

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