TRAVEL VOUCHER (Relocation)

1. TRAVEL AUTHORIZATION NO. 2. SOCIAL SECURITY NO. 3. NAME (Last)													(First) (N					e Initial)	4. AGEN CODE	CY		
5. AGENCY ORIGINATING OFFICE NUMBER			6. TRAVELER ORIGINATIN OFFICE NUMBER				DATES	OF TRAV FROM Day	EL EXPE	NSES Mon	THI ath Da		Year	8. TYP		o Contr	SR = Su OT = Ou Co	ipp Kii	9. RECL AMOL INCLU	AIM JNT JDED		
10. DATE REP		≣W	11. LEAV	TAKEN				12. 0	FFICIAL [DUTY ST	ATION CIT	Y AND	STATE	13. 1					r than off	cial station)		
Month	OFFICIAL DUTY STATION Y = Yes N = No Month Day Year 14. TOTAL NIGHTS LODGING 15. NUMBER OF NIGHTS IN APPR														ONS PER	THE FIRI	E SAFE	TY ACT	STANDA	R DS		
SECTIO	N B TR		VOUC			ADD ECIAL ADD		SS OP			ACCOLINIT		-0.7.1.0.4			N D			ħ.			
16. SALARY ADDRESS 17. T&A CONTACT POINT 18. SPECIAL ADDRESS 19. TRAVEL EFT ACCOUNT														26. TOTAL SALES PRICE OF FORMER RESIDENCE \$ 27. TOTAL PURCHASE PRICE OF NEW RESIDENCE \$								
1. (35)														28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (For Type Claim RC Only, Invoice Attached)								
2. (35)														a. APPRAISED VALUE SALES FEE \$ b. AMENDED VALUE SALES FEE \$								
														c. CANCELLATION FEES \$								
3. City (20)	N C TR	ANSP	ORTAT		state (2)			Zip Code	(9)			EXPENSES CLAIMED BY EMPLOYEE 29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)										
20. METHOD OF	IOD OF LIVENDORY LIDENTIFICATION L. 24.											20. 0		ATION	NO. C	OF .	AMOL	INT				
PAYMENT	CARRIER	CARRIER		NUMBER		DAYS		AMOUNT				CITY			ST	DAYS						
							\$											\$				
																		+				
If payment complete S				OTALS			\$						ТОТА	L OUTS	DE CONT.	U.S. SUBS	SISTEN	CE \$				
25. AIRLINE A			7	s fare (Check	if applicabl	(e)		Non-	contract (Insert Cod	le)	30. R	REAL EST	ATE (Pa	d by Emplo	oyee)		AMOUN	NT	NFC USE		
SECTIO	NEAC	COUN													AD-424 At	tached)	\$		+			
	AUTHORIZ orization is to						accou	inting froi	m travel						ON EXPE		a)					
	DISTRIBUT				this bloc	k and d	istrib	ute total o	claim fro	om Sect	ion D to	31. F	PER DIEM No. of D		11.00	OGING & II	F					
the applicable Accounting Classification line.) PURPOSE CODE ACCOUNTING CLASSIFICATION PERCENTAGE											ENTAGE		o. of Trave] ME/							
											%	32. N	MILEAGE F	Rate [¢] Mile	•	1					
														Rate [Rate [¢] Mile ¢] Mile]					
													F	Rate [¢] Mile	es []					
													ARKING,									
												34. PLANE, BUS, TRAIN (Paid by Traveler) 35. UNACCOMPANIED BAGGAGE					+		+			
												36. LOCAL TRANSPORTATION										
												37. MISCELLANEOUS EXPENSES/ ALLOWANCE										
													AR RENT									
					THESE	PERCE	NTAC	SES MUS	T EQUA	L 10	0%	39. SHIPMENT OF HOUSEHOLD GOODS Total Weight []										
SECTION F CERTIFICATION															l ISEHOLD	GOODS	1ST	30 DAYS				
FRAUDULENT CLAIM. Falsification of an item in an expense account will result in a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 287; i.d. 1001).														Veight	r		1 0/5	ER 30 DAYS	_			
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have														o. Days]	:K 30 DA13				
against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States														RY QUA	RTERS (A	D-569						
Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by FPMR 101-7 and other regulations. I have reviewed this voucher and certify it to be correct.														No. of Da Occupa]					
52. CLAIMANT	'S SIGNATUR	E				53. DAT Month		Year	IND	IAL VOUC DICATOR Y = Yes			ELOCATION AD-1000 A	ON INC	-		1					
APPROVING Reimbursement	is claimed for of	ficial travel	only; (2) Use	of rental car, t	axicab, or o	ther speci	al conv	eyance for v	her, I have which reim	determin bursemen	ed that: (1) t is claimed	43.		-	CLAIM thru 42)	\$					
is to the Government the Government designee (31 US)	. Note: To appro C 1348).	ove long dist	tance phone					authorization	n from Age	ency Head	l or his /her			DVANCE	AMOUN	,	1					
55. APPROVIN								5	6. SOCIA		RITY NO.	Α			R (Block 4 TANDING	3) TO BE ADVANC	E					
57. NAME AND										AG CO	ENCY DE	46. A	MT. OF V	O OUTS	R (Block 4: TANDING	3) TO BE BILL FOR	2					
58. DATE APP Month Day	PROVED 59. Year	PHONE (A	Area Code a	nd No.)								BILL	NO.						#			
60. CONTACT	PERSON							61. PHO	NE (Area	Code an	d No.)	F			NCE AMO Money Or							
Upon completion and approval, submit original voucher to:															NCE BALA ocks 45 an							
U.S. Department of Agriculture National Finance Center											49. (Blo			RAVELE locks 45	ER 5 and 46	6) \$						
P.O. Box 60000 New Orleans, LA 70160										AUDITED BY					TO	TAL DIFF	ERENCE					
	vew Orle	ans, L <i>F</i>	4 /U16(J																		

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 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 301-304). The information contained in this form will be used by 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 or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigations of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.