

<b>TRAVEL VOUCHER MEMORANDUM</b> <i>(Read the Privacy Act Statement on the back)</i>		<b>1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE</b>		<b>2. TYPE OF TRAVEL</b> <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b>  <b>4. SCHEDULE NO.</b>		
<b>TRAVELER (PAYEE)</b>	<b>5. a. NAME (Last, first, middle initial)</b>			<b>b. SOCIAL SECURITY NO.</b>		<b>6. PERIOD OF TRAVEL</b> a. FROM _____ b. TO _____		
	<b>c. MAILING ADDRESS (Include ZIP Code)</b>			<b>d. OFFICE TELEPHONE NO.</b>		<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) _____ b. DATE(S) _____		
	<b>e. PRESENT DUTY STATION</b>		<b>f. RESIDENCE (City and State)</b>				<b>10. CHECK NO.</b>	
	<b>B. TRAVEL ADVANCE</b> a. Outstanding _____ b. Amount to be applied _____ c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) _____ d. Balance outstanding _____		<b>9. CASH PAYMENT RECEIPT</b> a. DATE RECEIVED _____ b. AMOUNT RECEIVED \$ _____ c. PAYEE'S SIGNATURE _____		<b>11. PAID BY</b>			
<b>12. GOVERNMENT TRANSPORTATION REQUESTS OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH</b> <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</i>		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <i>Traveler's Initials</i></span>						
		AGENT'S VALUATION OF TICKET <i>(a)</i>	ISSUING CARRIER <i>(Initials)</i> <i>(b)</i>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i>	DATE ISSUED <i>(d)</i>	POINTS OF TRAVEL		
						FROM <i>(e)</i>	TO <i>(f)</i>	
<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b> TRAVELER SIGN HERE ▶ _____ DATE _____ AMOUNT CLAIMED ▶ \$ _____ <i>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</i>								
<b>14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)</b> APPROVING OFFICIAL SIGN HERE ▶ _____ DATE _____					<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b> a. DIFFERENCES, IF ANY (Explain and show amount) _____ \$ _____			
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b> a. VOUCHER NO. _____ b. D.O. SYMBOL _____ c. MONTH & YEAR _____				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION \$ _____ Certifier's initials: _____ c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ _____				
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ _____ DATE _____				d. NET TO TRAVELER ▶ \$ _____				
<b>18. ACCOUNTING CLASSIFICATION</b>								

This document was created with Win2PDF available at <http://www.daneprairie.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.