



National
Aeronautics and
Space
Administration

CONUS CHANGE OF STATION AUTHORIZATION

1a. AUTHORIZATION NO.

1b. SAP FUNDS COMMIT
DOCUMENT NUMBER

(Before completing form, read Privacy Act Statement on Page 3)

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
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5. LOCATION OF OLD DUTY STATION	6a. LOCATION OF NEW DUTY STATION	6b. COST CENTER
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7. ENTER ON DUTY DATE	8. DATE SERVICE AGREEMENT SIGNED	9. TRAVEL DATES
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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 <input type="checkbox"/> c. N/A
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12. EN ROUTE TRAVEL

a. FAMILY WILL TRAVEL <input type="checkbox"/> (1) WITH EMPLOYEE <input type="checkbox"/> (2) SEPARATELY (Complete 12b and c, if checked)	b. REASON FOR SEPARATE TRAVEL	c. SEPARATE TRAVEL MODE AUTHORIZED <input type="checkbox"/> AUTO (add cost to 12d.) <input type="checkbox"/> COMMERCIAL AIR <input type="checkbox"/> OTHER (Specify) _____
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d. TRAVEL MODE

AUTO [POV1] _____ [POV2] _____ /per mile (Travel time limited to the average of 300 miles per day or the actual time, whichever is less.)

COMMERCIAL AIR

OTHER (Specify) _____

13. HOUSEHUNTING TRIP

a. AUTHORIZED <input type="checkbox"/> YES (Complete 13b, 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. REIMBURSEMENT <input type="checkbox"/> ACTUAL _____ DAYS (NTE 10) <input type="checkbox"/> FIXED/LUMP SUM	d. CAR RENTAL IS AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO
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14. MOVEMENT AND STORAGE OF HOUSEHOLD GOODS (NTE 18,000 LBS. NET WEIGHT)*

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. <small>*Allowance will be added for packing materials (NTE 2,000 lbs.)</small>	d. TEMPORARY STORAGE* <input type="checkbox"/> AUTHORIZED NUMBER OF DAYS _____ (NTE 150 DAYS)
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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
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15. TEMPORARY QUARTERS SUBSISTENCE EXPENSE

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

<input type="checkbox"/> a. NOT APPLICABLE	<input type="checkbox"/> b. SALE OF OLD RESIDENCE	<input type="checkbox"/> c. PURCHASE OF NEW RESIDENCE
<input type="checkbox"/> d. UNEXPIRED LEASE	<input type="checkbox"/> e. RELOCATION SERVICES (HOME SALE PROGRAM)	<input type="checkbox"/> f. PROPERTY MANAGEMENT SERVICES



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Privacy Act Statement

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. 110012 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 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 taxpayer 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.