

## REQUEST FOR TRAVEL ORDERS - PERMANENT CHANGE OF STATION (PCS)

| EMPLOYEE DATA   |  |   |  |  |
|---|--|---|--|--|
| NAME: <input style="width: 90%;" type="text"/>  |  | SSN: <input style="width: 80%;" type="text"/>   |  |  |
| Current Position Title and Grade: <input style="width: 95%;" type="text"/>  |  |   |  |  |
| Retirement code: <input type="checkbox"/> CSRS <input type="checkbox"/> FERS  |  |   |  |  |
| Current Duty Station: <input type="checkbox"/> Naval Support Activity, Naples, Italy<br><input type="checkbox"/> Other, please specify: <input style="width: 80%;" type="text"/>                                      |  |   |  |  |
| Home Address: <input style="width: 95%;" type="text"/>  |  |   |  |  |
| Telephone numbers: Home: <input style="width: 150px;" type="text"/> Work: <input style="width: 150px;" type="text"/> Fax: <input style="width: 150px;" type="text"/>  |  |   |  |  |
| TRAVEL DATA   |  |   |  |  |
| New Position Title and Grade: <input style="width: 95%;" type="text"/>  |  |   |  |  |
| Duty Station and Address: <input style="width: 95%;" type="text"/>  |  |   |  |  |
| Estimated Travel Dates: <input style="width: 180px;" type="text"/>  |  | Duty Reporting Date: <input style="width: 180px;" type="text"/>   |  |  |
| Leave Enroute: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide copy of approved leave slip)</i>  |  |   |  |  |
| Mode of Transportation: <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> POV <input type="checkbox"/> Other: <input type="checkbox"/> Rail <input type="checkbox"/> Ship            |  |   |  |  |
| <b>HOUSEHOLD GOODS SHIPMENT:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>TEMPORARY STORAGE OF HOUSEHOLD GOODS:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>SHIPMENT OF PRIVATELY OWNED VEHICLE (POV):</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Fixed <input checked="" type="checkbox"/> Actual |  |
| DEPENDENT DATA  |  |   |  |  |
| Name  | Birth date<br>(Children Only)  | Relationship<br>(i.e. spouse)   | Travel Starting Point  | Travel Date                              |
| <input style="width: 95%;" type="text"/>  | <input style="width: 95%;" type="text"/>   | <input style="width: 95%;" type="text"/>  | <input style="width: 95%;" type="text"/>   | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/>  | <input style="width: 95%;" type="text"/>   | <input style="width: 95%;" type="text"/>  | <input style="width: 95%;" type="text"/>   | <input style="width: 95%;" type="text"/> |
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| Dependents Mode of Transportation: <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> POV <input type="checkbox"/> Other: <input type="checkbox"/> Rail <input type="checkbox"/> Ship |  |   |  |  |

Note: In order to process your orders, you must submit a signed transportation agreement along with this request to HRO, Admin 1, Attn: NO22. HRO point of contacts may be reach is Teresa Eurito, 626-5779 or Emily Fransico, 626-5778.