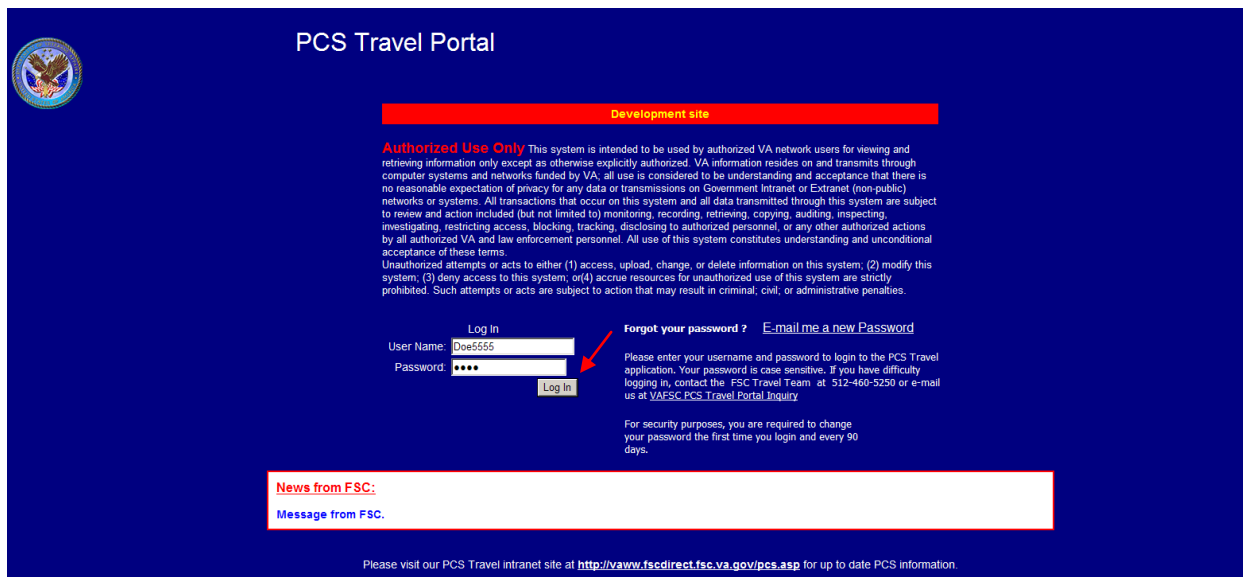


En Route Claim (Traveler)

1. Login to Portal.



PCS Travel Portal

Development site

Authorized Use Only This system is intended to be used by authorized VA network users for viewing and retrieving information only except as otherwise explicitly authorized. VA information resides on and transmits through computer systems and networks funded by VA; all use is considered to be understanding and acceptance that there is no reasonable expectation of privacy for any data or transmissions on Government Intranet or Extranet (non-public) networks or systems. All transactions that occur on this system and all data transmitted through this system are subject to review and action included (but not limited to) monitoring, recording, retrieving, copying, auditing, inspecting, investigating, restricting access, blocking, tracking, disclosing to authorized personnel, or any other authorized actions by all authorized VA and law enforcement personnel. All use of this system constitutes understanding and unconditional acceptance of these terms. Unauthorized attempts or acts to either (1) access, upload, change, or delete information on this system, (2) modify this system, (3) deny access to this system, or (4) accrue resources for unauthorized use of this system are strictly prohibited. Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties.

Log In

User Name: Doe5555

Password: ****

Log In

Forgot your password? E-mail me a new Password

Please enter your username and password to login to the PCS Travel application. Your password is case sensitive. If you have difficulty logging in, contact the FSC Travel Team at 512-460-5250 or e-mail us at VAESC_PCS_Travel_Portal_Inquiry

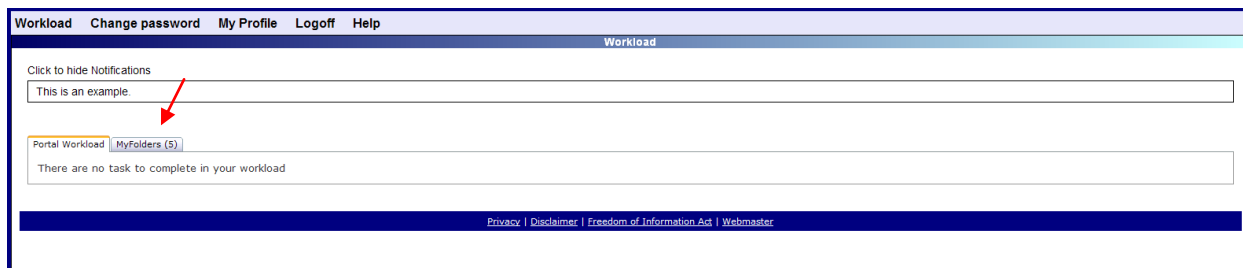
For security purposes, you are required to change your password the first time you login and every 90 days.

News from FSC:

[Message from FSC.](#)

Please visit our PCS Travel intranet site at <http://vawww.fscdirect.fsc.va.gov/pcs.asp> for up to date PCS information.

2. You will automatically be sent to your “Workload” screen. The “Portal Workload” should only display documents that are currently pending your action, Authorizing Official (AO) approval, Budget Official (BO) review or an action from the Financial Services Center (FSC). You will be able to create a claim and view documents from the “My Folder” tab. Click on “My Folder”.



Workload Change password My Profile Logoff Help

Workload

Click to hide Notifications






This is an example.

Portal Workload MyFolders (5)

There are no task to complete in your workload

Privacy | Disclaimer | Freedom of Information Act | Webmaster

3. “My Folder” will have a list of all your documents regardless of the status, even those completed. Click on the pencil to the right of the folder you would like to create an en route claim for.

Obligation #	Receiving Station	Office	Releasing Station	Office	Reporting Date	Traveler	Counselor	Status	Since	Req. Higher AO approv.
200721016	104	DOI OIG	NH	Choose	12/6/2011	Molly_Monroe	Counselor 1	3036 - FSC - Awaiting Completion of Counseling	11/29/2011	
200721022	200	DESI'S TEST W/NOBudget	105	DESI'S OFFICE WITH NO BUDGET	11/21/2011	Test_LastMoveHome	Counselor 1	Awaiting Completion of Claims Process	3/8/2012	
200721023	200	Desiree's TEST W/DISC AND BUDGET	105	DESI'S OFFICE WITH NO BUDGET	11/11/2011	Test_ReturnRights	Test Counselor	FSC - Awaiting Review FMS Obligation	12/14/2011	
200721032	200	MQAS MANAGEMENT QUALITY ASSURANCE SERVICE	OTH		11/15/2011	Happy_Dappy	Counselor 2	3036 - FSC - Awaiting Completion of Counseling	11/29/2011	
200721056	200	DESI'S TEST W/NOBudget	NH		1/3/2012	Awesome_Desiree I	Test Counselor	FSC - Awaiting Completion of Pre-Counseling	12/29/2011	

4. You will be routed to the “Folder Home” page, where you will see five tabs, “Home”, “Claims”, “Documents”, “Attachments” and “Decline/Restore Claims”. The “Home” tab will allow you to view documents, create new claims and view attachments. The “Claims” tab will show a list of all claims you are eligible to submit a claim for. The “Documents” tab will allow you to view all forms including 3918, 3036, advance and 1012 forms. The “Attachment” tab will allow you to view attachments related to this folder. The “Decline/Restore” tab will allow you to decline your option to submit a claim or restore your option if you have already declined. **You are automatically defaulted to the “Home” tab.**

Workload	Folder Home	Change password	My Profile	Logoff	Help
Current Folder: Obligation # 200721110 Traveler: Doe,Joe Reporting Date: 1/1/2012 Travel type: Transfer Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes					
Folder Home					
Home Claims Documents Attachments Decline/restore Claims					
Welcome back to the PCS Portal.					
View documents					
View and request new Claims					
View attached documents					
Decline/restore Claims					

5. **Click on “View and request new claims”**

Workload	Folder Home	Change password	My Profile	Logoff	Help
Current Folder: Obligation # 200721110 Traveler: Doe,Joe Reporting Date: 1/1/2012 Travel type: Transfer Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes					
Folder Home					
Home Claims Documents Attachments Decline/restore Claims					
Welcome back to the PCS Portal.					
View documents					
View and request new Claims					
View attached documents					
Decline/restore Claims					

6. **Click on the “Add En Route Claim” link under “List of Claims to Request”.**

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721016 Traveler: Molly Monroe Reporting Date: 12/6/2011 Travel type: New Appointee
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

Folder Home

Claims Home Documents Attachments

List of Claims to Request	List of Form 1012 to Sign	List of Claims Ready to Sign and submit to FSC
<ul style="list-style-type: none"> Add En Route Claim Add Household Goods Claim Add Real Estate Claim Add House Hunting Claim Add House Hunting Lump sum Claim Add Temporary Quarters Claim Add Lease Break Claim Add Miscellaneous Claim Add RITA Claim 		<p>Check each claim you would like to submit to FSC and click 'Submit to FSC' Submit to FSC</p> <p>There are no claims to sign and submit to FSC</p>

List of Claims

This is a list of all your claims. You are able to make queries based on status; edit and delete new and in progress claims.

Type of Claim: All Status: All [Start Query](#)

There are no records for current criteria

You will be taken to a new screen to begin entering information for your en route claim.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe, Joe Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim

[Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input type="checkbox"/>
spouse	Spouse	1	<input type="checkbox"/>
child 1	Child	1	<input type="checkbox"/>
child 3	Child	15	<input type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip?

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

7. At the top of the page there is a link that says "Click here for FTR Guidance". This link will take you directly to the GSA site to provide information on what is reimbursable.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe, Joe Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim

[Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input type="checkbox"/>
spouse	Spouse	1	<input type="checkbox"/>
child 1	Child	1	<input type="checkbox"/>
child 3	Child	15	<input type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip?

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

8. Begin submitting your en route claim by answering the following questions:

- A **“Who traveled?”** Check the box to the right of the individual who completed their en route to the new duty station for this particular claim. If you and your dependents traveled separately (on separate days) create one claim for each trip.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe ,Joe Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim [Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input type="checkbox"/>
spouse	Spouse	1	<input type="checkbox"/>
child 1	Child	1	<input type="checkbox"/>
child 3	Child	15	<input type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip?

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

- B **“What date did you begin your trip?”** Enter the date you left to begin your en route to the new duty station.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe ,Joe Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim [Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input type="checkbox"/>
spouse	Spouse	1	<input type="checkbox"/>
child 1	Child	1	<input type="checkbox"/>
child 3	Child	15	<input type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip? ←

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

- C **“What city and state did you depart from?”** Enter the city and state where you departed to begin your en route trip to the new duty station.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe ,Joe Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim [Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input type="checkbox"/>
spouse	Spouse	1	<input type="checkbox"/>
child 1	Child	1	<input type="checkbox"/>
child 3	Child	15	<input type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip?

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

D **“What date did you arrive at your new duty station?”** Enter the date you arrived at the new duty station.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe ,Joe Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim [Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input type="checkbox"/>
spouse	Spouse	1	<input type="checkbox"/>
child 1	Child	1	<input type="checkbox"/>
child 3	Child	15	<input type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip?

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

E **“What city and state did you arrive at?”** Enter the city and state of the location you arrived at the new duty station.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe ,Joe Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim [Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input type="checkbox"/>
spouse	Spouse	1	<input type="checkbox"/>
child 1	Child	1	<input type="checkbox"/>
child 3	Child	15	<input type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip?

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

F **“Was your trip 12 hours or less?”** You have two options to choose from, “Yes” or “No”.

- i. **If you select “Yes”**, you can move forward to the next question. Please note, per diem (lodging and meals) are not allowed for trips 12 hours or less.
- ii. **If you select “No”**, you can move forward to the next question.

G **“What mode of transportation did you use for your trip?”** Enter the method of transportation you used to get to the new duty station. You have four options to choose from, “Air”, “Rail”, “Privately Owned Conveyance” and “Other”.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe, Joe Reporting Date: 1/1/2012 Travel type: Transfer
Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim [Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input checked="" type="checkbox"/>
spouse	Spouse	1	<input checked="" type="checkbox"/>
child 1	Child	1	<input checked="" type="checkbox"/>
child 3	Child	15	<input checked="" type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip?

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

What mode of transportation did you use for your trip?
 Air Rail Privately Owned Conveyance Other

5302-5.14 What transportation expenses will my agency pay?

(a) Your agency will authorize you to travel by any transportation mode(s) (e.g., common carrier or POV) that it determines to be advantageous to the Government. Your agency will pay for your transportation expenses by the authorized mode(s). If you travel by one or more mode(s) other than the one(s) authorized by your agency, your agency will pay your transportation expenses up to the constructive cost of transportation by the authorized mode(s). For trips of less than 250 miles, your agency will authorize travel by POV, unless there are reasons for not using a POV that are acceptable to the agency (e.g., traveler is physically impaired, does not own or lease a POV, has only one POV that is used for family transportation, or the POV is not roadworthy for such a trip). POV mileage reimbursement will be in accordance with 5302-4.300 of this chapter.

(b) Unless the agency performs a written cost comparison that demonstrates cost savings, only common carrier may be authorized for trips with a distance of 250 miles or more.

Was your trip 12 hours or less? Yes No

Are there any other items you would like to claim? Yes No

- i. **If you select “Air” or “Rail”** you will be required to answer the following questions:
 1. **“Do you have receipts for your Airline/Rail ticket?”** You have the option to select “Yes” “No” or “Not Applicable”.
 1. **If you select “Yes”** move forward to the next question.
 2. **If you select “No”** you will receive a message stating that airline/rail tickets are required for reimbursement. If you do not have your receipt you will be allowed to move forward with the rest of the claim, however, the amount of your ticket will be deducted for your amount claimed.
 3. **Only select “Not applicable”** if your station purchased your ticket with their centrally billed account. This means, you did not purchase the ticket on either your personal credit card or personal government issued credit card and should not receive reimbursement of the airline/rail ticket.
 2. **“How much did you pay for your airline/rail ticket(s)?”** Enter the total amount paid for your airline ticket including taxes, even if your station

paid for the ticket on their centrally billed account. Include the total of all tickets for you and your dependents that completed their en route.

3. **“Did someone drop you off at the airport?”** You have the option to select “Yes” or “No”.
 1. **If you select “Yes”** answer the following questions:
 - i. **“How many miles did they drive?”** Enter the number of miles driven to the airport.
 2. **If you select “No”** answer the following questions:
 - i. **“Did you take a taxi to the airport?”** You have the option to select “Yes” or “No”.
 1. **If you select “Yes”** answer the following questions:
 - a. **“How much did you pay for your taxi ride?”** Enter the amount paid in total not including a tip.
 - b. **“Do you have receipts for your taxi ride?”** You have the option to select “Yes” or “No”.
 - i. **If you select “Yes”** move forward to the next question.
 - ii. **If you select “No”** you will move forward to the next questions but will receive a message that receipts are required. The amount entered will be deducted from your total amount claimed.
 2. **If you select “No”** move forward to the next question.
4. **“Did you incur charges for baggage?”** You have the option to select “Yes” or “No”.
 1. **If you select “Yes”** answer the following questions:
 - i. **“How much?”** Enter the total amount paid for baggage.
 - ii. **“Do you have receipts for your baggage charges?”** You have the option to select “Yes” or “No”.
 1. **If you select “Yes”** move forward to the next question.
 2. **If you select “No”** you will receive a message that receipts are required. The amount entered will be deducted from the total amount claimed.

5. **“Did you purchase your ticket(s) through Duluth Travel, VA’s Travel Management Company (TMC)?** You have two options, either “Yes” or “No I purchased my ticket(s) on my own, without using Duluth.”
 1. **If you select “Yes”** move forward to the next question.
 2. **If you select “No, I purchased my ticket(s) on my own, without using Duluth”** move forward to the next question, however, please note, you will only be reimbursed up to what it would have cost if you used VA’s TMC.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721089 Traveler: Ronald, Reagan Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim

[Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Reagan	Employee		<input checked="" type="checkbox"/>
Hi	Spouse		<input checked="" type="checkbox"/>
child	Child	23	<input type="checkbox"/>

What date did you begin your trip? 01/01/2012

What city and state did you depart from? Austin TEXAS

What date did you arrive at your new duty station? 01/03/2012

What city and state did you arrive at? Dallas TEXAS

What mode of transportation did you use for your trip?
 Air Rail Privately Owned Conveyance Other

5302-5.14 What transportation expenses will my agency pay?
 (a) Your agency will authorize you to travel by any transportation mode(s) (e.g., common carrier or POV) that it determines to be advantageous to the Government. Your agency will pay for your transportation expenses by the authorized mode(s). If you travel by one or more mode(s) other than the one(s) authorized by your agency, your agency will pay your transportation expenses up to the constructive cost of transportation by the authorized mode(s). For trips of less than 250 miles, your agency will authorize travel by POV, unless there are reasons for not using a POV that are acceptable to the agency (e.g., traveler is physically impaired, does not own or lease a POV). has only one POV that is used for family transportation, or the POV is not roadworthy for such a trip). POV mileage reimbursement will be in accordance with 5302-4.300 of this chapter.
 (b) Unless the agency performs a written cost comparison that demonstrates cost savings, only common carrier may be authorized for trips with a distance of 250 miles or more.

Do you have receipts for your Airline/ Rail ticket? Yes No Not Applicable
If your airline/rail ticket was paid by your station as opposed to you paying with your government issued credit card or personal credit card, you are not allowed to claim this expense. Please select "Not Applicable"

How much did you pay for your airline/rail ticket(s)? \$100.00

Did someone drop you off at the airport? Yes No

Did you take a taxi to the airport? Yes No

- ii. **If you select “Privately Owned Conveyance”**, this mean you used your own personal means of transportation to get to the new duty station. You will be required to answer the following question.
 1. **“Do you have your paid in full itemized lodging receipts?”** You have three options to choose from, “Yes”, “No” and “Not Applicable”
 1. **If you select “Yes”** move forward.
 2. **If you select “No”** you will be allowed to move forward, however, you will receive a message that lodging receipts are required. The amount entered for lodging will be deducted from your total amount claimed.
 3. **Only select “Not Applicable”** if you choose not to claim reimbursement for your lodging, or if you did not incur any lodging expenses. For example, maybe you stayed with family or your trip did not exceed a full day. If you select **“Not Applicable”** you will be required to provide a justification.

4. **Enter the amount you paid for lodging and the number of miles driven each day in the table below.**
 - i. **Enter the amount of lodging paid for each night.** If your trip was 12 hours or less, you will not be allowed to enter lodging costs.
 - ii. **Enter the number of miles driven each day.**
 - iii. **The mileage rate will automatically populate for you.**
 - iv. **Your meal allowance will automatically populate based on who completed the trip.** If your trip was 12 hours or less, meals are not authorized.
 - v. **Enter any comments you would like to include relating to your lodging costs or number of miles driven.**
Please note, you will also have a place to enter comments at the bottom of the page.
 - vi. **Click “Update Totals”.** The total amount claimed will be calculated and provided in the summary at the bottom of the page.

Do you have your paid in full itemized lodging receipts? Yes No Not Applicable

Please enter the amount paid for lodging and the number of miles driven daily in the table below and click 'Update Totals'

Date	Lodging	Miles	Mileage Rate	Meals	Total	Comments
1/1/2012	\$100.00	100	\$0.230	\$60.38	\$183.38	
1/2/2012	\$100.00	100	\$0.230	\$80.50	\$203.50	
1/3/2012		50	\$0.230	\$60.38	\$71.88	
Total	\$200.00	250		\$201.26	\$458.76	Update Totals Click 'Update Totals' after filling in the table

- iii. **If you select “Other”,** you will be required to specify what other mode of transportation you used and will be required to answer the following question.
 1. **“Do you have your paid in full itemized lodging receipts?”** You have three options to choose from, “Yes”, “No” and “Not Applicable”
 1. **If you select “Yes” move forward.**
 2. **If you select “No”** you will be allowed to move forward, however, you will receive a message that lodging receipts are required. The amount entered for lodging will be deducted from your total amount claimed.
 3. **Only select “Not Applicable”** if you choose not to claim reimbursement for your lodging, or if you did not incur any lodging expenses. For example, maybe you stayed with family or your trip did not exceed a full day. If you select **“Not Applicable”** you will be required to provide a justification.

4. **Enter the amount you paid for lodging and the number of miles driven each day in the table below.**
 - i. **Enter the amount of lodging paid for each night.** If your trip was 12 hours or less, you will not be allowed to enter lodging costs.
 - ii. **Enter the number of miles driven each day.**
 - iii. **The mileage rate will automatically populate for you.**
 - iv. **Your meal allowance will automatically populate based on who completed the trip.** If your trip was 12 hours or less, meals are not authorized.
 - v. **Enter any comments you would like to include relating to your lodging costs or number of miles driven.**
Please note, you will also have a place to enter comments at the bottom of the page.
 - vi. **Click "Update Totals".** The total amount claimed will be calculated and provided in the summary at the bottom of the page.

Do you have your paid in full itemized lodging receipts? Yes No Not Applicable

Please enter the amount paid for lodging and the number of miles driven daily in the table below and click 'Update Totals'

Date	Lodging	Miles	Mileage Rate	Meals	Total	Comments
1/1/2012	\$100.00	100	\$0.230	\$60.38	\$183.38	
1/2/2012	\$100.00	100	\$0.230	\$80.50	\$203.50	
1/3/2012		50	\$0.230	\$60.38	\$71.88	
Total	\$200.00	250		\$201.26	\$458.76	Update Totals Click 'Update Totals' after filling in the table

H **"Are there any other items you would like to claim?"** You have the option to select "Yes" or "No".

i. If you select "Yes"

1. Enter the description of the item in the **"Additional Item" field.**
 2. Enter the amount paid in the **"Amount" field.**
 3. Enter the date you purchased the item or incurred the expense in the **"Date expense was incurred" field.**
 4. Check the **"Check if have receipts" field.** If you do not check this box, you must enter the reason you do not have a receipt.
 5. **Click "Add Item".**
 6. **Repeat as needed.**
- ii. **If you select "No"** move forward.

Are there any other items you would like to claim? Yes No

Additional Item: Amount: Date expense was incurred: Check if have receipts

If you don't have receipts please explain.

Item	Amount	Date expense was incurred	Have Receipts	No receipts explanation
Additional item #1	\$100.00	1/1/2012	<input checked="" type="checkbox"/>	X
Total	\$100.00			

9. Once you have entered all of the items you would like to claim, enter any comments you would like to include in your claim either for your own documentation, or that you think the FSC claims processors/auditors may need to know in order to process your claim. Please note everything you enter under comments can be viewed by the FSC and your Authorizing Official at your gaining station.

Additional Comments:
Please enter additional comments.

Summary

Please remember to attach and or fax your receipts and supporting documents. The FSC will not be able to process your claim without the required documentation.

Item	Amount Claimed	Deducted Due to No Receipt	Total Amount Claimed
Lodging	\$200.00	\$200.00	\$0.00
Mileage 250 miles	\$57.50	\$0.00	\$57.50
Meals	\$201.26	\$0.00	\$201.26
Total amount Claimed	\$458.76	\$200.00	\$258.76

10. Below the “Additional Comments” box, you can view the summary of your claim. The system will provide you with the total amount you have entered as well as a detailed list of each item. The total amount claimed is not guaranteed to be the amount reimbursed to you. Your claim will be reviewed, audited and reimbursed in accordance with the Federal Travel Regulations and VA Travel Policy. Once your claim is submitted for payment, you will receive a recap of your payment showing any suspended amounts.

Additional Comments:
Please enter additional comments.

Summary

Please remember to attach and or fax your receipts and supporting documents. The FSC will not be able to process your claim without the required documentation.

Item	Amount Claimed	Deducted Due to No Receipt	Total Amount Claimed
Lodging	\$200.00	\$200.00	\$0.00
Mileage 250 miles	\$57.50	\$0.00	\$57.50
Meals	\$201.26	\$0.00	\$201.26
Total amount Claimed	\$458.76	\$200.00	\$258.76

11. Once you have entered all of your items, you will want to either attach your documentation and or print off a fax cover sheet to fax in your documentation. You can both fax and attach documents if needed.

- A **If you choose to attach your documentation**, do the following:
- i. **Click on the “Click here to add/view attachments link at the top of the page.**

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe ,Joe Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim [Click here for FTR Guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input type="checkbox"/>
spouse	Spouse	1	<input type="checkbox"/>
child 1	Child	1	<input type="checkbox"/>
child 3	Child	15	<input type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip?

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

ii. Click on "Browse"

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721089 Traveler: Ronald ,Reagan Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to hide attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

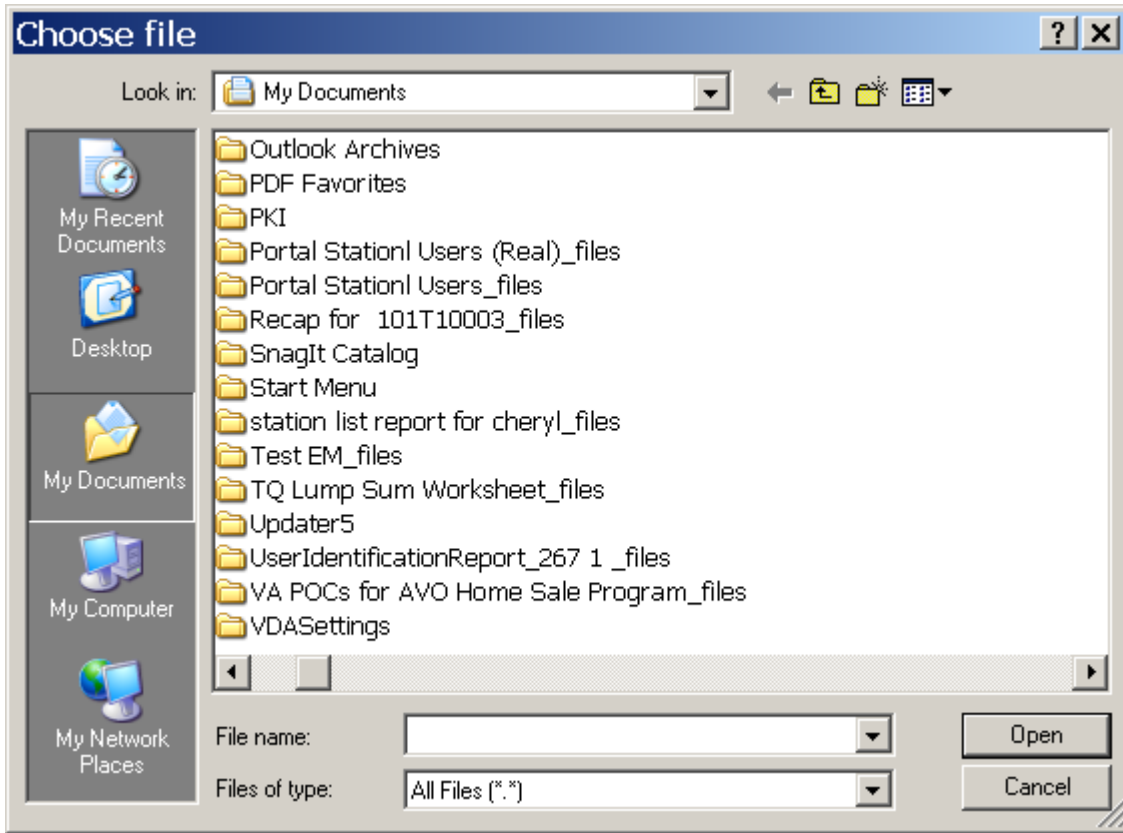
Select File to Upload:

Type Description

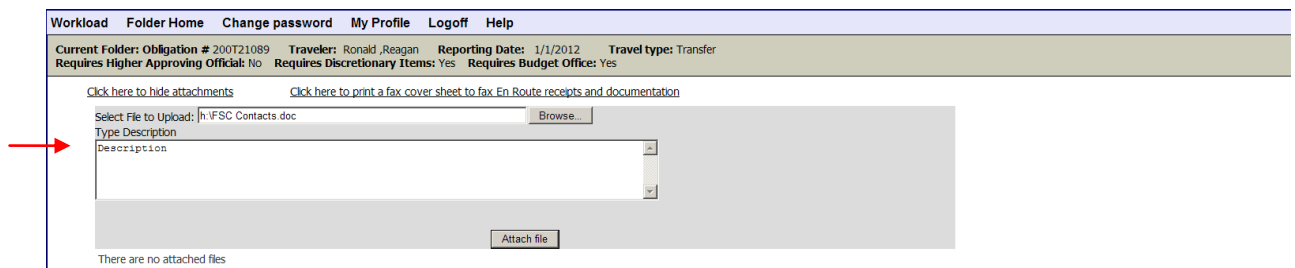
Type some description about file uploaded.

There are no attached files

iii. Select the file to be attached.



- iv. The file name will appear the box. **Type in the description of the attachment under “Type Description”.**



- v. **Click “Attach File”.**
- vi. You will see your file saved underneath the “Type Description” box. **Repeat steps for each file to be attached to this claim.**

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721089 Traveler: Ronald ,Reagan Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to hide attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

Select File to Upload: Browse...

Type Description
 Type some description about file uploaded.

Attach file

FileName	Description	Attached by	Created
FSC_Contacts.doc	Description	Doe,Joe	6/28/2012

- B If you choose to fax in your required documentation, do the following:
- i. **Click on “Click here to print a fax cover sheet to fax En Route receipts and documentation.”**

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721108 Traveler: Doe ,Joe Reporting Date: 1/1/2012 Travel type: Transfer
 Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

[Click here to add/view attachments](#) [Click here to print a fax cover sheet to fax En Route receipts and documentation](#)

En route Claim

[Click here for FTR guidance](#)

En Route Claim

Who traveled?

Travelers

Name	Relationship	Age	Included in this Claim
Joe	Employee		<input type="checkbox"/>
spouse	Spouse	1	<input type="checkbox"/>
child 1	Child	1	<input type="checkbox"/>
child 3	Child	15	<input type="checkbox"/>
child 2	Child	21	<input type="checkbox"/>

What date did you begin your trip?

What city and state did you depart from?

What date did you arrive at your new duty station?

What city and state did you arrive at?

- ii. A fax coversheet will appear. **Right click on your mouse to print the coversheet.**

PCSPortal.com Fax Cover Sheet

To:PCS Portal

From:happy, dappy

Fax Number:
 Domestic:888-888-8888
 International:999-999-9999

Number of Pages including cover: _____

Date: _____

RE:Receipts claims for Miscellaneous Expenses



00005010714

00005010714

- iii. **Write in the number of pages** in the top right hand corner of the coversheet.
- iv. **Write in the date you are faxing the claim** in the top right hand corner of the coversheet.

- v. **Fax in all documentation with this coversheet to the number listed in the top left hand corner of the coversheet.** If the coversheet is not attached, we will not know what claim your fax belongs to which will delay your reimbursement.

12. Once you have reviewed the summary and details and have attached all of your documentation, you have three options. You can modify your claim, save your claim to submit at a later time or complete your claim.

- A **If you need to modify** to remove one or more items claimed, click on the red X to the right of the item. If you need to modify the item description, amount, or confirm in you have receipts, click n the  icon to edit. Once you have made your changes, click on the  icon to save your changes.

Item	Amount	Date expense was incurred	Have Receipts	No receipts explanation	
Additional item #1	\$100.00	1/1/2012	<input checked="" type="checkbox"/>		
Total	Total				

Additional Comments:
Please enter additional comments.

Summary

Item	Amount Claimed	Deducted Due to No Receipt	Total Amount Claimed
Lodging	\$200.00	\$200.00	\$0.00
Mileage 250 miles	\$57.50	\$0.00	\$57.50
Meals	\$201.26	\$0.00	\$201.26
Total amount Claimed	\$458.76	\$200.00	\$258.76

Please remember to attach and or fax your receipts and supporting documents. The FSC will not be able to process your claim without the required documentation.

- B **If you need to save your claim** to come back at a later time, click on the “Save and hold” button.

Item	Amount	Date expense was incurred	Have Receipts	No receipts explanation	
Additional item #1	\$100.00	1/1/2012	<input checked="" type="checkbox"/>		
Total	Total				

Additional Comments:
Please enter additional comments.

Summary

Item	Amount Claimed	Deducted Due to No Receipt	Total Amount Claimed
Lodging	\$200.00	\$200.00	\$0.00
Mileage 250 miles	\$57.50	\$0.00	\$57.50
Meals	\$201.26	\$0.00	\$201.26
Total amount Claimed	\$458.76	\$200.00	\$258.76

Please remember to attach and or fax your receipts and supporting documents. The FSC will not be able to process your claim without the required documentation.

You will receive a popup confirming your claim has been successfully saved.

Was your trip 12 hours or less? Yes No
 Are there any other items you would like to claim? Yes No
 Additional Item: [Additional Item #2] Amount: \$50.00 Date expense was incurred: [01/01/2012] Check if have receipts
 [if you don't have receipts please explain.] [Add Item]

Item	Amount	Date expense was incurred	Have Receipts	No receipts explanation	
Additional item #1	\$	01/01/2012	<input checked="" type="checkbox"/>		
Total	Total				

Additional Comments:



Click "OK" and you will be taken back to your "Workload" screen and will have the ability to edit by clicking on the icon whenever you are ready to edit your claim.

Workload Change password My Profile Logoff Help test

Workload

Click to hide Notifications
This is an example.

Portal Workload MyFolders (5)

Obligation #	Receiving Station	Office	Releasing Station	Office	Reporting Date	Traveler	Counselor	Status	Since	Req. Higher AO approv.
200721022	200	DES/S TEST WNOBUDGET	105	DES/S OFFICE WITH NO BUDGET	11/21/2011	Test_LastMoveHome	Counselor 1	Miscellaneous Expenses-In Progress	01/01/2012	

Privacy | Disclaimer | Freedom of Information Act | Webmaster

C If you are ready to complete your claim, click on "Complete"

Item	Amount	Date expense was incurred	Have Receipts	No receipts explanation	
Additional item #1	\$100.00	1/1/2012	<input checked="" type="checkbox"/>		
Total	Total				

Additional Comments:
Please enter additional comments.

Summary

Item	Amount Claimed	Deducted Due to No Receipt	Total Amount Claimed
Lodging	\$200.00	\$200.00	\$0.00
Mileage 250 miles	\$57.50	\$0.00	\$57.50
Meals	\$201.26	\$0.00	\$201.26
Total amount Claimed	\$458.76	\$200.00	\$258.76

Please remember to attach and or fax your receipts and supporting documents. The FSC will not be able to process your claim without the required documentation.

Save and hold Complete

You will receive a popup confirming your claim has been successfully saved.

Was your trip 12 hours or less? Yes No
 Are there any other items you would like to claim? Yes No
 Additional Item: [] Amount: [] Date expense was incurred: [] Check if have receipts
 [if you don't have receipts please explain.] [Add Item]

Item	Amount	Date expense was incurred	Have Receipts	No receipts explanation	
Additional item #1	\$		<input checked="" type="checkbox"/>		
Total	Total				

Additional Comments:

Your claim is complete and ready to submit. You will now be routed to the Folder Home page to either create a new claim or submit this claim

OK

Click **“OK”** and you will be routed back to the Claims home page where you can either create a new claim or submit the completed En route claim.

If you would like to create a new claim, click on the claim you would like to create at the top of the page.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721089 Traveler: Ronald, Reagan Reporting Date: 1/1/2012 Travel type: Transfer
Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

Folder Home

Home Claims Documents Attachments Decline/restore Claims

List of Claims to Request	List of Form 1012 to Sign	List of Claims Ready to Sign and Submit to FSC												
<ul style="list-style-type: none"> Add En Route Claim Household claims requested Add House Hunting Lump Sum Claim Add Temporary Quarters Claim (60) days remaining to claim. Add Lease Break Claim Add Miscellaneous Claim 		<p>Select each claim you would like to submit to FSC and click 'Submit to FSC'</p> <table border="1"> <thead> <tr> <th>Type of Claim</th> <th>Amount</th> <th>Status</th> <th>Created</th> <th>Select Claim to Submit</th> <th></th> </tr> </thead> <tbody> <tr> <td>En Route</td> <td>\$558.76</td> <td>Completed not submitted</td> <td>6/22/2012</td> <td><input type="checkbox"/></td> <td> </td> </tr> </tbody> </table>	Type of Claim	Amount	Status	Created	Select Claim to Submit		En Route	\$558.76	Completed not submitted	6/22/2012	<input type="checkbox"/>	
Type of Claim	Amount	Status	Created	Select Claim to Submit										
En Route	\$558.76	Completed not submitted	6/22/2012	<input type="checkbox"/>										

List of Claims

This is a list of all your claims. You are able to make queries based on status and type of claim. You may edit and delete claims in "New", "Completed and Submitted" and "In Progress" statuses.

Type of Claim: All Status: All Start Query

Type of Claim	Amount	Status	Created	Submitted	Claim Processor	
Lump Sum House Hunting	\$1,038.00	Claim process completed	6/6/2012		1,ClaimPrep	
Household Goods	\$836.00	In Progress	6/20/2012			
En Route	\$558.76	Completed not submitted	6/22/2012			
Lease Break	\$1,100.00	Claim in progress	6/26/2012		Prep,Claim	
En Route	\$0.00	New	6/28/2012			

13. If you are ready to submit your En Route claim, check the box to the right of the claim under **“List of Claims Ready to Sign and Submit to FSC”**. If you have more than one claim completed, you can check as many claims as you would like to submit at one time. You are not required to submit all completed claims; each completed claim can be submitted at your convenience, however remember you should submit for reimbursement within 5 days of completion of entitlement. Once you have selected all claims to submit, click **“Submit to FSC”**.

Workload Folder Home Change password My Profile Logoff Help

Current Folder: Obligation # 200721089 Traveler: Ronald, Reagan Reporting Date: 1/1/2012 Travel type: Transfer
Requires Higher Approving Official: No Requires Discretionary Items: Yes Requires Budget Office: Yes

Folder Home

Home Claims Documents Attachments Decline/restore Claims

List of Claims to Request	List of Form 1012 to Sign	List of Claims Ready to Sign and Submit to FSC												
<ul style="list-style-type: none"> Add En Route Claim Household claims requested Add House Hunting Lump Sum Claim Add Temporary Quarters Claim (60) days remaining to claim. Add Lease Break Claim Add Miscellaneous Claim 		<p>Select each claim you would like to submit to FSC and click 'Submit to FSC'</p> <table border="1"> <thead> <tr> <th>Type of Claim</th> <th>Amount</th> <th>Status</th> <th>Created</th> <th>Select Claim to Submit</th> <th></th> </tr> </thead> <tbody> <tr> <td>En Route</td> <td>\$558.76</td> <td>Completed not submitted</td> <td>6/22/2012</td> <td><input type="checkbox"/></td> <td> </td> </tr> </tbody> </table>	Type of Claim	Amount	Status	Created	Select Claim to Submit		En Route	\$558.76	Completed not submitted	6/22/2012	<input type="checkbox"/>	
Type of Claim	Amount	Status	Created	Select Claim to Submit										
En Route	\$558.76	Completed not submitted	6/22/2012	<input type="checkbox"/>										

List of Claims

This is a list of all your claims. You are able to make queries based on status and type of claim. You may edit and delete claims in "New", "Completed and Submitted" and "In Progress" statuses.

Type of Claim: All Status: All Start Query

Type of Claim	Amount	Status	Created	Submitted	Claim Processor	
Lump Sum House Hunting	\$1,038.00	Claim process completed	6/6/2012		1,ClaimPrep	
Household Goods	\$836.00	In Progress	6/20/2012			
En Route	\$558.76	Completed not submitted	6/22/2012			
Lease Break	\$1,100.00	Claim in progress	6/26/2012		Prep,Claim	
En Route	\$0.00	New	6/28/2012			

14. You will be routed to your 1012 claim form. This form is required to submit your claim. Underneath block 8, you will see a section asking if you would like to apply Withholding Tax Allowance (WTA) to your claim. You must select **“Yes”** or **“No”**.

Travel Voucher		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL PERMANENT CHANGE OF STATION	3. STATION NUMBER. 200	
5. a. NAME (Last, first, middle initial) happy, dappy			b. SOCIAL SECURITY NO. 888888888	4. TRAVEL AUTHORIZATION	
c. MAILING ADDRESS (Include ZIP code) 5 5 5 6			d. OFFICE TELEPHONE NO.	a. NUMBER 200T21022	b. DATE
e. PRESENT DUTY STATION 200		f. Complete current Address 3			
6. TRAVEL ADVANCE:		7. Additional Comments Regarding Travel Advances			
a. Outstanding		\$0.00			
b. Amount to be applied					
c. Amount due Government					
d. Balance Outstanding					
8. GOVERNMENT TRANS REQUESTS, GTS, CASH OR PERSONAL DINERS CLUB CARD <small>(List by number below and attach passenger coupons. If cash is used show claim on VA form 1012-1.</small>		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 [MP 1 PART II, Chap 2.7b(1) & Appendix M 10 b(2)]			Traveler's Initials
AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOM- MODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM TO (e) (f)
Additional Comments regarding this claim:					
Apply WTA to this claim? (select one) <input checked="" type="radio"/> Yes <input type="radio"/> No					
if yes, sign the following statement in addition to block 9					
"I hereby agree to repay any excess amounts of Withholding Tax Allowance (WTA) received. I further agree to submit a Relocation Income Tax (RIT) claim with all the required tax information."					
Employee's Signature: <input type="text" value="Click here to sign the document"/> Date: _____					

If you select "Yes", you will receive a popup stating "I agree to accept an advance of the federal taxes through the WTA allowance and understand I will be required to file a RITA claim the following year." Click "OK"

8. GOVERNMENT TRANS REQUESTS, GTS, CASH OR PERSONAL DINERS CLUB CARD <small>(List by number below and attach passenger coupons. If cash is used show claim on VA form 1012-1.</small>		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 [MP 1 PART II, Chap 2.7b(1) & Appendix M 10 b(2)]			Traveler's Initials
AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOM- MODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM TO (e) (f)
Additional Comments regarding this claim:					
Apply WTA to this claim? (select one) <input type="radio"/> Yes <input type="radio"/> No					
if yes, sign the following statement in addition to block 9					
"I hereby agree to repay any excess amounts of Withholding Tax Allowance (WTA) received. I further agree to submit a Relocation Income Tax (RIT) claim with all the required tax information."					
Employee's Signature: <input type="text" value="Click here to sign the document"/> Date: _____					

I agree to accept an advance of the federal taxes through the WTA allowance and understand I will be required to file a RITA claim the following year.

If you choose to accept the WTA allowance, you must sign a statement agreeing to repay any excess amounts of WTA received and will file your Relocation Income Tax (RITA) claim. Click on the grey box "Click here to sign the document".

e. PRESENT DUTY STATION 200		f. Complete current Address 3					
6. TRAVEL ADVANCE:		7. Additional Comments Regarding Travel Advances					
a. Outstanding		\$0.00					
b. Amount to be applied							
c. Amount due Government							
d. Balance Outstanding							
8. GOVERNMENT TRANS REQUESTS, GTS, CASH OR PERSONAL DINERS CLUB CARD <small>(List by number below and attach passenger coupons; if cash is used show claim on VA form 1012-1.)</small>		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 [MP 1 PART II, Chap 2.7b(1) & Appendix M 10 b(2)]				Traveler's Initials	
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)	
Additional Comments regarding this claim:							
Apply WTA to this claim? (select one) <input checked="" type="radio"/> Yes <input type="radio"/> No							
if yes, sign the following statement in addition to block 9							
"I hereby agree to repay any excess amounts of Withholding Tax Allowance (WTA) received. I further agree to submit a Relocation Income Tax (RIT) claim with all the required tax information."							
Employee's Signature:		Click here to sign the document			Date:		
9. 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. <small>When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</small>							
Traveler SIGN HERE		Click here to sign the document			DATE	Amount Claimed	\$200.00
NOTE: Falsification of an item in an expense account works a forfeiture or claim (U.S.C 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d 1001)						Adjustment +	\$0.00
						Adjustment -	\$0.00
10. This voucher is approved. SIGN HERE					DATE	Gross to Traveler	\$200.00
APPROVING OFFICIAL							

VA Form 1012

Type in your password and click "Authenticate"

8. GOVERNMENT TRANS REQUESTS, GTS, CASH OR PERSONAL DINERS CLUB CARD <small>(List by number below and attach passenger coupons; if cash is used show claim on VA form 1012-1.)</small>		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 [MP 1 PART II, Chap 2.7b(1) & Appendix M 10 b(2)]				Traveler's Initials	
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)	
Additional Comments regarding this claim:							
Apply WTA to this claim? (select one) <input checked="" type="radio"/> Yes <input type="radio"/> No							
if yes, sign the following statement in addition to block 9							
"I hereby agree to repay any excess amounts of Withholding Tax Allowance (WTA) received. I further agree to submit a Relocation Income Tax (RIT) claim with all the required tax information."							
Employee's Signature:		Click here to sign the document			Date:		
9. 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. <small>When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</small>							

For Your Security - Verify Your Identity

Password:

You will receive a popup confirming you have successfully signed the WTA statement. **Click**

"OK"

8. GOVERNMENT TRAVEL REQUESTS, GTS, CASH OR PERSONAL DINERS CLUB CARD <small>(List by number below and attach passenger coupons; if cash is used show claim on VA form 1012-1.)</small>	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 (MP 1, PART II, Chap. 2.7b(1) & Appendix M-10 b(2)).				Traveler's Initials	
	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)
Additional Comments regarding this claim:						
Apply WTA to this claim? (select one) <input checked="" type="radio"/> Yes <input type="radio"/> No						
If yes, sign the following statement in addition to the tax information: "I hereby agree to repay any excess amounts required tax information."						
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p>You have successfully signed the WTA statement. Please note there is another signature required for to complete this form.</p> <p style="text-align: center;"><input type="button" value="OK"/></p> </div>						
Employee's Signature: _____ Date: _____						

If you select "No", you will receive a popup stating "I understand I will not be receiving an advance of the federal taxes through the WTA allowance; however I am still required to file a RITA claim the following year." Click "OK"

8. GOVERNMENT TRAVEL REQUESTS, GTS, CASH OR PERSONAL DINERS CLUB CARD <small>(List by number below and attach passenger coupons; if cash is used show claim on VA form 1012-1.)</small>	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 (MP 1, PART II, Chap. 2.7b(1) & Appendix M-10 b(2)).				Traveler's Initials	
	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)
Additional Comments regarding this claim:						
Apply WTA to this claim? (select one) <input type="radio"/> Yes <input checked="" type="radio"/> No						
If yes, sign the following statement in addition to the tax information: "I hereby agree to repay any excess amounts required tax information."						
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p>I understand I will not be receiving an advance of the federal taxes through the WTA allowance; however I am still required to file a RITA claim the following year.</p> <p style="text-align: center;"><input type="button" value="OK"/></p> </div>						
Employee's Signature: _____ Date: _____						
<small>9. 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. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</small>						
Traveler SIGN HERE	<input type="button" value="Click here to sign the document"/>			DATE	Amount Claimed	\$300.00

15. After you have made your WTA selection, sign block 9 certifying the voucher you are submitting is correct to the best of your knowledge and belief. Click on the grey button "Click here to sign the document".

e. PRESENT DUTY STATION 200		f. Complete current Address 3			
6. TRAVEL ADVANCE:		7. Additional Comments Regarding Travel Advances			
a. Outstanding		\$0.00			
b. Amount to be applied					
c. Amount due Government					
d. Balance Outstanding					
8. GOVERNMENT TRANS REQUESTS, GTS, CASH OR PERSONAL DINERS CLUB CARD <small>(List by number below and attach passenger coupons; if cash is used show claim on VA form 1012-1.)</small>		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 [MP 1 PART II, Chap 2.7b(1) & Appendix M 10 b(2)]			Traveler's Initials
AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM TO (e) (f)
Additional Comments regarding this claim:					
Apply WTA to this claim? (select one) <input checked="" type="radio"/> Yes <input type="radio"/> No					
if yes, sign the following statement in addition to block 9					
"I hereby agree to repay any excess amounts of Withholding Tax Allowance (WTA) received. I further agree to submit a Relocation Income Tax (RIT) claim with all the required tax information."					
Employee's Signature:		Click here to sign the document		Date: _____	
9. 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. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.					
Traveler SIGN HERE		Click here to sign the document		DATE	Amount Claimed
					\$200.00
					Adjustment +
					\$0.00
					Adjustment -
					\$0.00
10. This voucher is approved. SIGN HERE				DATE	
APPROVING OFFICIAL					Gross to Traveler
					\$200.00

VA Form 1012

Type in your password and click "Authenticate"

8. GOVERNMENT TRANS REQUESTS, GTS, CASH OR PERSONAL DINERS CLUB CARD <small>(List by number below and attach passenger coupons; if cash is used show claim on VA form 1012-1.)</small>		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 [MP 1 PART II, Chap 2.7b(1) & Appendix M 10 b(2)]			Traveler's Initials
AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM TO (e) (f)
Additional Comments regarding this claim:					
Apply WTA to this claim? (select one) <input checked="" type="radio"/> Yes <input type="radio"/> No					
if yes, sign the following statement in addition to block 9					
"I hereby agree to repay any excess amounts of Withholding Tax Allowance (WTA) received. I further agree to submit a Relocation Income Tax (RIT) claim with all the required tax information."					
Employee's Signature:		/s/ Test, LastMoveHome		Date: 4/6/2012	
9. 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. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.					
Traveler SIGN HERE		Click here to sign the document		DATE	Amount Claimed
					\$200.00
					Adjustment +
					\$0.00
					Adjustment -
					\$0.00

For Your Security - Verify Your Identity

Password:

Modified 10/2/2013

You will receive confirmation that you have successfully signed your 1012 Claim Form. **Click "OK"**.

8. GOVERNMENT TRAVEL REQUESTS, GTS, CASH OR PERSONAL DINERS CLUB CARD

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 (MP 1 PART II, Chap 2.7a(1) & Appendix M 10 b(2)).

Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (in initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
				FROM (e)	TO (f)

Additional Comments regarding this claim:

Apply WTA to this claim? (select one) Yes No

If yes, sign the following statement in addition to block 9

"I hereby agree to repay any excess amounts of Withholding Tax Allowance (WTA) received with all the required tax information."

Employee's Signature: _____ Date: _____

You have successfully signed Form 1012.
This form is sent to FSC to process your claims.

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. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

16. You will be returned to your Portal Workload screen. Click on "My Folders" tab; the folder you submitted the real estate claim will have the status "Awaiting Completion of Claims Process".

Workload Change password My Profile Logoff Help

Workload

Click to hide Notifications

This is an example.

Portal Workload MyFolders (5)

There are no task to complete in your workload

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Workload Change password My Profile Logoff Help

Workload

Click to hide Notifications

This is an example.

Portal Workload MyFolders (5)

Obligation #	Receiving Station	Office	Releasing Station	Office	Reporting Date	Traveler	Counselor	Status	Since	Req. Higher AO approv.
200721016	104	DOI OIG	NH	Choose	12/6/2011	Molly_Monroe	Counselor 1	3036 - FSC - Awaiting Completion of Counseling	11/29/2011	
200721022	200	DESIS TEST W/NOBudget	105	DESIS OFFICE WITH NO BUDGET	11/21/2011	Test_LastMoveHome	Counselor 1	Awaiting Completion of Claims Process	3/8/2012	
200721023	200	Desiree's TEST W/DISC AND BUDGET	105	DESIS OFFICE WITH NO BUDGET	11/11/2011	Test_ReturnRights	Test Counselor	FSC - Awaiting Review FMS Obligation	12/14/2011	
200721032	200	MQAS MANAGEMENT QUALITY ASSURANCE SERVICE	OTH		11/15/2011	Happy_Dappy	Counselor 2	3036 - FSC - Awaiting Completion of Counseling	11/29/2011	
200721056	200	DESIS TEST W/NOBudget	NH		1/3/2012	Awesome_Desiree	Test Counselor	FSC - Awaiting Completion of Pre-Counseling	12/29/2011	

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You will receive an e-mail each time your claim is forwarded to the next step. However, you can always login to the Portal to view the status of your document under the claims tab, list of claims:

Folder Home

Home | **Claims** | Documents | Attachments | Decline/Restore Claims

List of Claims to Request

- [Add En Route Claim](#)
- [Add Household Goods Claim](#)
- Real Estate Sale requested
- Real Estate Purchase requested
- [Add Temporary Quarters Claim \(97\) days remaining to claim.](#)
- [Add Miscellaneous Claim](#)

List of Form 1012 to Sign

List of Claims Ready to Sign and Submit to FSC

Select each claim you would like to submit to FSC and click 'Submit to FSC' [Submit to FSC](#)

There are no claims to sign and submit to FSC

List of Claims

This is a list of all your claims. You are able to make queries based on status and type of claim. You may edit and delete claims in "New", "Completed and Submitted" and "In Progress" statuses.

Type of Claim : All Status: All [Start Query](#)

Type of Claim	Amount	Status	Created	Submitted	Claim Processor	
Real Estate Sale	\$20,920.00	In Progress—Pending Claims Processor Completion	9/19/2013	9/19/2013	Dodson,Candice	óó
Real Estate Purchase	\$3,735.00	Aw. Assign to Claim processor	9/19/2013	9/19/2013		óó

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You can attach any additional documentation at any time by selecting the attachments tab:

Folder Home

Home | Claims | Documents | **Attachments** | Decline/Restore Claims

Select File to Upload: [Browse...](#)

Type Description

Type some description about file uploaded.

Select Type of Claim to Attach this file : No Claim. Place it in Folder [Attach file](#)

Select Type of Claim to view : All attachments [Search](#)

FileName	Description	Attached by	Created	Employee View	Due Date	For Claim
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