

**Note:** Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.

<b>1. ACTION CODE (Indicate one type only)</b>						2. AUTHORIZATION DATE			MONTH	DAY	YEAR			
<b>E = Establish      C = Cancel</b> <b>A = Amend        V = Advance Only (Complete Sections A, E, and F Only)</b>														
<b>SECTION A - IDENTIFICATION</b>														
3. TRAVEL AUTHORIZATION NO.			4. SOCIAL SECURITY NO.			5. NAME (Last) (First) (Middle Initial)			6. AGENCY CODE					
7. AGENCY OON			9. ESTIMATED DATES OF TRAVEL EXPENSES			10. TYPE TRAVEL (Indicate one type only)			11. GOVERNMENT CREDIT CARD HOLDER					
8. TRAVELER OON			FROM      THRU			DM = Domestic      GR = Escorted Group FG = Foreign        OC = Outside Cont. U.S. FT = Foreign Transfer    TS = Transfer of Station RT = Return Travel      OT = Outside CONUS ToS			Y = Yes N = No					
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)			13. OFFICIAL DUTY STATION CITY AND STATE			14. RESIDENT CITY AND STATE (If other than official station)								
<b>SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)</b>														
15. PAYROLLED BY NFC			16. NOT PAYROLLED BY NFC			17. NEW HIRE			18. SPECIAL APPOINTEE			19. NONGOVERNMENT		
<b>SECTION C - ITINERARY AND ESTIMATED EXPENDITURES</b>														
20. FROM				21. TO				23. AUTHORIZED EXPENDITURES						
CITY		ST	CNTRY CD	CITY CD	CITY, COUNTY or REGION		ST	Subsistence Codes P=Per Diem A=Actual Subsistence S=Special Rate	CODE	LODGING	M and IE	RATE	NO.DAYS	ESTIMATED AMOUNT
									\$	+	=	x	= \$	
										+	=	x	=	
										+	=	x	=	
										+	=	x	=	
										+	=	x	=	
										+	=	x	=	
22. PURPOSE OF TRAVEL (Give explanation)								Total Subsistence			\$			
								POV: Rate						
								Rate						
								Rate						
								Rate						
								Other (Specify)						
								Unaccompanied Baggage						
								Car Rental						
								Common Carrier Tickets						
								Transportation Mode		Method of Purchase				
								Use of Non-contract Airline		Insert Code				
								Excess Fare						
								Excess Baggage						
								GSA Auto						
								24. Total Est. Expenditures Authorized			\$			
<b>THESE PERCENTAGES MUST EQUAL 100%</b>														
<b>SECTION E - TRAVEL ADVANCE</b>														
26. ADVANCE REQUEST METHOD (Select one method only)				32. ADVANCE MAILING ADDRESS OPTIONS										
C = Check or DD/EFT T = Travelers Checks I = Imprest Fund E = Emergency (Wire) W = Wire Confirmation S = Embassy Issued Advance L = Embassy Collect. Advance				SALARY ADDRESS		T&A CONTACT POINT		SPECIAL ADDRESS (Required for new hires, special appointees, and nonGovernment travelers)		FOREIGN ADDRESS		TRAVEL LEFT ACCOUNT		
27. AMOUNT OF ADVANCE APPLIED FOR				1. (35)		2. (35)		3. (City) (20)		State (2)		Zip Code (9)		
\$				33. IMPREST FUND CASHIER										
28. BALANCE FROM PREVIOUS ADVANCE				SOCIAL SECURITY NO.		SIGNATURE								
\$				34. ADVANCE RECEIVED (Cash or Travelers Checks)										
29. TOTAL ADVANCE AMOUNT				DATE RECEIVED		APPLICANT'S SIGNATURE								
\$				Month    Day    Year										
30. APPLICANT'S SIGNATURE				31. DATE APPLIED FOR			<b>SEE PRIVACY ACT STATEMENT ON REVERSE</b>							
				Month    Day    Year										
<b>SECTION F - AGENCY APPROVAL</b>														
35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print)						AGENCY CODE		36. SOCIAL SECURITY NO.		37. DATE APPROVED		38. PHONE (Area Code & No.)		
								Month    Day    Year						
39. APPROVING OFFICER'S SIGNATURE						40. CONTACT PERSON'S NAME						41. PHONE (Area Code & No.)		
42. REMARKS														

Upon completion and approval, submit original to:  
**USDA -- National Finance Center, P.O. Box 60,000, New Orleans, LA 70160**

**Submit advance applications with original signatures only. Facsimile signatures cannot be accepted.**

An advance should be limited to an amount within the prescribed maximum necessary to effectively accomplish the purposes of the Government. An explanation should be provided in Block 42,

Remarks, for any advance authorized in excess of the prescribed maximum.

**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 U.S.C. Chapter 57 (as amended), Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of facilitating authorization action and the request for advance of funds for travel and other expenses to be incurred under administrative authorization. The information

contained in this form will be used by the 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. Failure to provide the information required will result in delay or suspension of the processing of this form.