

**U.S. DEPARTMENT OF THE INTERIOR  
FISH and WILDLIFE SERVICE  
EMPLOYEE RELOCATION ALLOWANCE DATA SHEET**

NAME OF EMPLOYEE:  SSN:	EMPLOYEE'S PRESENT ADDRESS:  HOME PHONE NO.:
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TYPE OF PERSONNEL ACTION:  Date:	OFFICIAL DUTY STATION: PRESENT:  Phone No:	NEW:  Phone No:
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NEW STATION NUMBER:  ACCOUNT TO BE CHARGED:	DATES OF TRAVEL: Beginning on or about:	Ending on or about:
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NAME	RELATIONSHIP	AGE	NAME	RELATIONSHIP	AGE

Allowances Authorized (Check all blanks that apply)

1.  Transportation of Employee/ Family:  
      Common Carrier  
      House Hunting  
      Actual Travel  
      Government - Owned Conveyance

2.  Transportation of Employee/ Family by Privately Owned Vehicle :

<input type="checkbox"/> Employee only, or one member of family:	20 cents per mile
<input type="checkbox"/> Employee and one member of family, or two members of family:	20 cents per mile
<input type="checkbox"/> Employee and two members of family, or three members of family:	20 cents per mile
<input type="checkbox"/> Employee and three or more members, or four or more members of family:	20 cents per mile
<input type="checkbox"/> Other rate _____ (explain in item 14)	

**NOTE: MINIMUM DRIVING DISTANCE IS 350 MILES PER DAY.**

3.  Transportation of Employee/ Family by more than one privately owned vehicle (explain in item 14):

4.  Per Diem for Employee:

<input type="checkbox"/> Overnight travel including lodging:	\$ _____ per day
<input type="checkbox"/> Travel of less than 24 hours not requiring lodging:	\$ _____ per day
<input type="checkbox"/> Maximum allowable outside continental United States.	

5.  Per Diem for Family Members:

<input type="checkbox"/> Spouse accompanying employee:	\$ _____ per day ( 3/4 of employee rate )
<input type="checkbox"/> Spouse not accompanying employee	\$ _____ per day ( full employee rate )
<input type="checkbox"/> Other dependents age 12 or over:	\$ _____ per day ( 3/4 of employee rate )
<input type="checkbox"/> Other dependents under age 12	\$ _____ per day (1/2 of employee rate )

6.	_____	Transportation and Temporary Storage of Household Goods up to 18,000 lbs.	
	_____	Actual expenses (GBL provided by Budget and Finance)	Estimated weight of HHG: _____
	_____	Rental Vehicle	Total storage days needed: _____
7.	_____	Transportation of Mobile Home in lieu of Household Goods (employee must sign certification below):	
		I certify that the mobile home is for use as a residence for myself and/or my family at destination:	
		_____	
		(Signature of Employee)	
8.	_____	House Hunting Trip: _____ Fixed Rate _____ Locality Rate	
		<i>NOTE: Fixed Rate must be specifically stated on Travel Authorization for the Employee or Spouse or Both</i>	
	_____	Per Diem for Employee: \$ _____ per day (not to exceed 10 days)	
	_____	Total number of days anticipated: _____	
	_____	Per Diem for spouse accompanying employee \$ _____ per day	
	_____	Per Diem for un-accompanying trip for spouse: \$ _____ per day (not to exceed 10 days)	
	_____	Total number of days anticipated: _____	
	_____	Rental vehicle: _____	
	_____	POV, round trip mileage, plus local travel, not to exceed 50 miles	
9.	_____	Temporary Quarters: _____ Standard CONUS _____ Fixed Rate (Maximum 30 days) _____ OCONUS	
	_____	Standard CONUS / Actual Expenses, up to _____ days not to exceed maximum daily rates as follows:	
	_____	\$ _____ employee plus \$ _____ total for family members for first 30 days	
	_____	\$ _____ employee plus \$ _____ total for family members for second 30 days	
	_____	Fixed Rate / Actual Expenses up to _____ days not to exceed maximum daily rates as follows:	
	_____	Employee Number of Days x .75 of Locality Per Diem \$ _____	
	_____	Only Rate: _____	
	_____	Each Additional Family Member Number of Days x .25 of Locality Per Diem Rate \$ _____	
10.	_____	Miscellaneous Expenses:	
	_____	\$500 - Employees without immediate family	
	_____	\$1000 - Employees with immediate family	
11.	_____	Real Estate Expenses:	
	_____	Selling Estimated Value of Home	\$ _____
	_____	Buying Estimated Value of Purchase	\$ _____
	_____	Relocation Services Contract:	
	_____	Relocation Services Vendor	
12.	_____	Shipment of Personally Owned Vehicle (POV) within CONUS: _____	OCONUS _____
		(Issued under separate GBL from household goods).	
13.	_____	Advance of Funds for Travel Expenses, Transportation and Temporary Storage of Household Goods or Mobile Home (unless by GBL), House hunting Trip and Temporary Quarters as authorized hereby, and as estimated and itemized on SF-1038, "Advance of Funds Application and Account."	
14.	_____	Other Allowances, Explanations, etc.	
		Requested by (Signature of Employee)	Date
		Approved by (Signature of Program Official)	Date
		Approved by (Signature of Authorizing Official)	Date