FORM CD-150 U.S. DEPARTMENT OF COMMERCE (Rev. 9-03) PRESCRIBED BY DOC TRAVEL HANDBOOK REQUEST FOR AUTHORIZATION OF TRAVEL AND MOVING EXPENSES							NOTE TO EMPLOYEE: Travel information is needed for issuance of a valid Travel Order which you must have in your possession in order to claim reimbursement for travel, transportation, and applicable allowances provided by the Federal Travel Regulations (FTR). If you wish authorization for the cost of travel, transportation and applicable expenses as provided by the FTR and agree to repay this cost in case you do not remain with the Government for at			
TYPE OF AUTHORIZATION: (Check	k one)						least twelve (12)	months	s, complete this form. DO NOT	
(a) IFIRST DUTY STATION (New Appointee)							AFTER YOU S	SIGN T	ICUR EXPENDITURES UNTIL THIS FORM AND RECEIVE	
(b) DERMANENT CHANGE OF OFFICIAL DUTY STATION									N APPROVED TRAVEL ORDER. // MUST BE ATTACHED TO THE	
IF THERE ARE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR ANY OF THE ALLOWANCES LISTED, CONTACT:							TRAVEL ORDER. For reimbursement of expenses, travel documents related to this relocation should be sent to the following payment center:			
(Name) (Phone Number)										
RETURN THIS FORM NO LATER THAN TO:						_ TO:				
						-				
REFERENCES ARE TO THE DOC TRA	VEL HANDBOOK.									
SECTION I — GENERAL INFORMATION (To be completed by employee)										
1. NAME OF EMPLOYEE				2. ORGAN	IIZATION CO	DDE		3. S	OCIAL SECURITY NUMBER	
IF BOX (a) 4. ADDRESS OF RESIDENCE AT TIME OF APPOINTMENT ABOVE IS (Street, City, State, ZIP Code) CHECKED, (If different from item 4) ITEMS 4–8 5. ADDRESS TO WHICH TRAVEL ORDER SHOULD BE MAILED								SHOULD BE MAILED		
6. POSITION TO WHICH APPOINT	ED	7. LOCATIO	ON OF I	POSITION <i>(Ci</i>	ty, State)) 8. PROPOSED EFFECTIVE DATE OF APPOINTMENT				
IF BOX (b) 9. CHANGE OF OFFICIAL DUTY STATION (City, State) ABOVE IS FROM: TO: CHECKED, COMPLETE ITEMS 9–10							10. PROPOSED REPORTING DATE AT NEW STATION			
SIGNATURE AND TITLE OF APPOINTING OFFICIAL			TELEPHONE NO.				DATE			
SECTION II — TRAVEL INFORMATION (To be completed by employee) The information provided in this section will be used by the Authorizing Official to determine the appropriate allowances to be authorized. If box (a) above is checked, complete items 11–19 (where applicable). If box (b) above is checked, complete items 11–25 (where applicable).										
11a. ADDRESS OF EMPLOYEE'S (OLD) RESIDENCE			RESIDENCE TO OLD			DI	IS NEW STATION 50 MILES GREATER THAN THE DISTANCE IN 11b? (See FTR 302-2.6) YES NO (If no, do not complete this form. Relocation allowances are not authorized.)			
13. MODE OF TRAVEL FOR WHIC	H AUTHORIZATION	IS REQUESTE	D (Priva	ately owned ve	hicle, air, bu	ıs, train,	etc.)			
							APPROXIMATE DATE OF			
	MODE	D	EPARTL	JRE POINT			DEPARTURE		ARRIVAL	
(a) FOR SELF										
(b) FOR IMMEDIATE FAMILY										
14. IF YOU AND YOUR FAMILY WILL TRAVEL SEPARATELY, EXPLAIN										
15. NAMES OF IMMEDIATE FAMILY MEMBERS FOR WHOM AUTHORIZATION IS REQUESTED						RELATIONSHIP		CHILDREN'S BIRTH DATE		
16. USE OF MORE THAN ONE PRIVATELY OWNED AUTOMOBILE REQUESTED IYES INO										

17. WILL HOUSEHOLD GOODS AND PERSONAL EFFECTS BE MOVED? (See FTR 302-7)	APPROXIMA DATE	λΤΕ	ESTIMATED WEIGHT	NO. OF ROOMS					
LOCATION OF HOUSEHOLD GOODS AND PERSONAL EFF	FECTS		DESTINATION						
18. WILL STORAGE OF HOUSEHOLD GOODS BE REQUIR	2ED? (See ETR 302-7	·)							
YES NO NUMBER OF DAYS	,		NONTEMPORARY (Justify. See FTR 302-8.)						
19. TRANSPORTATION OF MOBILE HOME IN LIEU OF TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS (Items 17 and 18).									
I certify the mobile home is for use as a residence for me and my immediate family at the destination (See FTR 302-10).									
YES NO If yes, initial here for certification of above statement.									
20. TRIP TO SEEK RESIDENCE REQUESTED (Justify: See	e FTR 302-5.)	MODE OF TRAVEL	INCLUS	IVE DATES REQUESTED					
YES NO									
21. TEMPORARY QUARTERS REQUESTED (Justify. See F	-TR 302-6.)								
SUBSISTENCE EXPENSES FOR DAYS WHILE OCCUPYING									
(Self, family,	; self & family)								
TEMPORARY QUARTERS. APPROXIMATE DATES OF	TEMPORARY QUART	ERS	то						
22. EXPECTED REAL ESTATE EXPENSES (See FTR 302-1	11.)								
SELLING ESTIMATED VALUE OF H RESIDENCE TO BE SOLD \$			YING SIDENCE						
23. THIRD PARTY RELOCATION CONTRACTOR SERVICES REQUESTED (See FTR 302-12.) (Check with your Authorizing Official to determine if these services are available in your Operating Unit.)									
YES I am interested in the services of a third party relocation contractor to provide for the sale of my residence at my old official duty station. I understand that the									
fees paid to the contractor void my entitlement to direct reimbursement of these fees. I agree to reimburse the Government for any and all expenses and fees paid to the contractor on my behalf for the services received if I fail to fulfill the requirements of my service agreement. If yes, initial here.									
NO I am not interested in the services of a third party relocation contractor to provide for the sale of my residence at my old official duty station. I understand that I may not request this service for the relocation on or after the effective date of transfer to my new official duty station. If no, initial here.									
□ YES \									
OR I am interested in the services of a third party relocation contractor for assistance in home marketing and/or home finding. (These services are at no cost to the Government or the employee.)									
24. 🔲 ALLOWANCES FOR MISCELLANEOUS EXPENSES (See FTR 302-16) AND RELOCATION INCOME TAX ALLOWANCE (See FTR 302-17).									
25. SHIPMENT OF PRIVATELY OWNED VEHICLE REQUES	STED (Justify. See FTI	R 302-9.) 🔲 YES							
SECTION III — SERVICE AGREEMENT (MUST BE COMPLETED BY EMPLOYEE)									
In consideration of the payment of travel and transportation expenses and applicable allowances as provided by regulation and incurred on my behalf by									
(Operating Unit) in connection with (a) the appointment to my first duty station, or (b) the perma- nent change of my official station, I agree to remain in the employment of the United States Government for twelve (12) months following the effective date									
of transfer or appointment unless separated for reasons beyond my control and acceptable to the department or agency in which I am employed. I understand and agree that if I violate this agreement, any payments made pursuant to it shall be recoverable from me as a debt due the United States.									
Also, I agree that if I receive Withholding Tax Allowance (WTA) payments for claims filed for relocation transfer expenses, I will repay any excess WTA									
payments made to me. I will submit the required certified tax information and file a Relocation Income Tax Allowance (RITA) claim. If I do not file the claim for RITA, I agree to repay the Government for the entire Withholding Tax Allowance expended by the United States in connection with my transfer.									
I understand that under such circumstances such funds are recoverable from me as a debt due the United States (FTR 302-17).									
EMPLOYEE'S SIGNATURE	DATE	HON	1E TELEPHONE	WORK TELEPHONE					
		AREA CODE	NUMBER	AREA CODE NUMBER					
FORM CD-150		2		USCOMM-DC97-7111					

SECTION IV — PRIVACY ACT NOTIFICATION

The following information is provided in compliance with the Privacy Act of 1974 (5 USC 522a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations, E.O. 9397 of November 22, 1943, E.O. 11012 of March 27, 1962, E.O. 11609 of July 22, 1971, E.O. 12466 of February 27, 1984, and E.O. 12522 of June 24, 1985. The Social Security Number (SSN) is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and delay or suspension of claims for reimbursement.

SECTION V — TRAVEL AUTHORIZATION/CERTIFICATION (TO BE COMPLETED BY AUTHORIZING OFFICIAL)

The employee/appointee is authorized to travel and incur necessary expenses, as indicated on the attached Travel Order, Number ______, dated _______ issued in accordance with the Department of Commerce Travel Handbook. This relocation is in the interest of the Government and not primarily for the convenience or benefit of the employee or at his/her request.

Signature of Authorizing Official

SECTION VI - CERTIFICATION FOR SHIPMENT OF HOUSEHOLD GOODS (TO BE COMPLETED BY TRANSPORTATION OFFICER)

In accordance with 41 CFR PART 302-7, I certify that a cost comparison to determine the method to be used for shipment of household goods has been obtained from the General Services Administration (GSA) (copy attached). It has been determined that the most advantageous method to the Government for shipment of household goods for this relocation is:

Commuted Rate — Employee makes all arrangements with carriers and pays the carrier directly.

Government Bill of Lading (GBL) — Government makes arrangements with the carrier and is responsible for payment to the carrier.

Signature of Bureau Official/Transportation Officer

SECTION VII — JUSTIFICATIONS/REMARKS

Use this space for justifications or remarks. Indicate item numbers to which justifications or remarks apply. If additional space is needed, use the back of this page or separate sheets of paper and attach to this form.

SECTION VIII — DISTRIBUTION

1 copy: Employee's official personnel file

1 copy: Office copy

1 copy: Relocation Services Coordinator, if applicable, with two complete copies of the Travel Order.

Date

Date

Title

Telephone Number

² copies for employee: (1) Copy (with GSA cost comparison) attached to the Travel Order submitted with the first reimbursement claim made on a Travel Voucher; (2) Employee's personal copy