for taxation by more than one locality. _____

8. Type of locality [ ] city or municipality [ ] county

9. Indicate local income tax rate for locality/localities. _____

10. Local tax rate above is expressed as a percent (%) of which of the following, check one. [ ] Income [ ] State tax [ ] Federal tax

The above information is true and accurate to the best of my (our) knowledge. I (we) agree to notify the finance office of any changes to the above (i.e., from amended tax returns, tax audit, etc.) so that appropriate adjustment to the RITA can be made. The required supporting documents (W-2s and Schedule SE) are attached. Additional documentation will be furnished if requested.

I (we) further agree that if the 12-month service agreement is violated, the total amount of the RITA will become a debt due the United States Government and will be repaid immediately. The finance officer is authorized to offset this debt against all salary or other payments due me (us).

_____ Employee's signature

_____ Date

_____ Spouse's signature (if joint return is checked above)

_____ Date