

FORM CD-29 U.S. DEPARTMENT OF COMMERCE (Rev. 6-08) <h2 style="text-align:center;">TRAVEL ORDER</h2>		<b>1. TYPE OF AUTHORIZATION</b> <input type="checkbox"/> TEMPORARY <input type="checkbox"/> RELOCATION — A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached. <input type="checkbox"/> DUTY		<b>2. TRAVEL ORDER NO.</b>			
<b>3A. BUREAU NAME/ORGANIZATIONAL UNIT</b>			<b>3B. PRESENT OFFICIAL STATION</b>				
<b>4A. TRAVELER'S NAME</b>		<b>4B. TRAVELER'S TITLE</b>		<b>4C. SOCIAL SECURITY NO. (Last 4 digits Only)</b>			
<b>5. PURPOSE AND JUSTIFICATION STATEMENT</b>				<b>6A. TYPE OF TRAVEL CODE</b>			
				<b>6B. PURPOSE OF TRIP CODE</b>			
				<b>6C. BUREAU CODE NO.</b>			
<b>7. ITINERARY</b>							
<b>8. PERIOD OF TRAVEL</b>		<b>8A. BEGIN ON OR ABOUT</b>	<b>8B. END ON OR ABOUT</b>	<b>9. REQUISITION NUMBER</b>			
<b>10. ACCOUNTING CLASSIFICATION CODE</b>				<b>12. ESTIMATED COST</b>			
FCFY (xxxx)	PROJECT-TASK (xxxxxxx-xxx)	ORGANIZATION (xx-xx-xxxx-xx-xx-xx)	OBJECT CLASS (xx-xx-xx-xx)	<b>A. TRANSPORTATION (Billed directly to Government)</b>	\$		
<b>11. MODE OF TRANSPORTATION</b> <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> BUS <input type="checkbox"/> RAIL <input type="checkbox"/> EXTRA FARE ( <i>Justify in Item 15</i> ) <input type="checkbox"/> AIR-COACH <input type="checkbox"/> AIR-EXTRA FARE ( <i>Attach CD-334</i> )  <input type="checkbox"/> PRIVATELY-OWNED VEHICLE <input type="checkbox"/> AUTO <input type="checkbox"/> PLANE <input type="checkbox"/> RATE PER MILE _____ CENTS ( <i>See FTR 301-10.303 OR 302-4.300</i> ) <input type="checkbox"/> DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT <input type="checkbox"/> FOR CONVENIENCE OF TRAVELER ( <i>See FTR 301-10.309 AND 301-10.310</i> )  <input type="checkbox"/> RENTED MOTOR VEHICLE ( <i>See FTR 301-10.450</i> ) <input type="checkbox"/> OTHER MEANS ( <i>Specify</i> )				<b>B. OTHER TRANSPORTATION INCLUDING POV MILEAGE</b>	\$		
				SUBSISTENCE EXPENSE ( <i>Per Diem/Actual</i> )	\$		
				OTHER EXPENSES ( <i>Item 14</i> )	\$		
				TEMPORARY QUARTERS SUBSISTENCE EXPENSE	\$		
				RELOCATION EXPENSES ( <i>Other than listed above</i> )	\$		
				<b>COMMON CARRIER REFUNDS</b> When a ticket is exchanged for one of lesser value, the carrier should issue a receipt or a ticket refund application and is required to make refund directly to the appropriate accounting office.	<b>ACCOUNTING OFFICE ADDRESS:</b>	<b>SUB-TOTAL B</b>	\$
						<b>TOTAL A &amp; B</b>	\$
<b>TRAVELER'S POTENTIAL LIABILITY NOTICE</b> — Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are cancelled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets issued until all coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for.							
<b>13. SUBSISTENCE EXPENSE</b> In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-11.			<b>RATES AUTHORIZED</b>				
<b>14. OTHER EXPENSES AUTHORIZED</b> <input type="checkbox"/> MEETING REGISTRATION FEES <input type="checkbox"/> HIRE OF TAXIS BETWEEN LODGING AND/OR PLACE(S) OF BUSINESS <input type="checkbox"/> EXCESS BAGGAGE ( <i>Justify in Item 15</i> ) ( <i>See FTR 301-12.2</i> ) <input type="checkbox"/> OTHER ( <i>Specify and Justify in Item 15</i> )		<b>15. SPECIAL PROVISIONS/REMARKS</b>					
		<b>15A. INTERNATIONAL CLEARANCE</b> ( <i>To be completed for all International travel authorized by this travel order</i> ) <input type="checkbox"/> Laptop ( <i>provided</i> ) <input type="checkbox"/> Blackberry ( <i>AutoBerry Pre-travel Scan</i> ) <input type="checkbox"/> OSY Briefing					
		_____ <small>CIO (signature)</small>	_____ <small>CIO (signature)</small>	_____ <small>DATE (completed)</small>			
<b>Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time.</b>							
<b>16. PRINTED NAME &amp; SIGNATURE OF REQUESTING/APPROVING OFFICIAL</b>			<b>TITLE</b>		<b>DATE</b>		
<b>17. PRINTED NAME &amp; SIGNATURE OF AUTHORIZING OFFICER</b>			<b>TITLE</b>		<b>DATE</b>		
<b>PRIVACY ACT NOTIFICATION</b> The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations (41 CFR CHAPTER 300-304), E.O. 11609 of July 22, 1971, and E.O. 11012 of March 27, 1962. The Social Security Number (SSN) on the CD-29 is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and the procurement of common carrier transportation.				<b>CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER</b> You are hereby authorized to travel at Government expense under and in accordance with the Federal Travel Regulations. The number of this order must appear on each voucher claiming reimbursement for expenses incurred consequent to this order.			