U.S. DEPARTMENT OF AGRICULTURE MARKETING AND REGULATORY PROGRAM		NS:
REQUEST FOR SPECIAL TRA	1. Type or print cle	early. 2. Send approved original form to the office preparing the uthorization. 3. File with AD-202.
NAME OF EMPLOYEE	TITLE	
DUTY STATION	DATE(S) OF OFF	CIAL TRAVEL
ITINERARY		
In conjunction with my official travel, I plan to:		
COMBINE BUSINESS AND PERSONAL TRAVEL (No leave involved) Dates: to		
TAKE ANNUAL LEAVE DURING MY OFFICIAL TRIP. A COPY OF MY APPROVED LEAVE SLIP, SF-71 IS ATTACHED.		
DEVIATE FROM THE NORMAL MODE OF TRANSPORTATION OR ITINERARY FOR MY PERSONAL CONVENIENCE (Including non-work days)		
EXPLANATION		
CERTIFICATION		
I certify that my personal plans did not influence the creation of this official trip.		
I understand that from		
Because I choose to use my personally owned car rather than travel by airplane, my reimbursement will be limited to \$		
SIGNATURE OF EMPLOYEE		DATE SIGNED
APPROVED SIGNATURE OF	APPROVING OFFICIAL	DATE SIGNED
REMARKS		
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