

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

<b>1. ACTION CODE (Indicate one type only)</b>				<b>2. AUTHORIZATION DATE</b>			MONTH	DAY	YEAR
<b>E</b> = Establish <b>C</b> = Cancel <b>A</b> = Amend <b>V</b> = Advance Only (Complete Sections A, E, and F Only)									

<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	OC = Outside Cont. U.S.	Y = Yes	N = No
	Month	Day	Year	Month	Day	Year	FT = Foreign Transfer	TS = Transfer of Station	OT = Outside CONUS ToS
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	CODE	LODGING	M and IE	RATE	NO.DAYS	ESTIMATED AMOUNT
							P=Per Diem	\$	+	=	x	= \$	
							A=Actual Subsistence						
							S=Special Rate						
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</b>						<b>100%</b>							

<b>SECTION D - ACCOUNTING CLASSIFICATION</b>										
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line.										
PURPOSE OF TRAVEL CODES	1 = Site Visit	6 = Relocation	11 = Pre-employment							
	2 = Information Meeting	7 = Entitlement/Home leave	12 = First post of duty							
	3 = Training attendance	8 = Special mission travel	13 = Rest & Recuperation							
	4 = Speech or presentation	9 = Emergency travel	14 = Educational							
	5 = Conference attendance	10 = Other travel	15 = Informal training							
PURPOSE CODE	ACCOUNTING CLASSIFICATION					PERCENTAGE				
						%				

<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				
			1. (35)								
			2. (35)								
			3. (City) (20)		State (2)	Zip Code (9)					
27. AMOUNT OF ADVANCE APPLIED FOR			33. IMPREST FUND CASHIER								
\$			SOCIAL SECURITY NO.	SIGNATURE							
28. BALANCE FROM PREVIOUS ADVANCE			34. ADVANCE RECEIVED (Cash or Travelers Checks)								
\$			DATE RECEIVED		APPLICANT'S SIGNATURE						
			Month	Day	Year						
29. TOTAL ADVANCE AMOUNT			31. DATE APPLIED FOR						SEE PRIVACY ACT STATEMENT ON REVERSE		
\$			Month	Day	Year						
30. APPLICANT'S SIGNATURE											

<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									

**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.