

| SECTION A — IDENTIFICATION | | | | | | FORM CD-370 (Rev. 1-88) | U.S. DEPARTMENT OF COMMERCE | | |
|---|----------------------------|--|---|--------------------------------|---------------------------------------|--|---|----|-------------------------|
| SOCIAL SECURITY NUMBER | | NAME (Last) (First) (Middle Initial) | | | | TRAVEL VOUCHER | | | |
| BUREAU CODE | CD-29 TRAVEL ORDER | DATES FOR TRAVEL EXPENSES | | TYPE CODE | (Indicate One Type Only) | RECLAIM AMOUNT INCLUDED | | | |
| | | FROM | THRU | | 1 - DOMESTIC TRAVEL | | | | |
| | | MO DAY YEAR | MO DAY YEAR | | 2 - FOREIGN TRAVEL | | | | |
| | PURPOSE CODE | | | | 3 - RELOCATION/HOUSEHUNT | | | | |
| | | | | | 4 - RELOCATION/OTHER | | | | |
| ORGANIZATION | | OFFICIAL DUTY STATION (City and State) | | | | SPECIAL PAYMENT INSTRUCTIONS <input type="checkbox"/> | | | |
| SECTION B — TICKET COSTS BILLED DIRECTLY TO GOVERNMENT (Air, Rail, Bus, Ship) | | | | | | | | | |
| AMOUNT | VENDOR | NUMBER OF TRAVELERS | CLASS | FROM | EXPLANATION OF TRAVEL TO | SECTION D — CLAIMS | | | FINANCE USE |
| 1. \$ | | | | | | 1. PER DIEM | [] | \$ | |
| 2. \$ | | | | | | NO. DAYS | | | |
| 3. \$ | | | | | | 2. MILEAGE | [] | | |
| 4. \$ | | | | | | TOTAL MILES | | | |
| \$ | ← TOTAL — SECTION B | | IMPORTANT: Return unused tickets to your travel services provider. | | | 3. OTHER TRAVEL | | | |
| SECTION C — ACCOUNTING CLASSIFICATION CODE (Reimbursable Expenses) (Distribute Total Claim Amount from Section D to the Applicable Accounting Classification Code(s) as Indicated on the Travel Order) | | | | | | 4. CAR RENTAL (Paid by Traveler) | | | |
| FCFY (xxxx) | PROJECT-TASK (xxxxxxx-xxx) | ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx) | OBJECT CLASS (xx-xx-xx-xx) | CLAIM AMOUNT | | 5. COMMON CARRIER TRANSPORTATION | | | |
| 1. | | | | | \$ | 6. ACTUAL SUBSISTENCE | [] | | |
| 2. | | | | | | NO. DAYS | | | |
| 3. | | | | | | 7. MISCELLANEOUS EXPENSES | | | |
| 4. | | | | | | 8. REAL ESTATE EXPENSE (Form CD-371) | | | |
| 5. | | | | | | 9. TEMPORARY QUARTERS (Form CD-372) | | | |
| 6. | | | | | | 10. RELOCATION INCOME TAX ALLOWANCE [] | | | |
| 7. | | | | | | 11. TOTAL CLAIM (Lines 1 thru 10) | | \$ | |
| TOTAL CLAIM AMOUNT (This Amount Must Agree with Block 11) → | | | | | | \$ | | | |
| SECTION E — CERTIFICATIONS | | | | | | 12. TRAVEL ADVANCE AMOUNT OUTSTANDING | | | |
| FRAUDULENT CLAIM — Falsification of an item in an expense account works a forfeiture of the 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; id. 1001). | | | | | | 13. AMOUNT OF VOUCHER (Line 11) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 12) | | | |
| CLAIMANT'S RESPONSIBILITIES AND SIGNATURE | | | | | | 14. ADDITIONAL ADVANCE AMOUNT REPAYED (Check or money order attached) | | | |
| 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 (41 CFR 101-41.203-2). 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. | | | | CLAIMANT'S SIGNATURE | | 15. REMAINING ADVANCE BALANCE (Line 12 minus Line 13 minus Line 14) | | | |
| | | | | DATE | BUSINESS PHONE (Area Code and Number) | | 16. NET TO TRAVELER (Line 11 minus Line 13) | | \$ |
| 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) 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, Chapters 300-304). 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 investigation 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. | | | | | | AUDITED BY (Examiner's Initials) | | | TOTAL DIFFERENCE |
| APPROVING OFFICERS' RESPONSIBILITIES AND SIGNATURE | | | | APPROVING OFFICER'S SIGNATURE | | | | | |
| In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only. (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage. (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. | | | | NAME AND TITLE (Type or Print) | | | | | |
| | | | | DATE | BUSINESS PHONE (Area Code and Number) | | | | |
| <input type="checkbox"/> CD-29 ATTACHED <input type="checkbox"/> CD-29 SUBMITTED WITH PREVIOUS VOUCHER | | | | | | | | | |

| TRAVELER'S NAME | | | FORM CD-370 (Rev. 7-11) | | | | | | | | | | | | | | U.S. DEPARTMENT OF COMMERCE | | | | |
|---|--|--|---|----------------------------------|---------------|---------------|-------|-----|-----------------------|-----|------|---|-----|-----|-----|-----|-----------------------------|--------------------------|--|----|--|
| | | | SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED | | | | | | | | | | | | | | | | | | |
| DATES → | | | MO. | DAY | MO. | DAY | MO. | DAY | MO. | DAY | MO. | DAY | MO. | DAY | MO. | DAY | MO. | DAY | TOTALS | | |
| I T I N E R A R Y | F R O M | CITY AND STATE | | | | | | | | | | | | | | | | | TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM CD-370A) | | |
| | T O | CITY AND STATE | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 1. P E R D I E M | M&IE | | | | | | | | | | | | | | | | | | 1. TOTAL NO. DAYS | | |
| | LODGING AMOUNT | | | | | | | | | | | | | | | | | | TOTAL PER DIEM CLAIM | | |
| | TOTAL | | | | | | | | | | | | | | | | | | \$ | | |
| 2. P O V | MILEAGE | | | | | | | | | | | | | | | | | | 2. TOTAL NO. MILES | | |
| | CENTS PER MILE | | | | | | | | | | | | | | | | | | TOTAL MILEAGE AMOUNT | | |
| | AMOUNT | | | | | | | | | | | | | | | | | | \$ | | |
| 3. O T H E R T R A V E L | PARKING, TOLLS, ETC. | | | | | | | | | | | | | | | | | | 3. TOTAL OTHER TRAVEL | | |
| | STORAGE OF HOUSEHOLD GOODS | | TOTAL WEIGHT OF GOODS | ACTUAL CHARGES | | COMMUTED RATE | | | | | | | | | | | | CLAIM LESSER AMOUNT | | \$ | |
| 4. C A R R E N T A L | <i>(Receipt and Car Rental Agreement Required)</i> | | | | | | | | | | | | | | | | | | 4. TOTAL CAR RENTAL | | |
| | | | | | | | | | | | | | | | | | | | | \$ | |
| 5. C O M M O N C A R R I E R | PLANE, BUS, TRAIN <i>(Paid by Traveler)</i> | AMOUNT <i>(Receipt Required)</i> | | | | | | | | | | | | | | | | | | | |
| | | NO. OF TRIPS | | | | | | | | | | | | | | | | | | | |
| | TAXI, LIMO, LOCAL BUS, SUBWAY | DAILY EXPENSE | | | | | | | | | | | | | | | | | 5. TOTAL COMMON CARRIER | | |
| | | TRANSPORTATION OF HOUSEHOLD GOODS — PAID BY TRAVELER <i>(Weight Cert. or Bill of Lading Required)</i> | | TOTAL WEIGHT OF GOODS SHIPPED | COMMUTED RATE | | TOTAL | | ADDITIONAL ALLOWANCES | | | TOTAL TRANSPORTATION OF HOUSEHOLD GOODS | | | | | \$ | | | | |
| | | | | × \$ | | = \$ | | + | | | = \$ | | | | | | | | | | |
| 6. A C T U A L S U B S I S T E N C E | BREAKFAST <i>(Include Tips)</i> | | | | | | | | | | | | | | | | | | | | |
| | LUNCH <i>(Include Tips)</i> | | | | | | | | | | | | | | | | | | | | |
| | DINNER <i>(Include Tips)</i> | | | | | | | | | | | | | | | | | | | | |
| | LODGING <i>(Receipt Required)</i> | | | | | | | | | | | | | | | | | | | | |
| | TIPS <i>(Porter, etc.)</i> | | | | | | | | | | | | | | | | | | | | |
| | OTHER | | | | | | | | | | | | | | | | | | 6. TOTAL NO. DAYS | | |
| TOTAL <i>(Cannot exceed amount authorized. See DOC Travel Handbook.)</i> | | | | | | | | | | | | | | | | | | TOTAL ACTUAL SUBSISTENCE | | | |
| | | | | | | | | | | | | | | | | | | | | \$ | |
| 7. M I S C E L L A N E O U S E X P E N S E S | <i>(Telephone, Lodging Taxes, Laundry (domestic only)) [Receipts are required for expenses over \$75.00]</i> | | | | | | | | | | | | | | | | | | 7. TOTAL MISC. | | |
| | | | | | | | | | | | | | | | | | | | | \$ | |
| 8. INTERNATIONAL CLEARANCE <i>(To be completed for all International travel covered by this travel voucher)</i> <input type="checkbox"/> Laptop <i>(returned)</i> <input type="checkbox"/> Blackberry <i>(AutoBerry Post-travel Scan)</i> | | | REMARKS/ EXPLANATION/CERTIFICATION STATEMENTS | | | | | | | | | | | | | | | | | | |
| _____ CIO (signature) | | | _____ CIO (signature) | | | | | | | | | | | | | | | | | | |