TRAVEL VOUCHE	R 1. DEI	PARTMENT OR I	ESTABLISHMENT, OR OFFICE	2. TYF		OF TRAVEL	3. VOUCHER NO.			
TRAVEL VOUCHE (Read the Privacy A Statement on the back)	ACT				<del> </del>   P	EMPORARY DUTY ERMANENT CHANGE OF STATION	4. SCHEDULE NO.			
a. NAME (Last, first, middle	e initial)					AL SECURITY NUMBER	6. PERIOD OF TRAVEL			
							a. FROM	b. TO		
c. MAILING ADDRESS (Inc.) c. MAILING ADDRESS (Inc.) e. PRESENT DUTY STATIC										
c. MAILING ADDRESS (Inc.	lude ZIP Code	e)			d. OFFI	CE TELEPHONE NO.	7. TRAVEL AUTHORIZATION			
띪							a. NUMBER(S) b. DATE(S)			
VEI										
e. PRESENT DUTY STATIO	NI .		f. RESIDENCE (Cit	ty and Statal			-			
-l		1. NESIDENCE (Ch	y and State)			10. CHECK NO.				
ις.							TO. CITEOR NO.			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RE	CEIPT		11. PAID BY			
a. Outstanding			a. DATE RECEIVED b. AMO			UNT RECEIVED	1			
b.Amount to be applied			1		\$					
c. Amount due Government	c. PAYEE'S SIGNA	ATURE	•							
(Attached: Check	Cash)	,								
d.Balance outstanding	T							Toursday's Julians		
12. GOVERNMENT TRANSPORTATION		-		•	•	parties in connection with procedures (FPMR 101)		Traveler's Initials		
TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PUR-	tranoportation	on onargos acoc	1		· · · · · · · · · · · · · · · · · · ·					
CHASED WITH CASH (List by number below	AGENT'S		MODE, CLASS OF	DATE		PO	DINTS OF TRAVE	L		
and attach passenger coupon; if cash is used	OF TICKE		SERVICE AND ACCOM-	ISSUE	ĒD	FROM		ТО		
show claim on reverse side.)	(a)	(b)	MODATIONS (c)	(d)		(e)		(f)		
13 I certify that this vouche						payment or credit has not gincurred during the period				
covered by this voucher.	поп арриоавто	, por alorri olairi	54 15 B4554 511 416 1	avorago coot	o. loug.i.	DATE				
TRAVELER SIGN HERE					5/112		AMOUNT CLAIMED			
					0 0544		CLAINLD	\$		
NOTE: Falsification of an it of not more than \$10						and may result in a fine 87; i.d. 1001).				
14. This voucher is approved.					iry	17. FOR FINANCE O	FFICE USE ONLY			
in the interest of the Gove the approving official must				COMPUTA	TION	\$				
department or agency to s	so certify (31	U.S.C. 680a).				a.DIFFER- ————— ENCES,				
APPROVING				DATE		IF ANY (Explain				
OFFICIAL				and show amount)						
SIGN HERE						L TOTAL VEDICIED CODE	DECT FOR			
15. LAST PRECEDING VOUCH			/EL AUTHORIZATION		b. TOTAL VERIFIED CHARGE TO APP					
a. VOUCHER NO. b. D.O. SYMBOL				c. MONTH & YEAR				ا		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT						Certifier's Initials: c. APPLIED TO TRAVEL A	DVANCE	\$		
AUTHORIZED,	OILLA IMENI	DATE		(Appropriation symbol):		s				
CERTIFYING				NET TO TOA	/ELED	¥				
OFFICIAL SIGN HERE						d. NET TO TRAN	VELEK	Ś		
18. ACCOUNTING CLASSIFICA	ATION			-						

		INSTRUCTIONS TO TRAVE		Complete this PAGE										
SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		Col. (c) If the voucher includes	Com Col. (d) Show amount incurred for each meal, including tax and tips, an								d information of of			
		per diem allowances for		plete (g) \( \int \) daily total meal cost.  (h) Show expenses, such as: laundry, cleaning and pressing of						eeina of clot	and the second s			
		members of employee's immediate family, show	onl		(11)	to bellbo	ys, porters, e	etc. <i>(other than</i>	for meals).	ssing of clot	iries, tips	sheet.		
		members' names, ages,	for		(i)	Complet	e for per dien	n and actual ex	opense travel.			TRAVEL AUTHORIZATION		
		and relationship to em-		actual (j) Show total subsistence expense incurred for actual expense travel.  expense (m) Show per diem amount, limited to maximum rate, or if travel on actual								NO.		
		ployee and martial status		travel expense, show the lesser of the amount from						) or maximur	m rate.			
		of children (unless infor- mation is shown on the		(n) Show expenses, such as: taxi/limousine fares, air far cash), local or long distance telephone calls for Gover						re ( <i>If purchased with</i> rnment business.		TRAVELER'S LAST NAME		
		travel authorization.)						other than sub			,			
DATE TIME		DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE		<i>P</i>	MOUNT CLAIM	ED	
Hour (Hour		(Departure/arrival city, per diem computation, or other explanations		I.	/IEALS		MISCEL-		RATE:					
20	and am/pm)	explanations	BREAK-		T		LANEOUS SUBSIS-	LODGING	TOTAL SUBSISTENCE	NO. OF	MILEAGE	SUBSISTENCE	OTHER	
(a)	(b)	of expense)	FAST	LUNCH	DINNER	TOTAL	TENCE		EXPENSE	MILES				
	(6)	(0)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	
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Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as requirement by this agency in connection with the hiring or firing of an employee, the implemented by the Federal Travel Regulations (FPMR 101-71), E.O. 11809 of July issuance of a security clearance, or investigations of the performance of official duty are supported by the Federal Travel Regulations (FPMR 101-71), E.O. 11809 of July issuance of a security clearance, or investigations of the performance of official duty are supported by the Federal Travel Regulations (FPMR 101-71), E.O. 11809 of July issuance of a security clearance, or investigations of the performance of official duty are supported by the Federal Travel Regulations (FPMR 101-71), E.O. 11809 of July issuance of a security clearance, or investigations of the performance of official duty are supported by the Federal Travel Regulations (FPMR 101-71), E.O. 11809 of July issuance of a security clearance, or investigations of the performance of control of the performance of the p								Enter grand total of columns (I), (m),						
									and (n), below and in Item 13 on the front of this form.					
and 26 L	J.S.C. 6011	(b) and 6109. The primary purpose of mine payment or reimbursement to eligible	the requ	the requested under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and								s iorm.		
allowable t	ravel and/or	relocation expenses incurred under appropriate	e administr	ative	number; dis	sclosure is	MANDATORY	on vouchers c	laiming travel ánd	or relocation				
			ments to the allowance expense reimursement which is, or may be, taxable income. Disclosure of s who have a your SSN and other requested information is voluntary in all other instances; however,								AMOUNT			
Government. The information will be used by officers and employees need for the information in the performance of their official duties may be disclosed to appropriate Federal, State, local or foreign a			The inform	ation	failure to pro	ovide the ir	nformation (other	er than SSN) requ	uired to support	the claim may	CLAIMED			
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