TRAVEL VOUCHER (Relocation)

1. TRAVEL AL		ZATION NO. 2. SOCIAL SECURITY NO. 3. NAME (Last)									(First) (Middl							4. AG CO	DE ENC	(
5. AGENCY O NUMBER	RIGINATING (ER ORIGINA NUMBER	TING	7. DATI	, FF	TRAVE ROM Day	EL EXPE Year		THI th Da		Year	8. TYP	HH = Hs	ns Stn lo Contr	SR =	Supp RIT	IN	ECLAI MOUN CLUE	IT.				
10. DATE REP OFFICIAL DUT		EW	11. LEAVE	TAKEN		'		12. OF	FICIAL	DUTY STA	ATION CIT	Y AND	STATE	13.	RESIDEN	T CITY AN	ND S	STATE (If o	ther than	offici	al station)			
Month	Day	Year		= Yes N = N				15. NL	JMBER	OF NIGHT	TS IN APP	ROVE	O ACCOM	MODAT	IONS PER	R THE FIR	RE S	AFETY AC	T STAN	IDAR	DS			
SECTIO	N B TR	AVEL	VOUCH	ER MAI	LING /	ADDRE	-SS	OPT	IONS	S	-			S	ECTIO	N D	- C	LAIMS	3					
	ARY ADDRESS		&A CONTACT P			CIAL ADDRES				AVEL EFT A	ACCOUNT	26. T	OTAL SA			ORMER R			\$					
1. (35)												27. TOTAL PURCHASE PRICE OF NEW RESIDENCE \$ 28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (For Type Claim RC Only, Invoice Attached) a. APPRAISED VALUE SALES FEE \$												
														b. AMENDED VALUE SALES FEE \$ c. CANCELLATION FFES \$										
3. City (20)				Sta	ate (2)		Zip	Code (9)			c. CANCELLATION FEES \$ EXPENSES CLAIMED BY EMPLOYEE												
SECTION	N C TR	ANSPO	ORTATIO	ON COS	STS			Ì				29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)												
20. METHOD OF PAYMENT	OD OF VENDOR/ IDENTIFICATION AMOUNT								24. OUNT				LOCATION CITY S					O. OF DAYS	AMOUNT					
PATMENT	CARRIER	ARRIER NUMBER			MILES	DAYS	\$							ST		\$								
							*											Ψ						
If payment complete S			er,	TALS			\$				_		тоти	AL OUTS	IDE CONT	. U.S. SUB	SIST	TENCE \$						
25. AIRLINE A			1					Non o		(I					id by Empl				DUNT		NFC USE			
SECTIO	N E AC	COUN		fare (Check if				Non-c	ontract	(Insert Cod	le) =	a. S	ALES EXI	PENSE (AD-424 A	ttached)		\$						
50.	AUTHORIZ	ATION A	CCOUNT	ING (Chec	ck this blo		ountin	g fron	n travel	1					`	424 Attach	ed)		\rightarrow					
authorization is to be charged for the total voucher claim.) 51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to											ion D to		PER DIEM		ON EXPE	NSE			+					
the applicable Accounting Classification line.) PURPOSE CODE ACCOUNTING CLASSIFICATION PERCENTAGE										NTAGE	No	No. of E] LOI] ME	DGING &	IE		+	+					
FORFOSE CC	JDL		ACCC	JOINTING CL	AGGII ICA I	ION				FLINGE			/ILEAGE						+	-				
											%			Rate [Rate [¢] Mile ¢] Mile]							
														Rate [Rate [¢] Mile ¢] Mile]							
												22 D					,		+					
												ARKING, LANE, BL	+											
												35. U	NACCON	/PANIEC	BAGGA									
													OCAL TR					\rightarrow						
													IISCELLA LLOWAN		EXPENS									
													AR RENT					\rightarrow						
				,	THESE P	ERCENT	AGES	MUST	FEQUA	AL 100	0%	39. S			USEHOLE ,	,								
SECTIO												40. S	TORAGE	Neight OF HOU	1ST 30 DAY	s								
FRAUDULE 2514) and may																								
1001). CLAIMANT	"S RESPONS	SIBILITIE	S AND SIG	NATURE.	I hereby	assign to t	he Un	ited Sta	ates anv	rights I	mav have			Weight o. Days		1	OVER 30 DA	ιYS						
against other payment for cl	parties in conn	ection with	any reimbur	rsable carrier	r transport	ation charg	ges des	cribed l	herein.	I have re	ceived no	41. T	EMPORA		RTERS (A	AD-569	,							
Government.	All tickets, co	oupons, proi	motional iter	ns and credi	ts received	l in connec	tion w	ith trav	el clain	ned on thi	s voucher		tached)	No. of Da	ays []							
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 INDICATOR									•			Occupa	-]		\dashv	\perp						
JZ. OLANVANT	OGIGINATOR	_			Ĭ	Month Da	ay Y	'ear	INI	Y = Yes			ELOCATI AD-1000 A		OME TAX									
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 reimbursement is claimed											43.		OTAL lock 29	\$										
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. Note: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his /her designee (31 USC 1348).												RAVEL A		AMOUN	Т									
55. APPROVIN	NG OFFICER'S	SIGNATUR	RE					56	S. SOCI	AL SECUI	RITY NO.					I3) TO BE			+					
57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print) AGENCY CODE											(Block 44)			ADVANO			\perp						
58. DATE APPROVED 59. PHONE (Area Code and No.)											Α		O OUTS		3) TO BE BILL FO									
Month Day	Year	- · · - · · ·		- /								BILL					\Box		\bot	T				
60. CONTACT	PERSON						61	. PHON	NE (Area	Code and	d No.)	F			MONCE AMO Money O									
Upo	n compl	etion a	nd appi	roval, s	ubmit	origina	al vo	uch	er to	:					NCE BAL		1		T	T				
. · · ·	J.S. Depa	artment	of Agric			•						49. NET TO TRAVELER							+					
National Finance Center P.O. Box 60000											(Block 43 minus Blocks 45 and 46)						\$ TOTAL DIFFERENCE							
New Orleans, LA 70160										AUDI	ı ⊨N BY					IOIAL DI	FFEREN	NCE						
<u> </u>		•																MAD 616	D (1100		44 (00)			

SOCIAL SECURITY NO.	TRAVELER'S	NAME	=													
		-	***>=\ O=													
SECTION G SCH	HEDULE ()F E	EXPENSE	SAN	ID AM	OUNT	rs Cl	LAIME	D							
ITINERARY FROM																TOTALS
DATE (Month/Day)																Transfer
									\dagger							these totals to
CITY	<u> </u>			$^{-}$												Section D on
STATE																Voucher Front.
TIME			 	\perp												If additional
TO																
DATE (Month/Day)				_					+							days are
CITY	<u> </u> -	- +		-+	- — —	-+			+		+			<u> </u>		required, use
COUNTY									+							continuation
STATE									1_							sheet
TIME																
PER DIEM		[[]	_	-	_	_ i					=			TOTAL NO. DAYS
NO. OF DAYS		! <u> </u>	!	! L		: 1		I L		 						
LODGING & INCIDENTAL		1	 	í		i		i				 I				TOTAL LODGING & IE
EXPENSES (Receipt Required for Lodging)		 	 	<u> </u>		<u> </u>		 								\$
		1		i		i		i		i		I				TOTAL MEALS
MEALS		¦] 	! !				I I		1 1		I I				\$
MILEAGE																TOTAL MILES
MILES																
RATE PER MILE		¢	ļ	¢		¢		Ģ	:		¢	-	¢		¢	
		1		i		il		į		!						TOTAL MILEAGE
MILEAGE AMOUNT		$\vdash \vdash$	<u> </u>	 		+		<u> </u>	+	<u> </u>		l I				TOTAL PARKING
PARKING, TOLLS, ETC.		!	· '			i		Į.		l		1				\$
PLANE, BUS, TRAIN		\vdash				\dashv			\dagger	<u> </u>						TOTAL PLANE, BUS,
(Paid By Traveler)		! <u> </u>	ı'	: L		!		1		1			_			TRAIN \$
UNACCOMPANIED BAGGAGE		J I	i			I I		i i		! !		i I				TOTAL UNACCOMPANIED BAGGAGE \$
LOCAL TRANSPORTATION NO. TRIPS																TOTAL LOCAL TRANSPORTATION
DAILY EXPENSE						1						ļ				\$
MISCELLANEOUS EXPENSES/						ī				i		İ				TOTAL MISCELLANEOUS
ALLOWANCE				<u> </u>		 				I		I				\$
CAR RENTAL (Paid by Traveler)		!	; 	i		į		į		į		į			l	TOTAL CAR RENTAL
Receipt and Car Rental Agreement Required			 	! 		I		l I		I I		I I				
RENTAL EXPENSE GASOLINE EXPENSE		- 				++						+				\$
SHIPMENT OF HO	USEHOL	D G	OODS P	AID E	Y TRA	VEL	ER (\	Veigh	: Ce	ertificate	0	r Bill of La	adi	ng Requi	red	
TOTAL WEIGHT OF	COMMUTED R			TOTAL			,					NAL ALLOWANG				TOTAL SHIPMENT AMOUNT
		2.0								i						\$
STORAGE OF HO	USEHOLI		NUMBER OF	TOTAL		ACTUAL		COMMU	TED	CLAIM LE	221	ED AMOLINE AN	ח			1ST 30 DAYS AMOUNT
		DAYS			HT OODS	CHARG						SER AMOUNT AND ETO APPLICABLE PERIOD				\$
TEMPORARY STORAGE			, , , , , , ,									Ė				OVER 30 DAYS AMOUNT
					,	\$										\$
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.