This document has been
Rescinded and is located
in our Archive files.

For Active files, visit
http://www.osmre.gov/directiv.htm

ORIGINAL

	U·S· DEPARTMENT OF THE INTERIOR OFFICE OF SURFACE MINING RECLAMATION AND ENFORCEMENT DIRECTIVES SYSTEM	Subject Number: TRV-3 Transmittal Number: 451 Date: 6/8/88

Subject: Relocation Travel

Approval: [signature] **Title:** Acting Director

1. PURPOSE. This directive provides policy and procedures governing employee relocations. An Agency process to insure a reasonable cost/benefit situation and make budgetary decisions on each relocation is essential when determining that employee transfers are in the interest of the government.

2. DEFINITIONS.

Relocation Coordinator. A designated employee with expertise in Federal relocation regulations and the Office of Surface Mining Reclamation and Enforcement (OSMRE) relocation policy.

3. POLICY/PROCEDURE.

a. Reimbursement of Relocation Expenses. Certain expenses related to travel, transportation, real estate expenses, and other applicable allowances may be paid or reimbursed by the government when government employees are transferred from one duty station to another or when certain new appointees are moved to their first permanent duty station.

A precondition for the reimbursement of any expenses incurred in connection with a change of official duty station is that the move be authorized in writing and that the employee execute an Employment Agreement committing them to remain in Federal service for at least 12 months following the effective date of transfer.

The exact costs which will be paid or reimbursed by the government are dependent upon the specific authorization and the circumstances of the particular traveler. The general categories of costs which are subject to payment or reimbursement by the government include:

- Transportation for the traveler, immediate family, and dependents.

- Travel and transportation for advance house hunting trips.

- Subsistence en route to the new duty station.

- Temporary quarters at the new duty station.

3.a.

- Transportation of household goods, mobile homes, and automobiles.

- Storage of household goods.

- Mileage for use of private vehicle.

- Transportation of professional papers and equipment.

- Expenses incurred in connection with the sale or purchase of residence, such as broker's fees, real estate commissions, advertising costs, appraisal fees, legal expenses, cost of settlement of unexpired leases, and other realty expenses.

- Miscellaneous expenses including appliance connect/disconnect fees, blocking/unblocking fees for mobile homes, fees for cutting and fitting rugs, drapes and curtains, utility fees, automobile registration, driver's license, automobile use taxes, and forfeiture losses on medical, dental, and food locker contracts.

- Home marketing assistance, guaranteed home purchase, rental and buying assistance at the new location, and mortgage counseling, through Relocation Contractor services (in lieu of appropriate real estate allowance).

- Relocation income tax allowances to offset tax liabilities incurred as the result of reimbursement for certain moving costs.

Where a decision has been made to relocate an individual (see Procedures section), OSMRE policy on the payment of these expenses will be in accordance with the Federal Travel Regulations, FPMR-101-7, such as:

- Present OSMRE employees affected by Agency-initiated reorganization; by Agency-directed reassignment; by Agency-initiated action under a mobility agreement, or voluntarily accepting transfers as the result of merit staffing actions.

  - Full expenses allowed by regulation and law.

- Employees transferring from other Federal agencies.

  - Full expenses, etc.

- New hires from outside of the Federal government as shortage category employees.

3.a.

- Where allowed by regulation, household moving expenses, transportation of employee and family, temporary quarters, and associated incidental costs only.

b. Travel to First OSMRE Duty Station for Certain New Appointees. Limited relocation expenses of certain new appointees from outside the Federal government may be reimbursed by the government. (See Federal Personnel Manual Chapter 571.) The positions covered are:

- Appointees to positions designated by the Office of Personnel Management as being in the personnel shortage category.

- Student trainees, who, after a period of leave without pay during which they complete college work, are assigned as professional employees to positions in the personnel shortage category.

- Senior Executive Service (SES) appointees.

- Presidential appointees.

Determination of the eligibility of new appointees for government reimbursement of relocation travel costs will be the responsibility of the Assistant Director, Budget and Administration, in consultation with the OSMRE Personnel Officer.

Caution must be exercised in the pre-appointment counseling of candidates for these positions and in the preparation of their travel authorizations to limit commitments on the costs to be reimbursed to those specifically authorized in the Federal Travel Regulations, Chapter 2-1.5.f. "Shortage category appointees, student trainees, SES appointees, and certain Presidential appointees."

4. REPORTING REQUIREMENTS.

a. Initial Approval Prior to Selection. Written approval from the Assistant Director, Budget and Administration, for Headquarters actions, the Assistant Director, Eastern Field Operations for actions initiated by Eastern Field Operations and Field Offices under Eastern Field Operations' jurisdiction, and the Assistant Director, Western Field Operations for actions initiated by Western Field Operations and Field Offices under Western Field Operations' jurisdiction, is 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. To obtain approval, the selecting

official will submit a memorandum containing a full explanation of the circumstances and justification to the approving official for concurrence. The justification must include a relocation cost estimate and address cost/benefit considerations. Assistance in making a rough estimate of costs may be obtained from the relocation coordinator.

If the approving official disapproves the request, the selecting official has these options:

- Leave position vacant.

- Select a local candidate.

b. Notices of Selection to Employees. Following the initial approval for the selection, servicing personnel offices may issue a standard offer and confirmation of selection and acceptance.

c. Time Period for Preparation of Relocation Documents. Servicing personnel offices are responsible for advising selectees that after receipt of all information by the relocation coordinator a minimum of five (5) working days will be necessary for decisions to be made and travel authorizations and other documents to be issued.

Selectees must keep this requirement in mind in their personal planning and scheduling for house hunting trip, listing their residence with a real estate broker, etc.

d. Relocation Documents Employees Will Submit. After receiving notice of selection or transfer from the servicing personnel office, an employee must submit the following completed documents to the relocation coordinator:

- Travel and Transportation Expenses (OSMRE-54). (Attachment 1.)

- Employment Agreement (OSMRE-57). (Attachment 2.)

- Application and Account for Advance of Funds. (Attachment 3.)

e. Advance of Funds. The purpose of paying an advance is to reduce the need for relocated employees to use their own funds for some costs of a permanent change of duty station. Funds will be advanced to offset all costs authorized for reimbursement except those allowances for expenses to be incurred in connection with the sale or purchase of residences, or movement of Household Goods (HHG). Authorizations and advances for temporary quarters will be made in 30 day increments. After receiving the initial 30-day

temporary quarters advance, employees should submit their requests for succeeding advances early enough that the advance will be paid shortly before the beginning of the related temporary quarters period.

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

- Completion of a house hunting trip.
- Travel to the new duty station.
- Each 30 days of temporary quarters.
- Completion of real estate transaction.

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

f. Reimbursement Vouchers. All claims for reimbursement of costs incurred in a permanent change of duty station will be submitted only on the authorized "Travel Voucher" form (SF-1012), (Attachment 4), except for reimbursement of residence sale or purchase costs, which will be claimed on an "Employee Application for Reimbursement of Expenses Incurred Upon Sale or Purchase (or both) of Residence Upon Change of Official Station" (OSMRE-59). (Attachment 5)

Travel vouchers for reimbursement of temporary quarters costs must bear the certification: "I certify that temporary quarters were occupied after vacating the residence occupied when the transfer was authorized." Temporary quarters travel vouchers must be supported by an itemized record of costs. For this purpose, see "Employee and Immediate Family Subsistence Expenses." (Attachment 6).

Travel vouchers need not be submitted to the authorizing official for approval but may be signed by the head of the new duty station, so long as the costs claimed for reimbursement are specifically provided for in the travel authorization. If any cost items are claimed which are not included in the travel authorization, clarification from the official responsible for issuance of the travel authorization is necessary as a matter of record. Minor differences in the dollar amounts claimed versus the amounts projected in the travel authorization (up to 10 percent) may be approved by the Chief, Division of Financial Management.

g. Relocation Coordinator Duties and Procedures. The designated OSMRE relocation coordinator is located at Headquarters, Assistant Directorate for Budget and Administration. This individual's duties include:

- Obtaining documentation of management's decision on relocation and selection of candidate resulting in relocation costs.

- Obtaining all necessary information from a selectee to make an accurate estimate of relocation expenses.

- Verifying completion of the required employment agreement by a selectee.

- Preparing and securing approval of the selectee's travel authorization.

- Issuing necessary paperwork to obtain issuance of a purchase order for relocation contractor services which were authorized and requested by the selectee.

- Obtaining issuance of a Government Bill of Lading (GBL) for movement of household goods.

- Answering or obtaining answers to selectee's questions concerning relocation.

- Assisting relocating employees having problems with contractors or experiencing other unforseen difficulties in the relocation process.

h. Employee Decision of Relocation Service and Real Estate Transaction. When a selectee has been notified that OSMRE payment for real estate expenses is authorized, he/she must make initial decision on disposing of his/her old residence and acquiring a new residence. Employees may elect reimbursement for authorized real estate expenses or use of government-wide relocation contractor services as outlined below.

(1) Background on Relocation Contractor Services. Public Law 98-151, enacted on November 14, 1983, authorized agencies to contract for third party relocation services. The General Services Administration (GSA) has amended the Federal Travel Regulations (FTR, FPMR 101-7) to authorize these services to employees who are required to relocate for the convenience of the government (benefit of the government) and who are otherwise entitled to and authorized reimbursement of real estate expenses. Relocation contractor services are available under GSA awarded regional contracts.

4.h.(1)(a)

The following is a description of some of the relocation services offered by all contractors:

(a) Home Marketing Assistance. The contractor will provide assistance to employees wishing to sell their homes at the old duty station, either in connection with a Guaranteed Home Sale provision or independent of it. These services will include:

- Developing a marketing strategy, suggested listing price, and an estimate of the probable selling price and terms.

- Recommending repairs and/or improvements that will enhance the salability of the property. The costs of any recommended repairs and related expenses will be borne by the employee and not reimbursed by the government.

- Providing the employee a recommended broker to use in listing the property for sale if requested by the employee.

- Advising the employee on managing the property sale and working with a broker.

- Advising the employee on negotiating with potential buyers and evaluating any offers received.

(b) Guaranteed Home Sale. The guaranteed home sale provisions include an appraised value sale and, if indicated, the amended value sale. Under either provision, the employee sells the home to the relocation contractor. Employees have the right to accept or reject, within a specified time period, the contractor's offer under the appraised value procedure. The amended value process applies when the employee receives a bona fide higher offer from a third party prior to accepting the contractor's offer. In these cases the employee sells his/her residence to the contractor at the higher price and the contractor resells the property to the third party at the same price. If the employee rejects the contractor's offer, they may still pursue selling their residence and claiming the appropriate allowances under FPMR 101-7, Part 6.

(c) Home Finding Assistance. The contractor will provide the relocating employee with individual counseling services to familiarize the employee with information regarding the real estate market (including rental properties, schools, taxes, commuting, community life, etc.) at the new official duty station. This information will be tailored to the individual needs of the relocating employee. Specific home finding assistance includes:

1 Rental Assistance. The employee will be contacted by the contractor to obtain information on the desired location, rental price range preferred, and the relocation time schedule. This information will be transmitted to a reputable rental agency, who will contact and counsel the employee. Rental assistance counseling will include: (1) sending the employee a relocation information kit, (2) preparing a house hunting itinerary and scheduling appointments with the rental agency, (3) discussing the rights and obligations of the renter, including the requirements of lease agreements, prior to the showing of available rental units, (4) orienting the employee to the typical rentals within a suitable commuting distance, and (5) discussing the typical deposit requirements.

The contractor will not charge, nor will the government reimburse a separate fee for rental assistance. If, in the local market, rental agencies or agents customarily charge individuals a fee for finding rentals, the employee will be liable for payment of the fee. The contractor will inform the employee of any obligation for fees before services are provided.

2 Buyer's Assistance. The employee will be contacted by the contractor to obtain information on the desired location, purchase price range preferred, and housing needs of the family at the destination location. Based on the information provided by the employee, the contractor will select a reputable broker in the destination area and provide a complete profile of the employee's preferences. The broker will provide buyer assistance counseling which will include: (1) screening the available homes in the area and contacting the employee, familiarizing him/her with information regarding the local area, (2) sending the employee a relocation information kit containing specific data on the new area, (3) preparing a house hunting itinerary, scheduling appointments to view the available properties, and acquainting the employee and spouse with points of interest in the new area, and (4) assisting in the preparation of the proper contracts and negotiating the purchase according to local custom once a suitable property has been selected.

The contractor will not charge nor will the government pay the contractor a fee for buyer's assistance. Real estate broker fees are customarily paid by the seller of the property and not the buyer. However, if a particular broker or market area requires payment of other fees, the employee will be liable for payment of the fees. The contractor will inform the employee of any obligation for fees before services are provided.

(d) Mortgage Counseling. The contractor will counsel the relocating employee on nationwide and local mortgage programs that meet the employee's financial objectives and

qualifications. This counseling will include:

- Providing information on the types of mortgages available, rates, fees, lender qualification requirements, and relative availability of financing in the new area.

- Qualifying the employee, prior to the house hunting trip, for a mortgage amount and monthly payment without the employee's obligation to pay an application fee.

- Referring the employee to national and local lending sources, to enable the employee to compare financing available and select a mortgage product and lender that meets the requirements of the employee.

- Providing the employee assistance in applying for a mortgage and monitoring the progress of the application until approval is obtained.

The contractor is not required to provide the actual financing to the employee. Any financing actually provided by the contractor will be considered "Optional Services".

(e) Optional Services. Relocation service contractors customarily provide other relocation services which are not covered by the government contract. The contractor may advise the relocating employee of these services and their costs. The employee must also be informed that the government in no way recommends their use, and that the government has not determined the prices charged to be fair and reasonable. The employee will be solely responsible for any obligation to the contractor for these services. The employee will be required to sign a statement to this effect prior to entering into an agreement for optional services. The government will not pay for these services.

(f) Employee decision on relocation services. The following activities must occur for employee use of contractor services:

- When an employee has been authorized reimbursement of expenses for sale of domicile at the old duty station location, the OSMRE relocation coordinator will determine/verify interest in contractor services as outlined above.

- If the employee expresses interest in obtaining the contractor services, the relocation coordinator will notify the contractor, provide data on the moving employee, and mail a copy of the service request form to appropriate offices,

4.h.(1)(f)

"Request for Contractor Provided Relocation Services". (Attachment 7.)

- The contractor will contact the employee and explain the services available under the contract.

- The Headquarters Procurement Office will execute a 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 service.

- After the services have been provided, the contractor will submit his billing invoice to the authorized ordering officer who will confirm delivery with the moving employee, approve the invoice for payment and forward it to the Division of Financial Management.

5. REFERENCE. Federal Travel Regulations FPMR 101-7, Chapter 2, "Relocation Allowances".

6. EFFECT ON OTHER DOCUMENTS. Cancels previous temporary directives/instructional memorandums.

7. CONTACT. Any questions concerning the requirements of this directive should be directed to the Assistant Director, Budget and Administration (343-4293).

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

Travel and Transportation Expenses

ATTACHMENT 1

Each item below is subject to gaining office

1. Employee Name (Last, First, Middle)	3. Official Station (City, State) NEW	4. ☐ Check box if signed employee agreement is attached in duplicate	5. Date of action which authorizes the relocation
2. Title (Present Position)	OLD		

6. Marital Status ☐ Married ☐ Single

7. Transportation and Per Diem Requested for ☐ Employee ☐ Spouse

8. Names of Dependent Children	Age	Birth Date	Names of Dependent Children	Age	Birth Date
			Names of Other Dependents		Relationship

9. Employee	10. Dependents		
a. Period of Travel From To	a. Dependents Will Travel ☐ With Employee ☐ Separately (complete b, c & d)	b. Mode of Transportation to be Used	c. Period of Travel From To
b. Mode of Transportation to be Used	d. Reason for Separate Travel		
c. If Private Vehicle, Estimated No. of Miles			

11. Will Employee Take House Hunting Trip to New Duty Station? ☐ No ☐ Yes (If Yes, complete a, b & c)	a. Period of Travel (maximum 6 days) From To	b. Spouse Will Accompany Employee ☐ Yes ☐ No	c. Distance Between Old and New Duty Station
	NOTE ▶ I understand that I will be liable for expenses incurred if I decline to transfer after I or my spouse has made a house hunting trip to the new station.		

12. Subsistence Expenses Requested While Occupying Temporary Quarters ☐ No ☐ Yes (complete a, b & c below)

a. Explain Reason Temporary Quarters Are Needed	b. Distance Between Old Residence and Old Duty Station
	c. Distance Between Old Residence and New Duty Station

13. Household Goods and Personal Effects Transportation Yes No / Storage Yes No ▶	Estimated Weight lbs.	14. House Trailer for Use as Residence to be Transported By ☐ Commercial Carrier ☐ Private Owned Vehicle

15. ☐ Yes ☐ No Allowances for Expenses Incurred in Connection With Real Estate Transactions and Unexpired Leases

16. Complete Below for ADVANCE OF FUNDS	Estimated Cost	Advance Needed Immediately	Advance Needed Later
a. Per Diem En Route—Employee (days @ $ per day)			
b. Per Diem En Route—Family (days @ $ per day)			
c. Mileage Allowance miles @ $			
d. Temporary Quarters days @ $			
e. Temporary Quarters days @ $			
f. Temporary Quarters days @ $			
g. Advance for House-Hunting Trip			
h. Shipment of Household Goods lbs @ commuted rate per 100 lbs	GBL		
i. Storage Charges lbs @ commuted rate per 100 lbs	GBL		
j. Miscellaneous Expenses*			
k. Reimbursable Cost of Sale of House*			
l. Reimbursable Cost of Terminating Unexpired Lease*			
m. Reimbursable Cost of Purchasing New Home*			
TOTALS	$	$	$

Complete SF 1034 Request only amount needed. Two or more advances may be requested

17. Review by Current Budget Office for Adequacy of Information	18. Employee Signature	Date	FTS Number
Initials Date			

*Not subject to advance funds. Copy Distribution: White-CPF, Yellow-Employee, Goldenrod-Finance Office, Pink-Denver Finance Office

OSM-54 (5/81)

INSTRUCTIONS

No. 1-8	Self-Explanatory.
No. 9 & 10	**Period of Travel** — Dates employee/dependents will start and complete travel to new duty station (e.g. 12/01/80 — 12/04/80). **Mode of Travel** — Type of transportation to be used for travel (e.g., car, airplane, etc.). If dependents are not traveling with employee, specify the mode of travel to be used, the dates travel will start and end, and the reason for separate travel (e.g., children will stay behind to complete the school year).
No. 11	Self-Explanatory.
No. 12	Specify reason if temporary quarters are needed for employee and/or dependents (e.g. temporary quarters are needed while employee looks for new residence).
No. 13-15	Self-Explanatory.
No. 16	Please complete as indicated below and place total amount under the Estimated Cost Column. (a) & (b) — Specify allowable per diem rate for subsistence expenses for travel to new duty station. (c) — Specify number of miles to new duty station and mileage rate. (d)(e) & (f) — Specify number of days needed for temporary quarters and the allowable cost per day for employee and/or dependents. (g) — Specify number of days needed for househunting trip and allowable per diem rate for each day. (h) & (i) — Specify estimated weight of household goods to be shipped and stored by GBL. (j)(k)(l) & (m) — Specify estimated amount needed for these items.

ATTACHMENT 2

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)

ATTACHMENT 3

UNITED STATES
DEPARTMENT OF THE INTERIOR
Office of Surface Mining

(1-2) ACT	(3) F	(4-11) TRANSACTION NO.	(12) CC
4 0	4	U	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) T_1	(59) T_2	(60-63) ACCOUNT	64-65) OBJ	(66-67) SUB	(68-77) AMOUNT

DISTRIBUTION — SEE REVERSE

13. RECORD OF ACCOUNT

NAME

ACCOUNT NO.

TRANS-ACTION DATE	TRAVEL PERIOD		REFERENCE (Schedule or voucher number)	(Optional) MEMO OF APPROVED EXPENSE VOUCHER		ADVANCE ACCOUNT		
	FROM	TO		VOUCHER TOTAL	AMOUNT PAID EMPLOYEE	ADVANCED	REPAID	BALANCE DUE

DISTRIBUTION:

(Original and Copy 2) If advance is requested to be paid by means of Treasury Check then submit the Original and Copy 2 of this form directly to the Division of Financial Management, Denver for approval and processing. If the advance is to be made from the Imprest Fund then submit the Original and Copy 2 to the Imprest Fund Cashier. The Cashier will submit the Original and Copy 2 to the Division of Financial Management, Denver as a Sub-Voucher for Replenishment of the Imprest Fund.

(Copy 3) Submitting Office File Copy

(Copy 4) Traveler

ATTACHMENT 4

TRAVEL VOUCHER MEMORANDUM
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. NAME *(Last, first, middle initial)*
b. SOCIAL SECURITY NO.
c. MAILING ADDRESS *(Include ZIP Code)*
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION
f. RESIDENCE *(City and State)*

6. PERIOD OF TRAVEL
a. FROM
b. TO

7. TRAVEL AUTHORIZATION
a. NUMBER(S)
b. DATE(S)

10. CHECK NO.

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 RECEIVED
b. AMOUNT RECEIVED $
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 hereby 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's Initials*

AGENT'S VALUATION OF TICKET *(a)*	ISSUING CARRIER *(Initials)* *(b)*	MODE, CLASS OF SERVICE AND ACCOMMODATIONS *(c)*	DATE ISSUED *(d)*	POINTS OF TRAVEL FROM *(e)*	POINTS OF TRAVEL TO *(f)*

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and 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 covered by this voucher.

TRAVELER SIGN HERE ▶ DATE AMOUNT CLAIMED ▶ $

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 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 to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ DATE

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*
COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)* $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* $

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol):* $

d. NET TO TRAVELER ▶ $

18. ACCOUNTING CLASSIFICATION

1012-215

STANDARD FORM 1012-A (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

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 members' 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:

- *Col. (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. (other than for meals)
- *(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. (j) or 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. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19___ (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS — BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ — NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
									SUBTOTALS ▶				
									TOTALS ▶				

If additional space is required, continue on 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 U.S.C. Chap. 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, E.O. 9397 of November 22, 1943, and 26 U.S.C. 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 reimbursements 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 U.S.C. 6011(b) and 6109) and E.O. 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 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 column (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶

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

ATTACHMENT 5

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

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR

OFFICE OF SURFACE MINING

EMPLOYEE AND IMMEDIATE FAMILY SUBSISTENCE EXPENSES WHILE OCCUPYING TEMPORARY QUARTERS

Name of Employee

Travel Authorization Number

Section 2.5 of FPMR 101.7

INSTRUCTIONS ON REVERSE

Date Reported for Duty at New-Duty Station _____

Date Residence Vacated at Old Duty Station _____

By Employee _____

By Employee's Family _____

Birth Dates of Children _____

Date Moved into Permanent Quarters at New Duty Station _____

Date Household Goods Delivered _____

Address of New Residence _____

Employees Signature: _____ Date: _____

DAY	DATE 19	PLACE/REMARKS	SUBSISTENCE EXPENSES					DAILY TOTALS
			LODGING*	MEALS			LAUNDRY CLEANING & PRESSING	
				BREAKFAST	LUNCH	DINNER		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

DAYS	DATE 19	PLACE/REMARKS	SUBSISTENCE EXPENSES					DAILY TOTALS
			LODGING*	MEALS			LAUNDRY CLEANING & PRESSING	
				BREAKFAST	LUNCH	DINNER		
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
First/Second(a) 30-Day Period		ACTUAL EXPENSE CANNOT EXCEED: Employee = $ x (no. days)$. Spouse=$ x (no. days)=$. Family=$ x (no. of dep.)=$ x (no. days)=$. TOTAL $					ACTUAL EXPENSE TOTAL	

INSTRUCTIONS

1. Eligibility Conditions and Limitations - Subsistence expenses of employee for whom a permanent change of station is authorized or approved, and each member of the immediate family for a period of not more than sixty (60) days, (an additional sixty (60) days may be allowed if justified) while necessarily occupying temporary quarters. One of temporary quarters must begin within thirty (30) days after date employee reports for duty at new official duty station, or if not begun during this period, then not later than thirty (30) days from the date family vacates residence at old official duty station but not beyond the maximum time for beginning allowable travel and transportation. Time begins from date employee, spouse, or any member of immediate family occupies such quarters and shall run concurrently.

2. Allowable Items - Reimbursement is allowed only for actual subsistence expenses incurred which are directly related to occupancy of temporary quarters and are reasonable as to amount and duration. Allowable subsistence expenses include only charges for meals, lodging, fees, and tips incident thereto, laundry, cleaning and pressing of clothing. Expenditures should be itemized daily on this form, which must be attached to your Travel Voucher (SF-1012) when reimbursement is requested. Expenses of local transportation incurred for any purpose during occupancy of temporary quarters will not be allowed. Amounts claimed for lodging must be supported by receipts.

3. Limitations - Reimbursement for occupancy of temporary quarters are allowable for actual subsistence expenses incurred, as defined above, but not in excess of amounts derived from applying the basic formula to per diem rate specified in employee's transfer travel authorization for each 30-day period temporary quarters are necessarily occupied.

(a) Cross out the time period that does not apply for this period.

* Supported by receipts

Additional Temporary Quarters

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF SURFACE MINING

EMPLOYEE AND IMMEDIATE FAMILY SUBSISTENCE EXPENSES WHILE OCCUPYING TEMPORARY QUARTERS

Name of Employee

Travel Authorization Number

Section 2.5 of FPMR 101.7

INSTRUCTIONS ON REVERSE

DAY	DATE 19	PLACE/REMARKS	SUBSISTENCE EXPENSES					DAILY TOTALS
			LODGING*	MEALS			LAUNDRY CLEANING & PRESSING	
				BREAKFAST	LUNCH	DINNER		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								

*Support by receipts

For use as enclosure to SF 1012

Name of Employee T. A. No.

DAY	DATE 19	PLACE/REMARKS	SUBSISTENCE EXPENSES: LODGING*	MEALS: BREAKFAST	MEALS: LUNCH	MEALS: DINNER	LAUNDRY CLEANING & PRESSING	DAILY TOTALS
24								
25								
26								
27								
28								
29								
30								
First/Second(a) 30-Day Period		ACTUAL EXPENSE CANNOT EXCEED: Employee = $ x (no.days)$ .Spouse=$ x (no. days)=$. Family=$ x (no. of dep.)=$ x (no. days)=$ .TOTAL $					ACTUAL EXPENSE TOTAL	

INSTRUCTIONS

1. Eligibility Conditions and Limitations - Subsistence expenses of employee for whom a permanent change of station is authorized or approved, and each member of the immediate family for a period of not more than sixty (60) days, (an additional sixty (60) days may be allowed if justified) while necessarily occupying temporary quarters. Use of temporary quarters must begin within thirty (30) days after date employee reports for duty at new official duty station, or if not begun during this period, then not later than thirty (30) days from the date family vacates residence at old official duty station but not beyond the maximum time for beginning allowable travel and transportation. Time begins from date employee, spouse, or any member of immediate family occupies such quarters and shall run concurrently.

2. Allowable Items - Reimbursement is allowed only for actual subsistence expenses incurred which are directly related to occupancy of temporary quarters and are reasonable as to amount and duration. Allowable subsistence expenses include only charges for meals, lodging, fees, and tips incident thereto, laundry, cleaning and pressing of clothing. Expenditures should be itemized daily on this form, which must attached to your Travel Voucher (SF-1012) when reimbursement is requested. Expenses of local transportation incurred for any purpose during occupancy of temporary quarters will not be allowed. Amounts claimed for lodging must be supported by receipts.

3. Limitations - Reimbursement for occupancy of temporary quarters are allowable for actual subsistence expenses incurred, as defined above, but not in excess of amounts derived from applying the basic formula to per diem rate specified in employee's transfer travel authorization for each 30-day period temporary quarters are necessarily occupied.

Remarks

(a) Cross out the time period that does not apply for this period.

* Supported by receipts

ATTACHMENT 7

New form

REQUEST FOR CONTRACTOR PROVIDED RELOCATION SERVICES

Name:

Office Address: Organization Code:

Office Telephone No. (FTS) (Commercial)
Home Telephone No.

Effective Date of Transfer (Reporting date at new station):

Date service agreement signed:

Address of home to be sold:

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

_____Home Marketing Assistance and Guaranteed Home Sale

_____Rental Assistance

_____Home Buyer's Assistance

_____Mortgage Counseling

_____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.

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

_____ Date

_____ Signature

UNITED STATES
DEPARTMENT OF THE INTERIOR
Office of Surface Mining

TRAVEL AUTHORIZATION

(Read the Privacy Act Statement on the back)

(1) 1. No. 39070

(2) 2. Travel Purpose Code ☐

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

4. _____
(Issuing Office)

5. Social Security No. (13-21) _____ (4) 6. Name (22-40) (Last) (First) (M.I.) 7. Date (41-46) Mo. Da. Yr. (3)

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

(6)

10. From: _____ 11. To: _____

12. Purpose and Remarks:

(5)

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 (7) $ _____

31. (8)

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. (9) _____
(Authorizing officer's signature)

36. _____
(Title)

† TRAVELER'S COPY

Explanation of Entries on the Travel Authorization Form

(1) Number: Document number pre-printed on the form.

(2) Travel Purpose Code: From Appendix 1

(3) Date: Date the travel authorization is prepared by the issuing organization.

(4) Traveler: Traveler's name and Social Security number.

(5) Purpose and Remarks: Reason for the trip and travel purpose.

(6) Period of Travel: Appropriate dates of travel purpose.

(7) Estimated Cost: Cost estimates for appropriate categories. This will be the amount obligated in ABACIS.

(8) Accounting Classification: Account number, and object class assigned by the issuing organization.

(9) Authorizing Officer's Signature: Signature of the official delegated authority to approve travel.

UNITED STATES
DEPARTMENT OF THE INTERIOR
Office of Surface Mining

TRAVEL AUTHORIZATION AMENDMENT DOCUMENT

1. No. (3)
2. Travel Purpose Code
3. Type of Travel
   - ☐ Area
   - ☐ General
   - ☐ Trip
   - ☐ Foreign
   - ☐ PCS

4. _____ (Issuing Office)

5. Social Security No. (2) (13-01)
6. Name (1) (Last) (First) (Middle) (Ext.)
7. Date (41-48) 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 cards, 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 allowances ..... _____
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. (4) _____ (Authorizing officer's signature)
36. _____ (Title)

Explanation of Entries on the Travel Authorization Amendment Form.

The amendment document need not be filled out completely but must contain the following information at the minimum:

1. Traveler's name
2. Traveler's Social Security Number
3. Travel Authorization number (From original Travel Authorization)
4. Signature of the authorizing officer, approving the changes.

Beyond the above described required information, only those entries representing changes to the original travel authorization need be completed. These entries will either add to or replace entries on the original document.

UNITED STATES
DEPARTMENT OF THE INTERIOR
Office of Surface Mining

ACT 4 0 F 4 TRANSACTION NO. U CC A

APPLICATION AND ACCOUNT FOR ADVANCE OF FUNDS

Social Security Number (2) | Name of Traveler (1) | Duty Station

An Advance of Funds is Hereby Requested for Travel and Other Expenses to Be Incurred Under Authorization No. (3) Dated

Itinerary: From (4) To

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

Type of Advance: ☐ Check (6) ☐ Cash

Mail Check To: (5)

(Date) (Signature of Traveler)

(Date) (9) (Signature of Approving Official)

(10) (Title of Approving Official)

ORG. PP T1 T2 ACCOUNT DBJ SUB AMOUNT

Balance Due U.S. From Previous Advance ..... $ (7)

Amount Herein Applied For ..... $ (8)

TOTAL ..... $

Cash Payment of $

Received (Date) (11)

(Signature of Payee)

(12)

DISTRIBUTION — SEE REVERSE

Explanation of Entries on Travel Advance Application Form

(1) Name of the traveler.

(2) Social Security number of the traveler.

(3) Five digit document number of the travel authorization.

(4) Beginning and ending dates of travel for which advances is requested.

(5) Address to which a travel advance check is to be delivered, complete with zip code.

(6) Type of Advance: Indicate whether to be paid by Treasury check, in cash (imprest fund), or with travelers checks (Notate "T.C.").

(7) Total amount of all outstanding travel advances issued under the identified travel authorization.

(8) Amount applied for in this advance.

(9) Approving officer's signature.

(10) Approving officer's title. If acting, title of official for whom acting and notation "Acting".

(11) If payment of the advance is received from the imprest fund or with travelers checks, traveler must sign for the payment.

(12) Account number identified on the travel authorization.

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE (1)	2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION	3. VOUCHER NO. (2) 4. SCHEDULE NO.
5. TRAVELER (PAYEE) a. NAME (Last, first, middle initial) (3)		b. SOCIAL SECURITY NO. (4)	6. PERIOD OF TRAVEL a. FROM b. TO
c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO.	7. TRAVEL AUTHORIZATION a. NUMBER(S) (5) b. DATE(S)
e. PRESENT DUTY STATION	f. RESIDENCE (City and State)		10. CHECK NO.

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding		a. DATE RECEIVED	b. AMOUNT RECEIVED $	
b. Amount to be applied				
c. Amount due Government (Attached: ☐ Check ☐ Cash)	(6)	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 hereby assign to the United States any right I may have against any defrayer in connection with reimbursable transportation charges described below purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
(7)						

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and 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 covered by this voucher.

TRAVELER SIGN HERE ▶ DATE (8) AMOUNT CLAIMED ▶ $ (9)

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 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 to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ (10) DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials $

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

d. NET TO TRAVELER ▶ $

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 ▶ (11) DATE

18. ACCOUNTING CLASSIFICATION

(12)

1012-116 NSN 7540-00-634-6180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

Explanation of Entries on the Travel Voucher Form

(1) Identify if travel is temporary duty or permanent change of station.

(2) Document number is assigned by DFM when the pre-numbered form is not utilized. Pre-numbered forms are provided to enable submitting offices to identify trip vouchers filed under an are authorization.

(3) Traveler's name.

(4) Traveler's Social Security number.

(5) Five digit document number of the supporting travel authorization.

(6) Amount applied against the travel advance.

(7) GTR number or statement that ticket was purchased with a Government charge card, or through a GTS account.

(8) Date voucher was prepared by traveler.

(9) Total voucher amount claimed.

(10) Signature of the designated approving official in the traveler's organization.

(11) Signature of designated certifying officer at ASC or HQ.

(12) Account number(s) and associated costs.

CONSTRUCTIVE TRAVEL COST DETERMINATION

The traveler may claim the lesser of (A) POV Costs or (B) Constructive Costs

A. TRAVEL BY PRIVATELY OWNED VEHICLE (POV) FOR CONVENIENCE OF TRAVELER

(1) _____ miles* @ _____ cents/mile $_____

(2) Parking fees; ferry fares; bridge, road and tunnel tolls $_____

(3) Per Diem en route: _____days @ _____/day $_____

(4) Lodging en route: $_____

Total actual cost of travel by POV $_____

*Must be by most direct usually traveled route

B. CONSTRUCTIVE COST BY APPROPRIATE COMMON CARRIER

(1) Common carrier fare $_____

(2) Taxi and/or limousine fares-domicile/airport $_____

(3) Excess baggage cost (if applicable) $_____

(4) Per diem en route _____days @ _____/day $_____

Total constructive cost of common carrier transportation $_____