TRAVEL VOUCHER (Temporary Duty Travel)

SECTIO	N A - IDE	NTIFI	CATI	ON																				
1. TRAVEL AU	THORIZATION	NO.	2. SOC	CIAL SECU	URITY N	IO. 3	. NAME	(Last)						(First)					(Middl	e Initial)	4. AGE COD		
			Le TRAVELER ORIGINATING					E EDA	VEL EVE	NOTO	Lo TVDE OLAN								0 050	LAINA				
5. AGENCY ORIGINATING OFFICE NUMBER			6. TRAVELER ORIGINATING OFFICE NUMBER 7. DATES OF TR FRC Month Da					FROM			THRU DM = Don					mestic	estic AMOU				,			
							IVIO	nun	Day	Year	Mon	ith	Day	Year			OC =	Out	reign Tl	nt. U.S		IIVOL	ODLL	
10. LEAVE TAKEN 11. TF										OFFICIAL	DUTY S	GR = Escorted Group								station)				
				Purpose of Travel Code 3 Only)								Source Control of the												
					TOTAL NIGHTS LODGING 16. NUMBER O							I NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS								;				
	Yes N = N																							
SECTION B-TRAVEL VOUCHER MAILING ADDRESS OPTIONS																								
17. SALARY ADDRESS			19. SPECIAL ADDRESS							20. FOREIGN ADDRESS						21. TRAVEL EFT ACCOUNT								
片			1. (35)																					
18. T&A CONTACT POINT 2. (35) ► 3. City (20) ► State (2) ► Zip Code (9) ►																								
SECTION C - TRANSPORTATION COSTS Sale (2) Sale																								
22. METHOD OF	22. 23. 24. 25 CAR RENTAL 26. 28 SLIMMARY OF																							
PAYMENT	IETHOD OF VENDOR/ IE PAYMENT CARRIER			DENTIFICATION NUMBER			MILES DAYS		AMOU	MOUNT		TDY LOCA			CATIC	ATION				NO. OF		AMOUNT		
								\$		Cf C		CITY	Y DE	CITY		Y or COUNTY			STATE		DAYS	, 110011		
								_														\$		
											++		4						_	++				
								+					_							-				
								+					\dashv							-				
								+		\neg			1											
If payment was made by traveler, complete Section G on reverse TOTALS▶ \$							s																	
	omplete Section G on reverse 7. AIRLINE ACCOMMODATIONS: ▼ Excess Fare (Check if Applicable) ▼ Non-contract (Insert Code)										:	29. PER DIEM							USE					
SECTION							ON	4140	11 0011t	Code)		No. of Days [] \$								_				
	UTHORIZAT							F TRA	VEL C	CODES		No. of Days []												
	this block if a el code(s) from				1 = Site 2 = Info		meeting			rgency trav	/el	31. MILEAGE Rate [¢] Miles []												
of travel code(s) from travel authorization are to be charged for the total voucher claim.) 2 = Information meeting									travel	Rate [¢] Miles [] Rate [¢] Miles []						j								
	DISTRIBUT			-		ech or pre ference at		13 =		and Recupe	ration	Rate [¢] Miles []]			-	<u> </u>		
(Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.) Section D to the applicable Purpose of Travel							-	= Educ = Infori	,	32. PARKING, TOLLS, ETC.														
<u> </u>				ACCOUNTING CLASSIFICATION						PERCENTAGE 33. PLANE, BUS, TRAI														
PURPOSE CODE ACCOUNTING O					10011 1071				\dashv	, ENGEN	%			COMPANIED		2010	<u> </u>						\vdash	
									\top			34.0	INAC	COMPANIEL) DAC	JOAG	<u>'</u>					-	_	
							35. L0	35. LOCAL TRANSPORTATION																
					_			36. M	36. MISCELLANEOUS EXPENSES															
								_			37.0	37. CAR RENTAL												
							+				38. TOTAL CLAIM						1	\vdash						
	THESE PERCENTAGES MUST EQUAL 100%										\$			<u> </u>										
SECTION	F-CE	RTIFIC	ATIO	NS_	IIILO			-0 IVIOO	\			39. TRAVELADVANCE AMOUNT OUTSTANDING						DING						
FRAUDULEI (28 USC 2514)	NT CLAIM.	Falsificati	on of ar	ı item in a	n expen	se accou	nt will r	esult in	a forfe	eiture of th	he claim	40. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 39)						PLIED						
(18 USC 287; i. CLAIMANT'S	d. 1001).					-				•		41. AMT. OF VOUCHER (Block 38) TO BE APPLIED						PLIED				\vdash		
against other pa	rties in connecti	ion with any	reimbur	sable carri	ier transp	ortation o	charges d	escribed	herein	. I have red	ceived no	TO OUTSTANDING BILL FOR COLLECTION						ON						
payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by 41CFR 30+ 304 and other regulations. I have reviewed this voucher and certify it										voucher	5.22110.								-	H				
to be correct.										(Check or money order attached)														
47. CLAIMANT'S SIGNATURE						48. DATE Month Day		Year	IN). FINAL VOUCHER INDICATOR		43. REMAINING ADVANCE BALANCE (Block 39 minus Block 40 and Block 42)												
								Y = Yes N = No			44. NET TO TRAVELER							\$						
APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this voucher, I have determined that (1) Reimbursement is claimed for official travel only; (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage; and (3) Long distance phone calls and supplies or equipment									or which	ALIDITED BY (Evaminar's initials)					_	TOTAL DIFFERENCE								
purchased are necessary and in the interest of the Government. Note: To approve long distance phone calls, approving office must have written authorization from Agency Head or his/her designee (31 USC 1348).														,										
50. APPROVING OFFICER'S SIGNATURE										51.	SOCIA	OCIAL SECURITY NO. 52. DATE APPROVED Month , Day , Year 53. PHONE (Area of Month)				rea Code	and N	No.)						
																		'y	Year					
54. NAME AND	TITLE (Last, F	irst, Middle	Initial)(Type or P	rint)					AGENCY CODE	55.	CONTA	ACTF	PÉRSON'S N	IAME				\Box	56. P	HONE (A	rea Code	and N	No.)
																				FOR	4 AD . C	16 (USD/	N) (Day	11/00)

SOCIAL SECURITY NO.	TRAVELER'S NAM	1E						
SECTION G-SCI	HEDULE OF	EXPENSES	AND AMOU	NTS CLAIM	ED			
ITINERARY								
FROM								TOTALS
DATE (Month/Day)								Transfer
CITY]		these totals to
CITT								
STATE								Section D on
TIME								Voucher Front.
TO TDY LOCATION								If additional
DATE (Month/Day)								days are
CITY								required, use
								continuation
COUNTY								
STATE								sheet
TIME							,	
PER DIEM		:		:	;	:		TOTAL NO. DAYS
NO. OF DAYS LODGING (Receipt Required)	:	· ·	:			:	:	
MEALSAND	· ·				:	 		
INCIDENTAL EXPENSES LESS MEALS			1	'			1	
AT GOVERNMENT EXPENSE								TOTAL PER DIEM
PER DIEM AMOUNT	:							\$
ACTUAL SUBSISTENCE	:				:	:		TOTAL NO. DAYS
NO. OF DAYS	i	1	1	1		'	1	
LODGING (Receipt Required)		i	1	i	i	i	,	
BREAKFAST					:		:	
LUNCH			:	:	:	:	:	
DINNER	1		:		:	:		
M&IE/OTHER	;	1	1	1	1	ı	1	
ACTUAL	:				;	;		TOTAL ACTUAL
ACTUAL SUBSISTENCE AMOUNT	:							SUBSISTENCE \$
MILEAGE				·			•	TOTAL MILES
MILES								
RATE PER MILE	é	¢	é	¢	¢	ę	¢	
		:			:			TOTAL MILEAGE
MILEAGE AMOUNT	:		:	:	:	:	:	\$
DADIONO TOLLO ETO	:		:	:	:	:	:	TOTAL PARKING
PARKING, TOLLS, ETC.		:						\$
PLANE, BUS, TRAIN (Paid By Traveler)	:	:	:	:	;	:	:	TOTAL PLANE, BUS, TRAIN
	:				:		•	\$ TOTAL UNACCOMPANIED
UNACCOMPANIED	:				:	:		BAGGAGE
BAGGAGE LOCAL	1		•				•	\$ TOTAL LOCAL
TRANSPORTATION								TRANSPORTATION
NO. TRIPS DAILY EXPENSE								
MISCELLANEOUS	:	:		:		:		\$ TOTAL
EXPENSES	:	:	:	:		,		MISCELLANEOUS
TELEPHONE CALLS SUPPLIES, ETC.			 					 s
CAR RENTAL	:	:	:	:				TOTAL CAR RENTAL
(Paid by Traveler) Receipt and Car Rental] :	:	:					
Agreement Required RENTAL EXPENSE	:	:	:	:		:	:	
GASOLINE EXPENSE	:	:	:	:	:		.	\$
REMARKS		<u> </u>				1		
I								

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 301-304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigations of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.