

Travel Authorization / Advance

1. Voucher Information					
Local Vch No	Submit Org	Vouch Date	Ref Doc No	Preparer's Name	FMS Upload
Auth Vch Type <input type="checkbox"/> Original <input type="checkbox"/> Adv Only <input type="checkbox"/> Reissue				<input type="checkbox"/> Payment Notification	<input type="radio"/> Yes <input type="radio"/> No
Traveler		YRegDoc	ActClass		
SSN	Protected by the PRIVACY ACT		Email	FY	Fund

2. Mode of Transportation Authorized	3. Mode of Subsistence Authorized	4. Planned Itinerary		5. Estimated Cost			
		State	City	Rate			
<input type="checkbox"/> By Common Carrier	<input type="checkbox"/> Actual Subsistence up to _____ per day Actual subsistence requires approval by appropriate authorizing official	From		Lodging	M&IE	Days	Estimate
<input type="checkbox"/> By Gov-Furnished Auto		To: 1					
<input type="checkbox"/> By Rental Vehicle		2					
<input type="checkbox"/> By Privately Owned Vehicle		3					
<input type="checkbox"/> POV determined to be most advantageous to Govt		4					
<input type="checkbox"/> Cost not to exceed that of Common Carrier <input type="checkbox"/> Based on cost of Govt furnished auto	<input type="checkbox"/> Conference Rate Per Diem	5					
	<input type="checkbox"/> Per Diem based on lodging plus meals and incidental expenses NTE GSA Location Rates	<input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations			Transportation		
					Oth Amt		
____ Mileage Rate Authorized	<input type="checkbox"/> Extended TDY (Reduced Rate) _____	Departure Date		Total			
<input type="checkbox"/> Other		Return Date		Advance Amt:			

6. Other Authorizations <input type="checkbox"/> 1. Use of premium class Additional Cost: _____ <input type="checkbox"/> 2. Use of foreign flag carrier <input type="checkbox"/> 3. Leave in conj. w/travel <input type="checkbox"/> 4. Other Description	7. Advanced Disbursement				
	<input type="checkbox"/> DirDep	<input type="checkbox"/> Tres	<input type="checkbox"/> Draft	<input type="checkbox"/> Cash <input type="checkbox"/> None	Draft Cashier ID
	Address				
	Address				
	City			State	Zip
Country					

8. Other Descriptive Information			
Description			
Program	Project	RCN (8 Alpha)	Org Mgt Field (Numeric)
Bill to:		OMF	
Type Travel	<input type="checkbox"/> A. TDY <input type="checkbox"/> B. Ext TDY <input type="checkbox"/> C. Taxable TDY <input type="checkbox"/> X. NA	Trav Purpose	<input type="checkbox"/> A. Operational <input type="checkbox"/> B. Training <input type="checkbox"/> C. Meeting/Conf <input type="checkbox"/> X. NA

Executive Order 13043 requires the wearing of seat belts in motor vehicles by person on official travel.

9. Authorization

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization

Authorizer	Cash / Draft Advance
Advance authorized as described in Box b <input type="checkbox"/> Yes _____ Date: _____	Cash Advance of: _____
<input type="checkbox"/> No	Requested by: _____ Date: _____
	Received by: _____ Date: _____

A voucher must be submitted within 5 workdays after travel is completed or monthly for persons in a continuous travel status.