



National  
Aeronautics and  
Space  
Administration

# OCONUS 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    OTRAT    EDUCATIONAL    RETURN FOR SEPARATION/  
SES LAST MOVE HOME

2. NAME OF EMPLOYEE \_\_\_\_\_ 3. SOCIAL SECURITY NO. \_\_\_\_\_ 4. MARITAL STATUS \_\_\_\_\_

5. LOCATION OF OLD DUTY STATION/POST OF DUTY \_\_\_\_\_ 6a. LOCATION OF NEW DUTY STATION/POST OF DUTY \_\_\_\_\_ 6b. COST CENTER \_\_\_\_\_

7. ENTER ON DUTY DATE \_\_\_\_\_ 8. DATE SERVICE AGREEMENT SIGNED \_\_\_\_\_ 9. TRAVEL DATES \_\_\_\_\_

10. PER DIEM  a. EMPLOYEE    b. IMMEDIATE FAMILY   11. MISCELLANEOUS EXPENSES (Not Applicable for OTRAT)  
 a. WITH FAMILY    b. WITHOUT FAMILY    c. N/A

**12. EN ROUTE TRAVEL**

a. FAMILY WILL TRAVEL  (1) WITH EMPLOYEE    (2) SEPARATELY (Complete 12b and c, if checked)  
b. REASON FOR SEPARATE TRAVEL \_\_\_\_\_  
c. SEPARATE TRAVEL MODE AUTHORIZED  
 AUTO (add cost to 12d.)  
 COMMERCIAL AIR  
 OTHER (Specify) \_\_\_\_\_

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. MOVEMENT AND STORAGE OF HOUSEHOLD GOODS (NTE 18,000 LBS. NET WEIGHT)\* (Not applicable for OTRAT)**

a. TRANSPORTATION AUTHORIZED  YES    NO  
b. METHOD OF SHIPMENT  COMMUTED RATE    COMMERCIAL BILL OF LADING  
c. SHIPPING WEIGHT\* \_\_\_\_\_ \*Allowance will be added for packing materials (2,000 lbs.)  
d. TEMPORARY STORAGE\*  AUTHORIZED  
NUMBER OF DAYS \_\_\_\_\_ (NTE 180 DAYS)

e. NON-TEMPORARY STORAGE  AUTHORIZED  
NUMBER OF DAYS \_\_\_\_\_  
f. PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT  YES \_\_\_\_\_ lbs.    NO  
g. SHIPMENT OF POV AUTHORIZED (See attached POV cost comparison)  YES    NO

**14. TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (Not applicable for OTRAT)**

a. PREDEPARTURE  YES    NO    N/A  
 PARTIAL FLAT RATE \_\_\_\_\_ DAYS  
 ACTUAL SUBSISTENCE METHOD \_\_\_\_\_ DAYS  
b. AT POST  YES    NO    N/A  
ACTUAL METHOD (NTE 90 DAYS)  
\_\_\_\_\_ NUMBER OF DAYS  
c. PRECEDING FINAL DEPARTURE  YES    NO    N/A  
ACTUAL METHOD (NTE 30 DAYS)  
\_\_\_\_\_ NUMBER OF DAYS

**15. TEMPORARY QUARTERS SUBSISTENCE EXPENSE (Not applicable for OTRAT)**

a. AUTHORIZED  YES    NO  
b. REIMBURSEMENT  ACTUAL \_\_\_\_\_ DAYS (NTE 60)  
 FIXED/LUMP SUM \_\_\_\_\_ DAYS (NTE 30, NO EXTENSION)  
c. EXTENSION  AUTHORIZED \_\_\_\_\_ DAYS EXTENSION  
(NTE 120 DAYS TOTAL INCLUDING ORIGINAL AUTHORIZATION)

**16. REAL ESTATE EXPENSES ANTICIPATED (Not applicable for OTRAT)**

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

17. RELOCATION INCOME TAX ALLOWANCE

a. EMPLOYEE

b. EMPLOYEE AND SPOUSE INCOME

c. N/A

**CONDITION: THE TRAVEL AND RELOCATION ALLOWANCES AUTHORIZED ARE IN THE INTEREST AND TO THE ADVANTAGE OF THE GOVERNMENT. CHANGE OF STATION IS NOT MADE PRIMARILY FOR THE CONVENIENCE OR BENEFIT OF THE EMPLOYEE OR AT HIS OR HER REQUEST. NECESSARY EXPENSES MAY BE INCURRED IN ACCORDANCE WITH PROVISIONS OF APPLICABLE FINANCIAL LAWS AND NASA REGULATIONS.**

18. NAME AND TITLE OF AUTHORIZING OFFICIAL

19. SIGNATURE

20. DATE

21. REMARKS

a. ADDRESS:

b. CHILDREN:

c. PHONE:

d. EMPLOYEE:

e. SPOUSE/DOMESTIC PARTNER:

f. RELOCATION CONTRACTOR FILE:

g. EOD:

h. RETIREMENT:

REMARKS:

**ACCOUNTING CLASSIFICATION**  
Detailed Estimate Attached

**TOTAL:** \_\_\_\_\_

22. ATTACHED ITEMS

NASA FORM 14490

BINDING DECISION PROPERTY MANAGEMENT

BINDING DECISION TQSA/TQSE

SERVICE AGREEMENT

SF 1038 ADVANCE OF FUNDS APPLICATION

WTA AGREEMENT



National  
Aeronautics and  
Space  
Administration

# OCONUS CHANGE OF STATION AUTHORIZATION

## 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.