



National  
Aeronautics and  
Space  
Administration

# Authorization - Change of Station

1 a. AUTHORIZATION NO.

1 b. SAP FUNDS COMMIT  
DOCUMENT NUMBER

## TYPE OF MOVE:

FIRST DUTY STATION     FDS 5 USC 9811     PCS     TCS     SES LAST MOVE HOME

2. NAME OF EMPLOYEE		3. SOCIAL SECURITY NO.	4. MARITAL STATUS
5. LOCATION OF OLD DUTY STATION/NASA CENTER		6 a. LOCATION OF NEW DUTY STATION/NASA CENTER	6 b. ORG CODE
7. ENTER ON DUTY DATE	8. DATE SERVICE AGREEMENT SIGNED	9. TRAVEL DATES	
10. PER DIEM <input type="checkbox"/> a. EMPLOYEE <input type="checkbox"/> b. IMMEDIATE FAMILY		11. MISCELLANEOUS EXPENSES <input type="checkbox"/> a. WITH FAMILY <input type="checkbox"/> b. WITHOUT FAMILY	

## 12. TRANSPORTATION

a. FAMILY WILL TRAVEL <input type="checkbox"/> (1) WITH EMPLOYEE <input type="checkbox"/> (2) SEPARATELY (Complete 12b, if checked)	b. REASON FOR SEPARATE TRAVEL	SEPERATE TRAVEL MODE AUTHORIZED <input type="checkbox"/> COMMERCIAL AIR <input type="checkbox"/> AUTO (add cost to 12c.) <input type="checkbox"/> OTHER (Specify)
c. TRAVEL MODE <input type="checkbox"/> COMMERCIAL AIR <input type="checkbox"/> AUTO AT \$0. _____ PER MILE (Travel time limited to the average of 300 miles per day or the actual time, whichever is less) <input type="checkbox"/> OTHER (Specify) _____		

## 13. HOUSE HUNTING TRIP

a. AUTHORIZED <input type="checkbox"/> YES (Complete 14b, c, and d, if checked) <input type="checkbox"/> NO	b. AUTHORIZED FOR <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input type="checkbox"/> EMPLOYEE AND SPOUSE	c. NUMBER OF DAYS ALLOWED <input type="checkbox"/> ACTUAL _____ DAYS (NTE 10) <input type="checkbox"/> FIXED 10 DAYS	d. CAR RENTAL IS AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO
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## 14. MOVEMENT AND STORAGE OF HOUSEHOLD GOODS

a. TRANSPORTATION AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO	b. METHOD OF SHIPMENT <input type="checkbox"/> COMMUTED RATE <input type="checkbox"/> COMMERCIAL BILL OF LADING	c. SHIPPING WEIGHT _____ lbs.	d. TEMPORARY STORAGE <input type="checkbox"/> AUTHORIZED NUMBER OF DAYS _____
e. NON-TEMPORARY STORAGE (limited circumstances) <input type="checkbox"/> AUTHORIZED NUMBER OF DAYS _____	f. PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT <input type="checkbox"/> YES _____ lbs. <input type="checkbox"/> NO	g. SHIPMENT OF POV AUTHORIZED (See attached POV cost comparison) <input type="checkbox"/> YES <input type="checkbox"/> NO	

## 15. TEMPORARY QUARTERS

a. AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO	b. REIMBURSEMENT <input type="checkbox"/> ACTUAL NTE 60 DAYS _____ (NTE 60) <input type="checkbox"/> FIXED NUMBER OF DAYS _____ (NTE 30, NO EXTENSION)	c. EXTENSION <input type="checkbox"/> AUTHORIZED _____ DAYS EXTENSION (NTE 120 TOTAL INCLUDING ORIGINAL AUTHORIZATION)
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## 16. REAL ESTATE EXPENSES ANTICIPATED

a. NOT APPLICABLE     b. SALE OF OLD RESIDENCE     c. PURCHASE OF NEW RESIDENCE  
 d. UNEXPIRED LEASE     e. RELOCATION SERVICES     f. PROPERTY MANAGEMENT SERVICES

