

# Supplement to Travel Order Request and Authorization for Permanent Change of Station

U.S. Department of Housing  
and Urban Development  
Office of the Chief Human Capital Officer

Attach to form HUD-25, Official Travel Order

1. Name of Employee	2. New Position, Title and Grade/Step	3. Actual Reporting Date	4. Travel Order No.
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5. Actual Residence at time of Transfer or Appointment (Street address, City, County, State, Zip)	6. Date of Service Agreement (attach copy of form HUD-21004)
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7. Persons Authorized to travel at Government expense en route to New Duty Station (2131)							
a. Name (list Employee on first line)	b. Relation	c. If child, Date of Birth	d. Per Diem		e. Transportation		
			(1) Rate	(2) Est. Cost	(1) Mode	(2) For Driver(s) only of POV (enter no. of miles and rate)	
f. Subtotals f(1)			\$	f(2)			\$

8. Round Trip Travel to seek Permanent Residence Quarters (2131)							
a. Authorization (mark appropriate box(es)) <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Employee and Spouse							
(1) <input type="checkbox"/> Not Authorized (2) <input type="checkbox"/> Authorized, NTE _____ calendar days including travel (3) <input type="checkbox"/> Authorized Fixed at \$							
b. Dates of Travel		c. Per Diem Rate		d. Transportation			
(1) Beginning about	(2) Ending about	(1) Employee	(2) Spouse	(1) Mode	(2) If POV, number of miles and rate per mile		
e. Estimated Cost		(2) Transportation		(3) Other			
(1) Per Diem	\$	\$	\$		\$		
8. Est. House Hunting Cost						\$	

9. Allowance for Subsistence Expense while occupying Temporary Quarters (1235)								
a. Authorization (mark appropriate box(es). Justification must be attached if box 8a(2) above is checked.)								
(1) <input type="checkbox"/> Not Authorized (2) <input type="checkbox"/> Authorized (3) <input type="checkbox"/> Employee <input type="checkbox"/> _____ members of immediate family								
b. Initial 30 days		(1) Employee		(2) Spouse		(3) Family Members		
Beginning Date								
Number of Days						(4) Total daily rate		
Per Diem Rates						\$		
(5) Total Est. for Initial 30 days						\$		
b. Second 30 days		(1) Employee		(2) Spouse		(3) Family Members		
Beginning Date								
Number of Days						(4) Total daily rate		
Per Diem Rates						\$		
(5) Total Est. for Second 30 days						\$		
d. Fixed Amount <input type="checkbox"/> Not Authorized <input type="checkbox"/> Authorized \$								
10. Miscellaneous Expenses Allowance (1235) <input type="checkbox"/> Flat Rate <input type="checkbox"/> Actual Expenses								
10. Total Miscellaneous Expenses							\$	

11. Allowance for Real Estate Transactions and Unexpired Leases (1235)							
a. Sale of home at Old Official Station <input type="checkbox"/> b. Purchase of home at new Official Station <input type="checkbox"/> c. Settlement of lease at Old Official Station <input type="checkbox"/>							
(1) Est. cost of home \$		(1) Est. cost of home \$		Est. cost \$			
(2) Est Reimbursmt \$		(2) Est Reimbursmt \$					
11. Total Real Estate Expenses							\$

12. Transportation and Storage of Household Goods and Personal Effects (2220 and 2506)													
a. Type of Shipment <input type="checkbox"/> Commuted Rate System Continental U.S. <input type="checkbox"/> GBL Method Continental U.S. <input type="checkbox"/> Outside Continental U.S.													
b. Transportation		Cost comparison obtained?		(1) Estimated wt.		(2) Distance (miles)		(3) Rate per Cwt.		(4) Surcharge		(5) Estimated Cost	
		<input type="checkbox"/> Yes <input type="checkbox"/> No										\$	
c. Temporary Storage		Cost comparison obtained?		(1) Estimated wt.		(2) Period (days)		(3) Rate per Cwt.				(5) Estimated Cost	
		<input type="checkbox"/> Yes <input type="checkbox"/> No										\$	
d. Nontemporary Storage		Authorized? (If so, att. Justif.)		(1) Estimated wt.		(2) Period (months)		(3) Rate per Cwt.				(5) Estimated Cost	
		<input type="checkbox"/> Yes <input type="checkbox"/> No										\$	
12. Total Household Goods Cost							\$						

13. Transportation of House Trailer (2220)								
(If authorized, provide certification that trailer will be used as residence at new duty station. Cert. dtd. _____)								
<input type="checkbox"/> Not Authorized <input type="checkbox"/> Authorized								
(1) Distance (miles)			(2) Mileage Basis		(3) Commercial Carrier		13. Est. Cost for Transportation of House Trailer	
							\$	

14. Shipment of POV (2220) <input type="checkbox"/> Authorized <input type="checkbox"/> Not Authorized							14. Estimated Cost of Shipment of POV		\$
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15. Total Cost Estimate							15. Total Cost Estimate (add blocks 7 thru 14)		\$
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16. Relocation Income Tax Allowance (1235) Estimated Tax Allowance (20% of block 15) \$							17. Grand Total/Estimate of Move		\$
							Enter this figure in block 24 of form HUD-25		