1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.

TRAVEL AUTHORIZATION/ADVANCE

ATTACHMENT FOR RELOCATION TRAVEL

For relocation travel, complete this Form AD-202R in lieu of Section C of Form AD-202 and attach to the Form AD-202

3. NAME *(Last)* *(First)* *(Middle Initial)*

4. DISTANCE OF MOVE ☐ Less than 50 miles ☐ 50 miles or more

SECTION C - ITINERARY AND ESTIMATED EXPENDITURES

5. TYPE APPOINTMENT (Indicate one type only)
IP = Intergovernmental Personnel Act Assignee (IPA) | NA = New Appointee | OT = All Other | SE = Senior Executive Service Center Appointment Upon Separation for Retirement

6. NEW OFFICIAL STATION *(City and State)*

☐ **7. EXPENDITURES FOR HOUSEHUNT AUTHORIZED**

8. AUTHORIZED TRAVELERS ☐ Employee ☐ Employee and Spouse ☐ Unaccompanied Spouse

9. ESTIMATED DATES OF TRAVEL — FROM Month Day Year — THRU Month Day Year

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended), Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of facilitating authorization action for travel and other expenses to be incurred under administrative authorization. The information contained in this form will be used by the Federal agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations, or prosecutions. Failure to provide the information required will result in delay or suspension of the processing of this form.

10. AUTHORIZED EXPENDITURES	ESTIMATED AMOUNT
☐ Per Diem: Rate $ X No. Days =	$
☐ POV: Rate X Miles =	$
☐ **Other** (Specify)	
☐ Common Carrier Tickets (Transportation Mode / Method of Purchase)	$
☐ Use of Non-contract Airline Insert Code	
☐ Excess Fare	
☐ Car Rental	$
11. TOTAL ESTIMATED EXPENDITURES FOR HOUSEHUNT	$

☐ **12. SEPARATE RELOCATION ALLOWANCES ELECTION** ***(Must attach Form AD-202RE)***

☐ **13. EXPENDITURES FOR TRANSFER OF STATION AUTHORIZED**

17. TRAVEL AND TRANSPORTATION OF FAMILY	ESTIMATED AMOUNT
☐ Per Diem: Rate $ X No. Days	$

FROM / TO — OUTSIDE CONTINENTAL U.S. SUBSISTENCE *(Type Travel OT Only)*

FROM CITY	FROM ST	TO CITY	TO ST	SUB. CODE	LODGING	M and IE	RATE	NO.DAYS	
				S	$ +	=	x	=	$
				S	+	=	x	=	
				S	+	=	x	=	
				S	+	=	x	=	
				S	+	=	x	=	
				S	+	=	x	=	
				S	+	=	x	=	

14. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED ☐ **15. UNACC SPOUSE IND**

NAME	BIRTHDATE	MARITAL STATUS
SPOUSE		

16. ESTIMATED DATES OF TRAVEL — FROM Month Day Year — THRU Month Day Year

TOTAL SUBSISTENCE	$
☐ TRAVEL BY POV (NO. OF POVS / RATE / TOTAL MILES)	$
☐ **Other** (Specify)	$
☐ Unaccompanied Baggage	$
☐ Common Carrier Tickets (Transportation Mode / Method of Purchase)	$
☐ Use of Non-contract Airline Insert Code	
☐ Excess Fare	
☐ Excess Baggage	

☐ **18. SHIPMENT OF HOUSEHOLD GOODS**

ESTIMATED WEIGHT OF GOODS	PAYMENT METHOD	RATE	ADDITIONAL ALLOWANCES	
	☐ Actual Expense ☐ Commuted Rate	$	$	$

☐ **19. STORAGE OF HOUSEHOLD GOODS**

☐ TEMPORARY STORAGE (Y/N)	NO. DAYS	ESTIMATED WEIGHT OF GOODS TO BE STORED	COMMUTED RATE: 1ST DAY STORAGE RATE	COMMUTED RATE: OTHER DAYS STORAGE RATE	COMMUTED RATE: WAREHOUSE/PICKUP DELIVERY RATE	
			$	$	$	$

☐ **20. TRANSPORTATION OF MOBILE HOME** *(In lieu of shipment and storage of household goods)* $

☐ **21. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE** *(To be paid by GBL only)* $

☐ **22. TEMPORARY QUARTERS**

NUMBER OF DAYS	DAILY RATE FOR FIRST 30 DAYS	DAILY RATE FOR OVER 30 DAYS	
	$	$	$

☐ **23. MISCELLANEOUS EXPENSES/ALLOWANCE** $

☐ **24. REAL ESTATE EXPENSES PAID BY EMPLOYEE** *(Check applicable expenses)*

☐ Sale of Residence	☐ Purchase of Residence	☐ Lease Termination	
AMOUNT $	AMOUNT $	AMOUNT $	$

25. HOME PURCHASE INFORMATION

RESIDENCE ADDRESS AT OLD DUTY STATION *(Street, City, State, and Zip Code)*	NAMES OF ALL THE OWNERS OF THE PROPERTY	% OWNERSHIP	IMMEDIATE FAMILY Yes	IMMEDIATE FAMILY No	MARITAL STATUS OF EMPLOYEE
TELEPHONE (Area Code and Number)					

ESTIMATED SALES PRICE	% AUTHORIZED	% USED AS INCOME PRODUCING	ANY KNOWN TITLE DEFECTS	UREA-FORMALDEHYDE INSULATION	
$			Y=Yes N=No	Y=Yes N=No	$

☐ **26. RELOCATION SERVICES**

RELOCATION COMPANY NAME	TYPE SERVICES *(Check Service(s) Requested)*			
	☐ Home Purchase	☐ Home Finding	☐ Home Marketing	☐ Mortgage Finding

☐ **27. RELOCATION SERVICES CANCELLATION** **Cancelled by** ☐ Agency ☐ Employee ☐ Relocation Company — CANCELLATION FEES $

28. Total Estimated Expenditures for Househunt (from block 11) $

29. Total Estimated Expenditures for Transfer of Station $

DISTRIBUTE TOTAL OF THIS BLOCK TO SECTION D ON THE AD-202. 30. TOTAL ESTIMATED EXPENDITURES AUTHORIZED $

Service Agreement. I agree to remain in the service of the Federal Government for 12 months following the elective date of my transfer or appointment, unless separated for reasons beyond my control and acceptable to the Government. In case I violate this agreement, any moneys expended by the United States on account of my move described above shall be recoverable from me as a debt due to the United States. If I receive Withholding Allowance (WTA) payments for claims filed for travel expenses I agree to: (1) file for a Relocation Income Tax Allowance (RIT), (2) file all required documentation of income with the claim for RIT by August 31 of the year following the WTA payments unless an extension of time is granted by the Government. If I am overpaid or do not file the claims, I agree to repay the Government the entire WTA expended by the United States in connection with my transfer.

31. SIGNATURE

32. DATE