

TRAVEL VOUCHER (Relocation)

SECTION A -- IDENTIFICATION	
1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.
3. NAME (Last) (First) (Middle Initial)	
4. AGENCY CODE	9. RECLAIM AMOUNT INCLUDED
5. AGENCY ORIGINATING OFFICE NUMBER	6. TRAVELER ORIGINATING OFFICE NUMBER
7. DATES OF TRAVEL EXPENSES FROM: Month Day Year THRU: Month Day Year	
8. TYPE CLAIM (Indicate one type only) HH = Hse hunting SR = Supp RIT TS = Trans Stn OT = Outside RC = Relo Contr RI = RIT Cont. U.S. Transfer	
10. DATE REPORTED AT NEW OFFICIAL DUTY STATION Month Day Year	11. LEAVE TAKEN Y = Yes N = No
12. OFFICIAL DUTY STATION CITY AND STATE	
13. RESIDENT CITY AND STATE (If other than official station)	
14. TOTAL NIGHTS LODGING	
15. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDAR DS	

SECTION B -- TRAVEL VOUCHER MAILING ADDRESS OPTIONS		SECTION D -- CLAIMS	
16. SALARY ADDRESS	17. T&A CONTACT POINT	18. SPECIAL ADDRESS	19. TRAVEL LEFT ACCOUNT
1. (35)		26. TOTAL SALES PRICE OF FORMER RESIDENCE \$	
2. (35)		27. TOTAL PURCHASE PRICE OF NEW RESIDENCE \$	
3. City (20) State (2) Zip Code (9)		28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (For Type Claim RC Only, Invoice Attached)	
		a. APPRAISED VALUE SALES FEE \$	
		b. AMENDED VALUE SALES FEE \$	
		c. CANCELLATION FEES \$	
		EXPENSES CLAIMED BY EMPLOYEE	
		29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)	

SECTION C -- TRANSPORTATION COSTS									
20. METHOD OF PAYMENT	21. VENDOR/CARRIER	22. IDENTIFICATION NUMBER	23. CAR RENTAL		24. AMOUNT	LOCATION		NO. OF DAYS	AMOUNT
			MILES	DAYS		CITY	ST		
					\$				\$
If payment was made by traveler, complete Section G on reverse.						TOTALS \$			
						TOTAL OUTSIDE CONT. U.S. SUBSISTENCE \$			

25. AIRLINE ACCOMMODATIONS	Excess fare (Check if applicable)	Non-contract (Insert Code)	REAL ESTATE (Paid by Employee)	AMOUNT	NFC USE
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SECTION E -- ACCOUNTING CLASSIFICATION					
50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total voucher claim.)			a. SALES EXPENSE (AD-424 Attached) \$		
51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to the applicable Accounting Classification line.)			b. PURCHASE EXPENSE (AD-424 Attached)		
PURPOSE CODE	ACCOUNTING CLASSIFICATION	PERCENTAGE	c. LEASE TERMINATION EXPENSE		
		%	31. PER DIEM No. of Days [] LODGING & IE No. of Travelers [] MEALS		
			32. MILEAGE Rate [¢] Miles [] Rate [¢] Miles [] Rate [¢] Miles [] Rate [¢] Miles []		
			33. PARKING, TOLLS, ETC.		
			34. PLANE, BUS, TRAIN (Paid by Traveler)		
			35. UNACCOMPANIED BAGGAGE		
			36. LOCAL TRANSPORTATION		
			37. MISCELLANEOUS EXPENSES/ALLOWANCE		
			38. CAR RENTAL		
			39. SHIPMENT OF HOUSEHOLD GOODS Total Weight []		
			40. STORAGE OF HOUSEHOLD GOODS Total Weight [] No. Days [] 1ST 30 DAYS OVER 30 DAYS		
			41. TEMPORARY QUARTERS (AD-569 attached) No. of Days [] No. Occupants []		
THESE PERCENTAGES MUST EQUAL 100%			42. RELOCATION INCOME TAX (AD-1000 Attached)		

SECTION F -- CERTIFICATION	
FRAUDULENT CLAIM. Falsification of an item in an expense account will result in a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 287; i.d. 1001).	
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no 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 FPMR 101-7 and other regulations. I have reviewed this voucher and certify it to be correct.	
52. CLAIMANT'S SIGNATURE	53. DATE Month Day Year
	54. FINAL VOUCHER INDICATOR Y = Yes N = No
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 purchased are necessary and in the interest of the Government. Note: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348).	
55. APPROVING OFFICER'S SIGNATURE	56. SOCIAL SECURITY NO.
57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)	AGENCY CODE
58. DATE APPROVED Month Day Year	59. PHONE (Area Code and No.)
60. CONTACT PERSON	61. PHONE (Area Code and No.)
Upon completion and approval, submit original voucher to: U.S. Department of Agriculture National Finance Center P.O. Box 60000 New Orleans, LA 70160	
43. TOTAL CLAIM (Block 29 thru 42) \$	
44. TRAVEL ADVANCE AMOUNT OUTSTANDING	
45. AMT. OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 44)	
46. AMT. OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION	
BILL NO.	
47. ADDITIONAL ADVANCE AMOUNT REPAID (Check or Money Order Attached)	
48. REMAINING ADVANCE BALANCE (Block 43 minus Blocks 45 and 47)	
49. NET TO TRAVELER (Block 43 minus Blocks 45 and 46) \$	
AUDITED BY	TOTAL DIFFERENCE

