

# TRAVEL VOUCHER (Relocation)

<b>SECTION A -- IDENTIFICATION</b>	
1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.
3. NAME (Last) (First) (Middle Initial)	
4. AGENCY CODE	9. RECLAIM AMOUNT INCLUDED
5. AGENCY ORIGINATING OFFICE NUMBER	6. TRAVELER ORIGINATING OFFICE NUMBER
7. DATES OF TRAVEL EXPENSES FROM: Month Day Year THRU: Month Day Year	
8. TYPE CLAIM (Indicate one type only) HH = Hse hunting SR = Supp RIT TS = Trans Stn OT = Outside RC = Relo Contr Cont. U.S. RI = RIT Transfer	
10. DATE REPORTED AT NEW OFFICIAL DUTY STATION Month Day Year	11. LEAVE TAKEN Y = Yes N = No
12. OFFICIAL DUTY STATION CITY AND STATE	
13. RESIDENT CITY AND STATE (If other than official station)	
14. TOTAL NIGHTS LODGING	
15. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDAR DS	

<b>SECTION B -- TRAVEL VOUCHER MAILING ADDRESS OPTIONS</b>			<b>SECTION D -- CLAIMS</b>		
16. SALARY ADDRESS	17. T&A CONTACT POINT	18. SPECIAL ADDRESS	19. TRAVEL EFT ACCOUNT	26. TOTAL SALES PRICE OF FORMER RESIDENCE	\$
1. (35)			27. TOTAL PURCHASE PRICE OF NEW RESIDENCE		
2. (35)			28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (For Type Claim RC Only, Invoice Attached)		
3. City (20) State (2) Zip Code (9)			a. APPRAISED VALUE SALES FEE		
			b. AMENDED VALUE SALES FEE		
			c. CANCELLATION FEES		
			<b>EXPENSES CLAIMED BY EMPLOYEE</b>		
			29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)		

<b>SECTION C -- TRANSPORTATION COSTS</b>									
20. METHOD OF PAYMENT	21. VENDOR/CARRIER	22. IDENTIFICATION NUMBER	23. CAR RENTAL		24. AMOUNT	LOCATION		NO. OF DAYS	AMOUNT
			MILES	DAYS		CITY	ST		
					\$				\$
If payment was made by traveler, complete Section G on reverse.						<b>TOTALS</b> \$			
						<b>TOTAL OUTSIDE CONT. U.S. SUBSISTENCE</b> \$			

25. AIRLINE ACCOMMODATIONS		30. REAL ESTATE (Paid by Employee)		<b>AMOUNT</b>		<b>NFC USE</b>	
Excess fare (Check if applicable)		Non-contract (Insert Code)					

<b>SECTION E -- ACCOUNTING CLASSIFICATION</b>			a. SALES EXPENSE (AD-424 Attached)			\$		
50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total voucher claim.)			b. PURCHASE EXPENSE (AD-424 Attached)					
51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to the applicable Accounting Classification line.)			c. LEASE TERMINATION EXPENSE					
PURPOSE CODE	ACCOUNTING CLASSIFICATION		PERCENTAGE					
			%		31. PER DIEM			
					No. of Days [ ] LODGING & IE			
					No. of Travelers [ ] MEALS			
					32. MILEAGE			
					Rate [ ¢ ] Miles [ ]			
					Rate [ ¢ ] Miles [ ]			
					Rate [ ¢ ] Miles [ ]			
					Rate [ ¢ ] Miles [ ]			
					33. PARKING, TOLLS, ETC.			
					34. PLANE, BUS, TRAIN (Paid by Traveler)			
					35. UNACCOMPANIED BAGGAGE			
					36. LOCAL TRANSPORTATION			
					37. MISCELLANEOUS EXPENSES/ALLOWANCE			
					38. CAR RENTAL			
					39. SHIPMENT OF HOUSEHOLD GOODS			
					Total Weight [ ]			
					40. STORAGE OF HOUSEHOLD GOODS			
					1ST 30 DAYS			
					Total Weight [ ]			
					OVER 30 DAYS			
					No. Days [ ]			
					41. TEMPORARY QUARTERS (AD-569 attached)			
					No. of Days [ ]			
					No. Occupants [ ]			
52. CLAIMANT'S SIGNATURE			53. DATE Month Day Year		54. FINAL VOUCHER INDICATOR Y = Yes N = No			
55. APPROVING OFFICER'S SIGNATURE			56. SOCIAL SECURITY NO.		43. <b>TOTAL CLAIM (Block 29 thru 42)</b>			
57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)			AGENCY CODE		\$			
58. DATE APPROVED Month Day Year			59. PHONE (Area Code and No.)		44. TRAVEL ADVANCE AMOUNT OUTSTANDING			
60. CONTACT PERSON			61. PHONE (Area Code and No.)		45. AMT. OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 44)			
					46. AMT. OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION			
					BILL NO.			
					47. ADDITIONAL ADVANCE AMOUNT REPAID (Check or Money Order Attached)			
					48. REMAINING ADVANCE BALANCE (Block 43 minus Blocks 45 and 47)			
					49. <b>NET TO TRAVELER (Block 43 minus Blocks 45 and 46)</b>			
					\$			
					AUDITED BY			
					TOTAL DIFFERENCE			

<b>SECTION F -- CERTIFICATION</b>					
<b>FRAUDULENT CLAIM.</b> Falsification of an item in an expense account will result in a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 287; i.d. 1001).					
<b>CLAIMANT'S RESPONSIBILITIES AND SIGNATURE.</b> 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 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 correct.					
52. CLAIMANT'S SIGNATURE					
53. DATE Month Day Year					
54. FINAL VOUCHER INDICATOR Y = Yes N = No					
<b>APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE.</b> In approving this voucher, I have determined that: (1) 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. <b>Note:</b> To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348).					
55. APPROVING OFFICER'S SIGNATURE					
56. SOCIAL SECURITY NO.					
57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)					
AGENCY CODE					
58. DATE APPROVED Month Day Year					
59. PHONE (Area Code and No.)					
60. CONTACT PERSON					
61. PHONE (Area Code and No.)					
<b>Upon completion and approval, submit original voucher to:</b>					
U.S. Department of Agriculture National Finance Center P.O. Box 60000 New Orleans, LA 70160					

