

HRO PCS MOVE FACT SHEET

Name _____

SSAN _____

FROM
Position Title: _____

TO
Position Title: _____

Grade: _____

Grade: _____

Duty Station: _____

Duty Station: _____

PURPOSE OF PCS: _____

Dependents' Names	Relationship	Date of Birth (Children)

Origin of Move: _____ Destination of Move: _____

Mode of Transportation Used: _____

Estimated Weight of Household Goods: _____

Are household goods to be placed in temporary storage? Yes ___ No ___

If Yes, for how long? _____

Expenses Incident to Move:

Item	Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL COST:	\$

Signature of Requestor _____

Date _____