

TRAVEL ADVANCE

PLEASE PRINT OR TYPE EXCEPT IN SIGNATURE BLOCKS

PRIVACY ACT NOTIFICATION

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 U.S.C. Chapter 57 (as amended). Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of facilitating the request and advance of funds for travel and other expenses to be incurred under administrative authorization. The information contained in this form will be used by the 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. Failure to provide the information required will result in the suspension of the employee's application for advance of funds.

APPLICANT'S NAME

EOD DATE
FOR NEW EMPLOYEE
MONTH | DAY | YEAR

APPLICANT'S ADDRESS (complete only when check is mailed to "address Specified.")

1ST LINE ADDRESS

2ND LINE ADDRESS

CITY

STATE

ZIP CODE

DOC BUREAU NAME

NOTICE OF INTENT—Under provisions of 5 U.S.C. Chapter 57, outstanding travel advance amounts that are not repaid or accounted for within five (5) days after completion of travel may be collected by an administrative offset from your salary payment(s). Should such collection action become necessary a **\$15 ADMINISTRATIVE CHARGE** may be assessed by the Department.

APPLICANT'S SIGNATURE

PHONE (Area code and number)

FTS | COMM | MONTH | DAY | YEAR

APPROVAL

Approving officer is responsible for ensuring that advances are not requested until needed and that the amount requested is commensurate with the travel to be performed. Under normal circumstances, the amount of the **TOTAL** travel advances shall be limited to the amount prescribed in the DOC Travel Handbook.

Applicant has or has been offered a Contractor-Issued Government Travel Charge Card.

DATE APPROVED

APPROVING OFFICER'S NAME AND TITLE (Print or type only)

MONTH | DAY | YEAR

APPROVING OFFICER'S SIGNATURE

PHONE (Area code number)

FTS | COMM

FOR IMPREST PAYMENTS ONLY

MONTH | DAY | YEAR | CASHIER'S SOCIAL SECURITY NUMBER | AMOUNT \$

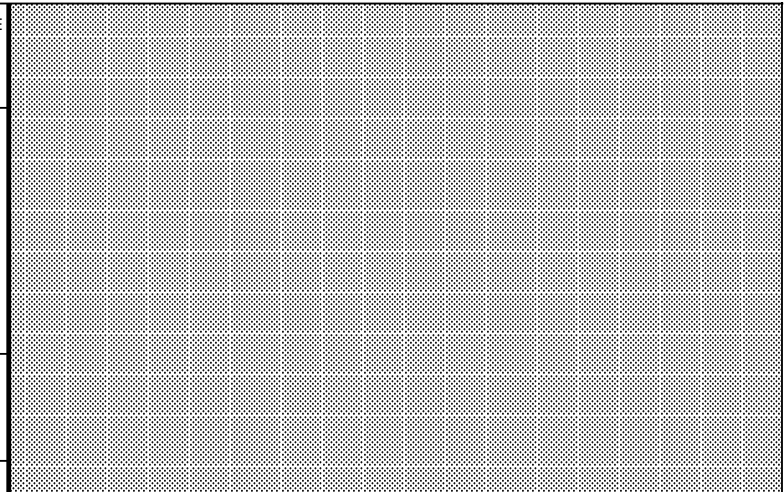
CASHIER'S SIGNATURE

CASH ADVANCE RECEIVED

DATE RECEIVED

APPLICANT'S/DESIGNATED REPRESENTATIVE'S SIGNATURE

MONTH | DAY | YEAR



PURPOSE OF ADVANCE (Check one)

TEMPORARY DUTY DOMESTIC | FOREIGN | TRANSFER OF STATION
 1 | 2

MAIL CHECK TO: (Check one)

ADDRESS SPECIFIED | PAYROLL CHECK ADDRESS | CONTACT POINT | IMPREST FUND CASHIER
 1 | 2 | 3 | 0

METHOD OF REQUEST (Check one)

REGULAR SUBMISSION | IMPREST FUND | WIRE CONFIRMATION | MSC USE ONLY
 WIRE | CONVERSION
 2 | 0 | 1 | 3 | 5

DOC EMPLOYEE

APPLICANT'S SOCIAL SECURITY NUMBER

YES | NO
 1 | 2

BUREAU CODE

CONTACT POINT

ATTACH TRAVEL ORDER

TRAVEL ORDER NO.

BALANCE FROM PREVIOUS ADVANCE \$

AMOUNT HEREIN APPLIED FOR \$

TOTAL \$