TRAVEL VOUCHER (Temporary Duty Travel)

SECTIO	N A - IDE	NTIF	CATI	ON																				
1. TRAVEL AU	THORIZATION	NO.	2. SOC	CIAL SECU	JRITY N	O. 3	. NAME	(Last)						(First)					(Middle	Initial)	4. AGEI COD		
5 4051101/0	DIOINIATINIO	055105	C TDA	VELEDIO	DICINIATI	INIC	17.5	ATEO	- TDA	VEL EVE	NOTO				I o 7	D. (D.E.)	01.41					0 DEC	AINA	
5. AGENCY ORIGINATING OFFICE NUMBER			6. TRAVELER ORIGINATING OFFICE NUMBER 7. DATES OF TR FRC Month Da					ROM			THRU DM = Don					mestic	ic AMOUNT			JNT				
							IVIO	nun	Day	Year	Mon	ith	Day	Year			OC =	Out	reign Tl	nt. U.S.		IIVOL	ODLD	
10. LEAVE TAKEN 11. TR										OFFICIAL	DUTY S									ation)				
Y = Yes N = No				Purpose of Travel Code 3 Only)								South Carlotte and official state												
14. POST APPROVAL INDICATOR 15. TOTAL					TOTAL NIGHTS LODGING 16. NUMBE						OF NIGH	NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS												
	Yes N = N																							
SECTION B-TRAVEL VOUCHER MAILING ADDRESS OPTIONS																								
17. SALARY ADDRESS			19. SPECIAL ADDRESS 1. (35) ▶							20. FOREIGN ADDRESS							21. TRAVEL EFT ACCOUNT							
片																			-					
18. T&A CONTACT POINT 2. (35) ► 3. City (20) ► State (2) ► Zip Code (9) ►													-											
SECTION C - TRANSPORTATION COSTS Safe (2) Section D - CLAIMS																								
22. METHOD OF	22. 23. 24. 25 CAR RENTAL 26. 28 SLIMMARY (DF SUBSISTENCE													
PAYMENT	METHOD OF VENDOR/ IE PAYMENT CARRIER			DENTIFICATION NUMBER			MILES DAYS		AMOL	MOUNT		TDY LOCATION			ON				NO. OF		AMOUNT			
								\$			CNTRY CODE	CITY CODE CITY		TY or	Y or COUNTY			STATE	D.	AYS				
						\bot															\$			
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If payment was made by traveler, complete Section G on reverse TOTALS▶ \$							s																	
	omplete Section G on reverse 7. AIRLINE ACCOMMODATIONS: ▼ Excess Fare (Check if Applicable) ▼ Non-contract (Insert Code)											29. PER DIEM NFC							USE					
SECTION							ON	4140	11 00110	Code)		No. of Days [] \$ 30. ACTUAL SUBSISTENCE							1					
	UTHORIZAT							F TRA	VEL C	CODES		No. of Days []												
	k this block if a el code(s) from				1 = Site		meeting			rgency trav	el	31. MILEAGE Rate [¢] Miles [] Rate [¢] Miles []												
of travel code(s) from travel authorization are to be charged for the total voucher claim.) 2 = Information meeting to = Other travel 3 = Training attendance to = Traini									travel	Rate [¢] Miles []														
46. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from (Check this block distribute total claim										ration	Rate [¢] Miles []							_						
Section D to the applicable Purpose of Travel Code and Accounting Classification line.) 7 = Entitlement/hor 8 = Special mission											32. PARKING, TOLLS, ETC.													
				ACCOUNTING CLASSIFICATION							33. PLANE, BUS, TRAIN (Paid by Traveler)													
POR OSE CODE ACCOUNTING					SEAGOII TOATTON						%	(= === = = = = = = = = = = = = = = = =					1		_					
									\top			H										+	_	_
							35. L0	35. LOCAL TRANSPORTATION																
				4			36. MISCELLANEOUS EXPENSES																	
									37.0	37. CAR RENTAL						1								
							+			38. TOTAL CLAIM						+	-							
THESE PERCENTAGES MUST EQUAL 100%											\$		_											
SECTION	F-CEF	RTIFIC	ATIO	NS_	IIILO	_, _,		-5 IVIOS			. , ,	39. TRAVELADVANCE AMOUNT OUTSTANDING						DING						
FRAUDULEI (28 USC 2514)	NT CLAIM.	Falsificati	on of an	item in a	n expens	se accou	nt will r	esult in	a forfe	eiture of th	ne claim	40. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 39)						PLIED			\top			
(18 USC 287; i.	d. 1001).					-				•		41. AMT. OF VOUCHER (Block 38) TO BE APPLIED						PLIED			+		_	
CLAIMANT'S against other pa	rties in connecti	on with any	reimbur	sable carri	ier transp	ortation o	harges d	escribed	herein	. I have red	eived no	TO OUTSTANDING BILL FOR COLLECTION						ON						
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										voucher	5.22.110.								+	_	_			
have been accounted for as required by 41CFR 301-304 and other regulations. I have reviewed this voucher and certify it be correct.										(Check or money order attached)								<u> </u>						
47. CLAIMANT'S SIGNATURE						48. DATE Month Day		Year	IN). FINAL VOUCHER INDICATOR		43. REMAINING ADVANCE BALANCE (Block 39 minus Block 40 and Block 42)												
								Y = Yes N = No			44. NET TO TRAVELER							¢.		\top				
APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. 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									r which	ALIDITED BY (Evaminar's initials)					_	TOTAL DIFFERENCE			_					
reimbursement is claimed is to the Government's advantage; and (3) Long distance phone calls and supplies or equipm purchased are necessary and in the interest of the Government. Note: To approve long distance phone calls, approving off must have written authorization from Agency Head or his/her designee (31 USC 1348).												,		,										
must have written authorization from Agency Head or his/her designee (31 USC 1348). 50. APPROVING OFFICER'S SIGNATURE										51.	SOCIA	OCIAL SECURITY NO. 52. DATE APPROVED 53. PHONE (Area Co				rea Code	and No).)						
												_				/lonth	Da	'y	Year					
54. NAME AND	TITLE (Last, Fi	irst, Middle	Initial)(Type or P	rint)					AGENCY CODE	55.	CONTA	CTF	PERSON'S N	IĀME					56. PH	ONE (A	rea Code	and No	0.)
																				FOD!	AD ^	16 (USDA	N /P-:	11/00

SOCIAL SECURITY NO.	TRAVELER'S NAM	1E						
SECTION G-SCI	HEDULE OF	EXPENSES	AND AMOU	NTS CLAIM	ED			
		LXI ENGLO	AND AMOU	TTO OLAIM				
ITINERARY FROM								TOTALS
DATE (Month/Day)								
Ditt'E (Monutbay)								Transfer
CITY								these totals to
STATE								Section D on
TIME								Voucher Front.
TO TDY LOCATION DATE (Month/Day)								lf additional
DATE (MONUFDay)								days are
CITY								required, use
COUNTY								continuation
STATE								
TIME								sheet
							,	
PER DIEM		:	:		:	:		TOTAL NO. DAYS
NO. OF DAYS LODGING (Receipt Required)		.	<u> </u>		:	<u> </u>	•	
MEALSAND		1	:					
INCIDENTAL EXPENSES LESS MEALS							· ·	
AT GOVERNMENT EXPENSE			•					TOTAL DED DIEM
PER DIEM AMOUNT		:	:		:	:	:	TOTAL PER DIEM
		1	1			,		\$ TOTAL NO. DAYS
ACTUAL SUBSISTENCE	:		;		;	:	;	TOTAL NO. DATS
NO. OF DAYS	-							
LODGING (Receipt Required)	!	'	!	'	!	!		
BREAKFAST	i	1	1	1	1	ı	1	
LUNCH			•	•				
DINNER	i i							
M&IE/OTHER	!	'	'		!	'		T0741 4071141
ACTUAL	i	1	1			1		TOTAL ACTUAL SUBSISTENCE
SUBSISTENCE AMOUNT		:	:	<u> </u>		:		\$
MILEAGE								TOTAL MILES
MILES								
RATE PER MILE	é	¢ .	· é	. ¢	¢	· ¢	· ¢	TOTAL MILEAGE
	:				:	:	:	TOTAL MILEAGE
MILEAGE AMOUNT			<u> </u>	<u>:</u>				\$
DADICINO TOLLO ETO	:			:	:	:	:	TOTAL PARKING
PARKING, TOLLS, ETC.								\$
PLANE, BUS, TRAIN	:	:	:	:	:	:	:	TOTAL PLANE, BUS, TRAIN
(Paid By Traveler)	:		:		:	:	•	\$
UNACCOMPANIED			:	:				TOTAL UNACCOMPANIED BAGGAGE
BAGGAGE			•			·	•	\$
LOCAL TRANSPORTATION								TOTAL LOCAL TRANSPORTATION
NO. TRIPS								1
DAILY EXPENSE				<u> </u>				\$
MISCELLANEOUS EXPENSES	:	:	:	:	:	i :	:	TOTAL MISCELLANEOUS
TELEPHONE CALLS								1
SUPPLIES, ETC.	:	:	<u> </u>	•	·	:		\$
CAR RENTAL (Paid by Traveler)		:	:		· .	:	:	TOTAL CAR RENTAL
Receipt and Car Rental Agreement Required	:			:			:	
RENTAL EXPENSE	:	:	:	:	:	:	· ·	
GASOLINE EXPENSE								\$
REMARKS								

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 required 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 expenses 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 appropriate 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 in 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.