

**U.S. ARMY CORPS OF ENGINEERS, BALTIMORE DISTRICT**  
**DoD NATIONAL RELOCATION PROGRAM (DNRP) SERVICES REQUEST**

For use of this form see 5 U.S.C., 5724 and JTR Chapter 5, Part B, Section 15; the proponent agency is CENAB-RE-N.

**DATA REQUIRED BY THE PRIVACY ACT**

**AUTHORITY:** Public Law 98-151; Title 5 U.S.C. Section 5724, Chapter 57, Joint Travel Regulations (JTR) Chapter 5, Part B, Section 15.

**PRINCIPAL PURPOSE(s):** To determine eligibility for employer-paid relocation services and process requests for the DoD National Relocation Program (DNRP)

**ROUTINE USE(s):** in addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)3 including the DNRP contractor(s) who provide guaranteed home sale and / or property management services for transferring employees in accordance with DNRP contract requirements.

**DISCLOSURE:** Disclosure is voluntary, however, failure to fully complete and return this form may preclude or delay your use of these services.

**INSTRUCTIONS**

DO NOT USE COMMAS, DECIMALS OR \$ SIGNS ANYWHERE ON THIS FORM. FOR QUESTIONS OR ASSISTANCE CALL DNRP AT 800.344.2501 OR 410.962.3166.

**SECTION I - EMPLOYEE AND SERVICES**

1. EMPLOYEE (Last, First MI)	2. REPORT DATE (YYYYMMDD)
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3. CURRENT TELEPHONE NUMBERS / E-MAIL (no Defense Switched Network (DSN)).

a. WORK TELEPHONE	b. HOME	c. CELL
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d. WORK E-MAIL	e. PERSONAL E-MAIL
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4. RESIDENTIAL HOME PROPERTY INFORMATION

1. PROPERTY ADDRESS	2. CITY
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3. STATE	4. ZIP CODE	5. ESTIMATED VALUE OF RESIDENCE (GHS only)(enter numbers only)
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6. PROPERTY IS OWNED BY MYSELF AND/OR ELIGIBLE DEPENDENT(S) AT THE TIME OF MY NOTIFICATION OF TRANSFER  YES  NO

7. PROPERTY IS MY PRIMARY RESIDENCE, WHICH I REGULARLY COMMUTED TO WORK AT THE TIME OF MY OFFICIAL NOTIFICATION OF TRANSFER  YES  NO

**EMPLOYEE INSTRUCTIONS:** ELECTRONICALLY SIGN BELOW, SAVE AND EMAIL TO YOUR HUMAN RESOURCES OFFICE (HRO) POINT OF CONTACT (POC). I CERTIFY THAT THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

8a. EMPLOYEE (Last, First MI)	b. DATE (YYYYMMDD)	c. EMPLOYEE'S SIGNATURE (CAC signing locks form to this point)
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**SECTION II HUMAN RESOURCE OFFICE (HRO) USE ONLY**

1. AGENCY (select from list) <input style="width:100px" type="text"/>	OTHER:
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2. AGENCY NAME	3. AGENCY ADDRESS (Street, City, State and Zip Code)
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4. HRO POC (Last, First MI)	5. POC TELEPHONE NUMBER
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6. E-MAIL ADDRESS

7. TO BE INCLUDED: a. Travel Orders. b. MIPR (Reimbursement Labor) c. MIPR (Direct Citation-home Purchase).  
 MIRP=MILITARY INTERDEPARTMENTAL PURCHASE REQUEST  
 ONLY ONE OF THE THREE SERVICES SHOULD BE SELECTED; DNRP BASIC or DNRP PLUS or PROPERTY MANAGEMENT

8. DNRP BASIC: ESTIMATED HOME VALUE	X	%	=	ESTIMATED OBLIGATED AMOUNT.
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9. DNRP PLUS: ESTIMATED HOME VALUE	X	%	=	ESTIMATED OBLIGATED AMOUNT.
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10. PROPERTY MANAGEMENT: NUMBER OF MONTHS APPROVED (convert whole years to months)	X (e.g. 12 x \$700.00 = \$8,400.00)	_____
= ESTIMATED OBLIGATED AMOUNT_____.		

**INSTRUCTIONS:** SIGN AND ATTACH TRAVEL ORDERS TO EMAIL FORWARDED TO THE BUDGET OFFICE

11. a. HRO (Last, First MI)	b. DATE (YYYYMMDD)	c. AUTHORIZED HRO'S SIGNATURE (CAC signing locks Sections I and II)
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**SECTION III - BUDGET OFFICE USE ONLY**

1. BUDGET OFFICE POC	2. BUDGET OFFICE POC TELEPHONE NUMBER
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3. BUDGET OFFICE POC E-MAIL ADDRESS
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4 a. REIMBURSEMENT MIPR NUMBER -LABOR (PR&C) NUMBER	4 b. REIMBURSEMENT MIPR \$ AMOUNT -LABOR (\$5,000 FY 21)
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5 a. DIRECT CITATION MIPR NUMBER- HOME PURCHASE or PROPERTY MANAGEMENT
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5 b. DIRECT CITATION MIPR \$ AMOUNT- HOME PURCHASE or PROPERTY MANAGEMENT (from section II 8, 9 or 10)
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6 CERTIFY THAT THESE FUNDS ARE AVAILABLE (4b+5b)
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7. PAYING DEFENSE FINANCE AND ACCOUNTING SERVICE (DFAS) OFFICE ADDRESS
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8. ACCOUNTING CITATION/ LOA-Line of Accounting
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9. PAYING OFFICE DEPARTMENT OF DEFENSE ACTIVITY ADDRESS CODE (DODAAC) NUMBER
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10. TO BE INCLUDED: a. Travel Orders. b. MIPR (Reimbursement Labor) c. MIPR (Direct Citation-home Purchase).
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11. NOTES
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12 a. BUDGET OFFICE (Last, First MI)	b. DATE (YYYYMMDD)	c. BUDGET OFFICE REPRESENTATIVE'S SIGNATURE
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