	ARTMENT OR E AU, DIVISION, C	STABLISHMENT, DR OFFICE	2. TY	TEMPORARY DUTY PERMANENT CHANGE OF STATION	4. SCHEDULE NO.					
a. NAME (Last, first, middle initial)			b. SC	CIAL SECURITY NUMBER	6. PERIOD OF TR	RAVEL				
			b. 00	SOLVE GEOGRAFI WOMEN	a. FROM	b. TO				
c. MAILING ADDRESS (Include ZIP Code)			d. OF	FICE TELEPHONE NO.	7. TRAVEL AUTI	THORIZATION				
c. MAILING ADDRESS (Include ZIP Code) A Mailing Address (Include ZIP Code) B. PRESENT DUTY STATION		f. RESIDENCE (Cit	y and State)		a. NUMBER(S)	b. DATE(S)				
ശ്					10. CHECK NO.					
8. TRAVEL ADVANCE			MENT RECEIP		11. PAID BY					
a. Outstanding		a. DATE RECEIVE		MOUNT RECEIVED						
b. Amount to be applied			\$		_					
c. Amount due Government	1	c. PAYEE'S SIGNA	ATURE							
(Attached: Check Cash)	·									
d.Balance outstanding				Charles and the second	<u> </u>	Traveler's Initials				
REQUESTS, OR transportation		ribed below, purcha		any parties in connection wit yment procedures (FPMR 10	1-7).	<u> </u>				
TICKET'S, IF PUR- CHASED WITH CAS H (List by number below and attach passenger coupon; if cash is used OF TICKET	VI CARRIER	MODE, CLASS OF SERVICE AND ACCOM-	DATE ISSUED		POINTS OF TRAVE					
show claim on reverse side.) (a)	(b)	MODATIONS (c)	(d)	FROM (e)		TO (f)				
						e e e e e e e e e e e e e e e e e e e				
13 I certify that this voucher is true and c been received by me. When applicable, covered by this voucher.	orrect to the be , per diem claim	est of my knowledged is based on the	ge and belief, and t average cost of lod	that payment or credit has no ging incurred during the period	od]				
TRAVELER SIGN HERE					AMOUNT CLAIMED	\$				
NOTE: Falsification of an item in an exper of not more than \$10,000 or imprise	onment for not	more than 5 years	or both (18 U.S.C.	287; i.d. 1001).						
14. This voucher is approved. Long distance in the interest of the Government. (NOT the approving official must have been au department or agency to so certify (31 L	E: If long dista nthorized in writi	nce telephone calls	are included,	a.DIFFER-		\$				
			DATE	ENCES, IF ANY						
APPROVING \			Ĩ	(Explain and show	COLUMN TO THE PARTY OF THE PART	i i				
OFFICIAL SIGN HERE			1	amount)		,				
SIGN HERE 15. LAST PRECEDING VOUCHER PAID UND	ED CAME TOAL	b. TOTAL VERIFIED COR								
a. VOUCHER NO. b. D.O. S		VEL AUTHORIZATION	c. MONTH & YEAR	CHARGE TO APPROP Certifier's Initials:	RIATION	\$				
16. THIS VOUCHER IS CERTIFIED CORREC	T AND PROPER	FOR PAYMENT		c. APPLIED TO TRAVEL						
AUTHORIZED CERTIFYING	a succes a site of feel	r ar accepted to the Control of the	DATE 	(Appropriation symbol		\$				
OFFICIAL SIGN HERE 18. ACCOUNTING CLASSIFICATION		d. NET TO TRAVELER								

relevant to	information is to detri- information is to detri- allowable travel and/or authorization and to Government. The info- need for the information may be disclosed to	In compliance with the Solicitation of the info implemented by the F 22, 1971, E.O. 1101 and 26 H.S.C. 601	If additional space											at .	am/pm) (a) (b)	DATE (Hour and	TIME	AMOUNTS CLAIMED	AND	OF	SCHEDULE
	solicitation of the information on this joint is authorized by 5 Cocco. Chapt. Or as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11019 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs fo such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local or foreign agencies, when telepratic to	p Privacy Act of 1974, the following informalto mation on this form is authorized by 5 U.S. ederal Travel Regulations (FPMR 101-7), E.O. 2 of March 27, 1962, E.O. 9397 of Nover 11h) and 6109. The primary purpose of	If additional space is required, continue on another SF 1012-A, BACK, leaving the front plank.												explanations of expense)	(Departure/arrival city, per diem computation, or other	DESCRIPTION	ployee and martial status of children (unless information is shown on the travel authorization.)	INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory) Col. (c) If the voucher includes Com- Col. (d) Show amount in		
	individuals for administrative ements to the es who have a The information agencies, when	n is provided: C. Chap. 57 as 11609 of July aber 22, 1943, the requested	1012-A, BACI			 				 	 - -				BREAK- FAST LUNCH	,		expense travel	for .	plete	ER /Unlisted it
	E.O. 9397, November 22, 1943, for use number; disclosure is MANDATORY on allowance expense reimursement which is your SSN and other requested information failure to provide the information (other the result in delay or loss of reimbursement.	civil, criminal, requirement by issuance of a while in Govern under the authorise.	K, leaving the					-	_						DINNER (f)	MEALS	ITEMIZED	ے ۔		(h) (h) (h) (h) (h) (h) (h) (h) (h) (h)	ems are self
civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSNI) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 3397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSNI) required to support the claim may result in delay or loss of relimbursement.	front blank			 _				 	<u></u>				TOTAL SI	<u></u>	ITEMIZED SUBSISTENCE EXPENSES	Show per diem amount, limited to maximum rate, or it travel on actual expense, show the lesser of the amount from col. (i) or maximum rate. Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	omplete for p	daily total meat cost. Show expenses, such as: laundry, cleaning and pressing to bellboys, porters, etc. (other than for meals).	If-explanatory) Show amount incurred for each meal,		
)43, for use as)ATORY on vote which is, or information is on (other than irsement.	investigations connection wi connection wi connection wi ye, or investiga Your Social S rnal Revenue				 					_		_		SUBSIS- LC TENCE (h)		VCE EXPEN	amount, limithe lesser of the	er diem and sistence exp	cost. , such as: la rters, etc. <i>(ot</i>	ncurred for e
	, for use as a tax payer an 'ORY' on vouchers claimin' which is, or may be, tax formation is voluntary in a (other than SSN) required ment.	or prosecutions th the hiring or the pritions of the precurity Account Code (26 U.S.)			-	 _	_	_	_			-	_		(i) SI		SES	ted to maxim f the amount axi/limousine telephone c than subsister	actual expensense incurred	aundry, clean ther than for	each meal, in
	3. for use as a tax payer and/or employee id TORY on vouchers claiming travel and/or which is, or may be, taxable income. Dit information is voluntary in all other instances; Jother than SSNJ required to support the ement.	or when put firing of an er performance of Number (SSN C. 6011(b) and	TOT	SUBTOTALS		 				 _	_		_		SUBSISTENCE EXPENSE (j)			from col. (j) fares, air far fares alls for Governce, etc.	se travel. for actual e	ing and press meals).	including tax ar
STAND			TOTALS	ALS V											NO. OF MILES	KA I E	MILEAGE	It travel on all or maximum or maximum e (if purchase nment busine nme	xpense travel	ing of clothes,	tax and tips, and
ARD FORN	TOTAL AMOUNT CLAIMED	Enter grand total and (n), below and front of this form.				 		 	<u> </u>	 _	-		_		MILEAGE (I)		AI			tips	
STANDARD FORM 1012 BACK (REV.	V	Enter grand total of columns (I), (m), and (n), below and in Item 13 on the front of this form.			- 1										SUBSISTENCE (m)		AMOUNT CLAIMED	TRAVELER'S LAST NAME	TRAVEL AUTHORIZATION	continuation sheet.	Complete this PAGE information of if this is a
REV. 10-77)		ns (I), (m), 13 on the			-								_		OTHER (n)		ED	AST NAME	ORIZATION		m