

**WESTERN OPERATIONS BRANCH  
PERMANENT CHANGE OF STATION (PCS) WORKSHEET**

The amounts used in this worksheet are for budget estimate purposes only. Final payment reimbursement may differ from the estimates shown on this worksheet.

**LINE OFFICE INFORMATION - SECTION 1**

Date:	Travel Order Number:	Shipment No.
Organization Address:		United States Department of Commerce Finance Office, Accounting & Operations Division Western Operations Branch 7600 Sand Point Way NE - Bldg. #1 Seattle, WA 98115-6349
City:	State/Zip:	
POC Name:		
Phone:	Fax:	

**WOB POINTS OF CONTACT**

Deanna Stewart - (206) 526-4426 <a href="mailto:Deanna.M.Stewart@noaa.gov">Deanna.M.Stewart@noaa.gov</a> Relocation/Counseling/Payments	Alana Stillwell - (206) 526-6044 <a href="mailto:Alana.R.Stillwell@noaa.gov">Alana.R.Stillwell@noaa.gov</a> Relocation/Counseling/Payments	Derrick Celestine - (206) 526-6017 <a href="mailto:Derrick.L.Celestine@noaa.gov">Derrick.L.Celestine@noaa.gov</a> Household Goods Issues
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**TRANSPORTATION/EMPLOYEE INFORMATION - SECTION 2**

Name:	New Duty Station (City/State):		
Current Home Address:	Requested Pack/Load Date	Reporting Date:	
City:	State/Zip:	Estimated Weight:	Number of Rooms:
Home Phone:	Cell Phone:	Professional Books/Equip. (est. weight)	Unaccompanied Baggage (est. weight)
Current Duty Station (City/State)	Storage in Transit (days):	Number in Household:	
Business Phone:	<b>PRIVATELY OWNED VEHICLE (POV) INFORMATION</b>		
Email Address:	Year:	Make:	Model:
<b>ACCOUNTING INFORMATION</b>	License:	Color:	
CBS ACCS (Org/Task/Phase):	VIN:		
Comments			

**ESTIMATED COSTS (to be completed by MMI) - SECTION 3**

Transportation \$ _____	days storage \$ _____
POV Cost: \$ _____	
POC Name:	POC Phone:

For Finance Use Only

**TRANSPORTATION INFORMATION - SECTION 4**

HHG Carrier:	SCAC:	Total Cost Estimate:	Date Assigned:
Agent:	Tender/Tariff:		
POC:	POC Phone:	Bill Charges To:  USDoC/NOAA/Western Operations Branch Attn: Relocation Team 7600 Sand Point Way NE Seattle, WA 98115-6349	
Load Date:			
Required Delivery Date:			
Authorized Weight:			
Storage in Transit Authorized:			
POV Carrier:	SCAC:	POV Shipment Number:	
Comments			

**APPROVED BY**

Signature	Title	Date
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