CLAIM FOR REIMBURSEMENT OF CLOSING COSTS FOR SALE OF OLD RESIDENCE

INSTRUCTIONS TO EMPLOYEE: Total amount of expenses being claimed for the sale of your home must be included on a separate SF1012 Travel Voucher. This is strictly the itemization page. You must provide a copy of the Closing Disclosure Document received at closing. (We will not accept the ALTA form).

SECTION	A - EMPLOYEE AND RESIDENCE INF	ORMATION
1. EMPLOYEE NAME (First Middle Last)	2. TRAVEL AUTHORI	ZATION NUMBER
3. OLD OFFICIAL STATION	4. NEW OFFICIAL ST	ATION
5. DATE OF CLOSING OR SETTLEMENT	6. COMPLETE ADDRESS OF Old	RESIDENCE (street, city, state, ZIP Code)
S	ECTION B - CLOSING COSTS CLAIM	ED
7. CLOSINO	COSTS CLAIMED	AMOUNT
a. SALES/BROKER COMMISION		
b. SETTLEMENT OR CLOSING FEE		
c. ABSTRACT OR TITLE SEARCH		
d. TITLE INSURANCE BINDER		
e. TITLE EXAMINATION		
f. DOCUMENT PREPARATION		
g. NOTARY FEES		
h. ATTORNEY'S FEE		
i. TITLE INSURANCE		
j. RECORDING FEES		
k. CITY/COUNTY/TAX/STAMP		
I. STATE TAX/STAMPS		
m. PEST INSPECTION		
n OTHER CLOSING COSTS (Identify)		
1)		
2)		
3)		
4)		
5)		
6)		
	TOTAL CLOSI	NG COSTS
	PRIVACY ACT OF 1974	

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principle purpose for collecting the data is to determine your eligibility for and amount to reimburse you for expenses incurred in connection with permanent change of station travel. Information may be transferred to appropriate Federal, State or local agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we will not be able to reimburse you for your expenses.