

**UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT**

Form RD 2036-3
(Rev. 9-00)

REQUEST FOR TRAVEL AUTHORIZATION OR AMENDMENT

1. No. (For use by issuing office only)

2. Date (For use by issuing office only)

3. Name	4. Government Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Official Station
6. Title	7. Social Security No.	8. Residence City

9. Government Credit Card Holder:
 Yes No

10. Itinerary:

Dates

11. Travel Purpose Code: _____ State Purpose: _____

12. Common Carrier Government Privately-Owned Airplane Special Conveyance (State reason)
 Airplane or
 Train Privately-Owned Vehicle (POV)
 Bus

Note: Cost comparison for personal preference to use POV instead of common carrier must be completed by traveler and attached to this form.

13. Authority for Use of Noncontract Airline: Number _____ . State reason: _____

14. Rental Car: *Yes No (* Requires detailed justification for need.)

15. Authority to Use Annual/Sick Leave While in Travel Status:
Dates: _____ # of Hours: _____

16. Accounting Classification Code: _____

FUNDS CONTROL

FUNDS AVAILABLE
 FUNDS NOT AVAILABLE

17. Estimated Costs:	*Per Diem:	Lodging \$ _____ x _____ Nights	\$ _____
		M&IE \$ _____ x _____ Days	\$ _____
		POV Mileage _____ # x _____ Cents/Mile	\$ _____
		Miscellaneous (Parking, taxi, telephone calls, etc.)	\$ _____
		Common Carrier	\$ _____
		Car Rental	\$ _____
		Total	\$ _____

* If requesting actual subsistence, attach request or actual subsistence form justifying why actual subsistence is needed.
(Must be approved by Deputy Administrator or above or other designated official.)

18. Total Overnight Accommodations for _____ # Nights: _____ (#) Do Do Not
Meet Hotel/Motel Fire Safety Act Requirements Act of 1990.

19. Signature of Traveler: _____ Date: _____ Concurrence of Supervisor: _____ Date: _____