CLAIM FOR REIMBURSEMENT OF CLOSING COSTS FOR SALE OF OLD RESIDENCE

INSTRUCTIONS TO EMPLOYEE: The total amount of expenses being claimed for the sale of your home must be included on a separate SF 1012, Travel Voucher. You should make sure that you include the following documentation with this claim. Failure to supply the required documentation could result in a delay in your reimbursement.

- 1. Copy of your contract (and any addenda) to sell this residence signed by both the sellers and buyers.
- 2. Properly closing statement signed by both the buyers and sellers or copies of the closing statement certified by the settlement agent.
- 3. Receipts or copies of canceled checks for items paid outside of closing (POC).

SECTION A - EMPLOYEE AND RESIDENCE INFORMATION			
1. EMPLOYEE NAME (First, middle, last)		2. TRAVEL AUTHORIZATION	
3. OLD OFFICIAL STATION		4. NEW OFFICIAL STATION	
5. DATE YOU WERE NOTIFIED OF IMPENDING TRANSFER 6. RE	PORTING DATE	7. D <i>i</i>	ATE OF CLOSING OR SETTLEMENT
8. COMPLETE ADDRESS OF OLD RESIDENCE (street, city, state, ZIP code)		9. TYPE OF PROPERTY (Check one)	
		SINGLE FAMILY TOWNHOUSE DUPLEX CONDOMINIUM	
		COOPERATIVE MOBILE HOME OTHER	
			(specify)
SECTION B - CLOSING COSTS CLAIMED			
NOTE: Enter the closing cost amount actually paid on the appropriate line. You will be reimbursed for allowable costs incurred that are reasonable in amount and customarily paid by the seller of a residence in the locality where the residence is located.			
10. CLOSING COSTS PAID			AMOUNT
a. SALES/BROKER'S COMMISSION %			
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 FEES			
i. TITLE INSURANCE			
j. RECORDING FEES			
k. CITY/COUNTY TAX/STAMPS			
I. STATE TAX/STAMPS			
m. PEST INSPECTION			
n. OTHER CLOSING COSTS (Identify)			
(1)			
(2)			
(3) (4)			
(4)			
(0)			
TOTAL CLOSING COSTS — \$			
SECTION C - EMPLOYEE CERTIFICATION			
I certify that the amounts claimed in connection with the represent only amounts actually paid by me and that property is <u>ONLY</u> in my name and/or member of my family and was my old residence.	title to the	EMPLOYEE	DATE
SECTION D - SALE APPROVAL			
The expenses of the sale claimed above are approved a reasonable in amount and (2) customarily paid by the s locality where the property is located.	s being (1) SIGNATURE eller in the		DATE
AS CLAIMED AS REDUCED PER ATTACHED LET	TER. NAME AND TITI	.E	
SECTION E - FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT			
PAYMENT OF THIS CLAIM IS APPROVED IN THE AMOUNT OF			DATE
\$	NAME AND TIT	IF	

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 principal 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.