

VOUCHER OR CLAIM FOR DEPENDENT TRAVEL AND DISLOCATION OR TRAILER ALLOWANCE <i>(Complete with ink, ball-point pen or typewriter DO NOT use lead pencil).</i>			Use reverse for continuation of items identifying by item numbers.	BUREAU VOU NO.	SUBVOUCHER NO.	DO VOUCHER NO.
PAYMENT FOR				PAYMENT DESIRED		PAID BY
MILEAGE <i>(Civ Emp)</i>		MONETARY ALW IN LIEU OF TRNSPN <i>(Member)</i>		CASH		
DLA <i>(Member) (See Reverse)</i>		TLR ALW <i>(Member)</i>		CHECK		
ACTUAL TRNSPN COST <i>(Member/Civ Emp)</i>		OTHER <i>(Specify)</i>				
TRAVEL AUTHORITY <i>(PCS Orders, Dependent Travel Authorization, if used, etc.)</i>						
LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Print/Type)</i>				GRADE/RANK	SERVICE NO./SSAN	
CHECK MAILING ADDRESS				DUTY PHONE NO.		
ORGANIZATION AND STATION						
I. DEPENDENTS TRAVEL						
The following persons were my dependents on effective date and performed travel as claimed under authority stated above, with intent of establishing a bona fide residence at destination. None of the dependents shown was a member of the uniformed services on active-duty. Travel covered by this claim represents the entire travel of all my dependents on this change of station except as indicated in remarks on reverse.						
NAME	RELATIONSHIP	BIRTHDATE OF CHILDREN	MODE OF TRNSPN <i>(TR No. when used)</i>	FROM	TO	
TRAVEL FROM <i>(Check one)</i>				TRAVEL TO <i>(Check one)</i>		
LAST PERMANENT STATION				NEW PERMANENT STATION		
OTHER THAN LAST PERMANENT STATION				OTHER THAN NEW PERMANENT STATION <i>(Complete bona fide residence block below.)</i>		
HOME OR PLACE FROM WHICH LAST ORDERED TO ACTIVE DUTY				FIRST PERMANENT STATION		
LAST DUTY STATION				HOME, HOME OF SELECTION, OR PLACE FROM WHICH ORDERED TO ACTIVE DUTY		
ROUND TRIP TRAVEL IN CONNECTION WITH CIVILIAN EMPLOYEES RENEWAL AGREEMENT						
BONA FIDE RESIDENCE: UNTIL FURTHER GOVERNMENT TRANSPORTATION IS AUTHORIZED (7001, JTR. DEPENDENTS WILL ESTABLISH A BONA FIDE RESIDENCE) <i>(Show complete address.)</i>						
DEPENDENTS ADDRESS ON RECEIPT OF ABOVE TRAVEL AUTHORIZATION						
ADDRESS TO WHICH DEPENDENTS LAST TRANSPORTED AT GOVERNMENT EXPENSE						
HAVE HOUSEHOLD GOODS BEEN SHIPPED TO NEW ADDRESS?		YES	NO <i>(If NO, give reason why in REMARKS block on reverse)</i>			
II. DEPENDENTS ACTUAL TRAVEL						
FROM <i>(Complete Address)</i>			TO <i>(Complete Address)</i>			
DATE TRAVEL	DATE TRAVEL COMPLETED	PORT OF DEPARTURE <i>(Include APOE)</i>	PORT OF ARRIVAL <i>(Include APOD)</i>	SPEEDOMETER READING		
				TO		
III. OVERSEAS RETURNEE - DEPENDENTS DID NOT TRAVEL OVERSEAS						
PERMANENT STATION PRIOR TO OVERSEAS ASSIGNMENT			GRADE AT DEPARTURE	US REENTRY PORT		
ADDRESS TO WHICH DEPENDENTS TRAVELED OR REMAINED				AT GOVERNMENT EXPENSE		
				YES	NO	
IV. REIMBURSABLE EXPENSES						
DATE	NATURE AND EXPLANATION			AMOUNT CLAIMED	ALLOWED	
I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.			SIGNATURE OF CLAIMANT AND DATE			
ACCOUNTING CLASSIFICATION					COMPUTATIONS	
COMPUTED BY	AUDITED BY	TRAVEL RCRD POSTED BY	RECEIVED <i>(Payee signature & date or check no.)</i>			AMOUNT PAID

V. TRANSPORTATION OF HOUSE TRAILER				
DATE TRAILER ACQUIRED	ADVANCE \$	DATE OF ADVANCE	TRANSPORTED BY	
			PRIVATE MEANS	COMMERCIAL TRANSPORTER <i>(Attach Commercial Bill of Lading)</i>
TRAILER TRANSPORTED AT MY OWN EXPENSE FOR USE AT DESTINATION AS RESIDENCE FOR <input type="checkbox"/> DEPENDENTS <input type="checkbox"/> SELF				
FROM:	DATE DEPARTED	TO:	DATE ARRIVED	
I understand that acceptance of the trailer allowance constitutes as irrevocable decision to that allowance in lieu of the dislocation allowance and shipment of household effects. I have not and will not (a) claim the dislocation allowance or (b) request shipment of baggage or household effects at Government expense.				
VI. DISLOCATION ALLOWANCE				
<p>1. This is the _____ (number) claim for dislocation allowance based on a permanent change of station during _____ (fiscal year).</p> <p>2. I have not and will not request Government procured shipment of a housetrailer or reimbursement for shipment at personal expense if I am claiming a dislocation allowance for this PCS.</p>				
VII. DEPENDENCY STATEMENTS				
<p><i>(Proof of dependency of parents, step and adopted children, children over 21 years of age mentally or physically incapacitated, or dependent on husband and children of a female member. (Complete as applicable to your claim))</i></p> <p>My dependent(s) named in this claim (is, are) in fact dependent upon me and a certificate of dependency was approved by the appropriate agency. Further, there has been no change in the conditions of dependency since the certificate of dependency was approved. I understand that in the case of a dependent parent the certificate of dependency must be approved annually.</p> <p>CERTIFICATE OF RESIDENCE OF PARENT(S)</p> <p>My dependent parent(s) resided as a member of my household at time of receipt of applicable orders or other authority and resided as a member of my household established incident to the change of station.</p> <p>CERTIFICATE FOR STEPCHILD <i>(Mother's name)</i></p> <p>_____, the mother of the stepchild (stepchildren) named in this claim was my legal wife at the time this travel was performed.</p>				
VIII. PENALTY				
The penalty for wilfully making a false claim is: A maximum fine of \$10,000 or maximum imprisonment of 5 years, or both. (U.S. Code, Title 18, Section 287, formerly Section 80.)				
IX. REQUIRED ATTACHMENTS				
<ol style="list-style-type: none"> Original and/or legible copies of PCS orders as instructed. Original and/or legible copies of TDY orders as instructed. If PCS was preceded by TDY pending further orders or indeterminate TDY. Two copies dependent travel authorization if issued. Copy of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and or will not reside in your household after travel. Memorandum copy of each transportation request (SF 11696) used. Other attachments will be as directed. 				
REMARKS				
X. APPROVED FOR PAYMENT <i>(When required by individual service regulations)</i>			SIGNATURE OF AUTHORIZED APPROVING CERTIFYING OFFICER & DATE)	