Rev. 9-00)			
			1. No. (For use by issuing office only)
	RAVELAUTHORIZATIO	ON ORAMENDMENT	2. Date (For use by issuing office only)
3. Name		Government Employee     ☐ Yes ☐ No	5. Official Station
5. Title		7. Social Security No.	8. Residence City
Government Credit Card I	Holder:	¬ №.	
). Itinerary;			
Dates Travel Purpose Code:		State Purpose:	
•		•	
2. Common Carrier	Government or	Privately-Owned Airplane	☐Special Conveyance
☐ Train	Privately-Owned	Априше	(State reason)
☐ Bus	Vehicle (POV)		•
ote: Cost comparison for p		stead of common carrier must b completed by	y traveler
. Authority for Use of Non-	contract Airline: Number	. State reason:	
I. Rental Car:	☐ No (*Requires de	etailed justification for need.)	
Rental Car: *Yes     Authority to Use Annual/	□ No (*Requires de	etailed justification for need.)	
4. Rental Car: *Yes 5. Authority to Use Annual/ Dates:	□ No (*Requires de Sick Leave While in Travel Status 	etailed justification for need.) : of Hours:	
4. Rental Car: *Yes  5. Authority to Use Annual/ Dates:	□ No (*Requires de	etailed justification for need.) : of Hours:	FUNDS CONTROL
4. Rental Car: *Yes  5. Authority to Use Annual/ Dates:	□ No (*Requires de Sick Leave While in Travel Status 	etailed justification for need.) : of Hours:	FUNDS CONTROL
4. Rental Car: *Yes  5. Authority to Use Annual/ Dates:	□ No (*Requires de Sick Leave While in Travel Status 	etailed justification for need.) : of Hours:	FUNDS CONTROL
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4. Rental Car: *Yes  5. Authority to Use Annual/ Dates:	□ No (*Requires de Sick Leave While in Travel Status 	etailed justification for need.) : of Hours:	
4. Rental Car: *Yes 5. Authority to Use Annual/ Dates:	□ No (*Requires de Sick Leave While in Travel Status 	etailed justification for need.) : of Hours:	FUNDS AVAILABLE
4. Rental Car: *Yes 5. Authority to Use Annual/ Dates:	□ No (*Requires de Sick Leave While in Travel Status 	etailed justification for need.) : of Hours:	
Rental Car: *Yes  Authority to Use Annual/ Dates:  Accounting Classification	□ No (*Requires de Sick Leave While in Travel Status 	etailed justification for need.)  E of Hours:  Lodging \$ x Nights	FUNDS AVAILABLE FUNDS NOT AVAILABLE
4. Rental Car: *Yes  5. Authority to Use Annual/ Dates:	□ No (*Requires du Sick Leave While in Travel Status  # Code:	tailed justification for need.)  it of Hours:  Lodging \$x Nights  M&H \$x Days	FUNDS AVAILABLE FUNDS NOT AVAILABLE
4. Rental Car: *Yes  5. Authority to Use Annual/ Dates:  6. Accounting Classification	□ No (*Requires du Sick Leave While in Travel Status  # Code:	Lodging \$ x Nights   M&IE \$ x Days   POV Mileage # x Called   Total Control of the co	FUNDS AVAILABLE FUNDS NOT AVAILABLE  \$ 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
4. Rental Car: *Yes  5. Authority to Use Annual/ Dates:  6. Accounting Classification	□ No (*Requires du Sick Leave While in Travel Status  # Code:	Lodging \$ x Nights M&IE \$ x Days POW Mileage # x C Miscellaneous (Parking, taxt, telephone of Common Carrier	FUNDS AVAILABLE FUNDS NOT AVAILABLE  \$
Rental Car: *Yes  Authority to Use Annual/ Dates:  Accounting Classification	□ No (*Requires du Sick Leave While in Travel Status  # Code:	Lodging \$ x Nights   Nights	FUNDS AVAILABLE FUNDS NOT AVAILABLE  S S Cents/Mile \$ calls, etc.) \$ \$ \$
4. Rental Car: *Yes 5. Authority to Use Annual/ Dates: 6. Accounting Classification 7. Estimated Costs:	□ No (*Requires de Sick Leave While in Travel Status # Code:	Lodging\$ x Nights  M&IE \$ _ x Days  POV Mileage #x Common Carrier  CarRental	FUNDS AVAILABLE FUNDS NOT AVAILABLE  S Cents/Mile S Calls, etc.) S Total S
Rental Car: *Yes  Authority to Use Annual/ Dates:  Accounting Classification  Accounting Classification  Estimated Costs:	□ No (*Requires de Sick Leave While in Travel Status # Code:	tailed justification for need )  to it Hours:	FUNDS AVAILABLE FUNDS NOT AVAILABLE  S Cents/Mile S Calls, etc.) S Total S
i. Rental Car: *Yes 5. Authority to Use Annual/Dates: 6. Accounting Classification 7. Estimated Costs:  If requesting actual subsiste Must be approved by Deputy 8. Total Overnight Accomm	No (*Requires du Sick Leave While in Travel Status  # Code:  *Per Diem:  *Per Diem:	Lodging \$ x Nights M&H \$ x Days POV Mileage #x C Miscellaneous (Parking, taxi, telephone of Common Carrier Car Rental  stence form justifying why actual subsistence designated official.)  (#) Do Do Not	FUNDS AVAILABLE FUNDS NOT AVAILABLE  S Cents/Mile S Calls, etc.) S Total S
i. Rental Car: *Yes 5. Authority to Use Annual/Dates: 6. Accounting Classification 7. Estimated Costs:  If requesting actual subsiste Must be approved by Deputy 8. Total Overnight Accomm	No (*Requires du Sick Leave While in Travel Status  the Code:  *Per Diem:  *Per Diem:	Lodging\$ x Nights M&IE \$ x Days POV Mileage #x C Miscellaneous (Parking, taxt, telephone C Car Rental  stence form justifying why actual subsistence designated afficial.)  (#) Do Do Not	FUNDS AVAILABLE FUNDS NOT AVAILABLE  S Cents/Mile S Calls, etc.) S Total S

Used by Rural Development employees to request travel authorization or amendment.

PROCEDURE FOR PREPARATION

: RD Instruction 2036-A.

PREPARED BY

: Requesting office or traveler.

NUMBER OF COPIES

: Original only.

SIGNATURES REQUIRED

: Traveler, supervisory concurrence.

DISTRIBUTION OF COPIES

: Original to issuing office; copy retained by

requesting office or traveler.

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