PCS TRAVEL

NAME	SSN	PAY GRADE	ORDER NO/AUTHORIZATION

ACCOUNTING DATA: *(Fill in the following blanks—Use accounting data on orders)*

N 1 7 1 4 . 2 2 5 0 0 0 0 2 2

COST CODE

COMPLETE DATA BELOW AND SUBMIT THREE DAYS BEFORE DETACHMENT.

I YOUR ITINERARY

A. PRESENT DUTY STATION *(PDS)*	HOMEPORT	DETACHMENT DATE	IF DEPLOYED, ACTUAL LOC:

B. INTERMEDIATE DUTY STATIONS: *(If more than five, use section 1 on reverse side.)*

NAME/LOCATION	MDTVL (See Rev-Sec II)	NATURE OF DUTY (See Rev-Abbreviations)	CLCVN DATE	DURATION TD/TDI	LEAVE PERIODS
1					
2					
3					
4					
5					

C. ULTIMATE PERMANENT DUTY STATION *(PDS)*		HOMEPORT	IF DEPLOYED CHECK ONE ☐ INDIAN OCEAN ☐ ATLANTIC ☐ PACIFIC ☐ CARIBBEAN ☐ MED

II DEPENDENTS' ITINERARY

A. MARITAL STATUS	WILL DEPENDENTS MOVE?	INDICATE NUMBER OF DEPENDENTS MOVING BY AGE GROUP
☐ SINGLE ☐ MARRIED	☐ YES ☐ NO	UNDER 2 YRS _____ 2-11 YRS _____ 12 YRS & OVER _____

DESIGNATED PLACE: Are dependents awaiting entry approval or will they establish a permanent residence? (provide location)

☐ ENTRY APPROVAL ☐ PERMANENT RESIDENCE AT (CITY/STATE)

B. MOVEMENT OF DEPENDENT(S) *(Provide itinerary/See reverse side (**SEC I/II for two letter modes of travel (MDTVL)**)*

DATE	FROM CITY/STATE/CNTRY	TO CITY/STATE/CNTRY	MDTVL *(See Rev)*
1			
2			
3			
4			

III HOUSEHOLD GOODS

A. HOUSEHOLD GOODS *(HHG) (Complete blocks below and see reverse side (SEC III) for additional instructions if you are shipping HHG)*

SHIP. NO.	DATE SHIPPED FROM OLD PDS	EST ARRIVAL AT NEW PDS	METHOD	SHIP FROM	CITY/STATE/CNTRY ORIGIN	CITY/STATE/CNTRY DESTINATION	ESTIMATED WEIGHT	SHIPMENT CODE
1								
2								
3								

B. STORAGE (Complete if storing your HHG for more than six months.)

ESTIMATED WEIGHT _____

DATE STORED MO DA YR _____

EST MOS IN STORAGE _____

STORAGE LOCATION _____ / _____ CITY STATE

IV VEHICLES

A. HOUSE TRAILER *(Complete if you are moving a house trailer)* Check one.

METHOD ☐ COMMERCIAL ☐ SELF

LOCATION: FROM: *(City/State)* _____ TO: *(City/State)* _____

B. ARE YOU MOVING YOUR POV OR MOTORCYCLE?

POV ☐ YES ☐ NO MOTORCYCLE ☐ YES ☐ NO

SECTION I. YOUR ITINERARY *(CONT'D)*

NAME/LOCATION:	MDTVL:	NATURE OF DUTY:	CLCVN DATE:	DURATION TD/TDI:	LEAVE PERIODS:
6					
7					
8					
9					
10					

SECTION I/II MEMBER/DEPENDENTS' ITINERARY *(ADDITIONAL INSTRUCTIONS)*

TWO-LETTER MODES OF TRAVEL (MDTVL)

(a) 1st letter

T — TRANSPORTATION REQUEST
G — GOVERNMENT TRANSPORTATION
C — COMMERCIAL TRANSPORTATION
P — PRIVATE VEHICLE

(b) 2nd letter

A — AUTO
B — BUS
R — RAIL
V — VESSEL
P — PLANE

SECTION III. HOUSEHOLD GOODS *(ADDITIONAL INSTRUCTIONS)*

METHOD:	Use "C" for Commercial Shipments or "D" for Do It Yourself Shipments (DITY).
SHIP FROM:	Use "R" if shipped from Residence or "S" if shipped from Storage
ESTIMATED WEIGHT	Estimate 1000 lbs per room or estimate weight from previous shipments. Your transportation officer can help you with shipping and storage entitlements.
SHIPMENT CODE	Use "HHG" for Household Goods or "EXP" for Express Shipments

ABBREVIATIONS:

CLCVN:	Class Convening Date
CNTRY:	Country
DITY:	Do It Yourself Shipments
EST:	**Estimated/Estimation**
EXP:	Express Shipments
HHG:	Household Goods
LOC:	Location
MDTVL:	Mode of Travel
MED:	Mediterranean
MOS:	Months
NATURE OF DUTY:	Reason for Intermediate Duty Station, e.g. TEMDUINS, TEMDU
ORDER NO./AUTH:	Authority for Permanent Change of Station Transfer — Order Number
PCS:	Permanent Change of Station
PCSVAD:	Permanent Change of Station Variance Analysis Department
PDS:	Permanent Duty Station
POV:	Privately Owned Vehicle
SHIP.:	Shipment
SSN:	Social Security Number
TD:	Temporary Duty
TDI:	Temporary Duty Under Instruction
WT.:	Weight

PRIVACY ACT STATEMENT: As the member, you must submit this form. If you don't, administrative action may result. Authority to require **this information comes from 5 United States Code 301, Department Regulations, which deals with estimating cost for PCS travel.**

Mail to: ***(window envelope may be used)***

Director
Permanent Change of Station
Variance Component
1240 East 9th Street, Suite 967
Cleveland, Ohio 44199-2088

Signature of Member