TRAVEL VOUCHER (Relocation)

1. TRAVEL				2. SOCIAL SECU	RITY NO.	3. N	IAME (La	st)					(First)				(Middle Ini	tial) 4	AGENC' CODE	ſ			
5. AGENCY ORIGINATING OFFICE NUMBER			6. TRAVELER ORIGINATING OFFICE NUMBER			7. DATES OF TRA FROM Month Day			L EXPEI Year	NSES Month Da		U HH = Hse		H = Hsehu S = Trans	Indicate one type only hunting $SR = Supp$ as Stn $OT = OutsicContr Cont.$		le	INCLUDED					
10. DATE REPORTED AT NEW 11. LEAVE TAKEN						12. OF				FICIAL D	DUTY ST	ATION CIT	Y AND STATE 13. RESIDENT CIT				Transf	fer	than offici	al station)			
OFFICIAL DUTY STATION Y = Yes N = No																							
												ROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDAR DS											
	SECTION B TRAVEL VOUCHER MAILING ADDRESS OPTIONS 16. SALARY ADDRESS 17. T&A CONTACT POINT 18. SPECIAL ADDRESS 19. TRAVEL EFT ACCOUNT												SECTION D CLAIMS 26. TOTAL SALES PRICE OF FORMER RESIDENCE \$										
10. 04														JRCHASE F	PRICE OF	NEW R	ESIDENC	E \$					
1. (35)	. (39)													S CLAIMEE	Claim RC	Only, Inv							
2. (35)	<u>. (35)</u>													b. AMENDED VALUE SALES FEE \$									
3. City (20) State (2) Zip Code (9)												c. CANCELLATION FEES \$ EXPENSES CLAIMED BY EMPLOYEE											
				ORTATION	COST	S			(1	,			29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)										
20. 21. METHOD OF VENDOR/ PAYMENT CARRIER			22. IDENTIFICATION NUMBER		23. CAR RENTAL MILES DAYS			2 AMC	24. DUNT			LOCATION			ST	NO. OF DAYS			п				
							\$										\$						
	-																						
	_																						
If paymer complete					.S			\$					TOTAL OUTSIDE CONT. U.S. SUBSISTENCE										
25. AIRLINE	25. AIRLINE ACCOMMODATIONS Excess fare (Check if applicable) Non-contract (Insert Code)												30. REAL ESTATE (Paid by Employee) AMOUNT NECUSE										
				TING CLAS				oountin	a from	tuorrol			a. SALES EXPENSE (AD-424 Attached) \$ b. PURCHASE EXPENSE (AD-424 Attached)										
aut	 50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total voucher claim.) 51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to 												c. LEASE TERMINATION EXPENSE 31. PER DIEM										
the	applic			Classification line	e.)			noute					No. of Days [] LODGING & IE No. of Travelers [] MEALS										
FURFUSE	RPOSE CODE ACCOUNTING CLASSIFICATION PERCENTAGE										%	32. MILEAGE											
		%									70	Rate [¢] Miles []											
												Rate [¢] Miles [] Rate [¢] Miles []											
													33. PARKING, TOLLS, ETC. 34. PLANE, BUS, TRAIN (Paid by Traveler)										
													34. PLANE, BUS, TRAIN (Paid by Traveler) 35. UNACCOMPANIED BAGGAGE										
		<u> </u>											36. LOCAL TR										
													37. MISCELLANEOUS EXPENSES/ ALLOWANCE										
													38. CAR RENTAL 39. SHIPMENT OF HOUSEHOLD GOODS										
SECTIO	DN F	CEI	RTIFIC		THE	ESE P	ERCENT	TAGES	MUST	EQUA	L 10	0%	Total Weight [] 40. STORAGE OF HOUSEHOLD GOODS 1ST 30 DAYS										
FRAUDUL	ENT (LAIM.	Falsificat	ion of an item in an ore than \$10,000 or									40. STORAGE	OF HOUSE	EHOLD G	OODS	1ST 30 I	DAYS					
1001).					-									Weight [] OVER 3	0 DAYS					
against other	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													o. Days [RY QUART	ERS (AD	-569	1						
have been a	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													No. of Days	-		1						
correct. 52. CLAIMANT'S SIGNATURE 53. DATE 54. FINAL VOUCHER INDICATOR												42. RELOCAT (AD-1000 A		-		1							
APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this voucher, I have determined that: (1)												`		LAIM		-		+					
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).													44. TRAVEL A		,		\$						
55. APPROVING OFFICER'S SIGNATURE 56. SOCIAL SECURITY NO.												45. AMT. OF											
57. NAME AI	57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print) AGENCY CODE												(Block 44) 46. AMT. OF \	OUCHER ((Block 43)	TO BE	_						
58. DATE AF Month Day			PHONE (A	rea Code and No.)									COLLECTI BILL NO.	FO OUTSTA ON									
60. CONTACT PERSON 61. PHONE (Area Code and No.)											d No.)	47 ADDITION	AL ADVANC Check or Mo										
Up		-		and approva		mit	origin	al vo	ouche	er to:	:		48 REMAININ (Block 43 r	IG ADVANC minus Block									
				t of Agricultu e Center	ire								^{49.} NET (Block 43 r	TO TRA			5) _{\$}						
	P.O. Box 60000 New Orleans, LA 70160										AUDITED BY				TOTAL	DIFFE	RENCE						
			·, —										•				1						

FORM AD - 616R (USDA) (Rev. 11/96) This form was electronically produced by National Production Services Staff Exception to SF 1012 approved by GSA 11/20/96

SOCIAL SECURITY NO.	TRAVELER'S	NAME													
SECTION G SCH	IEDULE C	OF EXPI	ENSES A		DUN	TS C	LAIM	ED							
ITINERARY														TOTALS	
FROM														Transfer	
DATE (Month/Day)								+						these totals	to
CITY		- +					·	• +						Section D o	on
STATE														Voucher Fro	
TIME														If addition	
TO DATE (Month/Day)															
DATE (MONU/Day)								_						days are	
CITY		- +	- — — –					• +						required, u	
COUNTY														continuatio	on
STATE								_						sheet	
TIME PER DIEM		r	1		1		1	-			I		1	TOTAL NO. DAYS	
		I I	l I		1		I I						1		
NO. OF DAYS		⊢	I					+			I		+	TOTAL LODGING & IE	:
EXPENSES (Receipt Required for Lodging)			ļ		1		l l		ļ		l		1	\$	
		I	I		1		I		۱۱		I		1	TOTAL MEALS	
MEALS			l I				I I		I		l I		1	\$	
MILEAGE		·					1				1		•	TOTAL MILES	
MILES															
RATE PER MILE		¢	¢		¢			¢	I	¢	¢		¢	TOTAL MILEAGE	
MILEAGE AMOUNT			l I				I I		I		l I		1	\$	
		I	 		1		İ		!		I		1	TOTAL PARKING	1
PARKING, TOLLS, ETC.			 						 		I		1	\$	
PLANE, BUS, TRAIN (Paid By Traveler)		1	I I		1		l I				l I		1	TOTAL PLANE, BUS, TRAIN	I
					<u>.</u>		İ	+					+	\$ TOTAL UNACCOMPA	NIED
UNACCOMPANIED BAGGAGE		I	I		1		I I		I		I		I	BAGGAGE \$	
LOCAL TRANSPORTATION			<u> </u>						<u> </u>				•	TOTAL LOCAL TRANSPORTATION	1
NO. TRIPS					-										
DAILY EXPENSE MISCELLANEOUS								_	۱ ــــــــــــــــــــــــــــــــــــ		I		-	\$ TOTAL	
EXPENSES/ ALLOWANCE		I I	l I		1		I I		l I				1	TOTAL MISCELLANEOUS \$	
CAR RENTAL					1								+	TOTAL CAR RENTAL	
(Paid by Traveler) Receipt and Car Rental Agreement Required		i	I		i		i		I		i I		Ì		
RENTAL EXPENSE			 		 		 		 		 		 		I
GASOLINE EXPENSE SHIPMENT OF HO	USEHOL			ΒΥ Τ ΡΔ	VEI	ER (Weia	ht (ortificat		r Bill of Ladi	na Reau	ired	\$	
TOTAL WEIGHT OF	COMMUTED R		TOT				weig	it e			NAL ALLOWANCES	ng Nequ		TOTAL SHIPMENT AN	IOUNT
			=						+				-	\$	
STORAGE OF HO	USEHOLI			ΔΙ	ACTUA	21	СОММ			FSSI	ER AMOUNT AND			1ST 30 DAYS AMOUN	IT
		DAYS	WEI		CHAR		RATE			UTE	E TO APPLICABLE PERIOD			\$	
TEMPORARY ST	ORAGE												OVER 30 DAYS AMOUNT		
REMARKS				\$	6		\$		\$	\$				\$	
PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is require under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expense incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 301-304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriat Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency i connection with the hiring or firing, or security clearance, or such other investigations of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.														of form priate ncy in	