

REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES*Prescribing Authority for this form is the Joint Travel Regulations (JTR).**For use of this form see JTR, par. 054506, "Procedure and Claim Requirement for Sale or Purchase of Residence Reimbursement."***PRIVACY ACT STATEMENT**

(5 U.S.C. § 552a)

AUTHORITY: 5 U.S.C. § 5724.**PRINCIPAL PURPOSES:** This form is used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and purchase of their primary residences due to a permanent change of duty location.**ROUTINE USE:** May be provided to law enforcement and others for audits and investigations.**DISCLOSURE:** Voluntary. However, failure to provide the requested information on this form may delay or preclude timely authorization of reimbursement for costs and expenses.**PART I - CIVILIAN EMPLOYEE INFORMATION**

1. NAME (Last, First, Middle Initial)	2. TRAVEL ORDER NUMBER
3. MAILING ADDRESS (include ZIP Code)	4. WAS A REAL ESTATE CLAIM PREVIOUSLY SUBMITTED FOR EXPENSES FOR THIS PCS TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO

PART II - TRANSFER INFORMATION

5. PREVIOUS PDS LOCATION			
6. NEW PDS LOCATION			
7. TRANSFER NOTIFICATION DATE (YYYYMMDD)	8. TRAVEL AUTHORIZATION DATE (YYYYMMDD)	9. TRANSPORTATION AGREEMENT SIGNED DATE (YYYYMMDD)	10. REPORT AT NEW PDS DATE (YYYYMMDD)

PART III - RESIDENCE SALE AND PURCHASE EXPENSES

	PREVIOUS PDS	NEW PDS
11. COMPLETE RESIDENCE ADDRESS (Include ZIP Code)		
12. NUMBER OF DWELLING UNITS		
13. CLOSING OR SETTLEMENT DATE (YYYYMMDD)		
14. SALE PRICE AT OLD PDS OR PURCHASE PRICE AT NEW PDS		
15. SALES OR BROKER'S COMMISSION FEES:		
16. ADVERTISING FEES:		
17. APPRAISAL FEE:		
18. LEGAL AND RELATED FEES:		
19. MISCELLANEOUS COSTS		
a. PREPAYMENT CHARGE:		
b. LENDER'S APPRAISAL FEE:		
c. FEDERAL HOUSING ADMINISTRATION (FHA) OR VETERANS AFFAIRS (VA) APPLICATION FEE		
d. CERTIFICATION FEE:		
e. CREDIT REPORT FEE:		
f. MORTGAGE TITLE POLICY FEE:		
g. ESCROW AGENT'S FEE:		
h. CITY, COUNTY, OR STATE TAX STAMPS		
i. SALES OR TRANSFER TAXES; MORTGAGE TAX		
20. OTHER INCIDENTAL EXPENSES:		
21. TOTAL COSTS CLAIMED:		

PART IV – EMPLOYEE CERTIFICATION**22. EMPLOYEE CERTIFICATION STATEMENT**

- ☐ **SALE:** I certify that the amounts claimed in Part III in conjunction with the above **sale** represent only amounts actually paid by me, that title to the property was in my name or the name of an authorized dependent, and that this was my primary residence when I was first informed of my transfer.
- ☐ **PURCHASE:** I certify that the amounts claimed in Part III in conjunction with the above **purchase** represent only amounts actually paid by me, and that title to the property is in my name or the name of an authorized dependent and is my new primary residence.

a. SIGNATURE**b. DATE (YYYYMMDD)****23. SUPERVISOR OR DESIGNATED OFFICIAL CERTIFICATION STATEMENT**

- ☐ **SALE:** The sale expenses claimed in Part III are approved as being reasonable in amount and customarily paid by a seller in the locality where the property is located.
- ☐ **AS CLAIMED** ☐ **AS REDUCED** (*see attached memorandum*)
- ☐ **PURCHASE:** The purchase expenses claimed in Part III are approved as being reasonable in amount and customarily paid by a buyer in the locality where the property is located.
- ☐ **AS CLAIMED** ☐ **AS REDUCED** (*see attached memorandum*)

a. SIGNATURE**b. DATE (YYYYMMDD)****c. TITLE****PART V - MANAGEMENT APPROVAL INFORMATION***(The civilian employee's supervisor or the official designated by the appropriate authority of the civilian employee's activity completes Part V.)***24. PAYMENT APPROVAL BY NEW DUTY STATION**

Payment of this claim is approved in the amount of: _____

a. SIGNATURE**b. DATE (YYYYMMDD)****c. TITLE**