

**INFORMATION SHEET  
TO BE COMPLETED BY THE EMPLOYEE  
(Signature Required)**

**PRINT ALL INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Old Home Address: \_\_\_\_\_ New Home Address (if known): \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

Old Home Phone No. \_\_\_\_\_ New Home Phone No. (if known) \_\_\_\_\_

Internet Address: \_\_\_\_\_ New Organization: \_\_\_\_\_

Present Organization: \_\_\_\_\_ Transferee \_\_\_\_\_ New Appointment \_\_\_\_\_

Address: \_\_\_\_\_ Date Agreement Signed: \_\_\_\_\_

\_\_\_\_\_ New Title: \_\_\_\_\_

Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Retirement:

\_\_\_\_\_ FICA/FERS Address: \_\_\_\_\_

\_\_\_\_\_ Medicare/CSRS Work # (if known): \_\_\_\_\_

Members of Immediate Family:

DEPENDENT(S) NAME	RELATIONSHIP	BIRTH DATE OF CHILDREN (unmarried and under age 21)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: List any other family members living with you, i.e., children over 21, who are either physically or mentally incapable of self-support; dependent parents; dependent brothers or sisters. If 51 percent of their support is provided by you, show documents to prove this.

Spouse employed by same organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Government Issued Travel Charge Card? Yes \_\_\_\_\_ No \_\_\_\_\_

**TRAVEL-IN:**

Travel From: \_\_\_\_\_ Travel To: \_\_\_\_\_ Distance: \_\_\_\_\_

Date to Enter on Duty: \_\_\_\_\_

Employee Mode of Transportation:    POV: \_\_\_\_\_    Commercial Air: \_\_\_\_\_    Rental Car: \_\_\_\_\_

Dependent(s) Mode of Travel: \_\_\_\_\_    Date Travel Begins: \_\_\_\_\_

If two POVs are required to travel to new duty station, provide justification: \_\_\_\_\_

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**REAL ESTATE EXPENSES:      (NOT AUTHORIZED FOR NEW APPOINTEES)**

Do you intend to sell your residence?      Yes \_\_\_\_\_      No \_\_\_\_\_

Do you request participation in Third Party Guarantee Home Purchase Program?      Yes \_\_\_\_\_      No \_\_\_\_\_

(This option is available within the 2-year time frame limitation for completion of real estate transactions. However, once you reject an offer from the relocation company you will not be eligible for this service again for this move.) For more detailed information contact the CAP Center Travel Division.

Do you need to break a lease?      Yes \_\_\_\_\_      No \_\_\_\_\_      What is the estimated amount? \_\_\_\_\_

What is the estimated real estate value of your old residence? \_\_\_\_\_

Do you intend to purchase a home at your new duty station?      Yes \_\_\_\_\_      No \_\_\_\_\_

What is the estimated purchase price of the new residence? \_\_\_\_\_

**NOTE: If you sign-up with DOE's third party relocation contractor and you find a bonafide buyer for your house, you may be eligible for the Home Market Incentive Program.**

**TEMPORARY QUARTERS      (NOT AUTHORIZED FOR NEW APPOINTEES)**

(Note: Must be justified if househunting trip is authorized)

(CHECK ONE):

Not Required \_\_\_\_\_

Required for employee only \_\_\_\_\_

Required for family only \_\_\_\_\_

Required for employee and family \_\_\_\_\_

**TEMPORARY QUARTERS (CONTINUED):**

Required at origin \_\_\_\_\_ destination \_\_\_\_\_ both areas \_\_\_\_\_

Estimated Dates Required \_\_\_\_\_

Select the Method of Temporary Quarters Reimbursement: ACTUAL \_\_\_\_\_ FIXED \_\_\_\_\_  
(NOTE: The selection of fixed rate reimbursement is final and not subject to change at a later date)

ACTUAL REIMBURSEMENT – Receipts are required for lodging and all expenses over \$75.00, authorized 60 initially, if sufficiently justified an extension of another 60 days may be authorized.

FIXED REIMBURSEMENT – Receipts are NOT required, paid flat not to exceed 30 days,  
**NO EXTENSIONS ARE PROVIDED UNDER FIXED REIMBURSEMENT.**

**HOUSEHUNTING TRIP: (NOT AUTHORIZED FOR NEW APPOINTEES)**

**NOTE:** Not to exceed 10 calendar days (must be authorized before taken), if Househunting and Temporary Quarters are authorized, the number of days of Temporary Quarters will be **reduced** by the number of days Househunting.

(CHECK ONE):

Not Required \_\_\_\_\_

Required for employee only \_\_\_\_\_ Required for spouse only \_\_\_\_\_

Required for employee and spouse \_\_\_\_\_

Number of Days \_\_\_\_\_

Dates of travel: \_\_\_\_\_

Mode of transportation: POV: \_\_\_\_\_ Commercial Air: \_\_\_\_\_ Rental Car: \_\_\_\_\_

Select the Method of Househunting Reimbursement requested ACTUAL \_\_\_\_\_ FIXED \_\_\_\_\_  
(NOTE: The selection of fixed rate reimbursement is final and not subject to change at a later date)

ACTUAL REIMBURSEMENT: Receipts are required for lodging and all expenses over \$75.00, authorized the lesser of the maximum per diem for the locality where employee seeks resident or for the locality where the employee obtains lodging.

FIXED REIMBURSEMENT: Receipts are not required, paid flat rate based on formula below:

Locality rate at new duty station X 6.25 – If employee and spouse travel together  
Locality rate at new duty station X 5 – For either employee or spouse traveling alone

**TRANSPORTATION OF HOUSEHOLD GOODS (NTE 18,000 POUNDS)**

**NOTE:** The government will pay for one lot shipment from point A to point B. Any additional stops will be at the employee's expenses.

**BY EMPLOYEE** \_\_\_\_\_

**BY DOE'S THIRD PARTY RELOCATION CONTRACTOR** \_\_\_\_\_

Shipment of goods required? Yes \_\_\_\_\_ No \_\_\_\_\_

Approximate Move Date: \_\_\_\_\_

Estimated Weight: \_\_\_\_\_ lbs. (Approximately 1,000 lbs. per room)

Any professional books to be moved? Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: List all books/approval from new hire that the books are needed in performance of duty/weighed separate from other items?)

Is a mobile home involved? Yes \_\_\_\_\_ No \_\_\_\_\_

**TEMPORARY STORAGE**

Will temporary storage be needed? Yes \_\_\_\_\_ No \_\_\_\_\_

**Return this signed form to:**

**Capital Accounting Center  
Travel Branch ME143.1  
P.O. Box 500  
Germantown, MD 20875-0500  
FAX #301-903-5240**

**Please Note:**

**Do not incur expenses in anticipation of relocation until you have received your written authorization.**

**Selection of reimbursement method for temporary quarters and househunting may not be changed at a later date.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions, you can contact Travel Audit at (800) 832-0890 extension 38969 or j(301) 903-8689 or via e-mail at [PCS.Travel@HQ.DOE.GOV](mailto:PCS.Travel@HQ.DOE.GOV). You can also access the Federal Travel Regulation at <http://www.policyworks.gov/fttr>.



### **Information on your taxes**

As an employee who is transferring within the Federal Government, you are entitled to a Relocation Income Tax Allowance (RITA). The purpose of this RITA is to reimburse you for substantially all of the additional Federal and state income taxes incurred as a result of certain travel and transportation expense reimbursements and relocation allowances provided by the Government. The Withholding Tax Allowance (WTA) is an estimated partial payment (advance) of the total RIT allowance and is added to your relocation claim if it is a taxable item. The WTA is calculated by multiplying the amount subject to tax withholdings by 38.889%.

The following items will show up as taxable items on your W-2 in the calendar year in which they are paid:

1. Househunting trip
2. En route meals
3. Temporary Quarters
4. Real estate expenses paid directly to the employee
5. Miscellaneous Expense
6. Additional temporary storage beyond the first 30 days
7. Relocation Income Tax
8. Withholding Tax Allowance (WTA)
9. Non-temporary storage (CONUS)
10. Additional days of storage that is paid directly to the employee
11. Home Sale Incentive (this is not subject to WTA payment.)

Employees are notified by mail during the first quarter of the following calendar year if eligible for RITA. Employees will be required to complete and return the self explanatory package.

If further information is needed, please access the Federal Travel Regulation (FTR) at the following internet address: <http://www.policyworks.gov/fttr> or contact us at our PCS Assistance Line at (301) 903-8689 or via e-mail [pcs.travel@hq.doe.gov](mailto:pcs.travel@hq.doe.gov).

Your signature below acknowledges that you understand that the WTA is included in the amounts that are reimbursed to you. When you submit your RITA voucher, it will be determined if you have been overpaid or underpaid. You also agree to submit your RITA voucher for processing when requested. If you do not submit your RITA voucher then it is considered an overpayment to you and the CAP center will set up a billing request for reimbursement.

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*(Signature)*

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*(Date)*