

<b>TRAVEL VOUCHER</b>		<b>1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE</b>		<b>2. TYPE OF TRAVEL</b> <input type="checkbox"/> TEMPORARY DUTY <input checked="" type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b>	
(Read the Privacy Act Statement on the back)						<b>4. SCHEDULE NO.</b>	
TRAVELER PAYEE	<b>5. a. NAME (Last, first middle initial)</b> Traveler, John J.			<b>b. SOCIAL SECURITY NO.</b> 000-00-0000		<b>6. PERIOD OF TRAVEL</b> a. FROM b. TO	
	<b>c. MAILING ADDRESS (Include ZIP Code)</b> 2206 Wellington Dr. Long Beach, MS 39560			<b>d. OFFICE TELEPHONE NO.</b> (228)813-0000		<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) b. DATE(S)	
	<b>e. PRESENT DUTY STATION</b> NSSC			<b>f. RESIDENCE (City and State)</b> Long Beach, MS		10CP06T-000 2/5/2006	
						<b>10. CHECK NO.</b>	
<b>8. TRAVEL ADVANCE</b>			<b>9. CASH PAYMENT RECEIPT</b>			<b>11. PAID BY</b>	
a. Outstanding 0 00			a. DATE RECEIVED			b. AMOUNT RECEIVED	
b. Amount to be applied 0 00						\$	
c. Amount due Government (Attached) <input type="checkbox"/> Check <input type="checkbox"/> Cash 0 00			c. PAYEE'S SIGNATURE				
d. Balance outstanding 0 00							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <i>(List by number below and attach passenger coupon, if cash is used show claim on reverse side.)</i>		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
						FROM (e)	TO (f)
Real Estate (Purchase of New Residence)							
<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>							
<b>TRAVELER SIGN HERE</b> <i>John J. Traveler</i>					<b>DATE</b> 3/20/06	<b>AMOUNT CLAIMED</b>	\$ 4427.65
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$30,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001).							
<b>14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government, (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).</b>					<b>17. FOR FINANCE OFFICE USE ONLY</b>		
<b>APPROVING OFFICIAL SIGN HERE</b> _____ <b>DATE</b> _____					<b>COMPUTATION</b>		
					a. DIFFERENCES IF ANY (Explain and show amount) _____		
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>					<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>		
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's Initials _____	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>					<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>		
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> _____ <b>DATE</b> _____					d. NET TO TRAVELER		
<b>18. ACCOUNTING CLASSIFICATION</b>							



National  
Aeronautics and  
Space  
Administration

## Employee Application for Reimbursement of Expenses Incurred Upon Sale or Purchase (or Both) of Residence Upon Change of Official Station

(See instructions at bottom of page)

**1. EMPLOYEE - CLAIMANT:**

<b>NAME</b> John J Traveler	<b>MAILING ADDRESS</b> 2206 Wellington Dr. Long Beach, MS	<b>CHECK APPLICABLE BOX IF EARLIER CLAIM FOR REAL ESTATE EXPENSES SUBMITTED FOR THIS TRANSFER.</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--------------------------------	--	---

**II. TRANSFER DATA:**

<b>OLD OFFICIAL STATION</b> NASA/JSC	<b>NEW OFFICIAL STATION</b> NASA/NSSC	<b>DATE OF NOTIFICATION OF IMPENDING TRANSFER</b> 1/3/2006
<b>TRAVEL AUTHORIZATION DATE</b> 2/2/2006	<b>DATE REPORTED TO DUTY AT NEW OFFICIAL STATION</b> 2/6/2006	<b>DATE SERVICE AGREEMENT SIGNED</b> 1/4/2006

**III. RESIDENCE PROPERTY DATA:** (AT OLD OFFICIAL STATION) (AT NEW OFFICIAL STATION)

<b>COMPLETE ADDRESS OF RESIDENCE</b>	2206 Wellington Dr., Long Beach, MS
<b>NUMBER OF DWELLING UNITS ON PROPERTY</b>	1
<b>SALE AND/OR PURCHASE PRICE</b>	\$258,500
<b>DATE OF CLOSING OR SETTLEMENT</b>	3/14/2006
<b>AMOUNT OF EXPENSE BEING CLAIMED</b>	\$4427.65

**EMPLOYEE CERTIFICATIONS(S):**

I hereby certify that the amount claimed in connection with the above sale represents only amounts actually paid by me and that title to the property was in my name and/or a member of my immediate family and was my residence when first definitely informed of my transfer.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property is in my name and/or a member of my immediate family and is my new residence.

John J Traveler 3/20/06  
(Signature of Employee) (Date)

**IV. APPROVALS:**

<p><b>A. SALE EXPENSES -</b> The expenses of the sale applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a seller in the locality where the property is located.</p> <p><input type="checkbox"/> AS CLAIMED. <input type="checkbox"/> AS REDUCED, PER ATTACHED MEMO.</p> <p>_____ (Signature) (Date) _____ (Title)</p>	<p><b>B. PURCHASE EXPENSES -</b> The expenses of the purchase applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a buyer in the locality where the property is located.</p> <p><input type="checkbox"/> AS CLAIMED. <input type="checkbox"/> AS REDUCED, PER ATTACHED MEMO.</p> <p>_____ (Signature) (Date) _____ (Title)</p>	<p><b>C. FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT -</b> Payment of this claim is approved in the amount of:</p> <p>\$ _____</p> <p>If Amount Approved in Less Than Amount Claimed, See Attached Memo.</p> <p>_____ (Signature) (Date) _____ (Title)</p>
---	--	--

**INSTRUCTIONS**

**A. EMPLOYEE - CLAIMANT**

1. Prepare application in triplicate, completing Parts I, II, and III of face and enter all applicable amounts and totals on reverse side.
2. Attach one complete set of documents required to support claim - sales agreement between buyer and seller, settlement or loan closing statement, invoices and statements to support other items claimed for reimbursement, etc. These should be photo or picture copies, as they will not be returned. Be sure you have signed the employee certification(s).
3. Prepare and attach an appropriate agency travel voucher form, or Standard Form 1012, "Travel Voucher." (Record total amounts claimed on this form on the travel voucher.)
4. Submit original and first copy of application and supporting documentation, together with Standard Form 1012 or other appropriate agency travel voucher form, to the head of your office at new official station or to the appropriate official designated by your department or agency. Retain second copy of the application.

**B. HEAD OF OFFICE**

1. For Sales: Send original and copy of the application, together with the supporting documentation and travel voucher, to the head of the office at the claimant's old official station for handling and execution of the approval (See item IV.A.) by him, her, or designee, who will return the package to you.
2. For Purchases: Approval of the claim must be executed by the head of the office, or his or her designee, at the claimant's new official station (See item IV.B).
3. Final administrative approval of payment of the claim must be executed by an appropriate approving official. (See item IV.C.) Such official shall independently determine, in accordance with the provisions of Circular No. A-58, the propriety of all reimbursements claimed (except with regard to reasonableness and whether customarily paid). In this connection, all vouchers for reimbursement of real estate expenses incident to the same transfer shall be examined.
4. Standard Form 1012, or other appropriate agency travel voucher form, shall be completed and submitted following usual procedures accompanied by the original application and supporting documents. File the copy of the application with the office copy of the voucher.

**COSTS INCURRED AND PAID IN SELLING RESIDENCE AT OLD OFFICIAL STATION OR  
PURCHASING RESIDENCE AT NEW OFFICIAL STATION LOCATION (OR BOTH)**

ITEM	EXPLANATION	Former Residence	New Residence
1.	<b>BROKERAGE FEES:</b> The sales commission paid to a broker or real estate agent for selling former residence. Also, fees for listing a residence and payment for multiple listing service, if not included in commission paid to the broker or agent.	\$	X X X X X
2.	<b>ADVERTISING:</b> Expenses paid for newspaper and other advertising when a direct sale is made without the services of a real estate broker or real estate agent.	\$	X X X X X
3.	<b>APPRAISAL FEE:</b> The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	X X X X X
4.	<b>LEGAL AND RELATED COSTS:</b> The amounts paid for costs of (1) searching title, preparing abstract, and legal fees for a title opinion, <u>or</u> (2) title insurance policy where customarily furnished by the seller; costs of preparing conveyances, other instruments, and contracts; related notary fees; costs of making surveys, preparing drawings or plots, recording fees and recording taxes or other charges paid incident to recordation (e.g., mortgage discharge recording fees), etc.	\$	\$ 1925.40
5.	<b>MISCELLANEOUS COSTS:</b> Amounts paid in connection with sale of former residence and purchase of a new residence. <i>(Normally, these expenses [except A.] are paid by the purchaser; however, depending on local custom and practice, the seller may be required to pay some of them.)</i>	X X X X X	X X X X X
A.	<b>PREPAYMENT CHARGE:</b> The amount paid as required in the mortgage or other security instrument as a charge of prepayment; or if not specifically required by the mortgage instrument, the amount paid limited to 3 months prevailing interest on the loan balance.	\$	X X X X X
B.	<b>LENDER'S APPRAISAL FEE:</b> The amount paid for the mortgagee-lender's charge for residence appraisal.	\$	\$ 350.00
C.	<b>FHA OR VA APPLICATION FEE:</b> The amount paid.	\$	\$ NA
D.	<b>CERTIFICATIONS:</b> The amount paid for any required certifications as to structural soundness or physical condition of property, when required by mortgagee-lender, FHA or VA.	\$	\$ 16.00
E.	<b>CREDIT REPORT:</b> The amount paid for credit or factual data report on the buyer, if required by mortgagee-lender, FHA or VA.	\$	\$ 50.00
F.	<b>MORTGAGE TITLE POLICY:</b> The amount paid for mortgage <i>(or lender's)</i> title insurance policy only <i>(as distinguished from a mortgage insurance policy on the life of the borrower and the additional cost for an owner's title policy).</i>	X X X X X	\$ 311.25
G.	<b>ESCROW AGENT'S FEE:</b> The amount paid to an escrow agent, title company, or similar entity for closing a real estate transaction.	\$	\$ NA
H.	<b>STATE REVENUE STAMPS:</b> The amount paid.	\$	\$ NA
I.	<b>SALES OR TRANSFER TAXES; MORTGAGE TAX, IF ANY:</b> The amount paid.	\$	\$ NA
6.	<b>OTHER INCIDENTAL EXPENSES:</b> Such other reasonable and customary charges or fees paid as may be authorized and not properly includable in items listed above <i>(itemize and explain; if necessary, attach separate sheet):</i>	\$	\$
<b>TOTAL - FORMER RESIDENCE</b>		\$ <sup>1-3/</sup>	X X X X X
<b>TOTAL - NEW RESIDENCE</b>		X X X X X	\$ <sup>2-3/</sup> 4427.65

**NOTE:** In accordance with the real estate expense provisions of Circular No. A-56, costs of insurance against damage or loss of property, maintenance and operation costs and property taxes are not reimbursable. Also mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. Notwithstanding the above, no fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title 1, Public Law 90-231, and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

**FOOTNOTES:**

- <sup>1/</sup> The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of sale price or the prescribed maximum, whichever is smaller. (See FMM 9760-43.)
- <sup>2/</sup> The aggregate amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of purchase price or the prescribed minimum, whichever is smaller. (See FMM 9760-43.)
- <sup>3/</sup> If property is multiple family unit type (excluding condominium) expenses will be prorated and allowed for residence unit only.