

TRAVEL ORDER

Original Amendment No. _____ Cancellation
(See HHS Travel Manual, Part 3, for Detailed Instructions)

4. NAME AND POSITION OR RANK	5. SSAN
6. CONSTITUENT/BUREAU/DIVISION/REGION	
7. PRESENT OFFICIAL STATION	
10. ITINERARY AND PURPOSE OF TRAVEL (Show city, state or country, dates and reasons - use continuation sheet if necessary)	

1. TRAVEL ORDER NO.
2. APPROPRIATION NO.
3. ESTIMATED COSTS*
TRAVEL \$ _____ TO DHHS \$ _____
PER DIEM _____ TO OTHERS _____
OTHER _____
TOTAL \$ _____ TO OTHERS \$ _____
8. APPROX. DATE OF DEPARTURE
9. APPROX. DATE OF RETURN

NOTICE: TRAVELERS ARE RESPONSIBLE AND LIABLE FOR UNUSED GTR'S - TICKETS RECEIVED UNTIL THEY HAVE BEEN PROPERLY ACCOUNTED FOR ON A TRAVEL VOUCHER OR RETURNED TO THE AGENCY.

11. SPECIAL AUTHZTN	TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR:	EMPLOYEE AND/OR	DEPENDENTS	11A. CHANGE OF STATION	TRANSPORTATION OF	DEPENDENTS H/H GOODS & PERS. EFFECTS	
	_____ ¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT	_____ ¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS	_____ ¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO		TEMPORARY QTRS	RESIDENCE TRANSACTIONS	TEMPORARY STORAGE
	GSA AUTO	AUTO RENTAL UNDER GSA CONTR	OTHER (Specify below)		HOUSE HUNTING TRIP	MISC. EXP. ALLOWANCE	OTHER (Specify)
	EXCESS BAGGAGE	REGISTRATION FEE			HHS-355: SIGNED	NOT REQUIRED	
12. TRAVEL & PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND:				13. FOREIGN TRAVEL	TO BE PERFORMED FOR (DHHS, UN, etc.)		
FTRs	JTR's	OTHER (Specify)			EXPENSES TO BE PAID BY		
PER DIEM: NONE	IN U.S.	OUTSIDE U.S.	VARYING RATES PER ABOVE REGS	SECURITY APPROVAL GRANTED FOR TRAVEL OF			
RATE \$ _____	LODGINGS PLUS	ACTUAL EXPENSE	FIXED	<input type="checkbox"/> 90 DAYS OR LESS <input type="checkbox"/> OVER 90 DAYS DATE _____			
14. ACCOUNTING DATA (See HHS Acct'g Manual & Acct'g Code Book)				RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY			

RECORD TYPE	1	2-7	8-10	11	12	ORIGINAL OBLIGATION		OTHER DOCUMENTS		39	40	41-47	48-51	52-63	64	65-79	95-100	101-108		109
						13-15	16-25	26-28	29-38									101-106	107-108	
		EFF. DATE	TRANSACTION CODE	REVERSE CODE	MODIFIER	DOC. REF. CODE	DOCUMENT NO.	DOC. REF. CODE	DOCUMENT NO.	GEO CODE	FISCAL YEAR	COMMON ACCOUNTING NO	OBJ. CLASS CODE	AMOUNT DOLLARS & CENTS	FED/NON FED	VENDOR/CUSTOMER CODE (PRIMARY RECIPIENT)	PAYMENT COLLECTION DOC	CATE-GORY	ACTIV-ITIES	CASE II
						130						*	*	*	1	*				2

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL _____

AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE

AUTHORIZED BY _____ TITLE _____
DATE _____