

OFFICIAL TDY TRAVEL AUTHORIZATION
(Note: See Privacy Act Statement on reverse)

1. AUTHORIZATION NO.

2. TRAVELER <i>(first name, middle initial, last name)</i>	3. TITLE	4. SOCIAL SECURITY NO.
5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED:	6A. OFFICE/SERVICE AND DIVISION	6B. CORR. SYMBOL
	7. OFFICIAL DUTY STATION	8. OFFICE PHONE NO.
9. TYPE <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		10. CATEGORY <input type="checkbox"/> SINGLE TRIP <input type="checkbox"/> LOA (<input type="checkbox"/> COST <input type="checkbox"/> NO COST)
11. TRAVEL PURPOSE <i>(Check one)</i> <input type="checkbox"/> SITE VISIT <input type="checkbox"/> INFORMATION MEETING <input type="checkbox"/> TRAINING ATTENDANCE <input type="checkbox"/> SPEECH OR PRESENTATION <input type="checkbox"/> CONFERENCE ATTENDANCE <input type="checkbox"/> ENTITLEMENT <input type="checkbox"/> SPECIAL MISSION <input type="checkbox"/> OTHER <i>(Specify)</i>		
12. SPECIFIC TRAVEL PURPOSE		

13. AUTHORIZED OFFICIAL ITINERARY

NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.

DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c)		PER DIEM RATE			ACTUAL EXPENSE RATE (g)	MODE OF TRANS. BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
		CITY	STATE	M&IE RATE (d)	MAXIMUM LODGING (e)	TOTAL MAXIMUM (f)			
		FROM:							
		TO:							
		TO:							
		TO:							

YES	NO	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? <i>(If "Yes", explain in Item 22, "REMARKS") (Note: any deviations from the authorized itinerary requires a comparative cost statement on the SF 1012, Travel Voucher.)</i>
		15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS ? <i>(If "NO", justify in Item 22)</i>
		16. IS EXTRA FARE AIR <i>(first class, business class, etc.)</i> OR RAIL <i>(Metroclub, pullman, etc.)</i> AUTHORIZED? <i>(If "YES", justify in Item 22.)</i>
		17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? <i>(If "YES", check one box below and complete Item 17B)</i> <input type="checkbox"/> USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT <input type="checkbox"/> USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER.
		17B. MILEAGE RATE AUTHORIZED PER MILE
		18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? <i>(If "YES", justify in Item 22)</i> IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00 (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM

19. TRAVELER IS <i>(Check one)</i> <input type="checkbox"/> a.GOV'T CHARGE CARD HOLDER <input type="checkbox"/> b.GOV'T CHARGE CARD DECLINE <input type="checkbox"/> c.INFREQUENT TRAVELER	20. METHOD OF OBTAINING COMMON CARRIER TICKETS <i>(Check one)</i> <i>(NOTE: If Item 19a was checked and you check 20b or c, explain in Item 22)</i> <input type="checkbox"/> a.INDIVIDUAL GOVERNMENT CHARGE CARD <input type="checkbox"/> b.BLANKET GOVERNMENT CHARGE CARD <input type="checkbox"/> c.GOVERNMENT TRANSPORTATION REQUEST <input type="checkbox"/> d. OTHER <i>(explain in Item 22)</i>	21. FUNDS OBLIGATED	A. INITIALS B. DATE
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22. REMARKS	23. EST. COST TO GOVERNMENT
	A. TOTAL COMMON CARRIER COST \$
	B. TOTAL PER DIEM AND OTHER \$
	C. TOTAL ESTIMATED COST \$

24. TRAVEL ADVANCE WILL BE OBTAINED BY <i>(Check one)</i> <input type="checkbox"/> GOVERNMENT ISSUED CHARGE CARD <input type="checkbox"/> SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT	25. ADVANCE AUTHORIZED \$
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IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY
 A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP

26. NEAR ACCOUNT CLASS.	FUND	ORGANIZATION	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT/ PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B

27A. NAME AND TITLE OF AUTHORIZING OFFICIAL	27B. SIGNATURE <i>(PRESS FIRMLY, USE BALL POINT PEN)</i>	27C. DATE
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PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting the data is to determine the amount to reimburse an employee for expenses incurred in connection with temporary duty travel. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.