

**DEPARTMENT OF THE ARMY TRANSPORTATION AGREEMENT  
NONAPPROPRIATED FUND EMPLOYEE**

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

NAME *(Last, First, Middle Initial)*

COMPLETE ADDRESS OF ACTUAL RESIDENCE AT TIME OF APPOINTMENT *(To be determined at time of initial assignment)*

1. I understand and agree that:

a. I will remain in the employment of the \_\_\_\_\_

*(Nonappropriated Fund Component)*

at the post of duty to which I am assigned or reassigned for a

minimum period of \_\_\_\_\_ beginning with the date of my arrival at my permanent duty station.  
*(Months)*

b. If, before the expiration of the first \_\_\_\_\_ months of the period of time shown in paragraph 1a above, I fail to fulfill the terms of this agreement by resigning, vacating the position without authority, or if I am removed for cause, I will, upon demand, repay to the Nonappropriated Fund a sum of money equivalent to that expended by the Nonappropriated Fund for transportation and subsistence of myself and dependents, cost of shipment of my household goods and personal effects, if involved, and any other related allowances incident to my travel, from beginning point of travel to duty station, and I authorize the employing Nonappropriated Fund to withhold any final pay due to me to apply against or liquidate any indebtedness arising from a violation of this agreement.

2. I understand that the period of service specified above is for the sole purpose of establishing my eligibility for travel and transportation at Nonappropriated Fund expense.

**— OVERSEAS EMPLOYEES ONLY —**

I will NOT be eligible for return travel and transportation at Nonappropriated Fund expense for myself, my dependents, or my household effects, to my place of actual residence stated above for purposes of separation from the service until I have completed the prescribed period of service in this agreement unless the reason for earlier return is beyond my control and acceptable to the employing activity.

TYPE OF AGREEMENT

INITIAL

RENEWAL

I understand and agree that the address shown above is my place of actual residence and that it will be used for the purpose of determining transportation entitlement and that it is not subject to later change for personal reasons.

REMARKS

DATE SIGNED *(YYYYMMDD)*

SIGNATURE OF EMPLOYEE

DATE REPORTED AT PERMANENT DUTY STATION  
*(YYYYMMDD)*