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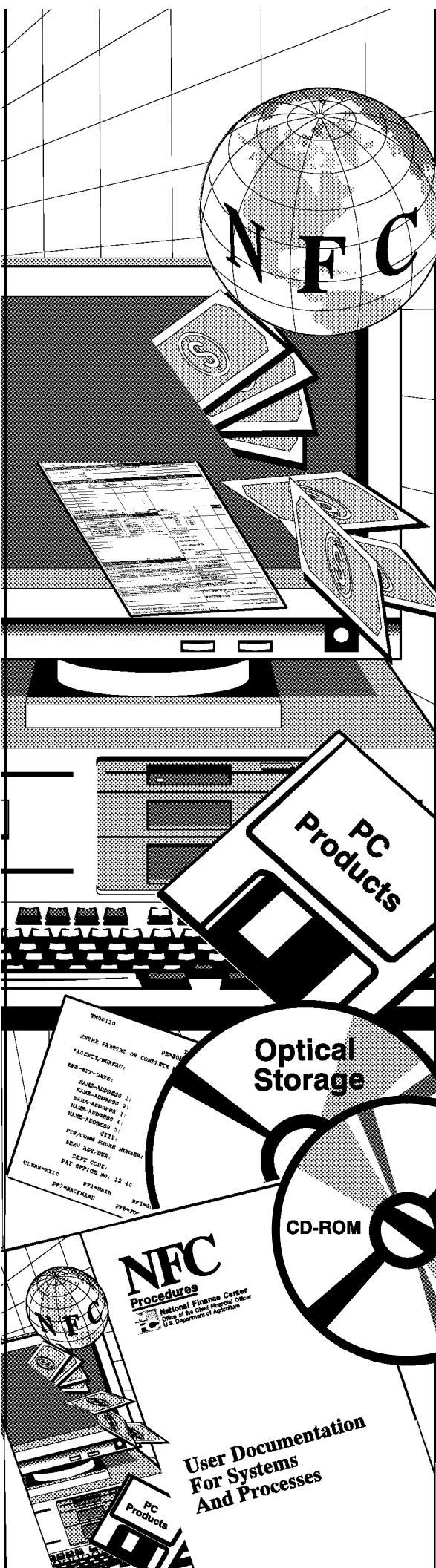
Procedures



National Finance Center
Office of the Chief Financial Officer
U.S. Department of Agriculture

Updated June 2004

Travel System (TRVL)



TITLE II
Voucher and Invoice Payments Manual

CHAPTER 2
Travel and Transportation Payments 2

SECTION 1
Travel System (TRVL)

**User Documentation
For Systems
And Processes**

NFC
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National Finance Center
Office of the Chief Financial Officer
U.S. Department of Agriculture

**PC
Products**

Latest Update Information

Bulletin TRVL 04-2, New Relocation Services Companies, dated June 3, 2004, announces two new relocation services companies and codes. The TRVL procedure has been updated to incorporate this change.

Listed below is a summary of the above mentioned change:

Description of Change	Page
Added new relocation services company codes	89

Changes are identified by “▶◀”.

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About This Procedure

This procedure provides completion instructions for various travel forms when travel related expenditures are to be processed by the National Finance Center (NFC). The following information will help you to use the procedure more effectively and to locate further assistance if needed.

This procedure and all related procedures and bulletins are listed in the NFC Publications Catalog available online from the NFC Web site (<http://www.nfc.usda.gov>) home page. Users can choose to view and/or print publications from the list provided in the Publications Catalog.

How The Procedure Is Organized

Primary sections, page numbering, and the amendment process are described below:

[Overview](#) describes what the system is used for and provides related background information.

The [Exhibits](#) section includes illustrations such as examples of reports or other graphic information.

★★

Pages are numbered consecutively at the bottom of each page. If the procedure is amended, point pages (e.g., 3.1, 3.2, etc.) are used as needed to accommodate additional pages. All amended pages are marked at the bottom with the amendment number and date.

If you begin receiving this procedure after it has been amended, you will receive the publication with all amendments and bulletins. Remove and insert amended pages according to the accompanying page control chart so that your procedure is current.

Examples are provided for many of the fields under the menu options. All examples are for illustration purposes **only**. The rates and amounts do not necessarily reflect current rates or amounts for per diem, mileage, etc. The instructions in each section refer you to the source for actual rate information.

What Conventions Are Used

This procedure uses the following visual aids:

- Block specifications are printed in italics. Example: **Agency Code** (*required, alphanumeric field; 2 positions*).
- For date blocks, you should enter the date in the month/day/year (mm/dd/yy) format, unless directed otherwise. For example, August 23, 1997 would be entered **08/26/97**.
- Data that you must enter exactly as shown is printed in **bold italics**. Example: To establish a new authorization in the Travel System, enter ***E***.

- Emphasized text within a paragraph is printed in **bold**. Example: The travel authorization, Form AD-202, will be entered into the system for **all users** as the basis for all travel processing.
- Figure and exhibit references link figures and exhibits with the text. These references are printed in a bold font as shown here. Example: Form AD-202, Travel Authorization/Advance (**Figure 1**).
- References to sections within the procedure are printed in bold as shown here. Example: The **Exhibits** section includes illustrations such as examples of reports or other graphic information.
- Important extra information is identified as a note. Example:



Note Agencies that enter authorization data electronically, should not forward the original AD-202 or any copy of the form to NFC.

Who To Contact For Help

Telephone questions about processing Travel System (TRVL) documents should be limited to urgent matters requiring immediate attention. These questions should be directed to the Administrative Payments Branch, Travel and Transportation Section (TTS) at **504-255-4878**. Carriers can contact the TTS at **1-800-421-0323**. Questions that cannot be answered immediately will be researched and responded to within 5 days of receipt.

Inquiries that require lengthy research should be submitted via e-mail at trvl@usda.gov or in writing on Form AD-354, Request For Information, to:

Travel and Transportation Section
National Finance Center, USDA
P. O. Box 60000
New Orleans, LA 70160-0001

The inquirer should provide the following information when making written or telephone inquiries:

- Travel authorization number and dates the authorization/advance and/or voucher were submitted
- Social Security number of the employee/traveler.
- Vendor name, if applicable
- Name, location, and telephone number of caller.

Agencies can also obtain information from NFC relating to the Travel System via online inquiry.

Information concerning the online inquiry program is contained in the NFC procedure Title VI, Chapter 6, Section 3, Travel System Online Inquiry.

Agencies that do not currently have access to the online inquiry program may contact the NFC's Customer Support and Analysis Section at **504-255-4851** for instructions on establishing service.

For detailed information about inquiry methods for accessing agency data, see Revision 5 of the Inquiry procedure, Title V, Chapter 1. This procedure and all related bulletins are listed in the NFC Publications Catalog available online from the NFC Web site (<http://www.nfc.usda.gov>) home page.

Refer questions about this procedure to **504-255-5322** or via e-mail to nfc.pvct@usda.gov.

Using This Procedure

Detailed information required to complete all travel related forms is provided in this procedure. This procedure is designed to introduce agencies to travel processing at NFC, to familiarize them with the various forms used in the Travel System, and to provide information concerning the reports produced in conjunction with travel processing. These instructions have been developed within the framework of existing Federal and Departmental regulations. They do not replace these regulations but rather provide reporting requirements in compliance with these regulations for processing travel transactions through the Travel System at NFC.

Overview

The National Finance Center's (NFC) Travel System (TRVL) provides an integrated network for processing travel authorizations, travel advances, and travel vouchers for temporary duty (TDY) and relocation travel. The key factor linking all phases of travel is the travel authorization.

This procedure provides general information about Travel System processing and provides instructions for completing the following paper travel forms.

- AD-202, Travel Authorization/Advance
- AD-202M, Travel Authorization/Advance, Attachment For Multiple Travelers
- AD-202R, Travel Authorization/Advance, Attachment For Relocation Travel
- AD-202RE, Travel Authorization/Advance, Attachment For Election Of Separate Relocation Allowances
- AD-616, Travel Voucher (Temporary Duty Travel)
- AD-616R, Travel Voucher (Relocation)

TRVL provides two methods of processing travel transactions: electronic and paper. With electronic processing, users key in travel transactions at their remote sites and submit the transactions to NFC electronically. With paper processing, users prepare paper forms and mail them to NFC for entry into TRVL by NFC personnel.



Note

The AD-616R must always be mailed to NFC for special handling.

NFC has developed two TRVL electronic products, namely the Personal Computer Travel System (PC-TRVL) and Online TRVL. PC-TRVL is a menu-driven personal computer program that allows users to prepare and create files of travel transactions that are transmitted to NFC via telecommunications lines. Online TRVL is a mainframe program that allows agencies to directly enter travel transactions into the TRVL database.

The TRVL processing requirements explained in this procedure apply to all methods of travel processing. These instructions have been developed within the framework of the Federal Travel Regulation (FTR) and Agriculture Travel Regulation (ATR). Travelers and approving officers should use the information in this procedure as a guide for the paper process and as a supplement to the data entry instructions for electronic processing.

The Travel Process

It is the policy of the Federal Government that all travel deemed necessary to carry out the missions of the Government must be specifically authorized. Agencies that use NFC's Travel System must prepare Form AD-202, Travel Authorization/Advance, to authorize all official travel.

The AD-202 process is a key feature of the Travel System. Authorization data from the AD-202 is entered into TRVL to establish a record of approved expenditures for audit purposes.

Authorization data is stored in TRVL by authorization number. Each travel advance and travel voucher submitted in connection with an authorization must bear the same authorization number as the AD-202 that approved the travel. Agencies have the option of using the authorization to obligate travel funds. For information about the obligation feature of TRVL, contact NFC's Customer Support and Analysis Section at **504-255-4851** .

Form AD-202 is also used to request an advance of funds. Travel advances are processed by NFC and payments are sent to the traveler★★. Agencies are reminded, that whenever possible, travelers should use Government contractor-issued charge cards for official travel.

After travel has been completed, a travel voucher is submitted to NFC for the reimbursement of authorized expenses. Agencies will use the AD-616 or AD-616R, as applicable. Each voucher received for processing is systematically matched to the authorization to ensure compliance, and it is also subjected to comprehensive system edits and audits to ensure conformity with the FTR and ATR. After successfully passing all edits and audits, TRVL computes the final payment amount. If any expense amount is adjusted or disallowed, the system generates a Voucher Difference Statement, which is mailed to the Originating Office Number (OON) location(s) identified on the transaction. TRVL also generates a Travel Disbursement Notification letter to the traveler.

Agencies who are interested in Online Travel or PC-TRVL can contact NFC's Customer Support and Analysis Section at **504-255-4851** . For details about Online Travel, see Title VI, Chapter 6, Sections 1 and 3. For details about PC-TRVL, see Title VI, Chapter 6, Section 2. This procedure and all related bulletins are listed in the NFC Publications Catalog available online from the NFC Web site (<http://www.nfc.usda.gov>) home page.

Record Retention

For agencies that mail paper transactions to NFC for processing, the official record is the paper form. NFC is the official recordkeeper of these paper transactions and retains these forms for 6 years and 3 months in accordance with the record retention requirements established by the National Archives and Records Administration in the General Records Schedule.

For agencies that electronically enter their travel transactions, the official record is the electronic record submitted to NFC for processing. However, agencies must retain a paper record of the transactions for 6 years and 3 months as established by the National Archives and Records Administration in the General Records Schedule. Agencies may retain system-generated paper facsimiles and/or the official Departmental travel forms to satisfy the retention requirements. Each transaction must bear the original signatures of the traveler and/or the approving official, as applicable. Supporting documentation, such as receipts, must be attached.



Note

PC-TRVL offers an optional back page process that computes and prints the back of the voucher. Online TRVL does not offer a back of the voucher process at this time. Agencies using PC-TRVL without the back page process and/or Online TRVL must prepare and maintain the back of a paper Form AD-616 for each electronic voucher record submitted to NFC.

All TDY travel vouchers are subject to post payment audits conducted by NFC. For electronically-entered vouchers that are selected, NFC will mail a report to the approving officer and the traveler requesting that the original voucher, with all attachments, be mailed to NFC for the audit. After the audit, NFC assumes the responsibility of official recordkeeper and retains the paper documents for the remainder of the record retention period.

Treasury Offset Program (TOP)

Travel advance and voucher payments are subject to administrative offset by the Department of the Treasury (Treasury), Financial Management Service through the Treasury Offset Program (TOP). Many types of delinquent debts owed to Federal agencies, along with past-due child support, are eligible for offset.

Prior to the date of any offset, the debtor is accorded due process notification of the debt by the creditor agency. The notification letter provides the name of the creditor agency, the amount of the past due debt, and a creditor agency contact and toll-free number.

At the time the offset occurs, Treasury will send a letter notifying the debtor of the offset, along with additional information regarding any remaining debt. Since Treasury is making the deduction for the delinquent debt, TRVL inquiry screens will not reflect the deduction. TTS personnel will be able to research the deduction through TOP records (i.e., the amount of the deduction and the amount owed), however, all inquiries relating specifically to the deduction should be referred to the creditor agency contact.

Travelers can avoid any hardship that might be created by an offset of a travel advance or voucher payment by entering into a repayment plan with the creditor agency to repay the debt. All debtors are provided with this option before a debt is submitted by the creditor agency to Treasury for collection by administrative offset.

Responsibilities

Listed below are the general responsibilities of the primary parties involved in document preparation, data processing, and system maintenance of TRVL.

Employees/Travelers

- Safeguard funds ★★ received as an advance for use on official Government travel.
- Liquidate an outstanding advance as soon as travel for which the advance was issued is completed.
- Promptly submit travel vouchers to the authorized approving officer.
- Attach required supporting documents, such as car rental agreements, purchase invoices, receipts, and checks to the travel voucher.
- Submit with the travel voucher, Form AD-424, Employee Application for Reimbursement of Expenses Incurred Upon Sale or Purchase (or Both) of Residence

Upon Change of Official Station, and other required documentation when real estate expenses are claimed. The traveler and the approving official must sign this form. Original signatures are required.

- Submit Form AD-569, Expense Record for Temporary Quarters, with the travel voucher to claim temporary quarters living expenses. Claim reimbursement for actual and reasonable expenses incurred during occupancy of temporary quarters. Indicate on the AD-569 whether cooking facilities are available. Ensure that food purchases claimed on the AD-569 are for consumption during temporary quarters.
- Prepare a Relocation Income Tax (RIT) claim upon receipt of the Form W-2, Wage and Tax Statement, on which Withholding Tax Allowance (WTA) payments are included. These claims should be filed upon receipt of the W-2 but must be submitted no later than August 31st of the same year in which the Form W-2 was received. Failure to comply with this submission requirement may result in the issuance of a Bill for Collection to the traveler for the entire amount of the WTA.
- Return all unused tickets or portions of tickets purchased by Government contractor-issued charge cards or the Government Transportation System (GVTS) directly to the carrier/travel agency.
- Attach a copy of the Voucher Difference Statement and a copy of the voucher on which the disallowance was made to the voucher being submitted to reclaim a disallowed amount.

Agencies

- Disseminate travel guidelines and instructions to employees.
- Ensure that each traveler understands his/her rights under the Privacy Act of 1974 prior to preparation of travel forms. A statement on the Privacy Act is included on each travel form.
- Issue the travel authorization/advance form to approve all travel necessary to accomplish the missions of the agency. Ensure that the approval of the travel is within the confines of Departmental guidelines and the FTR.
- Submit authorizations to NFC immediately upon approval.
- Approve advance applications only when in conformity with Departmental guidelines and the FTR.
- Submit travel advance applications to NFC promptly. In those instances when advances are requested by wire, ensure that a signed authorization with action code **W** for wire confirmation is submitted promptly to NFC to confirm a wire request.
- Review monthly reports identifying employees with outstanding advances. Promptly notify the NFC's Travel and Transportation Section (TTS) by wire when an employee scheduled for separation has an outstanding travel advance balance.
- Take administrative action to have employees liquidate outstanding travel advance balances when no longer authorized for official travel.
- Obtain prompt repayment of outstanding advance balances from non-Government employees.

- Deliver repayment notices to employees and notify employees when they are scheduled for salary deduction to collect an excessive advance.
- Verify that all traveling expenses claimed on the travel voucher are authorized and reasonable in accordance with Departmental regulations and the FTR.
- Determine when car rentals, telephone calls, and extra fare commercial carrier transportation are in the best interest of the Government.
- Ensure that receipts and other supporting documentation are attached to the voucher and that these correspond to expenses claimed.
- Ensure that temporary quarters subsistence expenses are reasonable. Inform travelers that food purchases claimed on the AD-569 should be for consumption during temporary quarters **only**.
- Submit approved travel vouchers to NFC for processing.
- Review **all** travel reports and notify NFC of any errors in information reported.
- Ensure prompt response to any NFC-prepared reports, listings, notices, or letters requiring action on the agency's part.
- Inform travelers of the refund policy when common carrier tickets are purchased by Government contractor-issued charge cards or GVTS account.
- Inform travelers of the requirement to file RIT claims when WTA payments are received. Ensure that these claims are filed by travelers no later than August 31st of the year in which the Forms W-2 were received that included the WTA payments.
- Provide paper copies of transmitted documents (bearing original signatures of all parties), with the supporting documentation, to NFC in response to post payment audit requests within 30 days of the request.

NFC

- Publish instructions to assist agencies in the preparation and submission of travel documents to NFC.
- Establish authorization records for all approved travel.
- Obligate funds for approved travel and transportation expenditures for agencies that obligate from the authorization.
- Provide an explanation of any amount reduced or disallowed on the authorization by forwarding an Authorization Adjustment Statement to the approving officer and the traveler.
- Promptly process for payment all approved applications for travel advances.
- Provide an explanation when an advance amount is reduced to conform with the FTR by forwarding an Advance Adjustment Statement to the approving officer.
- Verify that a signed authorization is received to confirm an emergency advance paid by a wire request; notify agencies by computer-generated letter when a confirming authorization has not been received.
- Send a repayment notice to agencies for employees who maintain an excessive advance balance.

- Report non-Government travelers to agency offices for collection of outstanding advances; deduct the amount of outstanding advances for separated employees from final salary payments, lump-sum payments, or retirement fund balances; bill and collect from separated employees any remaining outstanding advance balance.
- Receive, deposit, and account for cash repayments of travel advances (i.e., personal checks or money orders), and reduce or liquidate an advance balance when a travel voucher is submitted.
- Refund the traveler any excess or over-application of amounts deducted from salary, applied from travel vouchers, or collected by remittance to reduce or repay an outstanding advance balance.
- Process all approved travel vouchers. Audit and verify payment information for propriety and payment authorization.
- Provide an explanation of any amounts suspended or otherwise disallowed on the travel voucher by forwarding a Voucher Difference Statement to the traveler at the OON address.
- Certify approved travel vouchers for payment. Verify transactions made and collections deposited with agencies and the U.S. Treasury. Bill and collect overpayments erroneously certified.
- Deobligate funds when travel and transportation transactions are paid for agencies that obligate from the authorization.
- Compute and withhold Federal, state, local (if applicable), and FICA/HIT taxes from change of station allowances on vouchers subject to these taxes.
- Compute and pay, when applicable, WTA's on change of station expenses.
- Compute and process RIT claims.
- Issue, in June and July, reminders to applicable employees who have not filed RIT claims. Issue, after August 31st of each year, bills to employees who have not filed RIT claims.
- Bill employees for the **entire** amount of the WTA payments made during the prior year if they do not respond to NFC's request for a RIT claim.
- Answer agency inquiries concerning travel authorizations, advances, and vouchers.

Forms

This section introduces the forms that are used in the Travel System. A general explanation of each form is provided below.

Form AD-202, Travel Authorization/Advance. Form AD-202 is a multi-purpose form that combines the travel authorization and application for advance of funds. It is a 5-part snapout set consisting of the original, which is sent to the NFC for processing, the employee copy, and the agency copies. The carbon pattern on the employee and the agency copies has been aligned for privacy so that the social security number of the approving official is not shown on the employee copy.

The Form AD-202 is used to approve all official travel necessary to accomplish the missions of the Government as well as to request funds in advance of approved travel for the financial convenience to the traveler. Through the use of action codes, agencies can use both the authorization and advance features of the form simultaneously or use each feature independently. The authorization feature of the AD-202 allows agencies to establish authorizations and amend or cancel authorizations that have been previously issued.

The authorization of expenditures is accomplished through the use of check-off blocks. Each type of expenditure normally authorized for official travel is specifically listed on the authorization and is preceded by a check-off block. Approving officials can simply check off each expenditure authorized. This check-off format will serve as a checklist to ensure that necessary expenditures are authorized. The provision of specific amounts authorized for each travel and transportation expenditure is optional. However, the Total Estimated Expenditures Authorized **must** be provided. Detailed completion instructions for the AD-202 are provided in this procedure.

Samples of completed Forms AD-202 are included in [Exhibits 1-15](#) and [Exhibits 18-20](#).

Form AD-202M, Attachment for Multiple Travelers. In those travel situations where two or more travelers, with like employment status, have the same itinerary and are authorized the same expenditures, agencies may issue a single travel authorization with an attachment, Form AD-202M, to cover the multiple travelers. TRVL can accommodate situations of up to 50 travelers in a group. Each AD-202M can accommodate 25 travelers; therefore, if 26-50 travelers are being authorized, two Forms AD-202M must be used.

The AD-202M is a 5-part snapout set containing the original, which is used for processing, the employee copy, and the agency copies. The carbon pattern on the employee copy has been aligned for privacy so that the social security numbers of the travelers are not shown. The employee copy of the form may reproduced for distribution to each traveler covered by the authorization.

The AD-202M is completed in conjunction with the AD-202 to identify the travelers covered under the authorization. Blocks for the entry of each traveler's name and social security number are contained on the AD-202M. All other pertinent information pertaining to the authorization is shown on the AD-202. After completion, the AD-202M must be stapled securely to the reverse of the AD-202 for processing by NFC. Completion instructions for the AD-202M are provided in this procedure.



Note

The AD-202M is used only to authorize multiple travelers on a single authorization. It may not be used to request an advance of funds for a group of travelers. A separate AD-202 must be issued for each traveler in need of an advance of funds.

A sample completed Form AD-202M is included in [Exhibit 4](#).

Form AD-202R, Attachment for Relocation. The AD-202R is used to authorize the various expenditures associated with relocation travel. It is a 5-part snapout set containing the same parts as the AD-202 and is completed along with the AD-202. This attachment replaces Section C - Itinerary and Estimated Expenditures, of the AD-202. All information other than the itinerary and types of expenditures authorized is recorded on the AD-202. After completion, the AD-202R must be stapled securely to the reverse of the AD-202 for processing by NFC.

The AD-202R is divided into 3 sections: (1) for the authorization of househunting expenditures, (2) for the authorization of the actual transfer of station including the request and authorization of services provided by relocation companies, and (3) the Service Agreement required for all Government relocations.

As with the AD-202, the AD-202R contains check-off blocks for the authorization of the various expenditures. Each type of expenditure specifically listed on the AD-202R can be authorized for relocation travel. Approving officials can review the types of expenditures listed and check off those applicable to the particular move. This check-off format will serve as a checklist to ensure that necessary expenditures are authorized. The provision of specific amounts authorized for each relocation travel and transportation expenditure is optional. Completion instructions for the AD-202R are provided in this procedure.

Samples of completed Forms AD-202R are included in [Exhibit 9](#) and [Exhibits 18-20](#).

Form AD-202RE, Attachment for Election of Separate Relocation Allowances. The Form AD-202RE is an attachment to the Form AD-202R. It is used to document that two relocating family members employed by NFC travel-serviced agencies will be reimbursed for separate relocation allowances. When separate relocation allowances are to be reimbursed, each employee must have a separate AD-202, a separate AD-202R, and a joint AD-202RE. It does not matter which employee is listed as the employee (Section A of the form) and which employee is listed as the spouse (Section B of the form) on the Form AD-202RE.

A sample completed Form AD-202RE is included in [Exhibit 18](#).

Form AD-616, Travel Voucher (Temporary Duty Travel). The Form AD-616 is used to claim reimbursement for travel expenses incurred for temporary duty travel only. The AD-616 is a two-sided form. The front is used to record identification information about the traveler and the trip, as well as to show the total expenses being claimed and related accounting data. The reverse of the voucher is a worksheet containing one section which is used to record expenses on a day-to-day basis for up to 7 days. For trips longer than 7 days, Form AD-617, Travel Voucher (Temporary Duty) Continuation Sheet, can be used to supplement the AD-616. Completion instructions for the AD-616 are included in this procedure.

Samples of completed Forms AD-616 are included in [Exhibits 16 and 17](#).

Form AD-617, Travel Voucher (Temporary Duty) Continuation Sheet. The AD-617, which mirrors the reverse of the AD-616, is used as a continuation sheet for the worksheet portion (reverse) of the AD-616. This form has two identical sides, therefore each AD-617 can be used as a worksheet for up to 14 days of travel. Completion instructions for the AD-617 the same as the instructions for completing the back of the AD-616 and are included in this procedure.

Form AD-616R, Travel Voucher (Relocation). The AD-616R is used by the traveler to claim reimbursement of travel expenses incurred during a transfer of station, both domestic and foreign, and to file Relocation Income Tax (RIT) claims. Additionally, the AD-616R is used to reimburse designated contractors (relocation firms) for relocation services rendered to transferred employees under the Relocation Services Program. The AD-616R is organized in the same manner as the AD-616. For trips longer than 7 days, Form AD-617R, Travel Voucher (Relocation) Continuation Sheet, can be used to supplement the AD-616R. Completion instructions for the AD-616R are included in this procedure.

Samples of completed Forms AD-616R are included in [Exhibits 21-23](#).

Form AD-617R, Travel Voucher Relocation Continuation Sheet. The AD-617R, which mirrors the reverse of the AD-616R, is used as a continuation sheet for the worksheet portion (reverse) of the AD-616R. This form has two identical sides, therefore each AD-617R can be used as a worksheet for up to 14 days of relocation travel. Completion instructions for the AD-617R are the same as the completion instructions for the back of the AD-616R and are included in this procedure.

Form AD-424, Employee Application for Reimbursement of Expenses Incurred Upon Sale or Purchase (or Both) of Residence Upon Change of Official Station. The Form AD-424 ([Exhibit 24](#)) is used by the traveler, along with the AD-616R, to claim reimbursement of real estate expenses associated with a transfer of official station. The AD-424 is used to itemize all of the real estate expenses claimed. After completion, the total expenses claimed on the AD-424 are transferred to Section D on the front of the AD-616R. The AD-424 must be stapled securely to the back of the AD-616R for submission to NFC. Documentation necessary to support the real estate claim must also be attached. Completion instructions for the AD-424 are preprinted on the form.

A sample completed Form AD-424 is included in [Exhibit 21](#).

Form AD-569, Expense Record for Temporary Quarters. The Form AD-569 ([Exhibit 25](#)) is used with the AD-616R to claim reimbursement for expenses incurred during the occupancy of temporary quarters. The AD-569 provides blocks for the entry of the temporary quarters expenses on a daily basis. After completion, the total amount of expenses and the number of temporary quarters occupants are recorded in Section D on the front of the AD-616R. The AD-569 and all documentation necessary to support the claim must be stapled securely to the back of the AD-616R for processing by NFC. Completion instructions for the AD-569 are pre-printed on the back of the form.

A sample completed Form AD-569 is included in [Exhibit 21](#).

Form AD-1000, Claim for Relocation Income Tax Allowance for the Year. The Form AD-1000 is used with the AD-616R to file Relocation Income Tax (RIT) claims. The AD-1000 provides blocks for the entry of income tax data necessary to compute the RIT amount. After completion, the AD-1000 and all required supporting documents must be stapled securely to the back of the AD-616R for processing by NFC. Completion instructions for the AD-1000 are preprinted on the form and supplemented by instructions in this procedure.

A sample Form AD-1000 is shown as [9](#) under [Completing Form AD - 1000, Claim for Relocation Income Tax Allowance for the Year 19](#) .

Form AD-956, Request for Originating Office Number Action. The Form AD-956 ([Exhibit 26](#)) is used by agencies to request an Originating Office Number (OON) from NFC. This form also provides agencies with a method to make changes or corrections to existing originating office location information (i.e., agency address, accounting station, and telephone number) or to delete a number and the related data from the data base. The OON provides NFC with an office contact to resolve discrepancies in mailed or transmitted documents. It also provides the address for mailing reports and other correspondence regarding travel transactions. OON's are **required** on all authorizations, advance requests, and travel vouchers. Completion instructions for the AD-956 are preprinted on the form.

When an OON is assigned to an agency location, it will be established on the data base at NFC along with the agency's complete address, accounting station, and telephone number. At the time of establishment, a report titled Notification of Originating Office Number Action, will be mailed to the agency location to notify them of their unique 10-position Originating Office Number. Additionally, this report will be produced each time an AD-956 is processed to change OON data or to delete an OON and related data from the data base.

Travel Reports

The following reports will be generated from the Travel System on a routine basis.



Forms AD-202, AD-616, and AD-616R include blocks for both an Agency OON and a Traveler OON. In those instances where both OON's are provided, reports sent to the OON will be sent to both the agency and traveler OON when appropriate.

TRVL0053, Proof of Transmission - Authorization and Vouchers. This report ([Exhibit 27](#)) is produced after each successful electronic transmission of a travel authorization/advance or voucher via PC-TRVL. It is sent to the OON address of the agency transmitting the document.

TRVL1853, Employee Moving Expense - Computation of Relocation Income Tax Allowance. This report ([Exhibit 28](#)) is produced after receipt and processing of a Relocation Income Tax (RIT) claim and is mailed to the traveler's residence address. It provides a detailed computation of the RIT amount paid.

TRVL3051, Authorization Adjustment Statement (Approving Official). This report ([Exhibit 29](#)) is sent to the authorization approving official at the OON address each time an authorization amount is adjusted. Adjustments can occur for a variety of reasons, including corrections to the maximum allowable per diem rates and mathematical errors. A complete explanation of the adjustment is included on the report.

TRVL3052, Authorization Adjustment Statement (Employee). This report ([Exhibit 30](#)) is sent to the traveler at the OON address each time an authorization amount is adjusted. Adjustments can occur for a variety of reasons, including corrections to the maximum allowable per diem rates and mathematical errors. A complete explanation of the adjustment is included on the report.

TRVL3101, Advance Adjustment Statement. This statement ([Exhibit 31](#)) is mailed to the OON address(es) as notification of an adjustment made to the amount of an advance requested. It provides an explanation of the adjustment and identifies the amount of the advance originally requested, the adjustment amount, and the amount of the advance issued.

TRVL3121, Travel Voucher/Request Adjustment Notification. This statement ([Exhibit 32](#)) is mailed to the OON address(es) as notification of an adjustment that was made to either a travel voucher or travel advance request. It provides a complete explanation of the adjustment.

TRVL3151, Voucher Difference Statement. This statement ([Exhibit 33](#)) is generated as notification of an adjustment or suspension made to amounts claimed on a travel voucher for both temporary duty and relocation travel. It is sent to the OON address(es) and provides an explanation of the adjustment or suspension.

TRVL3201, Travel Vouchers Selected for Audit (Agency Version). This letter ([Exhibit 34](#)) is mailed only to those agencies that enter vouchers via remote entry. It is sent to the approving official at the OON address to request the submission of original vouchers (and supporting documentation) selected for post payment audit. The approving official should promptly submit the vouchers to the special NFC address shown on the letter. Failure to comply with the request within 30 days may result in the issuance of a bill to the traveler for the entire claim amount of the voucher.

TRVL3202, Travel Voucher Selected for Audit (Employee Version). This letter ([Exhibit 35](#)) is mailed only to those agencies that enter vouchers via remote entry. It is sent to travelers at their residence address as notification that the agency has been requested to submit the original vouchers (and supporting documentation) selected for post payment audit. The approving official should promptly submit the vouchers to the special NFC address shown on the letter. Failure to comply with the request within 30 days may result in the issuance of a bill to the traveler for the entire claim amount of the voucher.

TRVL3301, Computation of Employee Moving Expense Reimbursement Voucher and 19XX Year-to-Date. This report ([Exhibit 36](#)) is mailed to the traveler's residence address when (1) a relocation voucher is processed by the NFC, (2) a ticket purchase for a transfer of station is paid through GVTs, and (3) shipment/storage expenses are paid on a Government Bill of Lading (GBL) through direct entry into the Foundation Financial Information System. It reports the amount of moving expense allowance on the current voucher that was subject to tax withholding and not subject to tax withholding, the amount of tax withheld, and the amount of travel expense reimbursed to the traveler. It also provides the same information on a year-to-date basis.

TRVL3331, FFIS Travel Disbursement Notification. This Report ([Exhibit 37](#)) is generated every time a voucher payment is made to the traveler through the Foundation Financial Information System (FFIS). It is sent to the traveler's residence address and shows the method (check, EFT, etc.), amount, and date of the voucher payment, along with the amount of the traveler's advance balance after the voucher was processed. TRVL3331 also includes a statement advising the traveler that the travel advance of funds or voucher payment is subject to offset by the Department of the Treasury.

TRVL3351, Return of Travel Document. This letter ([Exhibit 38](#)) is mailed to the traveler's residence address whenever it is necessary to delete a travel document from the Travel System. It informs the traveler of the reason for the deletion and the corrective action needed.

TRVL3481, Travel Authorizations Deobligated (Biweekly). This report ([Exhibit 39](#)) is produced biweekly and mailed to the agency OON address to provide notification of monies deobligated on authorizations during the previous month through the processing of associated travel vouchers. It is produced in travel authorization number sequence and identifies the travel voucher(s) that were processed. This report assists agencies in the monitoring and maintenance of authorization obligations/deobligations.

TRVL3491, Expired Authorizations Statement. This report ([Exhibit 40](#)) is mailed to the traveler's residence address each time NFC receives a travel voucher that corresponds to an expired authorization. It informs the traveler that a new Form AD-202 must be submitted before the voucher can be processed.

TRVL3551, Unconfirmed Wire Advance (Letter). This letter ([Exhibit 41](#)) is mailed to the OON address(es) when a wire request for an emergency advance is paid for a traveler and a

signed wire confirmation is not received within 7 days of the wire request. It informs the agency that a subsequent travel advance for the employee cannot be processed until a signed confirmation of the wire request is received by NFC.

TRVL3691, Travel Vouchers Selected for Audit and Returned to Agency. This ([Exhibit 42](#)) report is sent to the agency OON address each time a voucher is returned for insufficient post audit documentation. Agencies are responsible for providing all requested post payment audit documentation, including vouchers which contain original signatures. Any deficiency in the post payment documentation submitted will result in the voucher being returned to the agency. Noncompliance within 30 days of the date of the report may result in the issuance of a bill to the traveler for the entire amount of the voucher.

TRVL3692, Travel Vouchers Selected for Audit and Returned to Agency (Employee). This report ([Exhibit 43](#)) is sent to the traveler's residence address each time a voucher is returned for insufficient post audit documentation. Agencies are responsible for providing all requested post payment audit documentation, including vouchers which contain original signatures. Any deficiency in the post payment documentation submitted will result in the voucher being returned to the agency. Travelers should be aware that noncompliance within 30 days of the date of the report may result in the issuance of a bill to the traveler for the entire amount of the voucher.

TRVL3701, Post Audit Voucher Follow-up Request Letter (Agency). This letter ([Exhibit 44](#)) is sent to the agency at the OON address as a second request for post audit documentation. It serves as a follow-up request when a response is not received as a result of report TRVL3201.

TRVL3702, Post Audit Voucher Follow-up Request Letter (Employee). This letter ([Exhibit 45](#)) is sent to the traveler at the OON address, informing that the agency has again been requested to submit documentation for a post payment audit of the referenced voucher. It serves as follow-up notification to the traveler that a response was not received from the agency as a result of reports TRVL3201 and TRVL3202.

TRVL3731, List of Travel Advance Accounts with Outstanding Balances. This report ([Exhibit 46](#)) is produced monthly and mailed to the agency OON address. It serves as notification to agency approving officials of those employees who have an outstanding advance balance. This report can be used to control the amount of outstanding travel advance balances retained by employees and to monitor advance balances of employees who are separating/retiring.

TRVL3741, Travel Advance Repayment Notice. This report ([Exhibit 47](#)) is produced as the result of an analysis of travel advance balances. It is sent to the agency OON address and instructs the recipient to forward a copy of the report to both the traveler and the traveler's immediate supervisor. The Travel Advance Repayment Notice informs the traveler of the excessive advance condition and provides instructions for liquidating the excessive advance balance. It also serves as notification that if no action is taken, it will become necessary to deduct the excessive advance amount from the traveler's salary disbursement. All advance balances are analyzed 5 times each year.

TRVL3742, List of Employees with Excessive Travel Advances. This report ([Exhibit 48](#)) is produced monthly and mailed to the agency OON address. It serves as notification to the agency of those employees who have excessive advance balances which need to be repaid.

TRVL3771, Vouchers in Suspense Pending Receipt of Initial or Amended Authorization. This report ([Exhibit 49](#)) is sent to the agency OON address to notify approving officials when travel vouchers are in suspense awaiting receipt of the initial or amended authorization. Upon receipt, the officials should promptly submit the approved Forms AD-202 to NFC (either by mail or by electronic entry). If the Forms AD-202 are not received within 30 days after the issuance of the report, the vouchers in suspense will be returned unpaid to the originating office location.

TRVL3781, Vouchers Returned, No Authorization Report (30 days) (Agency Version). This report ([Exhibit 50](#)) is the follow-up to report TRVL3771, Vouchers in Suspense Pending Receipt of Initial or Amended Authorization. It is mailed to the approving official at the agency OON address along with the vouchers being returned.

TRVL3782, Vouchers Returned, No Authorization Letter (30 days) (Traveler Version). This letter ([Exhibit 51](#)) is produced by the system simultaneously with report TRVL3781. It is mailed to the traveler's OON address and provides notification that his/her voucher has been returned unpaid because a corresponding authorization was not received at NFC.

TRVL3783, Travel Voucher Returned-Voucher Amount Exceeds Authorization Amount. This letter ([Exhibit 52](#)) is sent to the traveler's residence address each time a voucher is returned to the agency because the claim amount of the voucher exceeded the amount remaining on the authorization. It informs the traveler that an amended authorization was requested from the agency.

TRVL3784, Expired Authorization Statement. This letter ([Exhibit 53](#)) is sent to the traveler's residence address each time a voucher is returned to the agency because the corresponding authorization had expired. It informs the traveler that a new authorization was requested from the agency, but was not received; therefore, the voucher cannot be processed.

TRVL3801, RIT and WTA Payments Report. This report ([Exhibit 54](#)) provides agencies with a summary of all RIT and WTA payments made during the month for their employees. It is mailed to the agency OON address.

TRVL3811, RIT Initial Request Letter. This letter ([Exhibit 55](#)) will be mailed to those traveler's, at their residence address, who fail to submit RIT claims by August 31st of the applicable year. It is mailed to the employee's residence address.

TRVL3812, RIT Second Request Letter. This letter ([Exhibit 56](#)) will be mailed to those traveler's, at their residence address, who have failed to submit a RIT claim by August 31st of the applicable year and failed to respond to the TRVL3811. It is mailed to the employee's residence address.

TRVL3831, Relocation Service Co. Transactions Report. This report ([Exhibit 57](#)) is sent to the agency OON address for informational purposes each time a Type RC (relocation contract) travel voucher is processed.

TRVL3851, Report of Miles Driven Each Month by Employees Using POV. This report ([Exhibit 58](#)) is produced monthly and mailed to agency originating office number addresses to provide information regarding the use of personally owned vehicles (POV's) for official travel by employees within the agency. It summarizes the number of miles driven on a monthly basis for each traveler who used his/her POV to perform official travel.

TRVL3852, Report of Miles Driven Each Month by Employees Using POV. This report ([Exhibit 59](#)) is produced and distributed monthly for Agency 07 only to provide information regarding the use of POV's for official travel by employees within the agency. It summarizes the number of miles driven on a monthly basis for each traveler who used his/her POV to perform official travel.

TRVL3871, Report of Travel by Purpose of Travel Code. This report ([Exhibit 60](#)) is produced monthly and sent to the agency OON address for informational purposes. It delineates the number of authorizations processed by purpose of travel code and dollar amount for the month, quarter-to-date, and year-to-date. The report also shows the number of authorizations processed by authorization type.

TRVL3961, Report of Travel Voucher Payments. This report ([Exhibit 61](#)) is produced monthly and sent to agencies at the agency OON address for review to verify that travel was approved, that the amount of the payment shown is reasonable, and that the travel was charged to the correct agency.

TRVL3991, Travel Disbursement Notification. This report ([Exhibit 62](#)) is generated every time a voucher payment is made to the traveler. It is sent to the traveler's residence address and shows the method (check, EFT, etc.), amount, and date of the voucher payment, along with the amount of the traveler's advance balance after the voucher was processed. TRVL3991 also includes a statement advising the traveler that the travel advance of funds or voucher payment is subject to offset by the Department of the Treasury.

Travel Authorizations

This section, Travel Authorizations, provides information required to effectively use the detailed completion instructions contained in this procedure for travel authorizations (Forms AD-202 and its attachments, Forms AD-202M, AD-202R, and AD-202RE). An overview of travel authorization processing is provided, as well as, other pertinent information regarding travel authorizations.

The travel authorization is a key document of the Travel System. Authorization data from the AD-202 will be entered into the Travel System to establish a record of approved expenditures for audit purposes and for agencies that choose to obligate the funds. The travel authorization is the foundation upon which all travel documents are processed. For this reason, no travel advance or voucher payment can be made until the corresponding authorization has been established in the Travel System.

Authorization data will be stored in the Travel System by authorization number. The authorization number will be the link that ties all phases of travel together. Each travel advance and travel voucher submitted in connection with an authorization must bear the same authorization number as the original AD-202 approving the travel. When travel advances and vouchers are processed, they will be compared to the authorization data stored in the Travel System to ensure conformity with the authorization. As travel vouchers are paid, the funds for the expenditures will automatically be deobligated. Additionally, the Travel System will interface with NFC's Government Transportation System (GVTS) and the Transportation System.

When the need for travel occurs, the authorization should be prepared in accordance with completion instructions provided in this procedure. The AD-202 should be submitted to NFC upon completion to ensure prompt establishment of the authorization record. However, the expenditures and amounts authorized must be within the confines of the FTR and Departmental guidelines. Any authorized amount that exceeds the regulations will be automatically reduced in the system to conform with existing regulations. Adjustments made to authorized amounts will be reported to the approving officer and the traveler by means of an automated Authorization Adjustment Statement.

Authorization Approvals

All travel authorizations must be approved by appropriate agency officials following the FTR and appropriate Departmental guidelines. Authorizations should be issued before travel and transportation expenses are incurred.

Authorizing officials should approve only travel necessary to carry out the mission of the agency in the most effective and economical manner. The approving official should be aware of the travel plans and the most cost effective routing and method of accomplishing the travel.

Types Of Authorizations

In compliance with the FTR, all Government travel must be specifically authorized under one of the types of authorizations identified below. The NFC has assigned a 1-position alpha code to represent each type of authorization. This code is entered as the second position of the authorization number. The use of this code as part of the authorization number readily identifies the type of authorization and serves to satisfy special reporting requirements concerning Government travel. The following paragraphs define each type of authorization and provide basic information on the use of each.

Type A - Unlimited Open Travel Authorizations

This type of authorization allows an employee to travel for any purpose without requiring further authorization. Unlimited open authorizations are issued only for specially designated individuals (e.g., agency heads). The FTR provides a complete listing of the types of individuals that qualify for the unlimited open authorization.

The following guidelines apply to Type A authorizations:

- An itinerary is not required for Type A authorizations. However, the total estimated dollar amount authorized for travel and transportation expenditures **must** be shown in Section C, Block 24.
- Unlimited open authorizations must be **renewed** at the beginning of **each fiscal year**. A renewed authorization will be treated as a new authorization, therefore, the AD-202 for a renewal must be completed in its entirety and a new authorization number must be assigned.

Type B - Limited Open Travel Authorizations

This type of authorization allows an employee to travel under specific conditions (e.g., repetitive travel within a specific geographic area(s) or travel for a specific purpose). The use of the limited open authorization decreases the number of authorizations an agency has to issue for travel that is frequent and repetitive in nature. These authorizations can be issued for any number of days within the same fiscal year.

The following guidelines apply to Type **B** authorizations:

- When completing Section C of the AD-202, state the specific purpose of the travel in Block 22 and include the geographic area where travel will be performed. Indicate which expenditures are authorized, and provide the total estimated cost of the anticipated travel in Block 24 of Section C.
- The limited open authorization may be issued to cover more than one traveler as long as each traveler is authorized the same itinerary and the same expenditures. A separate Type B authorization must be issued for a traveler whose itinerary or authorized expenditures differ from the rest of the group.
- Limited open authorizations can be amended to revise the amounts authorized and the estimated ending dates of travel through the remainder of the fiscal year.

Type C - Trip-by-Trip Authorizations

This type of authorization is issued for an individual trip. The types of travel that require individual authorizations include all travel not authorized on a Type A, B, L, or N authorization, including conference attendance, training, entitlement, and relocation travel.

The following guidelines apply to Type C authorizations:

- When completing Section C, state the specific purpose of the travel in Block 22, include the city and state where travel will be performed, and indicate which expenditures are authorized. Provide the total amount of travel and transportation expenditures authorized in Block 24.
- The trip-by-trip authorization may be issued to cover multiple travelers in those instances when the itinerary and authorized expenditures for each traveler are the same (e.g., when a group of travelers attend the same training session in the same location). If any traveler's expenses differ from the rest of the group, a separate Form AD-202 must be completed for that traveler.

Type L - Local Travel Only

This type of authorization is issued for employees who will incur reimbursable travel expenses during local travel which occurs as a normal part of the traveler's job duties. Such charges include mileage, parking, tolls, etc. These authorizations are issued on a fiscal year basis to cover all local travel during the year. Type L authorizations may be issued for multiple travelers who are authorized the same expenditures. Type L authorization require **renewal** at the beginning of **each fiscal year**; a new AD-202 must be completed in its entirety and a new authorization number must be assigned.

Type N - Nationwide Travel

This type of authorization allows an employee to travel on a nationwide basis when the geographic restrictions of a Type B authorization are inappropriate. Except for the difference in geographic boundaries, Type N and Type B authorizations are completed in the same manner.

Authorization Number

The authorization number, which is entered on the AD-202 in Block 3, is a maximum 13-position alphanumeric field that must be assigned by the approving office to every AD-202. The authorization number is formatted as follows:

Position	Description
1	Use the last digit of the fiscal year.
2	Identify the type of authorization: A - Unlimited Open travel B - Limited Open travel C - Individual Trip travel L - Local travel N - Nationwide Travel

- 3 Use **S** (single traveler) or **M** (multiple traveler).
- 4–5 Use the alphanumeric agency code of the agency **paying** the expenses.
- 6–9 Use the 4-position alphanumeric code unique to the agency.
- 10–13 Use the 4-position sequential number provided by your agency.

This number plays a vital role in the Travel System. **All authorization information shown on the AD-202 will be recorded and stored in TRVL by authorization number.** The authorization number will be the identifier that will connect all phases of travel together. Each time a travel document is received at NFC for processing, a match to authorization data stored in the system will be made through the authorization number. Therefore, it is very important that each travel document submitted to NFC for payment include the authorization number of the specific AD-202 that authorized the travel.

Purpose Of Travel Codes

A purpose of travel code is a numeric code, from 1 through 15, used to record the purpose of the travel. The appropriate code(s), listed below, must be shown on each travel document as required by the FTR. The use of these codes promotes uniformity in the way travel purposes are specified.

- 1 Site visit
- 2 Information meeting
- 3 Training attendance
- 4 Speech or presentation
- 5 Conference attendance
- 6 Relocation
- 7 Entitlement/home leave
- 8 Special mission travel
- 9 Emergency travel
- 10 Other travel
- 11 Pre-employment
- 12 First post of duty
- 13 Rest and recuperation
- 14 Educational
- 15 Informal training

The travel authorization/advance and travel voucher are both designed for the entry of multiple purpose of travel codes. The section on each of these forms used to record the accounting data is designed to allow agencies to enter a different purpose of travel code for each line of accounting. Agencies must select the applicable code(s) from the list provided on the authorization/advance document.

Types of Travel

The travel authorization is used for both temporary duty (TDY) and relocation travel. There are eight specific types of travel which pertain to TDY and relocation authorizations. A

2-position alpha code has been assigned by the NFC to represent each of the types of travel. The codes are predefined in the Travel System with each code symbolizing specific criteria applicable to the type of travel. Only **one** type of travel, as described below, can be authorized for each authorization:

DM = Domestic. Type Travel DM is used for routine temporary duty travel within the conterminous 48 states (CONUS) and the District of Columbia. This type of travel may be authorized under a Type A, B, C, L, or N authorization.

FG = Foreign. Type Travel FG is used for routine temporary duty travel outside the 50 states or territories and possessions of the U.S., and travel within the U.S. directly connected with such travel. This type of travel is normally authorized on a Type C individual trip basis. However, Type A, B, L, or N travel may be authorized for those individuals who are stationed in foreign locations traveling under criteria specified for Type A, B, and N authorizations.

FT = Foreign Transfer. Type Travel FT is used for transfer of station travel outside the 50 states or territories and possessions of the U.S. Since this is relocation travel, approval must be by means of the Type C authorization. When authorizing a foreign transfer, agencies must prepare both a Form AD-202 and Form AD-202R, Attachment for Relocation.

Reimbursement of expenses associated with a transfer of duty station cannot be made unless the employee signs an agreement to remain in the service of the Government for 12 months following the effective date of transfer. For the agency's convenience, this **Service Agreement** is included on the bottom of the Form AD-202R.

RT=Return Travel. Type Travel RT is used to authorize travel to return to a domestic location subsequent to a foreign relocation.

GR = Escorted Group. Type Travel GR is used for those travel situations where a Government employee escorts a group of foreign visitors traveling under a binational agreement. The escort will pay all expenses on behalf of the foreign visitors and will prepare and submit the travel voucher.

This type of travel requires approval by means of the Type C individual trip authorization. The AD-202 must include the name and country of each traveler in the **Remarks** block of the form. If additional space is needed, a plain sheet of paper with the list of travelers and the country they represent may be securely stapled to the reverse of the AD-202.

OC = Outside Conterminous U.S. Type Travel OC is used to authorize travel beyond the limits of the continental U.S. (outside CONUS), including Alaska, Hawaii, Puerto Rico, and the possessions and territories of the U.S., such as American Samoa, Midway Islands, and Virgin Islands. This type of travel may be authorized under a Type A, B, C, L, or N authorization depending upon the duty station of the traveler.

The maximum allowable per diem rates for these nonforeign areas are published periodically by the Department of State in the Federal Register.

TS = Transfer of Station. Type Travel TS is used to authorize a transfer of station within the 48 continental United States. This type of travel requires approval by means of the Type C individual trip authorization.

When authorizing Type TS travel, agencies must prepare Form AD-202 and the special attachment for authorizing relocation travel, Form AD-202R, Attachment for Relocation Travel.

Reimbursement of expenses associated with a change of station cannot be made unless the employee signs an agreement to remain in the service of the Government for 12 months following the effective date of transfer. For the agency's convenience, the Service Agreement is included on the bottom of the Form AD-202R.

OT=Outside CONUS Transfer of Station. Type travel OT is used to authorize relocation travel to Alaska, Hawaii, and the possessions and territories of the U.S.

Obligating, Deobligating, And Expiring Travel And Transportation Funds

This section describes the TRVL process for obligating, deobligating, and expiring authorizations. All agencies using TRVL have the option of using the AD-202 to obligate their travel funds. General information by type of authorization is provided below.

Types A and L Authorizations. Funds for Types A and L authorizations will not be obligated when the authorization is established in the Travel System. Instead, funds will obligate, accrue, and pay when associated travel vouchers and transportation transactions are processed.

Types A and L **authorizations will expire (become inactive) 30 days after the close of the fiscal year.** If agencies want to expire an authorization prior to 30 days after the close of the fiscal year, they can do so by using the Final Voucher Indicator, Block 49, on the AD-616; when the AD-616 is processed, the authorization will expire.



Warning

Agencies should use extreme caution when using the Final Voucher Indicator because once an authorization is expired, it cannot be reactivated. If additional vouchers require processing, the agency will be required to establish a new authorization, with a new authorization number, in order to process the vouchers.

Types B and N Authorizations. Funds for Types B and N authorizations will be obligated at the time the authorization is established in the Travel System. As associated travel voucher and transportation transactions are processed against the authorization, the total amount if travel and transportation expenditures paid will be deobligated.

Type B and N **authorizations will deobligate funds and expire 30 days after the close of the fiscal year.** If agencies want to deobligate funds and expire an authorization prior to 30 days after the close of the fiscal year, they can do so by using the Final Voucher Indicator, Block 40 on the AD-616; when the AD-616 is processed, all remaining funds will be deobligated and the authorization will expire. If agencies want to deobligate funds without expiring the authorization, they can amend the authorization down to the amount(s) already expended. The authorization will remain in an active status until 30 days after the close of the fiscal year.

Type C Authorizations. Funds for Type C authorizations, TDY and relocation, will be obligated at the time the authorization is established in the Travel System. As associated travel voucher and transportation transactions are processed against the authorization, the total amount of travel and transportation expenditures paid will be deobligated.

Type C **authorizations for TDY travel will deobligate and expire 30 days after the close of the fiscal year.** If agencies want to deobligate funds and expire an authorization prior to 30 days after the close of the fiscal year, they can do so by using the Final Voucher Indicator, Block 40 on the AD-616; when the AD-616 is processed, all remaining funds will be deobligated and the authorization will expire. If agencies want to deobligate funds without expiring the authorization, they can amend the authorization down to the amount(s) already expended; the authorization will remain in an active status until 30 days after the close of the fiscal year.

Type C authorizations for relocation travel will deobligate funds and expire 4 years from the ending date of the travel on the authorization. If agencies want to deobligate funds and expire the authorization prior to this time period, they can do so by using the Final Voucher Indicator, Block 54, on the AD-616R; when the AD-616R is processed, the voucher will expire. If agencies want to deobligate funds without expiring the authorization, they can amend the authorization down to the amount(s) already expended; the authorization will remain in an active status until 4 years from the ending date of travel on the authorization.

Authorizations For Type C Travel Spanning Two Fiscal Years

Agencies may issue a single authorization to cover Type C travel that spans two fiscal years. When an authorization is issued in these instances, agencies must use the current year accounting in Section D-Accounting Classification. The new fiscal year accounting can not be used when a single authorization is issued for travel that spans two fiscal years. If the agency wishes to use both current fiscal year and new fiscal year accounting codes, a separate authorization for each fiscal year's accounting must be issued.

Submitting Authorizations To NFC For Processing

Once the authorization for official travel has been prepared, it should be sent to NFC as soon as possible. Timely submission of authorizations is crucial to the payment of associated travel advances and travel vouchers and can impact the processing of amendments and cancellations as well.

Ideally, authorizations should be prepared, approved, and submitted to NFC on the same day. Authorizations may be mailed to NFC or electronically submitted by those agencies having remote access capabilities.

If an advance of funds is requested on the same AD-202 that authorizes travel, agencies should submit the AD-202 to NFC in accordance with the submission requirements for advances, as described in this procedure, to accommodate the timely processing and payment of the advance request.

Mailing Instructions For Authorizations

Authorizations that are mailed to NFC should be sent to the address provided below. The address of the NFC is also provided on the bottom of the travel forms for the convenience of the user.

National Finance Center, USDA
P.O. Box 60000
New Orleans, LA 70160-0001

If a private delivery service is used that will not deliver to a post office box, the following street address should be used.

National Finance Center, USDA
13800 Old Gentilly Road
New Orleans, LA 70129

For remote entry instructions, refer to NFC procedures, Title VI, Chapter 6, Section 1, Travel System Online Data Entry, and Title VI, Chapter 6, Section 2, Personal Computer Travel System (PC-TRVL). For remote inquiry instructions, refer to NFC procedure, Title VI, Chapter 6, Section 3, Travel System Online Inquiry. This procedure and all related procedures and bulletins are listed in the NFC Publications Catalog available online from the NFC Web site (<http://www.nfc.usda.gov>) home page.

Travel Advances

To alleviate the need for an employee's use of personal funds, agencies may issue travel advances for certain expenses as authorized by the FTR. In doing so, agencies and travelers shall take all reasonable steps to minimize the cash burden on both the agency and the traveler. These steps shall include, but not be limited to, the use of Government contractor-issued credit cards.

Requesting Advances

Travel advances can be requested on the Form AD-202 used to authorize the travel, or the advance can be requested separately, on its own Form AD-202. In the case of multiple travelers, separate advance request must be submitted for each traveler requiring an advance. Advance requests for multiple travelers can also be submitted at the time that the authorization is submitted or after the original authorization has been processed.

Advance requests can be mailed to NFC or submitted electronically for PC-TRVL and Online Travel users. Users who mail advance requests should do so at least 10 days prior to the beginning date of travel to ensure timely receipt of the advance payment. Requests submitted electronically are processed overnight.

Advance payments will be made provided the request has been properly submitted and a valid travel authorization, which corresponds to the advance request, has been established in TRVL. Payments are made via the method selected in Section E of the Form AD-202; that is, check or EFT to the traveler's salary address, check to the T&A contact point, special address, or foreign address, or EFT to a special travel account.



Note

(1) In an emergency situation, an advance of funds may be obtained from NFC by means of a wire request. (See Emergency Advance Requests for instructions.) (2) NFC will not issue an advance payment for less than \$10.00.

Advance Approvals

All advance of funds requests must be approved by the appropriate agency official following the guidelines of the FTR. When approving the request, agencies must ensure that the amount of the advance is reasonable, appropriate, and within the guidelines of the agency, the FTR, and Departmental regulations. Additionally, approving officials are responsible for ensuring that advances no longer needed for official travel are liquidated.

Advance Liquidation

Travelers must account for the advance of funds immediately upon completion of travel by submission of a voucher to NFC. Any advance not completely liquidated by the voucher should be repaid by direct remittance. Travelers can repay an advance balance by personal check or money order as described below:

- Submit the appropriate travel voucher (AD-616 or AD-616R) with a check or money order attached to the **face** of the document. The amount of the repayment must be entered in the Additional Advance Amount Repaid block. The voucher should be submitted to NFC according to instructions in the [Travel Vouchers](#) section of this procedure.
- If the traveler is repaying the advance without submitting a voucher to NFC, a memorandum, with an attached check or money order, should be mailed to the lock box address below. The memorandum should include the traveler's name, social security number, applicable authorization number, and employing agency code. The memorandum must also state that the check or money order is attached for the purpose of repaying an outstanding travel advance balance. This procedure **must** be used by agencies using **remote entry** for travel vouchers. The lock box address is:

U.S. Department of Agriculture
Administrative Collections
P.O. Box 70792
Chicago, Illinois 60673

Emergency Advance Requests

To obtain travel advance funds quickly in emergency situations, agencies can submit wire requests for travel advances. Emergency wire requests received at NFC before 4:00 p.m. CST receive same-day processing. Agencies can request that payments be sent via direct deposit/electronic funds transfer (DD/EFT) or paper check. Payments sent via DD/EFT should be received within 3 days of the scheduled pay date. Agencies must allow at least 7 days from the time the advance is wired for receipt of payment if a check is being issued. Agencies using either online or personal computer data entry programs for travel processing will eliminate the need for wire requests in **all** cases since electronic data entry submissions are processed overnight.

Agencies should submit wire requests, via telecopier (fax), using an AD-202 completed according to the instructions under [Completion Instructions - Form AD-202, Travel Authorization/Advance](#). If telefax equipment is not available, NFC will also accept wire requests submitted on plain paper provided all necessary information is formatted according to instructions under [Plain Paper Wire Requests](#). In **all** cases, the travel authorization must be established in TRVL prior to processing of the advance, but the authorization and advance request can be submitted concurrently using one form.

Wire requests, whether submitted on an AD-202 or plain paper, must be followed by a wire confirmation submitted to NFC by mail. The wire confirmation is a paper copy of the AD-202 containing original signatures of the traveler and the approving officer.

Wire requests sent to NFC must be on a Form AD-202 or follow the format prescribed in [Plain Paper Wire Requests](#). Any of the following methods may be used:

Facsimile/Telecopier. Agencies may transmit a copy of the Form AD-202 to NFC facsimile or telecopier (fax) transmission to **504-255-5330**. To ensure that the fax was received and is legible, agencies are requested to confirm all transmissions by phoning NFC at **504-255-5529**.

Telegram. Agencies can send a wire request to NFC through a local Western Union Office. The New Orleans Western Union office, upon receipt of the message, will transmit the request to NFC via teleprinter to ensure same day service.

★★

Wire confirmations must be sent to the address below:

National Finance Center, USDA
P.O. Box 60000
New Orleans, Louisiana 70160-0001

Excessive Advances

Five times each year, NFC analyzes advance activity to determine which travelers have an advance balance considered excessive pursuant to travel needs. NFC uses the following formula to determine excessive advance balances:

1. Identify travelers whose advance has been held for two months or more.

Example: John Doe has had an outstanding advance balance for 2 months. At the time of analysis, his advance balance is \$560.

2. Obtain a daily average of reimbursable travel by dividing the total travel reimbursed during the previous ninety days by 90.

Example: The total travel reimbursed during the previous 90 days was \$680; $\$680 \div 90 = \7.56

3. Calculate the total advance needed by multiplying the daily average (Step 2) by 45 and rounding the result to the next higher \$50 amount.

Example: $\$7.56 \times 45 = \340.20 ; \$340.20 rounded to the next higher \$50 results in a total advance needed of \$350

4. Calculate the excessive travel advance by subtracting the total advance needed from the total advance outstanding.

Example: $\$560$ (advance outstanding) - $\$350$ (advance needed) = $\$210$ excessive advance amount

Repayment Of Excessive Advances

Under the Internal Revenue Service Code, excessive advance balances must be reported as income unless the employee either repays the advance balance or justifies the advance balance by submitting vouchers sufficient to liquidate the excessive amount. Therefore, it is imperative that excessive advance balances be liquidated as soon as possible. When travel plans preclude the submission of vouchers for the excessive amount within 60 days of notification of the excess, travelers should pay the advance balance by direct remittance as described below or be subject to one of the other repayment methods listed.

Direct Remittance. The Travel System will produce Report TRVL3741, Travel Advance Repayment Notice, for each employee who has an excessive advance based on the analysis. The notice, which requests that immediate action be taken to eliminate the excessive advance, is mailed to the agency OON with instructions to forward a copy of the report to both the traveler and the traveler's immediate supervisor.

Direct remittance of the excessive balance should be mailed within 30 days of issuance of the repayment notice to the NFC lockbox address below:

U. S. Department of Agriculture
Administrative Collections
P. O. Box 70792
Chicago, Illinois 60673

Payroll Deduction. Thirty days after issuance of the repayment notice, the travelers advance balance will be reanalyzed, using the most current information in the Travel System. If the advance balance is still considered to be excessive, NFC will issue Report TRVL3742, List of Employees With Excessive Travel Advances, to the agency OON listing travelers who have not satisfactorily liquidated their advance balances. This report will also show the pay period date(s) when salary deductions will be made to collect the balance. If no action is taken in the specified time period following the notification, deductions will be made from the employee's salary check to collect the excessive advance amount in the following order of precedence:

- a. Civil service retirement or FICA
- b. Federal income tax
- c. Health benefits
- d. Regular group life insurance and optional life insurance
- e. Indebtedness to U.S. (includes excessive travel advances)
- f. State income tax
- g. City income tax
- h. Contributions to the Thrift Savings Plan (TSP)
- i. Deductions for U.S. Savings Bonds
- j. Allotments to financial institutions

The NFC will deduct, if necessary, the entire balance of the employee's salary for item (e), Indebtedness to U.S., in order to collect the excessive advance balance. If the initial salary deduction is not sufficient to liquidate the excessive advance balance, deductions will be continued in successive pay periods until the full amount of the excessive travel advance is liquidated.

Collection From Supplemental Employees. Supplemental employees are defined as non-government employees, such as collaborators, technical advisors, consultants, and those employees who are traveling on behalf of an agency other than their own. NFC will furnish Report TRVL3742, List of Employees with Excessive Balances, to each supplemental employee's approving officer to assist them in collecting excessive balances from supplemental employees. The approving officer is responsible for contacting the persons

cited as having excessive balances and obtaining proper repayment of the amount indicated. If the required payment is not made, the approving officer should send a memorandum to NFC, which includes the current mailing address of the supplemental employee, requesting that a formal bill be processed for the supplemental employee. This memorandum should be mailed to:

Collections Officer
NFC, USDA
P.O. Box 60950
New Orleans, Louisiana 70160

Collection from Separated Employees. Agency approving officials should review Report TRVL3731, List of Travel Advance Accounts with Outstanding Balances, each month to determine if any traveler listed will soon be terminated or has already been separated. Agencies should notify NFC by wire in cases where it will be necessary to withhold all or part of the final salary disbursement or lump sum payment to reimburse the outstanding advance balance. The wire should be sent to the NFC Travel and Transportation Section using one of the methods described in the section of this procedure entitled [Emergency Advance Requests](#). This wire must be received no later than the Tuesday following the employee's last pay period. A confirmation Form AD-343, Payroll Action Request, must be submitted immediately to:

Head, Travel and Transportation Section
NFC, USDA
P.O. Box 60000
New Orleans, Louisiana 70160

The AD-343 should be marked *To Be Opened By Addressee Only* and should include the following data:

- Employee name, address, and social security number
- Date of separation
- Amount of indebtedness
- Accounting station code.

In cases where the final salary and lump sum payment have already been issued, NFC will take the necessary steps to collect the outstanding travel advance by issuing a bill to the traveler.

If the separated employee is a supplemental employee, the agency approving official is responsible for contacting the traveler and obtaining prompt repayment of the indebtedness. If the approving official cannot obtain repayment from the separated supplemental employee, the uncollectible amount must be reported to NFC to facilitate the issuance of a bill for collection.

Completion Instructions - Wire Requests Using The AD-202

To submit a wire request, via telefax equipment, using the AD-202, follow the instructions provided below. To submit a wire request through Western Union ★★, follow the instructions under [Completion Instructions - Wire Request Using Western Union](#)★★.



The numbers below correspond to the block numbers on the form.

1. Action Code *Required, alphanumeric, 1 position*

To identify the authorization as a wire request for a travel advance, enter the appropriate action code and proceed as directed below.

- E Establish.** Enter action code **E** to establish a travel authorization and request a travel advance concurrently.
- V Advance Only.** Enter action code **V** to request an advance of funds against a previously issued authorization.

At a minimum, agencies should complete blocks 2-19, 22, 24, 26, 27, 31, and 32 according to the procedures under [Completion Instructions - Forms AD-202, Travel Authorization/Advance](#). The indicator blocks and other authorization information can be fully entered and submitted to NFC on the AD-202 submitted as the wire confirmation. NFC will use the wire confirmation to complete the TRVL authorization record.



Additional advance requests for a traveler who submitted an emergency wire will not be processed until a wire confirmation properly completed and signed is received by NFC.

Completion Instructions - Wire Requests Using Western Union

The format provided below contains information that should be included in a wire request submitted via Western Union (i.e., a telegram ★★). This information must be provided in the same order as shown. The same field specifications (e.g., *required, alphanumeric field; 2 positions*) and descriptions (e.g., *enter the 2-digit agency code that identifies the traveler's employing agency*) shown under [Completion Instructions - Forms AD-202, Travel Authorization/Advance](#) should be used when submitting all wire requests.

Before a wire request can be processed, the authorization that approved the travel must be established in the system. Included in this format is information pertaining to the authorization in the event that the emergency advance is needed for a trip that has not yet been authorized. This information is shown as Items **9** through **11**; it establishes a skeletal authorization record for expedient payment of the emergency advance. However, the agency is **required to amend** the authorization to include the other information normally required on an AD-202. This amendment can be accomplished by submitting an AD-202 with Advance Request Method **W** (Wire Confirmation). If the authorization has been previously established, Items **9** through **11** may be omitted.

- 1. Action Code**
- 2. Travel Authorization Number**
- 3. Social Security Number**
- 4. First name, middle initial, and last name of the traveler**

5. **Two-position alphanumeric Agency Code**
6. **Originating Office Number**
7. **Estimated Dates of Travel**
8. **Type of Travel Code**
9. Indicate if the traveler is a **Government Credit Card Holder**. Enter *Yes* or *No*, as appropriate.
10. **Employment Status**
11. **Total Estimated Expenditures Authorized**
12. **Request Method *E*** (Emergency Wire Request)
13. **Amount Of Advance Applied For.** Enter *Advance Amount* followed by the amount requested.
14. **Date Applied For**, which is the date the applicant signed the AD-202.
15. **Advance Mailing Address**
16. **Approving Officer's Name and Title**
17. **Approving Officer's Agency Code**
18. **Social Security Number** of the approving official.
19. **Date approved**

Sample Wire Request - Authorization Not Previously Sent To NFC

1 E
2 8CS1234567890
3 XXX-XX-XXXX
4 JOHN E. DOE
5 37
6 AG0037XXXX
7 10/26/97 - 10/29/97
8 DM
9 NO
10 NEW HIRE
11 714.00
12 E
13 ADVANCE AMOUNT 250.00
14 10/18/97
15 USDA, FSQS, P O BOX 30217, AMARILLO, TX 79120
16 JANE SMITH, (MAIN STATION SUPERVISOR)
17 37

18 XXX-XX-XXXX

19 10/18/97

★★

Completion Instructions - Form AD-202, Travel Authorization/Advance

This section provides completion instructions for the AD-202, Travel Authorization/Advance ([Figure 1](#)). The AD-202 is a multi-purpose form that combines the travel authorization and application for advance of funds on one form.

The AD-202 is a 5-part snapout set. The set contains (1) the original, (2) the employee copy (1st copy), and (3) three agency copies (2nd, 3rd, and 4th copies). To protect the privacy of the approving official's social security number, the carbon pattern on the employee and agency copies has been aligned so that the approving official's social security number is not shown.

The AD-202 is used to approve all official travel and to request funds in advance of this travel. Agencies can use both the authorization and advance features simultaneously or execute an authorization at one time and an advance at a later date through the use of action codes. These action codes are 1-position alpha codes that alert the Travel System to the type of action requested on the AD-202.

The numbers below correspond to the blocks on the AD-202.

1. Action Code *Required, alphanumeric, 1 position*

To identify the type of action requested by the agency, enter one of the following action codes:

E - Establish. Enter Action Code **E** to establish a new authorization in the Travel System. The agency can also request an advance of funds on the same AD-202, if the authorization is being established for a single traveler. If the authorization is for multiple travelers, a separate AD-202 with Action Code V must be prepared for each traveler in need of an advance.

A - Amend. Enter Action Code **A** to **amend** an authorization that has been previously established. Complete all of Sections A and F and the blocks that contain the new or changed data. If the addition/change involves an adjustment to the dollar amount authorized, adjust Block 24 and, as necessary, Block 25.

When a change is made to Block 20, Block 21, or the subsistence information in Block 23, or to a combination of any of these, you **must** complete all three blocks in their **entirety** (i.e., show all points of departure, all destination locations, and all subsistence information for the entire trip). Do **not** show only the new or changed data.

When a change is made to the POV information in Block 23 (e.g., to add another POV rate), you **must** complete the POV block in its **entirety** (i.e., show **all** POV rates applicable to the travel). Do **not** show only the new or changed data.

Also, when changing Block 25 (e.g., to change a purpose code or add another line of accounting), you **must** complete the block in its **entirety** to show all accounting for the entire trip. Do **not** show only the new or changed data.

TRAVEL AUTHORIZATION/ADVANCE
See Privacy Act Notice on Reverse

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

1. ACTION CODE (Indicate one type only)												2. AUTHORIZATION DATE ▶						
E = Establish A = Amend			C = Cancel V = Advance Only (Complete Sections A, E, and F Only)			MONTH			DAY			YEAR						
SECTION A – IDENTIFICATION																		
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 FROM Month Day Year THRU Month Day Year			10. TYPE TRAVEL (Indicate one type only) DM = Domestic FG = Foreign GR = Escorted Group OC = Outside Cont. U.S. FT = Foreign Transfer RT = Return Travel TS = Transfer of Station OT = Outside CONUS T&S			11. GOVERNMENT CREDIT CARD HOLDER Y = Yes N = No									
8. TRAVELER OON			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)									
SECTION B – EMPLOYMENT STATUS (Check the appropriate employment status block.)																		
15. PAYROLLED BY NFC			16. NOT PAYROLLED BY NFC			17. NEW HIRE			18. SPECIAL APPOINTEE			19. NONGOVERNMENT						
SECTION C – ITINERARY AND ESTIMATED EXPENDITURES																		
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				
									\$	+	=	x	=	\$				
								P=Per Diem		+	=	x	=					
								A=Actual Subsistence		+	=	x	=					
								S=Special Rate		+	=	x	=					
										+	=	x	=					
										+	=	x	=					
22. PURPOSE OF TRAVEL (Give explanation)												Total Subsistence		\$				
SECTION D – ACCOUNTING CLASSIFICATION												POV: Rate						
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line.												Rate						
<table style="width:100%; border:none;"> <tr> <td style="width:33%;">PURPOSE OF TRAVEL CODES ▶</td> <td style="width:33%;">1 = Site Visit 2 = Information Meeting 3 = Training attendance 4 = Speech or presentation 5 = Conference attendance</td> <td style="width:33%;">6 = Relocation 7 = Entitlement/Home leave 8 = Special mission travel 9 = Emergency travel 10 = Other travel</td> <td style="width:33%;">11 = Pre-employment 12 = First post of duty 13 = Rest & Recuperation 14 = Educational 15 = Informal training</td> </tr> </table>												PURPOSE OF TRAVEL CODES ▶	1 = Site Visit 2 = Information Meeting 3 = Training attendance 4 = Speech or presentation 5 = Conference attendance	6 = Relocation 7 = Entitlement/Home leave 8 = Special mission travel 9 = Emergency travel 10 = Other travel	11 = Pre-employment 12 = First post of duty 13 = Rest & Recuperation 14 = Educational 15 = Informal training	Rate		
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												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 ▶		\$				
THESE PERCENTAGES MUST EQUAL 100%																		
SECTION E – TRAVEL ADVANCE																		
26. ADVANCE REQUEST METHOD (Select one method only) 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				32. ADVANCE MAILING ADDRESS OPTIONS				33. IMPREST FUND CASHIER										
				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 \$				SOCIAL SECURITY NO.				SIGNATURE										
28. BALANCE FROM PREVIOUS ADVANCE \$				34. ADVANCE RECEIVED (Cash or Travelers Checks)														
29. TOTAL ADVANCE AMOUNT \$				DATE RECEIVED Month Day Year		APPLICANT'S SIGNATURE												
30. APPLICANT'S SIGNATURE								31. DATE APPLIED FOR Month Day Year		SEE PRIVACY ACT STATEMENT ON REVERSE								
SECTION F – AGENCY APPROVAL																		
35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print)						AGENCY CODE		36. SOCIAL SECURITY NO.		37. DATE APPROVED Month Day Year		38. PHONE (Area Code & No.)						
39. APPROVING OFFICER'S SIGNATURE						40. CONTACT PERSON'S NAME				41. PHONE (Area Code & No.)								
42. REMARKS																		

Upon completion and approval, submit original to: Part 1 – NFC
USDA — National Finance Center, P.O. Box 60,000, New Orleans, LA 70160
 FORM AD-202 (USDA) (Rev. 11/96)
 Exception to SF 1038 approved by GSA 11/20/96

Figure 1. Completion Instructions - Form AD-202, Travel Authorization/Advance

To **amend** an authorization for **multiple** travelers, complete all of Sections A and F on the AD-202 and, if adding or deleting travelers, complete the AD-202M using the instructions in this training manual.

To **amend** a **relocation** authorization, complete Sections A and F on the AD-202 and, if necessary, the AD-202R to reflect the new/changed data. When completing the AD-202R, complete Blocks 1-3 and any new or changed data. If necessary, adjust the estimated amount of any expenditure affected and adjust the total authorization amounts in Blocks 11, 28, 29, and 30.

When a change is made to the itinerary and/or subsistence information on the AD-202R in Block 13, for Outside Continental U.S. Subsistence (Type Travel OT Only), you **must** complete the itinerary and/or subsistence blocks in their **entirety** (i.e., show all points of departure, all destination locations, and all subsistence information for the entire trip). Do **not** show only the new or changed data.

When a change is made to Block 14 on the AD-202R (e.g., to add a dependent left off the authorization in error), you **must** complete the block in its **entirety** (i.e., show all family members, their birthdates, and marital status). Do **not** show only the new or changed data.

When a change is made to the POV information on the AD-202R in Block 17 (e.g., to change a POV rate), you **must** complete the POV block in its **entirety** (i.e., show **all** POV rates applicable to the travel). Do **not** show only the new or changed data.

When a change is made to the number of storage days authorized in Block 19 on the AD-202R (e.g., to extend the storage period), you **must** show the total number of days authorized for the **entire** storage period (i.e., the original number of days plus the additional days). Do **not** show only the new or changed data.

When a change is made to the number of temporary quarters days authorized in Block 22 on the AD-202R (e.g., to extend the temporary quarters period), you **must** show the total number of days authorized for the **entire** temporary quarters period (i.e., the original number of days plus the additional days). Do **not** show only the new or changed data.

C - Cancel. Enter Action Code **C** to **cancel** a previously established travel authorization. Complete all of Sections A and F.

To **cancel** an authorization for **multiple** travelers, complete all of Sections A and F. It is **not** necessary to complete the AD-202M.

To **cancel** a relocation authorization complete all of Sections A and F. It is **not** necessary to complete the AD-202R.



An authorization cannot be cancelled once a voucher has processed against it; however, it can be cancelled if an advance request has processed.

V - Advance Only. Enter Action Code **V** when the **sole purpose** of completing the AD-202 is to request an **advance** of funds. Complete Sections A, E, and F **only**. Agencies are reminded that in order to use this action code, the corresponding authorization must have been previously established in the Travel System.



Note

In the case of multiple travelers, a separate AD-202 must be issued for each traveler in need of an advance of funds. The advance requests can accompany the multiple travelers authorization to NFC.

2. Authorization Date

Required, numeric, 6 positions

Enter the date that reflects the day the AD-202 is prepared, using the mm/dd/yy format. This block may be left **blank** for Action Code **V only**.

Example: Enter **060297** to record June 2, 1997.

Section A - Identification

Section A is used to record the travel authorization number, identify the traveler by social security number and name, and provide other pertinent information regarding the traveler and period of travel.



Note

Do not enter punctuation in any of the blocks in Section A.

3. Travel Authorization No.

Required, alphanumeric, 13 positions

Enter the authorization number assigned by the agency. This 13-position number should be formatted as shown below:

Position	Description
1	Use the last digit of the fiscal year.
2	Identify the type of authorization: A Unlimited open travel B Limited open travel C Individual trip travel L Local travel N Nationwide travel
3	Use S (single traveler) or M (multiple travelers).
4-5	Use the alphanumeric agency code of the agency paying the expenses.
6-9	Use the 4-position alphanumeric code unique to the agency.
10-13	Use the 4-position sequential number assigned by the agency.

4. Social Security No.

Required, numeric, 9 positions

Enter the traveler's social security number. If the authorization covers multiple travelers, leave this block **blank** and complete Form AD-202M. If a traveler has no social security number, the agency personnel office should assign a temporary identification number. (Consult the United States Office of Personnel Management's Operating Manual, The Guide to Processing Personnel Actions, for instructions.)



Note

If a traveler is a new hire, nongovernment, or special appointee and is processing a travel transaction in NFC's Travel System for the **first time**, the agency should contact the NFC's Travel and Transportation Section (TTS) at **504-255-4878** to establish the traveler on NFC's supplemental name file. The agency should make

this contact with TTS **prior** to submitting the first authorization so that the authorization can be processed by NFC without delay. Agencies should also follow these same instructions when assigning a temporary identification number for a traveler.

5. Name ▾
(Required, alphanumeric, 30 positions max.) Enter the traveler’s name as described below. **Do not** enter punctuation. If the authorization covers multiple travelers, leave this block **blank** and complete Form AD-202M.

Last 17 positions max
Enter the traveler’s last name. Items such as Jr., Sr., and III are to be shown as part of the last name (e.g., Stone Jr). If the employee has a 2-part (double) last name, separate one part from the other with a space. **Do not** include hyphens for hyphenated names.

First 12 positions max.
Enter the traveler’s first or given name or initial. Enter an initial if the traveler has an initial for the first name. If the employee has two or more first names or initials, separate one from the other with a space. **Do not** enter hyphens or periods.

Middle Initial 1 position
Enter the traveler’s middle initial. **Do not** enter a period.

6. Agency Code Required, alphanumeric, 2 positions
Enter the 2-position agency code that identifies the traveler’s employing agency. If the traveler is a nongovernment employee, enter the code of the agency for which the traveler is traveling.



(1) If the traveler is employed by one agency and traveling for another agency, the employing agency code is still entered in this block. (2) In those situations where employees travel for an agency that is different from their employing agency, Section D-Accounting Classification, will be completed in a special manner to identify the agency and accounting station that is to be charged for the payment as well as the accounting classification code that is to be charged. (See completion instructions for Block 25.)

7. Agency OON Required, alphanumeric, 10 positions
Enter the 10-position agency originating office number (OON) of the agency **paying** for the trip. Bear in mind that this is the location to which reports and phone calls pertaining to problems with the AD-202 will be addressed. There are two OON formats, (1) the standard format and (2) an agency-specific format.

If the agency uses the standard format, the OON is formatted as follows:

Position	Description
1-2	Department code
3-4	Agency code
5-6	Servicing agency code or agency code
7-10	NFC-assigned number

If the agency uses the agency-specific format, the OON is formatted as follows:

Position	Description
1-2	Department code
3-4	Agency code
5-10	Unique agency-assigned number

8. Traveler OON *Alphanumeric, 10 positions*

Enter the OON of the traveler for whom the AD-202 is being submitted **only** if it is different than the agency OON shown in Block 7. If a traveler OON is entered, reports for the AD-202 transaction will be mailed to both the agency OON and traveler OON locations.

9. Estimated Dates of Travel Expenses

∇
Complete this block as follows:

From *Required, numeric, 6 positions*
Enter the estimated date **official** travel will begin using the mm/dd/yy format.

Thru *Required, numeric, 6 positions*
Enter the estimated date **official** travel will end using the mm/dd/yy format.

Example: Enter **060297** to record June 2, 1997.



Note

(1) For Types A and L authorizations, the estimated dates are normally the beginning and ending dates of the fiscal year. (2) For Types B and N authorizations, these dates may cover a month, a quarter, or the entire fiscal year. (3) For relocation authorizations, the dates of travel must cover a 3-year period. If a househunting trip will be authorized, the from date of travel must include the beginning date of the househunting trip. If it becomes necessary to extend the 3-year time frame (not to exceed 1 additional year) for the sale/purchase of residence expenses, the authorization must be amended to show the new estimated Thru date. (4) When an advance room deposit is required prior to the beginning of scheduled official travel, enter the due date of the room deposit in both the From and Thru date fields at the time of the initial travel authorization. The travel authorization should be amended after the voucher for the advance is paid to reflect the actual dates travel will be performed.

10. Type Travel *Required, alphanumeric, 2 positions*

Enter one of the codes listed below to indicate the type of travel:

DM	Domestic
FG	Foreign
FT	Foreign Transfer
RT	Return Travel
GR	Escorted Group
OC	Outside Continental U.S. (CONUS)
TS	Transfer of Station
OT	Outside CONUS Transfer of Station

When two or more types of temporary duty travel are covered under one authorization, complete this block as shown below:

- When a trip includes both DM and FG travel, enter type travel code **FG**.
- When a trip includes both DM and OC travel, enter type travel code **OC**.
- When a trip includes both OC and FG travel, enter type travel code **FG**.
- When a trip includes DM, OC, and FG travel, enter type travel code **FG**.

For Type GR travel, show the name and country of each traveler in Block 42, Remarks. If necessary, a plain sheet of paper may be used as a supplement and attached to the AD-202 for submission to NFC.



Note

Electronic users should enter this Type GR information in the Remarks block on the entry screens.

11. Government Credit Card Holder

Alphanumeric, 1 position

Enter **Y** if the traveler has a Government contractor-issued credit card or is eligible for a Government contractor-issued credit card. Enter **N** if the traveler is not a card holder.

If the AD-202 is for multiple travelers, enter **Y** if all travelers have a government credit card, leave blank or enter **N** if both responses apply to the group.

12. Training Document No. (For Purpose of Travel Code 3 Only)

Alphanumeric, 10 positions max.

If the purpose of the trip is to attend a training class (Purpose Code 3), enter the training document number assigned to the corresponding Form SF-182, Request, Authorization, Agreement, and Certification of Training. Otherwise, leave this block **blank**. When authorizing multiple travelers for Purpose Code 3 travel, leave this block **blank**. The AD-202M includes a block for the entry of the training document number for **each** traveler.



Note

If the purpose code is 15, Informal Training, a training document is not required; therefore, Block 12 may be left blank.

13. Official Duty Station City and State

Alphanumeric, 22 positions max.

(alphanumeric field; max. of 22 positions). Enter the city and 2-position state abbreviation code or the city and 2-position alpha country code (from the Title II, Voucher and Invoice Payments Manual, Chapter 2, Travel and Transportation Payments, Section 2, Travel Foreign Location Codes (TFLC) procedure) where the employee is now stationed. When **establishing** (Action Code E) relocation authorizations, enter the relocating employee's **current** duty station (i.e., the duty station from which the employee is being moved). If the relocating employee is a new hire, enter the city and state/country of the new official duty station. When authorizing multiple travelers, this block may be left **blank**.

14. Resident City and State

Alphanumeric, 22 positions max.

If this is the same as the official duty station, leave this block **blank**. Otherwise, enter the city and 2-position state abbreviation code or the city and 2-position alpha country code (from TFLC) of the employee's residence. When authorizing multiple travelers, leave this block blank.

Section B - Employment Status

Section B is used to indicate the traveler's Federal employment status. Check the appropriate block indicating the correct employment status. **Do not check more than one block.**

15. Payrolled by NFC

Alphanumeric, 1 position

Check this block if the traveler is a Federal employee of an agency payrolled by NFC. If the employee is newly employed by the agency and has **not** received his/her **first** salary payment from NFC, check the **Not Payrolled by NFC** block instead.

16. Not Payrolled by NFC

Alphanumeric, 1 position

Check this block if the traveler is a Federal employee and NFC processes the agency's travel, but **not** the agency's **payroll**. If the employee is newly employed by an agency payrolled by NFC and has **not** received his/her **first** salary payment, the agency must still check the **Not Payrolled by NFC** block.

17. New Hire

Alphanumeric, 1 position

Check this block if the traveler is a **new** Federal employee (i.e., an individual who is being hired from outside of Government who has not received his/her first salary payment).

18. Special Appointee

Alphanumeric, 1 position

Check this block if the traveler is a special appointee (e.g., County committeemen, YACC employees, CETA employees, etc.).

19. Nongovernment

Alphanumeric, 1 position

Check this block if the traveler is a nongovernment employee (e.g., consultants, advisors, etc.).

Section C - Itinerary And Estimated Expenditures

Section C is completed to record the itinerary of the trip as well as the related authorized expenditures. These expenditures will be established in the Travel System and any travel vouchers submitted to NFC in conjunction with the authorization will be audited based on the expenditures authorized in this section.

If the authorization is for relocation travel, leave this section on the AD-202 **blank** and complete Form AD-202R **instead**. The AD-202R includes its own Section C - Itinerary and Estimated Expenditures, for recording the various expenditures associated with change of station travel. Completion instructions for the AD-202R are found under [Completing Form AD-202R](#).

The manner in which Section C is completed is contingent upon the type of authorization (i.e., Type A, B, C, L, or N) being prepared. Therefore, the instructions for completing Section C are shown by type of authorization.

Completing Section C For Type A Authorizations

- 20. From** *No entry*
Leave this block **blank**.
- 21. To** *No entry*
Leave this block **blank**.
- 22. Purpose of Travel** *Alphanumeric, 2 lines max. - 75 positions each line*
Provide a brief statement describing the specific reason for the travel. To make the statement more meaningful, agencies should supply a better definition of the purpose code. Do not state *site visit* for Purpose Code 1, but rather state the particulars of the trip (e.g., for the site visit the agency could state *visit to the Southern Regional Office to discuss FY97 budgetary issues*).
- 23. Authorized Expenditures** *No entry*
Leave this block **blank**.
- 24. Total Estimated Expenditures Authorized** *Required, numeric, 8 positions max.*

Enter the total amount authorized for the travel and transportation expenditures.

Example: Enter \$10,000.00 as **10000.00**



Note

This block must be completed for all TDY travel.

Completing Section C For Type B Authorizations

- 20. From** ∇
Enter the city(ies) and state(s) from which travel will begin as described below. Up to seven different locations may be shown.



Note

If the authorization is for multiple travelers who will depart from different residential locations, enter the city and state of the common duty station.

- City** *Alphanumeric, 20 positions max.*
Complete this block as follows:

- When the traveler is departing from a CONUS location or a nonforeign area outside CONUS, enter the name of the city of departure.
- For foreign travel, enter the 3-position numeric country code (from TFLC) and the 4-position numeric city code (from TFLC) if the traveler is departing from a foreign location. Enter the name of the city in the remaining positions of City or in the Remarks blocks.

Example: Record the departing foreign city of Kabul (Afghanistan) as **1102000KABUL**

St

Alphanumeric, 2 positions

Complete this block as follows:

- When the traveler is departing from a CONUS location or a nonforeign area outside CONUS, enter the state abbreviation code. (A list of state abbreviation codes for nonforeign areas is provided in TFLC.)
- For foreign travel, enter the 2-position alpha country code (from TFLC) if the traveler is departing from a foreign location.

Example: Record the departing country of Afghanistan as *AF*

21. To

∇

Enter each destination location for the temporary duty travel as described below. Up to seven locations may be shown. Some general guidelines for Type B authorizations are provided below:

General Guidelines for Block 21 When Completing Type B Authorizations

Type B travel can be to many different locations within a state or region; therefore, agencies can authorize travel to seven states **or** up to six states and a **maximum** of one region in lieu of showing specific cities/counties within states. When using a region designation, show it in the City, County or Region block and leave the State block **blank**.

Example: Forest Service locations could authorize travel within Region 001, and California, Nevada, Idaho, Wyoming, Oregon, Utah.

Notes: (1) To use a region designation, the agency must have previously established the region in NFC's Table Management System. Contact NFC's Customer Support and Analysis Section at 504-255-4851 for more information. (2) Region codes can only be used for Type B authorizations. When a region is authorized, it must be entered on the first line of the itinerary. Lines 2 through 7 of the itinerary can then be used to enter cities/counties and states outside of the region entered in Line 1.

Cntry Cd

Numeric, 3 positions

For foreign travel **only**, enter the 3-position numeric NFC-assigned country code (from TFLC) for the country of temporary duty travel. Leave this block **blank** for all other types of travel.

Example: Record the destination foreign country of Algeria as *125*

City Cd

Numeric, 4 positions

For foreign travel **only**, enter the 4-position numeric NFC-assigned city code (from TFLC) for the city of TDY travel. Leave this block **blank** for all other types of travel.

Example: Record the destination foreign city of Algiers (Algeria) as *1000*

City, County, or Region

Alphanumeric, 20 positions max.

Complete this block as follows:

- For foreign travel, enter the city name of the TDY location.

Example: Record the destination foreign city of Algiers as *Algiers*

- For Type B travel to locations within CONUS and nonforeign areas outside CONUS (e.g., Alaska, Hawaii, Puerto Rico, etc.), enter the **city or county** name of the TDY location if specific cities/counties are being authorized,

following the supplemental guidelines below. If a **region** is being authorized in lieu of specific cities/counties, enter the 3-digit region code. If travel is being authorized to specific **states** in lieu of specific cities/counties or a region code, leave this block **blank**.

Example: If the agency is authorizing travel to Region 001, enter **001** on the first line.

Travel Within CONUS

- If a locality is a **key** city as identified in Appendix A of Section 301 in the FTR, enter the city name. The city name must be shown **exactly** as listed in Appendix A, **including punctuation**. Abbreviations cannot be used.

Examples: (1) The city of St. Louis (Missouri) must be shown as ***St. Louis***

Notice that the period was entered behind **St** because it is shown that way in Appendix A of the FTR.

(2) Loveland, Colorado, is a key city and is listed in the County And/Or Other Defined Location column of Appendix A of the FTR as City Limits of Loveland (see Larimer County). Therefore, agencies must show ***Loveland*** as the location name.

- If a locality is **not** a key city but is located within an area identified in the County And/Or Other Defined Location column of Appendix A of the FTR, enter the appropriate location name shown in the column. **Do not** enter the city name. The location name must be spelled **exactly** as listed in Appendix A, **including punctuation**. Abbreviations may not be used.

Agencies should show the actual locality name in Block 42, Remarks, of the Form AD-202.

Examples: (1) Mandeville, Louisiana, is not a key city but is located in St. Tammany Parish (county), which is listed in Appendix A of the FTR. Therefore, agencies must show ***St. Tammany*** instead of the city name of Mandeville.

Notice that the period was entered behind **St** because it is shown that way in Appendix A of the FTR.

(2) Davis-Monthan Air Force Base, Arizona, is not a key city but is listed in Appendix A of the FTR as Pima County; Davis-Monthan AFB. Therefore, agencies must show ***Davis-Monthan AFB*** as the location name.

(3) Jackpot, Nevada, is not a key city but is located in Elko County which is listed in Appendix A of the FTR as All points in Elko County excluding Wendover. Therefore, agencies must show ***Elko*** instead of the city name of Jackpot.

- If a locality is **not** a key city and is **not** located within a county specifically listed in Appendix A of the FTR, enter the city name. In this case, the traveler is entitled to the standard CONUS rate.

Travel To Nonforeign Areas Outside of CONUS.

- If a locality is specifically identified in the Department of State's (DOS) monthly publication, Maximum Per Diem Allowances for Foreign Areas, Section 925 (A Supplement to the Standardized Regulations), enter the city name. The city name must be shown exactly as listed on DOS' publication, **including punctuation**.

Example: The city of Ft. Wainwright (Alaska) must be shown as ***Ft. Wainwright***

Notice that the period was entered behind **Ft** because it is shown that way in DOS' publication.

If a locality is **not** specifically identified in DOS' publication, the traveler will be entitled to the per diem rate shown as **Other**. Therefore, agencies must show **Other** as the city name in the City, County or Region block in lieu of the actual city name. After recording **Other** in the City, County or Region block, show the actual city name in Block 42, Remarks.

Example: The city of Palmer (Alaska) is not specifically identified in DOS' publication. Record the word **Other** in the City, County or Region block and show **Palmer** in Block 42.

St

Alphanumeric, 2 positions

Complete this block as follows:

- If specific cities/counties or specific states are being authorized, enter the state abbreviation code.
- If a region is being authorized, **do not** show a state code on the itinerary line with the region code.
- For foreign travel, enter the 2-position alpha country code (from TFLC).

Example: Record the destination foreign country of Algeria as **AG**

22. Purpose of Travel

Alphanumeric, 2 lines max., 75 positions each line

Provide a brief statement describing the specific reason for the travel. To make the statement more meaningful, agencies should supply a better definition of the purpose code. Do not state **site visit** for Purpose Code 1, but rather state the particulars of the trip (e.g., for the site visit the agency could state **visit to the Southern Regional Office to discuss FY97 budgetary issues**).

23. Authorized Expenditures

∇

This section is for the entry of estimated expenditures that are being authorized. General guidelines for completing the expenditure information for Type B authorizations are provided below.



Note

(1) It is important that you review these general guidelines before you begin to complete this section of the AD-202. (2) The entry of an Estimated Amount for each expenditure is optional. Block 24, Total Estimated Expenditures Authorized, must be completed.

General Guidelines for Block 23 When Completing Type B Authorizations

- Enter the appropriate subsistence code if subsistence is authorized. The entry of the Lodging, M&IE, Rate, Number of Days, and Estimated Amount blocks are **optional**.
- Check-off all other types of expenditures authorized. If POV is authorized, enter the POV rate as well. If common carrier is authorized, enter the transportation mode and the method of ticket purchase. The entry of an Estimated Amount for each expenditure is **optional**; users may provide estimated amounts for **some** expenditures while leaving other estimated amounts **blank**.
- Enter the estimated total for the travel in Block 24.
- If the authorization covers multiple travelers, the estimated amounts must be the amounts authorized for the entire group.

Code

Alphanumeric, 1 position

Enter the applicable subsistence code (i.e., **P** = Per Diem, **A** = Actual Subsistence, **S** = Special Rate, and **C** = Conference Allowance) on the same line with the destination location shown in Block 21.



Note

When the dates of travel on the authorization include a period where the per diem rate for a location has changed and the current (new) per diem rate is less than the previous per diem rate, you must authorize Actual Subsistence Code A for the higher rate.

Lodging

Numeric, 7 positions max.

For Codes **P** and **A**, you may enter the amount of lodging authorized if a specific city and state was identified; otherwise, leave this field blank. For Code **S**, leave this block **blank**; the special rate will be entered in the Rate block.

Example: Enter \$50.00 as **50.00**

M and IE

Numeric, 7 positions max.

For Codes **P** and **A**, you may enter the M&IE amount authorized if a specific city and state was identified; otherwise leave this field blank. For Code **S**, leave this block **blank**; the special rate will be entered in the Rate block.

Example: Enter \$30.00 as **30.00**

Rate

Numeric, 7 positions max.

For Codes **P** and **A**, enter the total of Lodging and M&IE to establish the daily rate. For Code **S**, enter the daily rate here.

Example: Enter \$80.00 as **80.00**

No. Days

Numeric, 3 positions max.

Enter, in **whole days** only, the estimated number of days authorized for each location. The total number of days must not exceed the number of available days according to the dates of travel in Block 9.

Example: Record 4 days as **4**

Estimated Amount

Optional, numeric, 7 positions max.

Enter the estimated subsistence amount for **each** locality. The estimated amount is calculated by multiplying the daily rate by the number of days for each location recorded. If multiple travelers are authorized, the estimated amount is calculated by multiplying the daily rate by the number of days by the number of travelers.

Example: \$80.00 x 4 days = **320.00**

The completion of this block is optional; however, Block 24, Total Estimated Expenditures Authorized, must be completed.

Total Subsistence Estimated Amount

Optional, numeric, 7 positions max.

Enter the total estimated amount of subsistence authorized for the entire temporary duty travel period.

Example: Enter \$320.00 as **320.00**



Note

The completion of this block is optional; however, Block 24, Total Estimated Expenditures Authorized, must be completed.

POV

Alphanumeric, 1 position

To indicate authorization of the use of a Privately Owned Vehicle (POV), check this block.

Rate

Numeric, 4 positions max.

If POV is authorized, enter the mileage rate(s) authorized per the FTR. A maximum of four POV rates may be authorized.

Example: Enter 31¢ as **310**

Estimated Amount

Optional, numeric, 7 positions max.

Enter the POV estimated amount.

Example: Enter \$50.00 as **50.00**

Other (Specify)

Alphanumeric, 1 position

Check this block if any expenditure not specifically identified in Block 23 is authorized. Examples of other expenses are official telephone calls, local travel expenses, parking expenses, etc. Enter the description of the other expenses(s) in the space provided. Since space is limited, abbreviate or use shorter words to record multiple expenses (e.g., **PH** or **Call** for telephone calls; **taxi**, **cab**, or **sub** for local transportation, etc.).



Note

If the agency is authorizing excess fare or excess baggage and wishes to authorize an estimated amount for these two expenditures, include the amount in the Common Carrier Tickets block.

Estimated Amount

Optional, numeric, 7 positions max.

Enter the amount of other authorized expenditures.

Example: Enter \$100.00 as **100.00**



Note

Expense estimates for gasoline used in a rental vehicle are part of the Car Rental expenditure and should not be included in the Other Estimated Amount block.

**Unaccompanied
Baggage**

Alphanumeric, 1 position

Check this block to indicate authorization of unaccompanied baggage.

**Estimated
Amount**

Optional, numeric, 7 positions max.

Enter the estimated cost for transportation of unaccompanied baggage.

Example: Enter \$50.00 as **50.00**

Car Rental

Alphanumeric, 1 position

Check this block to authorize a rental vehicle.

**Estimated
Amount**

Optional, numeric, 7 positions max.

Enter the estimated cost of the rental vehicle, including gasoline expenses.

Example: Enter \$200.00 as **200.00**



Note

(1) The gasoline expense estimate should not be included in the Other Estimated Amount block. (2) Additional auto insurance cannot be authorized for the rental vehicle in accordance with the FTR.

**Common Carrier
Tickets**

Alphanumeric, 1 position

Check this block to authorize common carrier transportation. If common carrier tickets are authorized, the transportation mode and method of purchase must be shown in the blocks provided. When authorizing multiple travelers, the transportation mode and method of purchase shown will apply to the entire group.

**Transportation
Mode**

Alphanumeric, 1 position

Enter one of the following codes to indicate the mode of transportation authorized:

- A Airplane
- B Bus
- C Air and bus
- D Air and train
- E Bus and train
- F Air, bus, and train
- T Train
- O Other (e.g., boats, ferries, etc.)

- P Cost comparison. Use Code P when a traveler chooses to use his/her own personal vehicle rather than the authorized mode of common carrier transportation. The maximum reimbursement to the traveler is limited to the amount which would have been incurred had the traveler used a common carrier. When completing the authorization for cost comparison travel, the agency should complete the authorization to reflect what the agency deems advantageous to the Government. Do not show what the traveler will actually do.
- V Voluntary return. Use Code V when a traveler voluntarily returns home or to his/her official station during a period of official travel. The maximum reimbursement for round-trip transportation and per diem will be limited to the per diem allowance and travel expenses which would have been allowed had the traveler remained at the temporary duty site.

Method of Purchase

Alphanumeric, 2 positions

Enter the code from the list below which denotes the method of payment to be used by the traveler to purchase transportation tickets.



Note

When the mode of transportation is P, the method of purchase must be blank. When the mode of transportation is V, enter a method of purchase code if travel will be by common carrier; leave the method code blank if travel will be by POV.

- CC Government contractor issued credit card
- GV Government Transportation System (GVTS)
- TR Corporate credit card (formerly Government Transportation Request (GTR))
- CH Cash
- VC GVTS and credit card
- TC Corporate credit card and Government contractor issued credit card
- HC Credit card and cash
- VH GVTS and cash
- TH Corporate credit card and cash
- V3 GVTS, cash, Government contractor issued credit card, and corporate credit card

Estimated Amount

Optional, numeric, 7 positions max.

Enter the estimated amount of the common carrier tickets.

Example: Enter \$383.00 as **383.00**

Use of Non-contract Airline

Numeric, 1 position

Enter the appropriate code from the list below to indicate that the use of a non-contract airline has been approved and justified per the FTR.

- 1 Space not available on contract airline
- 2 Schedule of flights on contract airline inconsistent with Government policy
- 3 Cost comparison substantiates use of non-contract airline
- 4 Rail service available, cost effective, and consistent with the mission



Note

(1) If use of a non-contract airline is not approved on the authorization, it can be post-approved on the voucher. (2) Do not enter a code if the traveler is using a non-contract carrier because a contract carrier does not exist.

Excess Fare

Alphanumeric, 1 position

It is the policy of the Government that less-than-first-class accommodations shall be used for all modes of passenger transportation. Check this block if higher cost accommodations are authorized (e.g., first class, business class, etc.).



Note

(1) If excess fare is not approved on the authorization, it can be post-approved on the voucher. (2) If the agency wants to authorize an estimated amount for excess fare, include the amount in the Other Estimated Amount block.

Excess Baggage

Alphanumeric, 1 position

Check this block to indicate the authorization of excess baggage (e.g., transporting special equipment, etc.).



Note

If the agency wants to authorize an estimated amount for excess baggage, include the amount in the Other Estimated Amount block.

GSA Auto

Alphanumeric, 1 position

Check this block to indicate the authorization of a Government-owned vehicle in lieu of a POV.

**24. Total
Estimated
Expenditures
Authorized**

Required, numeric, 8 positions max.

Enter the total amount authorized for the travel and transportation expenditures. If the agency has entered estimated amounts for **all** expenditures authorized, add the expenditure amounts together and enter the total in this block.

Example: Enter \$1,000.00 as *1000.00*



Note

This block **must** be completed for all TDY travel.

Completing Section C For Type C Authorizations

20. From

▽

Enter the city(ies) and state(s) from which travel will begin as described below. Up to seven different location may be identified to accommodate multiple stops within a single trip.



Note

If the authorization is for multiple travelers who will depart from different residential locations, enter the city and state of the common duty station.

City

Alphanumeric, 20 positions max.

Complete this block as follows:

- If the traveler is departing from a CONUS location or a nonforeign area outside CONUS, enter the name of the city of departure.
- For foreign travel, enter the 3-position numeric country code (from TFLC) and the 4-position numeric city code (from TFLC) if the traveler is departing from a foreign location. Enter the name of the city in the remaining positions of City or in the Remarks block.

Example: Record the departing foreign city of Kabul (Afghanistan) as *1102000KABUL*

St

Alphanumeric, 2 positions

Complete this block as follows:

- If the traveler is departing from a CONUS location or a nonforeign area outside CONUS, enter the state abbreviation code. (A list of state abbreviation codes for nonforeign areas is provided in TFLC.)
- For foreign travel, enter the 2-position alpha country code (from TFLC) if the traveler is departing from a foreign location.

Example: Record the departing foreign country of Afghanistan as *AF*

21. To

∇

Enter each destination location for the temporary duty travel as described below. Up to seven locations may be shown.

Cntry Cd

Numeric, 3 positions

For foreign travel **only**, enter the 3-position numeric NFC-assigned country code (from TFLC) for the country of temporary duty travel. Leave this block **blank** for all other types of travel.

Example: Record the destination foreign country of Algeria as *125*

City Cd

Numeric, 4 positions

For foreign travel **only**, enter the 4-position numeric NFC-assigned city code (from TFLC) for the city of temporary duty travel. Leave this block **blank** for all other types of travel.

Example: Record the destination foreign city of Algiers (Algeria) as *1000*

City, County, or Region

Alphanumeric, 20 positions max.

Complete this block as follows:

- For foreign travel, enter the city name of the TDY location.

Example: Record the destination foreign city of Algiers as *Algiers*

- For Type C travel to locations within CONUS and nonforeign areas outside CONUS (e.g., Alaska, Hawaii, Puerto Rico), enter the **city or county** name of the TDY location, following the **supplemental** guidelines provided below:

Travel Within CONUS

- If a locality is a **key** city as identified in Appendix A of Section 301 in the FTR, enter the city name. The city name must be shown **exactly** as listed in Appendix A, **including punctuation**. Abbreviations cannot be used.

Examples: (1) The city of St. Louis (Missouri) must be shown as *St. Louis*

Notice that the period was entered behind **St** because it is shown that way in Appendix A of the FTR.

(2) Loveland, Colorado, is a key city and is listed in the County And/Or Other Defined Location column of Appendix A of the FTR as City Limits of Loveland (see Larimer County). Therefore, agencies must show *Loveland* as the location name.

- If a locality is **not** a key city but is located within an area identified in the County And/Or Other Defined Location column of Appendix A of the FTR,

enter the appropriate location name shown in the column. **Do not** enter the city name. The location name must be spelled **exactly** as listed in Appendix A, **including punctuation**. Abbreviations may not be used.



Note

Agencies should show the actual locality name in Block 42, Remarks, of the Form AD-202.

Examples: (1) Mandeville, Louisiana, is not a key city but is located in St. Tammany Parish (county), which is listed in Appendix A of the FTR. Therefore, agencies must show *St. Tammany* instead of the city name of Mandeville.

Notice that the period was entered behind **St** because it is shown that way in Appendix A of the FTR.

(2) Davis-Monthan Air Force Base, Arizona, is not a key city but is listed in Appendix A of the FTR as Pima County; Davis-Monthan AFB. Therefore, agencies must show *Davis-Monthan AFB* as the location name.

(3) Jackpot, Nevada, is not a key city but is located in Elko County which is listed in Appendix A of the FTR as All points in Elko County excluding Wendover. Therefore, agencies must show *Elko* instead of the city name of Jackpot.

- If a locality is **not** a key city and is **not** located within a county specifically listed in Appendix A of the FTR, enter the city name. In this case, the traveler is entitled to the standard CONUS rate.

Travel To Nonforeign Areas Outside of CONUS

- If a locality is specifically identified in the Department of State's (DOS) monthly publication, Maximum Per Diem Allowances for Foreign Areas, Section 925 (A Supplement to the Standardized Regulations), enter the city name. The city name must be shown exactly as listed on DOS' publication, **including punctuation**.

Example: The city of Ft. Wainwright (Alaska) must be shown as *Ft. Wainwright*

Notice that the period was entered behind **Ft** because it is shown that way in DOS' publication.

- If a locality is **not** specifically identified in DOS' publication, the traveler will be entitled to the per diem rate shown as **Other**. Therefore, agencies must show *Other* as the city name in the City, County or Region block in lieu of the actual city name. After recording *Other* in the City, County or Region block, show the actual city name in Block 42, Remarks.

Example: The city of Palmer (Alaska) is not specifically identified in DOS' publication. Record the word *Other* in the City, County or Region block and show *Palmer* in Block 42.

St

Alphanumeric, 2 positions

Complete this block as follows:

- For Type C travel to locations within CONUS and nonforeign areas outside CONUS, enter the 2-position state abbreviation code. (A list of state abbreviation codes for nonforeign areas is provided in TFLC.)
- For foreign travel, enter the 2-position alpha country code (from TFLC).

Example: Record the destination foreign country of Algeria as **AG**.

22. Purpose of Travel

(*alphanumeric field; max. 2 lines of 75 positions each*). Provide a brief statement describing the specific reason for the travel. To make the statement more meaningful, agencies should supply a better definition of the purpose code. Do not state **site visit** for Purpose Code 1, but rather state the particulars of the trip (e.g., for the site visit the agency could state **visit to the Southern Regional Office to discuss FY97 budgetary issues**).

23. Authorized Expenditures

▽

This section is for the entry of estimated expenditures that are being authorized. General guidelines for completing the expenditure information for Type C authorizations are provided below.



Note

(1) It is important that you review these general guidelines before you begin to complete this section of the AD-202. **(2)** The entry of an Estimated Amount for each expenditure is optional. Block 24, Total Estimated Expenditures Authorized, must be completed.

General Guidelines for Block 23 When Completing Type C Authorizations

- If subsistence is authorized, enter the appropriate subsistence code for each destination location. Complete the Lodging, M&IE, Rate, and Number of Days blocks. The entry of Estimated Amount is **optional**; users may provide estimated amounts for **some** expenditures while leaving other estimated amounts **blank**.
- Check-off all other types of expenditures authorized. If POV is authorized, provide the POV rate as well. If common carrier tickets are authorized, enter the transportation mode and method of purchase. The entry of an Estimated amount for each expenditure is **optional**.
- Enter the estimated total in Block 24.
- If the authorization covers multiple travelers, the estimated amounts shown should be the amounts authorized for the entire group.

Code

Alphanumeric, 1 position

Enter the applicable subsistence code (i.e., **P** = Per Diem, **A** = Actual Subsistence, **S** = Special Rate, and **C** = Conference Allowance) on the same line with the destination location shown in Block 21.



Note

When the dates of travel on the authorization include a period where the per diem rate for a location has changed and the current (new) per diem rate is less than the previous per diem rate, you must authorize Actual Subsistence Code **A** for the higher rate.

Lodging

Numeric, 7 positions max.

For Codes **P** and **A**, enter amount of lodging authorized. For Code **S**, leave this block **blank**; the special rate will be entered in the Rate block.

Example: Enter \$50.00 as **50.00**

M and IE

Numeric, 7 positions max.

For Codes **P** and **A**, enter the M&IE amount authorized. For Code **S**, leave this block **blank**; the special rate will be entered in the Rate block.

Example: Enter \$30.00 as **30.00**

Rate

Numeric, 7 positions max.

For Codes **P** and **A**, enter the total of Lodging and M&IE to establish the daily rate. For Code **S**, enter the daily rate here.

Example: Enter \$80.00 as **80.00**

No. Days

Numeric, 3 positions max.

Enter, in **whole days** only, the estimated number of days authorized for each location. The total number of days must not exceed the number of available days according to the dates of travel in Block 9.

Example: Record 4 days as **4**

Estimated Amount

Optional, numeric, 7 positions max.

Enter the estimated subsistence amount for **each** locality. The estimated amount is calculated by multiplying the daily rate by the number of days for each location recorded. If multiple travelers are authorized, the estimated amount is calculated by multiplying the daily rate by the number of days by the number of travelers.

Example: \$80.00 x 4 days = **320.00**



Note

The completion of this block is optional; however, Block 24, Total Estimated Expenditures Authorized, must be completed.

Total Subsistence Estimated Amount

Optional, numeric, 7 positions max.

Enter the total estimated amount of subsistence authorized for the entire temporary duty travel period.

Example: Enter \$320.00 as **320.00**



Note

The completion of this block is optional; however, Block 24, Total Estimated Expenditures Authorized, must be completed.

For instructions on completing the rest of Block 23, beginning with POV, and Block 24, see the specific block instructions under [Completing Section C for Type B Authorizations](#).



Note

Block 24 **must** be completed for all TDY travel.

Completing Section C For Type L Authorizations

20. From

No entry

Leave this block blank.

21. To *No entry*
Leave this block blank.

22. Purpose of Travel

(alphanumeric field; max. of 2 lines of 75 positions each). Provide a brief statement describing the specific reason for the travel. To make the statement more meaningful, agencies should supply a better definition of the purpose code. Do not state *site visit* for Purpose Code 1, but rather state the particulars of the trip (e.g., for the site visit the agency could state *visit to the Southern Regional Office to discuss FY97 budgetary issues*).

23. Authorized Expenditures

∇
This section is for the entry of estimated expenditures that are being authorized. The only expenditure that can be authorized for Type L authorizations are POV, Other, GSA Auto, and Car Rental. If POV is authorized, provide the POV rate as well.

For instructions on completing the applicable expenditures in Block 23, beginning with POV, and Block 24, see the specific block instructions under [Completing Section C for Type B Authorizations](#).



Note

Block 24 **must** be completed for all TDY travel.

Completing Section C For Type N Authorizations

20. From *No entry*
Leave this block blank.

21. To *No entry*
Leave this block blank.

22. Purpose of Travel

(alphanumeric field; max. of 2 lines of 75 positions each). Provide a brief statement describing the specific reason for the travel. To make the statement more meaningful, agencies should supply a better definition of the purpose code. Do not state *site visit* for Purpose Code 1, but rather state the particulars of the trip (e.g., for the site visit the agency could state *visit to the Southern Regional Office to discuss FY97 budgetary issues*).

23. Authorized Expenditures

∇
This section is for the entry of estimated expenditures that are being authorized for Type N authorizations.

For instructions on completing all of Block 23 and Block 24, see the specific block instructions under [Completing Section C for Type B Authorizations](#).



Note

Block 24 **must** be completed for all TDY travel.

Section D - Accounting Classification

Section D is used to record the accounting classification that will be charged for the travel. This accounting will be stored in the travel authorization record. When an associated voucher is filed, agencies may simply check a block on the voucher to charge the stored accounting. However, the voucher provides agencies with the capability to distribute the claim to accounting other than that shown on the AD-202, without amending the AD-202.

25. Distribute Total Estimated Expenditures From Section C To The Applicable Purpose Of Travel Code And Accounting Classification Line

∇
Complete this block as follows:

Purpose Code

Required, numeric, 2 positions max.

Enter a purpose of travel code from the list on the AD-202 for each line of accounting to be shown.

- 1 Site visit
- 2 Information meeting
- 3 Training attendance **Note:** A Training document number is required in Block 12 of the AD-202.
- 4 Speech or presentation
- 5 Conference attendance
- 6 Relocation
- 7 Entitlement/Home leave
- 8 Special mission travel
- 9 Emergency travel
- 10 Other travel
- 11 Pre-employment
- 12 First post of duty
- 13 Rest and recuperation
- 14 Educational
- 15 Informal training



Note

(1) If the purpose code is 1 through 9, agencies are **not** required to enter the preceding zero. (2) If the purpose of the trip is Purpose Code 3, the training document number assigned on Form SF-182, Request, Authorization, Agreement, and Certification of Training, must be provided in Block 12, Training Document No. A training document number is not required for Purpose Code 15.

Example: Record Purpose Code 1 as *1* or *01*

Accounting Classification

Required, alphanumeric, 35 positions max.

Enter the agency management or accounting classification code(s) to be charged for the travel. Up to 7 lines of accounting may be used.



Note

Be sure to **start** the accounting on **line 1** of this section. Do **not** skip a line between multiple lines of accounting.

If the accounting is for an agency other than the traveler's employing agency, the accounting must be entered in a special manner. In these instances, enter the paying agency's accounting code and follow the accounting code with a slash (/). Immediately behind the slash, enter the 2-position agency code that identifies the paying agency. Directly behind the agency code enter the 4-digit accounting station code of the paying agency. Do not space between the agency code and the accounting station code. Also follow this procedure if multiple accounting codes are to be charged to another agency.

Example: If an employee works for the Forest Service (Agency Code 11) but is traveling for NFC and NFC will be paying for the trip (Agency Code 90, Accounting Station Code 0010, Accounting Code 99999999), the accounting section should be completed as follows:

99999999/900010

★★

In the case of Forest Service who charges different regions and units within its own agency, the exact same procedure as outlined above (i.e., showing the slash, agency code, and accounting station code) must be followed.

Percentage

Required, numeric, 3 positions max.

Enter the percentage of estimated expenditures for each line of accounting. Percentages must be entered as **whole numbers**.

Example: 80% would be entered as **80**
20% would be entered as **20**

Do not enter dollar amounts or percentage signs. The sum of the individual percentages must equal 100 percent.

Section E - Travel Advance

Section E is used to request an advance of funds for use on official travel.

★★

26. Advance Request Method

Alphanumeric, 1 position

Enter the applicable method code from the list of codes on the AD-202 that will be used by the traveler to request and obtain the advance of funds.

- C** Check or DD/EFT
- T** Travelers checks (no longer used)
- I** Imprest Fund (no longer used)
- E** Emergency (wire)

- W Wire confirmation
- S Embassy issued advance
- L Embassy Collected advance

27. Amount of Advance Applied For

Numeric, 7 positions max.

Enter the amount of money requested on this advance.★★

Example: Enter \$100.00 as **100.00**

★★

28. Balance From Previous Advance

Numeric, 7 positions max.

Enter the amount of advance that the traveler has outstanding prior to this advance request.

Example: Enter \$100.00 as **100.00**

29. Total Advance Amount

Numeric, 7 positions max.

Enter the total of Block 27 and Block 28.

Example: Enter \$200.00 as **200.00**

30. Applicant's Signature

Alphanumeric

If an advance is requested, the applicant must sign in this block.

31. Date Applied For

Numeric, 6 positions max.

Enter the date the application is signed using the mm/dd/yy format.

Example: Enter **060297** to record June 2, 1997.

32. Advance Mailing Address Options

▽

If NFC is issuing the advance payment directly to the traveler, select **one** of the options identified below to indicate the appropriate mailing address for the advance.★★



Note

Employees of the Department of State and Department of Education, new employees who have not received their first salary payment, special appointees, and non-Government employees must use either the Special Address or Travel EFT Account option.

Salary Address

Alphanumeric, 1 position

Check this block to route the advance payment to the address or electronic funds transfer (EFT) routing number where the employee normally receives his or her salary payment. This option is **only** available to those employees who are payrolled by NFC and have received **one** or **more** salary payments from NFC.

T&A Contact Point

Alphanumeric, 1 position

Check this block to route the advance payment to the traveler's T&A contact point address. This option is **only** available to those employees who are payrolled by NFC and have received **one** or **more** salary payments from NFC.

**Special Address
(Required for new hires, special appointees, and nongovernment travelers)**

Alphanumeric, 1 position

Check this block to route the advance check to an address other than the traveler's salary address, travel EFT account, or T&A contact point location. Enter the special address on the three lines provided in this section as described below. Do **not** show the traveler's name on the address lines; the name will be generated by the system. This option can be used by **all** travelers.



Note

Caution should be used to ensure that the address is complete and accurate for proper delivery of the check. If the address is hand-printed, please ensure that the information is legible.

1. *Alphanumeric, 35 positions max.*
Enter the street address and/or box number to be used for mailing the advance payment.
2. *Alphanumeric, 35 positions max.*
If additional space is needed for the street/box number, use this line.
3. **City** *Alphanumeric, 20 positions max.*
Enter the name of the city to which the advance will be mailed.
- State** *Alphanumeric, 2 positions*
Enter the abbreviation for the state to which the travel advance will be mailed.
- ZIP Code** *Numeric, 9 positions max.*
Enter the ZIP code of the location to which the travel advance will be mailed. Do **not** enter punctuation or spaces.

Example: Enter ZIP code 70160-0001 as **701600001**

Foreign Address *Alphanumeric, 1 position*

Check this block to route the travel advance to a special address in a foreign country. Enter the foreign street address on Line 1. Enter the foreign city name on Line 2. Enter the foreign country name and ZIP code (if any) in the City section of Line 3. Leave the State and ZIP Code blocks **blank**.



Note

Caution should be used to ensure that the address is complete and accurate for proper delivery of the check. If the address is hand-printed, please ensure that the information is legible.

Travel EFT Account

Alphanumeric, 1 position

Check this block to route the travel advance payment via EFT to an account other than the salary account. Then enter the code used to identify the EFT account on

Line 1. This code consists of a 9-position routing number for the financial institution; a 1-position alpha character for the account type (*C* for checking and *S* for savings); and the traveler's account number (not to exceed 25 positions). Leave Lines 2 and 3 **blank**. Do not show spaces or special characters in the EFT account code. This option can be used by **all** travelers.

Example: 123456789C12345...



Note

The Travel EFT Account code will not be stored in the Travel System for future use. Each time a traveler wishes to use the Travel EFT Account address option, the Travel EFT Account block must be checked and the full EFT account code must be shown on address Line 1.

**33. Imprest Fund
Cashier**



This block is no longer used.

★★

**34. Advance
Received (Cash Or
Travelers Checks)**



This block is no longer used.

★★

Section F - Agency Approval

Section F is completed to document approval of the Form AD-202. This approval is required for both authorizations and requests for advance of funds.

**35. Approving
Officer's Name**

Required, alphanumeric, 30 positions max.

Type or hand-print the name (last, first, middle initial) of the officer designated by the agency to authorize the AD-202.

And Title

Alphanumeric, 20 positions max.

Type or hand-print the title of the officer designated by the agency to authorize the AD-202.



Note

If the individual who will sign the advance request is serving as an acting approving officer, the agency must show the acting individual's name, title, and social security number in Section F. Do not show the name, title, and social security number of the individual for whom he/she is acting.

Agency Code

Required, alphanumeric, 2 positions

Enter the code which identifies the approving officer's employing agency.

**36. Social
Security Number**

Required, numeric, 9 positions

Enter the social security number of the approving officer identified in Block 35.

**37. Date
Approved**

Required, numeric, 6 positions

The approving officer must provide the date of AD-202 approval, using the mm/dd/yy format.

Example: Enter **060297** to record June 2, 1997.

38. Phone (Area Code & No)

Numeric, 10 positions

Enter the area code and telephone number of the approving officer.

39. Approving Officer's Signature

Required, alphanumeric

The approving officer must sign the AD-202 in this block. The individual signing this form **must** be the same individual whose name and social security number appear in Blocks 35 and 36.

40. Contact Person's Name

Alphanumeric, 30 positions max.

Enter the name of the person to contact for information regarding the travel authorization if other than the approving official.

41. Phone (Area Code & No.)

Numeric, 10 positions

Enter the area code and telephone number of the contact person listed in Block 40.

42. Remarks

Alphanumeric, 1 line of 75 positions max.

Enter any additional information as required.

If an advance of funds is requested in excess of the Agriculture Travel Regulation (ATR) prescribed maximum, the approving officer must state the reason in Remarks why the advance request exceeds the maximum in accordance with the FTR.

For Type **GR** travel, enter the name and country of each traveler in this block. If additional space is needed, a plain sheet of paper may be used as a supplement. This sheet must be stapled securely behind the AD-202.



Note

Electronic users should enter additional information and Type GR travel information in the Remarks block on the entry screens.

Completion Instructions - Form AD-202M, Attachment For Multiple Travelers

This section provides completion instructions for the Form AD-202M, Attachment for Multiple Travelers (Figure 2). In those travel situations where two or more travelers, with like employment status, have the same itinerary and are authorized the same expenditures, agencies may issue a single authorization to cover the multiple travelers. Form AD-202M is used along with the AD-202 to accommodate situations of group travel of up to 50 travelers. Each AD-202M can accommodate 25 travelers; therefore, if 26-50 travelers are being authorized, two Forms AD-202M must be used.

The AD-202M is a 3-part snapout set containing the original, which is used for processing, the Employee Copy (1st copy), and the Agency Copy (2nd copy). The carbon pattern on the Employee Copy has been aligned for privacy so that the social security numbers of the travelers are not shown. The Employee Copy of the form may be photocopied for distribution to each traveler covered under the authorization.

The AD-202M is completed in conjunction with the AD-202 to identify the travelers covered under the authorization. Blocks for the entry of each traveler's name and social security number are contained on the AD-202M. All other information pertinent to the authorization is shown on the AD-202. After completion, the AD-202M(s) is attached to the back of the AD-202 for processing.

The numbers below correspond to the blocks on the AD-202M.

1. Travel Authorization Number

Required, alphanumeric, 13 positions

Enter the authorization number from the AD-202 that will be filed with this form.

2. Multiple Travelers Identification

AAC (Amendment Action Code)

Alphanumeric, 1 position

Leave this block **blank** when establishing a new authorization. To add or delete a traveler from an existing authorization (using Action Code **A** for Amend on the AD-202), enter the appropriate Amendment Action Code (AAC) from the list below.

- A** add
- D** delete



Note

Social Security Number

Required, numeric, 9 positions

Enter each traveler's social security number.

Name

Required, alphanumeric, 30 positions max.

Enter each traveler's last name, first name, and middle initial. Agencies should ensure that the name is entered in the manner described for Block 5 under [Completing Form AD-202, Travel Authorization/Advance](#).

Training Document Number

Alphanumeric, 10 positions

If the purpose of the trip is to attend a training class (Purpose Code 3), enter the training document number assigned to the corresponding SF-182, Request, Authorization, Agreement, and Certificate of Training for **each** traveler. Do not enter punctuation (e.g., spaces or hyphens). Otherwise, leave this block **blank**.

Example: Enter training document number 9-99-XX-99999 as **999XX99999**



If the purpose code is 15, Informal Training, a training document is not required; therefore, this block may be left blank.

Completion Instructions - Form AD-202R, Attachment For Relocation Travel

This section provides completion instructions for Form AD-202R, Attachment For Relocation Travel ([Figure 3](#)). This form is an attachment to the AD-202 that is used to authorize relocation travel. The AD-202R is always completed in conjunction with the AD-202 and it must be attached to the AD-202 for submission to NFC for processing.

The AD-202R includes its own Section C-Itinerary and Estimated Expenditures, that replaces Section C of the AD-202. Check-off blocks (indicators) allow the approving officer to indicate the authorized expenditures and estimated amounts. Each type of expenditure that may normally be authorized for a relocation is specifically listed on the AD-202R and is preceded by an indicator check block. To authorize an expenditure, check the block next to the type of expense. This format will serve as a checklist to ensure that all necessary expenditures have been authorized and help to reduce the number of amendments issued to authorizations. Entry of estimated amounts for each authorized expenditure is **optional**. However, Blocks 11 and 28 **must** be completed if a househunting trip is authorized, and Block 29 and 30 **must** always be completed for the transfer of station.

The AD-202R is a 5-part snapout set containing (1) the original which is sent to NFC for processing, (2) the employee copy (1st copy), and (3) all agency copies (2nd, 3rd and 4th copies). The AD-202R is used for three purposes: (1) authorization of househunting expenditures, (2) authorization of the actual move including the request and approval of services provided by relocation companies, and (3) provision of the Service Agreement required for all Government relocations.



Note

(1) Agencies must attach a copy of the AD-202 and AD-202R to the first travel voucher submitted to NFC for the relocation. If the agency uses its own service agreement in lieu of the agreement on the bottom of the AD-202R, the agency must also attach a copy of the signed agreement to the first voucher. (2) Agencies may allow for payment of limited relocation allowances in connection with a temporary change of station. Agencies should indicate in Block 42, Remarks, of the AD-202 that the change of station is temporary.

To authorize expenditures for relocation travel, complete the AD-202R according to the instructions below.



Note

The numbers below correspond to the block numbers on the form.

1. Travel Authorization Number

Required, alphanumeric, 13 positions

Enter the authorization number shown on the AD-202 that will be filed with this form.

2. Social Security Number

Required, numeric, 9 positions

Enter the traveler's social security number.

3. Name

Required, alphanumeric, 30 positions max.

Enter the traveler's last name, first name, and middle initial.

TRAVEL AUTHORIZATION/ADVANCE ATTACHMENT FOR RELOCATION TRAVEL
For relocation travel, complete this Form AD-202R in lieu of Section C of Form AD-202 and attach to the Form AD-202

1. TRAVEL AUTHORIZATION NO. 2. SOCIAL SECURITY NO. 3. NAME (Last) (First) (Middle Initial) 4. DISTANCE OF MOVE
Less than 50 miles 50 miles or more

SECTION C - ITINERARY AND ESTIMATED EXPENDITURES

5. TYPE APPOINTMENT (Indicate one type only)
IP - Intergovernmental Personnel Act Assignee (IPA) NA - New Appointment SE - Senior Executive Service Career
OT - All Other Appointment Upon Separation for Retirement

6. NEW OFFICIAL STATION (City and State)

7. EXPENDITURES FOR HOUSEHUNT AUTHORIZED

8. AUTHORIZED TRAVELERS
Employee Spouse Unaccompanied Spouse

9. ESTIMATED DATES OF TRAVEL
FROM THRU
Month Day Year Month Day Year

10. AUTHORIZED EXPENDITURES ESTIMATED AMOUNT
Par Diem: Rate \$ X No. Days - \$
POV: Rate X Miles - \$
Other (Specify)

11. TOTAL ESTIMATED EXPENDITURES FOR HOUSEHUNT \$

12. SEPARATE RELOCATION ALLOWANCES ELECTION (Must attach Form AD-202RE)

13. EXPENDITURES FOR TRANSFER OF STATION AUTHORIZED
FROM TO OUTSIDE CONTINENTAL U.S. SUBSISTENCE (Type Travel OT Only)
CITY ST CITY ST SUB. CODE LODGING M and IE RATE NO. DAYS
\$ + - x = \$

14. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED 15. UNACC SPOUSE IND
NAME BIRTHDATE MARRIAGE STATUS TOTAL SUBSISTENCE \$
SPOUSE TRAVEL BY POV
NO. OF POVS RATE TOTAL MILES
Other (Specify)
Unaccompanied Baggage \$
Common Carrier Tickets \$
Transportation Mode Method of Purchase \$
Use of Non-contract Airline Insert code
Excess Fare
Excess Baggage

16. ESTIMATED DATES OF TRAVEL
FROM THRU
Month Day Year Month Day Year

18. SHIPMENT OF HOUSEHOLD GOODS
ESTIMATED WEIGHT OF GOODS PAYMENT METHOD RATE ADDITIONAL ALLOWANCES
Actual Expense Commuted Rate \$ \$

19. STORAGE OF HOUSEHOLD GOODS
NO. DAYS ESTIMATED WEIGHT OF GOODS TO BE STORED COMMUTED RATE
1ST DAY STORAGE RATE OTHER DAYS STORAGE RATE WAREHOUSE/PICKUP DELIVERY RATE \$ \$ \$

20. TRANSPORTATION OF MOBILE HOME (In lieu of shipment and storage of household goods) \$

21. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE (To be paid by GBL only) \$

22. TEMPORARY QUARTERS
NUMBER OF DAYS DAILY RATE FOR FIRST 30 DAYS DAILY RATE FOR OVER 30 DAYS \$ \$ \$

23. MISCELLANEOUS EXPENSES/ALLOWANCE \$

24. REAL ESTATE EXPENSES PAID BY EMPLOYEE (Check applicable expenses)
Sale of Residence Purchase of Residence Lease Termination
AMOUNT \$ AMOUNT \$ AMOUNT \$

25. HOME PURCHASE INFORMATION
RESIDENCE ADDRESS AT OLD DUTY STATION (Street, City, State, and Zip Code) NAMES OF ALL OWNERS OF THE PROPERTY % OWNERSHIP IMMEDIATE FAMILY MARRIAGE STATUS OF EMPLOYEE
TELEPHONE (Area Code and Number) % AUTHORIZED % USED AS INCOME PRODUCING ANY KNOWN TITLE DEFECTS UREA-FORMALDEHYDE INSULATION
ESTIMATED SALES PRICE \$ Y = Yes N = No Y = Yes N = No \$

26. RELOCATION SERVICES
RELOCATION COMPANY NAME TYPE SERVICES (Check Service(s) Requested)
Home Purchase Home Finding Home Marketing Mortgage Finding

27. RELOCATION SERVICES CANCELLATION Canceled by Agency Employee Relocation Company CANCELLATION FEES \$

28. Total Estimated Expenditures for Househunt (from block 11) \$
29. Total Estimated Expenditures for Transfer of Station \$
30. TOTAL ESTIMATED EXPENDITURES AUTHORIZED \$

DISTRIBUTE TOTAL OF THIS BLOCK TO SECTION D ON THE AD-202.

Service Agreement: I agree to remain in the service of the Federal Government for 12 months following the effective date of my transfer or appointment, unless separated for reasons beyond my control and acceptable to the Government. In case I violate this agreement, any moneys expended by the United States on account of my move described above shall be recoverable from me as a debt due the United States. If I receive Withholding Allowance (WTA) payments for claims filed for transfer expenses I agree to: (1) file for a Relocation Income Tax Allowance (RIT), (2) file all required documentation of income with the claim for RIT by August 31 of the year following the WTA payments unless an extension of time is granted by the Government. If I am overpaid or do not file the claims, I agree to repay the Government the entire WTA expended by the United States in connection with my transfer.

31. SIGNATURE
32. DATE

Part 1 NFC

FORM AD-202R (USDA) (Rev. 11/96)

3. Completion Instructions - Form AD-202R, Attachment For Relocation Travel

4. Distance Of Move

Required, alphanumeric, 1 position

Check the block to indicate whether the distance of the move is less than 50 miles or 50 miles or more. The distance of the move affects income tax withholding on moving expenses.

Section C - Itinerary And Estimated Expenditures

Section C is completed to record the itinerary and authorized expenditures for the transfer of station.

5. Type Appointment

Required, alphanumeric, 2 positions

Enter the 2-position alpha code from the list on the AD-202R that describes the traveler's type of appointment. If the type of appointment is not specifically listed, enter **OT** for all other.

- IP** Intergovernmental Personnel Act Assignee (IPA)
- NA** New Appointee
- OT** All Other
- SE** Senior Executive Service Career, Appointment upon Separation for Retirement

6. New Official Station

Required, alphanumeric, 22 positions max.

Enter the city name and 2-position state abbreviation code of the duty station where the employee is relocating. If the new duty station is a nonforeign area outside CONUS, enter the city name and 2-position state abbreviation code as shown in TFLC. If the new duty station is a foreign locality, enter the city name and 2-position alpha country code (from TFLC).

7. Expenditures For Househunt Authorized

Alphanumeric, 1 position

Check this block to authorize expenditures for a househunting trip. If a househunting trip is not authorized, leave this block **blank** and proceed to Block 12, Separate Relocation Allowances Election.

8. Authorized Travelers

Alphanumeric, 1 position

If a househunting trip has been authorized, indicate who is authorized to make the trip.

9. Estimated Dates Of Travel

This block is used to provide the estimated dates of travel for the househunting trip. The employee and spouse may travel **together** or **separately**. However, the maximum number of days allowable for a househunting trip or trips cannot exceed a total of 10 days, in accordance with the FTR. Additionally, only one trip per employee and one trip per spouse is allowed, regardless of the combined duration. If separate househunting trips are to be taken, Block 9 must include the range of dates for both trips.

Examples:

1. The couple may take one 10-day trip together.

OR

2. The employee **or** the spouse may take one 10-day trip alone.

OR

3. The employee and spouse may each take separate trips, with the combined trips not exceeding 10 days (e.g., the employee could take a trip for 3 days and the spouse could take a trip for 7 days).



Note

Per the FTR, trips to seek permanent housing shall not be authorized when the distance between the old and new duty stations is less than 75 miles.

From

Numeric, 6 positions

Enter the estimated date of departure for the househunting trip using the mm/dd/yy format.

To

Numeric, 6 positions

Enter the estimated end date of the house hunting trip using the mm/dd/yy format.

Example: Enter **060297** to record June 2, 1997.

10. Authorized Expenditures

∇

Each type of expenditure that may normally be authorized for a househunting trip is listed in this portion of the AD-202R and is preceded by an indicator check block. To authorize an expenditure, check the block next to the type of expense.



Note

(1) Entry of estimated amounts for each authorized expenditure is optional; users may provide estimated amounts for some expenditures while leaving other estimated amounts blank. However, Block 11, Total Estimated Expenditures for Househunt, must be completed if expenditures for a househunting trip are authorized. (2) Even though individual expense estimates are optional, agencies may want to consider showing the estimated amounts when cost comparison travel is involved so that the traveler knows the maximum allowable amounts. Agencies can also enter some estimated amounts while leaving other estimated amount blocks blank.

Per Diem

Alphanumeric, 1 position

To authorize per diem for the househunting trip, check this block.

Rate

Numeric, 7 positions max.

To authorize househunting per diem based on the lodgings plus meals and incidental expenses (M&IE) method, enter the applicable daily lodgings plus M&IE rate, in accordance with the FTR. If the employee and spouse are traveling together, add their rates together and enter one total. To authorize househunting per diem based on a flat locality rate (subject to the FTR requirements), enter the flat daily rate. Explain in Block 42, Remarks, of the AD-202 that the flat rate method is being authorized.

Example: Record \$140.00 as **140.00**

No. Days

Numeric, 4 positions max.

If per diem is authorized, enter, in **whole days** only, the estimated number of days (not to exceed 10) authorized for the trip.

Example: Record 7 days as **7**

Estimated Amount

Optional, numeric, 7 positions max.

Enter total of the per diem rate multiplied by the number of days.

Example: \$140.00 X 7 days = **980.00**

POV

Alphanumeric, 1 position

Check this block to indicate authorization of the use of a Privately Owned Vehicle (POV).

Rate

Numeric, 4 positions max.

Enter the mileage rate authorized in accordance with the FTR, if POV is authorized.

Example: Enter 31¢ as **310**

Miles

Enter the estimated number of miles, in **whole numbers**, authorized for the househunting trip.

Example: Enter 400 miles as **400**

Estimated Amount

Optional, numeric, 7 positions max.

Enter the POV estimated amount. This is the product of the mileage rate multiplied by the estimated number of miles.

Example: 31¢ x 400 miles = **124.00**

Other (Specify)

Alphanumeric, 1 position

Check this block if any expenditure not specifically identified in Block 10 is authorized. Examples of other expenses are official telephone calls, local travel expenses, parking expenses, etc. Enter the description of the other expense(s) in the space provided. Since space is limited, abbreviate or use shorter words to record multiple expenses (e.g., **PH** or **Call** for telephone calls; **taxi**, **cab**, or **sub** for local transportation, etc.).

Estimated Amount

Optional, numeric, 7 positions max.

Enter the amount of other authorized expenditures.



Note

(1) If the agency is authorizing excess fare and wishes to authorize an estimated amount, include the amount in the Common Carrier Tickets block. **(2)** Expense estimates for gasoline used in a rental vehicle should be part of Car Rental and should not be included in the Other Estimated Amount.

Common Carrier Tickets

Alphanumeric, 1 position

Check this block if the use of common carrier transportation is authorized for the househunting trip.

**Transportation
Mode**

Alphanumeric, 1 position

Enter one of the following codes to indicate the mode of transportation authorized:

- A** Airplane
- B** Bus
- C** Air and bus
- D** Air and train
- E** Bus and train
- F** Air, bus, and train
- T** Train
- O** Other (e.g., boats, ferries, etc.)
- P** Cost comparison. Use Code P when a traveler chooses to use his/her own personal vehicle rather than the authorized mode of common carrier transportation. The maximum reimbursement to the traveler is limited to the amount which would have been incurred had the traveler used a common carrier. When completing the authorization for cost comparison travel, the agency should complete the authorization to reflect what the agency deems advantageous to the Government. Do not show what the traveler will actually do.

**Method Of
Purchase**

Alphanumeric, 2 position

Enter the code from the list below which denotes the method of payment used by the traveler to purchase transportation tickets.

When the mode of transportation for the househunting trip is P, the method of purchase must be blank.

- CC** Government contractor issued credit card
- GV** Government Transportation System (GVTS)
- TR** Corporate credit card (formerly Government Transportation Request (GTR))
- CH** Cash
- VC** GVTS and credit card
- TC** Corporate credit card and Government contractor issued credit card
- HC** Credit card and cash
- VH** GVTS and cash
- TH** Corporate credit card and cash
- V3** GVTS, cash, Government contractor issued credit card, and corporate credit card

**Estimated
Amount**

Optional, numeric, 7 positions max.

Enter the estimated amount to be paid by the Government for the transportation tickets.

**Use Of Non-contract
Airline**

Numeric, 1 position

Enter the appropriate code from the list below to indicate that use of a non-contract airline has been approved and justified in accordance with the FTR.

- 1 Space not available on contract airline
- 2 Schedule of flights on contract airline is inconsistent with Government policy
- 3 Cost comparison substantiates use of non-contract airline
- 4 Rail service available, cost effective, and consistent with the mission



Note

Do not enter a code if the traveler is using a non-contract airline because a contract carrier does not exist.

Excess Fare

Alphanumeric, 1 position

It is the policy of the Government that less-than-first-class accommodations shall be used for all modes of passenger transportation. Check this block if higher cost accommodations are authorized (e.g., first class, business class, etc.).



Note

If the agency wants to authorize an estimated amount for excess fare, include the amount in the Common Carrier Tickets block.

Car Rental

Alphanumeric, 1 position

Check this block to authorize the rental of a vehicle.

Estimated Amount

Optional, numeric, 7 positions max.

Enter the estimated cost of the rental vehicle, including gasoline expenses.



Note

(1) The gasoline expense estimate should not be included in the Other Estimated Amount. (2) Additional auto insurance cannot be authorized for the rental vehicle in accordance with the FTR.

11. Total Estimated Expenditures For Househunt

Numeric, 8 positions max.

Enter the estimated cumulative total of expenditures authorized for the househunting trip. This amount **must be** entered if expenditures for a househunting trip have been authorized. Leave this block **blank** if househunting expenses have not been authorized.

12. Separate Relocation Allowances Election

Alphanumeric, 1 position

Check this block if the separate reimbursement of relocation allowances is being authorized for two Federal employees of the same immediate family employed by NFC travel-serviced agencies. Agencies **must** complete Form AD-202RE, Travel Authorization/Advance, Election For Separate Relocation Allowances, in lieu of Blocks 14 and 15 on the AD-202R, when Block 12 on the AD-202R is checked. Leave this block **blank** if separate relocation reimbursement is not authorized.

13. Expenditures For Transfer Of Station Authorized

Alphanumeric, 1 position

To authorize the transfer of station, check this block.

After the transfer of station has been authorized, complete the blocks for the trip itinerary according to the instructions below:

- For Types Travel TS, FT, and RT, leave the From and To blocks **blank**.
- For Type Travel OT **only, complete** the From and To blocks for the itinerary of the trip. Up to seven different locations may be identified to accommodate multiple stops within the trip.

From

City

Alphanumeric, 20 positions max.

Enter the city of departure for outside CONUS relocation travel.

St

Alphanumeric, 2 positions

Enter the 2-position state abbreviation code for the state of departure for outside CONUS relocation travel. A list of state abbreviation codes for nonforeign areas is provided in TFLC.

To

City

Alphanumeric, 20 positions max.

Enter the name of the destination location as follows:

Travel Within CONUS

The traveler is entitled to the standard CONUS rate when traveling within CONUS. However, the City block must be completed as described below:

- If a locality is a **key** city as identified in Appendix A of Section 301 in the FTR, enter the city name. The city name must be shown **exactly** as listed in Appendix A, **including punctuation**. Abbreviations cannot be used.

Examples: (1) The city of St. Louis (Missouri) must be shown as ***St. Louis***

Notice that the period was entered behind **St** because it is shown that way in Appendix A of the FTR.

(2) Loveland, Colorado, is a key city and is listed in the County And/Or Other Defined Location column of Appendix A of the FTR as City Limits of Loveland (see Larimer County). Therefore, agencies must show ***Loveland*** as the location name.

- If a locality is **not** a key city but is located within an area identified in the County And/Or Other Defined Location column of Appendix A of the FTR, enter the appropriate location name shown in the column. **Do not** enter the city name. The location name must be spelled **exactly** as listed in Appendix A, **including punctuation**. Abbreviations may not be used.



Note

Agencies should show the actual locality name in Block 42, Remarks, of the Form AD-202.

Examples: (1) Mandeville, Louisiana, is not a key city but is located in St. Tammany Parish (county), which is listed in Appendix A of the FTR. Therefore, agencies must show ***St. Tammany*** instead of the city name of Mandeville.

Notice that the period was entered behind **St** because it is shown that way in Appendix A of the FTR.

(2) Davis-Monthan Air Force Base, Arizona, is not a key city but is listed in Appendix A of the FTR as Pima County; Davis-Monthan AFB. Therefore, agencies must show **Davis-Monthan AFB** as the location name.

(3) Jackpot, Nevada, is not a key city but is located in Elko County which is listed in Appendix A of the FTR as All points in Elko County excluding Wendover. Therefore, agencies must show **Elko** instead of the city name of Jackpot.

- If a locality is **not** a key city and is **not** located within a county specifically listed in Appendix A of the FTR, enter the city name.

Travel To Nonforeign Areas Outside of CONUS

- If the locality is specifically identified in the Department of State's (DOS) monthly publication, Maximum Per Diem Allowances for Foreign Areas, Section 925 (A Supplement to the Standardized Regulations), enter the city name. The city name must be shown exactly as listed in DOS' publication, **including punctuation**.

Example: The city of Ft. Wainwright (Alaska) must be shown as **Ft. Wainwright**

Notice that the period was entered behind **Ft** because it is shown that way in the DOS' publication.

- If the locality is **not** specifically identified in DOS' publication, the traveler will be entitled to the per-diem rate shown as **Other**. Therefore, agencies must show **Other** as the city name in the City block in lieu of the actual city name. After recording **Other** in the City block, show the actual city name in Block 42, Remarks, on the AD-202.

Example: The city of Palmer (Alaska) is not specifically identified in DOS' publication. Record the word **Other** in the City block and show **Palmer** in Block 42 on the AD-202.

St

Alphanumeric, 2 positions

Enter the 2-position alpha state abbreviation code. For nonforeign areas outside CONUS, see the list of state abbreviation codes provided in TFLC.

14. Members Of Immediate Family Who Will Be Moved

▽

This section is used to record pertinent information about members of the employee's immediate family who will be relocated.



Note

If the separate reimbursement of relocation allowances (Block 12) is being authorized for two or more Federal employees of the same family, agencies must complete Form AD-202RE in lieu of Blocks 14 and 15 on the AD-202R.

Name

Alphanumeric, 25 positions max.

To authorize relocation expenditures for the employee's spouse, enter his or her name after the word **Spouse** in the first block. To authorize relocation expenditures for other members of the employee's family, enter their names in the

blocks below **Spouse**. Up to 13 family members, including the spouse, may be entered.

Birthdate

Numeric, 6 positions

Enter the date (mm/dd/yy) of birth of each family member who will be moved (excluding the spouse).

Example: Enter **060297** to record June 2, 1997.

Marital Status

Alphanumeric, 1 position

Enter one of the codes below to identify the marital status of each family member.

S Single

M Married

**15. Unacc Spouse
Ind**

Alphanumeric, 1 position

To authorize the employee's spouse to travel to the new duty station **without** the employee, check the unaccompanied spouse indicator. Leave this block **blank** if the employee's spouse is not authorized to travel to the new duty station unaccompanied.

**16. Estimated Dates
Of Travel**

∇

Enter the estimated dates of enroute (one-way) travel for the employee and family to the new official duty station.

Agencies must ensure that the estimated dates of travel include the travel dates for all members of the family.

From

Numeric, 6 positions

Enter the estimated beginning date of travel to the new duty station, using the mm/dd/yy format.

Thru

Numeric, 6 positions

Enter the estimated date of arrival at the new duty station, using the mm/dd/yy format.

Example: Enter **060297** to record June 2, 1997.

**17. Travel And
Transportation Of
Family**

∇

This section is for the entry of the estimated expenditures authorized for the employee and all other family members. Each type of expenditure that may normally be authorized for the actual move is listed in this portion of the AD-202R and is preceded by an indicator block. To authorize an expenditure, check the block next to the type of expense.



Note

(1) Entry of estimated amounts for each authorized expenditure is optional; users may provide estimated amounts for some expenditures while leaving other estimated amounts blank. However, Block 29, Total Estimated Expenditures for

Transfer of Station, must be completed if expenditures for the transfer of station are authorized. (2) Even though individual expense estimates are optional, agencies may want to consider showing the estimated amounts when cost comparison travel is involved so that the traveler knows the maximum allowable amounts. Agencies can also enter some estimated amounts while leaving other estimated amount blocks blank.

Per Diem

Alphanumeric, 1 position

To authorize per diem for Types Travel TS, FT, and RT, check this block. Leave this block **blank** for Type Travel OT. Per diem expenditures for relocations outside CONUS are authorized in the Outside Continental U.S. Subsistence (Type Travel OT Only) block below.

Rate

Numeric, 7 positions max.

If per diem for Types Travel TS, FT, and RT has been authorized, enter the applicable daily rate for the lodging, meals, and incidental expenses for the relocation. Remember to combine all rates for the employee, spouse, and family, if traveling together.

Example: Record \$140.00 as **140.00**

No. Days

Numeric, 4 positions max.

Enter the estimated number of days, in whole days, authorized for the travel. If travel will be by POV, enter the number of days based on a minimum driving distance of 300 miles per day.

Example: Record 7 days as **7**

Estimated Amount

Optional, numeric, 7 positions max.

Enter total of the per diem rate multiplied by the number of days.

Example: \$140.00 x 7 days = **980.00**

**Outside Continental
U.S. Subsistence
(Type Travel OT
Only)**

∇

If per diem is authorized for **outside CONUS enroute travel**, the following blocks must be completed for each enroute locality.

Sub Code

Alphanumeric, 1 position

Enter the subsistence code, from the list below, which will apply to each location.

- P** per diem
- S** special rate

Lodging

Numeric, 7 positions max.

For Code **P**, enter the amount of lodging authorized for each location. For Code **S**, leave this block **blank**; the special rate will be entered in the Rate block.

Example: Enter \$90.00 as **90.00**

M and IE *Numeric, 7 positions max.*
For Code **P**, enter the meals and incidental expenses (M and IE) rate authorized.
For Code **S**, leave this block **blank**; the special rate will be shown in the Rate block.

Example: Enter \$65.00 as **65.00**

Rate *Numeric, 7 positions max.*
For Code **P**, enter the total of lodging and M and IE to establish the daily rate. For Code **S**, enter the daily rate here.

Example: Enter \$155.00 as **155.00**

No. Days *Numeric, 3 positions max.*
Enter the estimated number of subsistence days, expressed in **whole** days, authorized for each enroute locality. The total number of days entered in this block cannot exceed the total number of days authorized in Block 16.

Example: Enter 2 days as **2**

Estimated Amount *Optional, numeric, 7 positions max.*
Enter the estimated trip expense by locality. The estimated amount is calculated by multiplying the daily rate by the number of days for each location recorded.

Example: \$155.00 x 2 days = **310.00**

Total Subsistence *Optional, numeric, 7 positions max.*
Enter the cumulative total of all estimated subsistence amounts.

Example: Enter \$310.00 as **310.00**

Travel by POV *Alphanumeric, 1 position*
Check this block to authorize the use of a POV.

No. Of POV's *Numeric, 1 position*
Enter the number of POV's authorized. More than one POV may be authorized in conjunction with the relocation if deemed advantageous to the Government. Up to four POV's may be authorized.

Rate *Numeric, 4 positions max.*
Enter the applicable mileage rate(s) authorized for the relocation based on the number of people traveling in the vehicle.

Example: Enter 15¢ as **150**
Enter 17¢ as **170**

Total Miles *Numeric, 4 positions max.*
Enter the estimated number of miles, in **whole miles**, that will be driven for each vehicle.

Example: If 2 vehicles are authorized with different mileage rates and the total number of miles for the trip is 550, enter 550 on each line providing that both POV's will be driven from the same departure point.

Estimated Amount

Optional, numeric, 7 positions max.

For each POV rate shown, multiply the rate by the total number of miles. Add all products together and enter the total here.

Example: 15¢ x 550 miles = \$82.50
17¢ x 550 miles = \$93.50
\$82.50 + \$93.50 = **176.00**

Other

Alphanumeric, 1 position

Check this block to authorize an expenditure not specifically identified in Section C. Examples of other expenses are official telephone calls, parking expenses, etc. Enter the description of the other expense(s) in the space provided. Since space is limited, abbreviate or use shorter words to record multiple expenses (e.g., **Ph** or **call** for telephone calls, etc.).

If the agency is authorizing excess baggage and wishes to authorize an estimated amount, include the amount in the Other Estimated Amount block.

Estimated Amount

Optional, numeric, 7 positions max.

Enter the total amount authorized or other relocation expenditures.

Unaccompanied Baggage

Alphanumeric, 1 position

Check this block to authorize unaccompanied baggage.

Estimated Amount

Optional, numeric, 7 positions max.

Enter the estimated cost of the unaccompanied baggage.

Common Carrier Tickets

Alphanumeric, 1 position

Check this block to authorize common carrier transportation. If common carrier tickets are authorized, the transportation mode and method of purchase must be shown in the blocks provided.

Transportation Mode

Alphanumeric, 1 position

Enter one of the following codes to indicate the mode of transportation authorized:

- A** Airplane
- B** Bus
- C** Air and bus
- D** Air and train
- E** Bus and train
- F** Air, bus, and train
- T** Train

- O Other (e.g., boats, ferries, etc.)
- P Cost comparison. Use Code P when a traveler chooses to use his/her own personal vehicle rather than the authorized mode of common carrier transportation. The maximum reimbursement to the traveler is limited to the amount which would have been incurred had the traveler used a common carrier. When completing the authorization for cost comparison travel, the agency should complete the authorization to reflect what the agency deems advantageous to the Government. Do not show what the traveler will actually do. Other (e.g., boats, ferries, etc.)

Method Of Purchase

Alphanumeric, 2 positions

Enter the code from the list below to identify the method of payment that will be used by the traveler to purchase transportation tickets for the relocation.

When the mode of transportation is P, the method of purchase must be left blank.

- CC Government contractor issued credit card
- GV Government Transportation System (GVTS)
- TR Corporate credit card (formerly Government Transportation Request (GTR))
- CH Cash
- VC GVTS and credit card
- TC Corporate credit card and Government contractor issued credit card
- HC Credit card and cash
- VH GVTS and cash
- TH Corporate credit card and cash
- V3 GVTS, cash, Government contractor issued credit card, and corporate credit card

Estimated Amount

Optional, numeric, 7 positions max.

Enter the estimated amount for the common carrier tickets.

Use Of Non-contract Airline

Numeric, 1 position

Enter the appropriate code from the list below to indicate that the use of a non-contract airline has been approved and justified per the FTR.

- 1 Space not available on contract airline
- 2 Schedule of flights on contract airline is inconsistent with Government policy
- 3 Cost comparison substantiates use of non-contract airline
- 4 Rail service available, cost effective, and consistent with the mission

Excess Fare

Alphanumeric, 1 position

It is the policy of the Government that less-than-first-class accommodations shall be used for all modes of passenger transportation. Check this block if higher cost accommodations are authorized (e.g., first class, business class, etc.).



Note

If the agency wants to authorize an estimated amount for excess fare, include the amount in the Common Carrier Tickets block.

Excess Baggage

Alphanumeric, 1 position

Check this block to authorize excess baggage (e.g., transporting special equipment).



Note

If the agency wants to authorize an estimated amount for excess baggage, include the amount in the Common Carrier Tickets block.

18. Shipment Of Household Goods

Alphanumeric, 1 position

Check this block to authorize the shipment of household goods, and complete the blocks listed below.

Estimated Weight of Goods

Numeric, 5 positions max.

If the shipment of household goods is authorized, enter the estimated weight (not to exceed 18,000 pounds net weight) of the household goods to be shipped.

Example: 16,000 pounds should be entered as **16000**

Payment Method

∇

If expenditures for the shipment of household goods are authorized, check the appropriate method of payment for the shipment of the household goods as described below.

Actual Expense

Alphanumeric, 1 position

Check this method if the household goods are to be shipped on a Government Bill of Lading (GBL) using a carrier selected and paid directly by the Government. If a determination has been made that the Actual Expense method will be authorized and the employee chooses to move his/her household goods by a rental vehicle (i.e., U-Haul, Budget), the employee will only be reimbursed for actual expenses not to exceed the estimated GBL cost. A weight certificate must also be obtained if the employee moves his/her own household goods.

If the Actual Expense method is selected, you may proceed to the Estimated Amount column and enter the amount authorized for the shipment of the goods.



Note

Although the Estimated Amount is optional, the agency may want to consider providing the amount so that the traveler will know the specific amount being authorized for the shipment.

Commuted Rate

Alphanumeric, 1 position

Check this method if the traveler is making his or her own travel arrangements for the shipment of household goods. Then complete the Rate block as described below.

Rate

Numeric, 6 positions max.

Enter the applicable commuted rate.

A bill of lading from a carrier or a weight certificate must be attached to the travel voucher to support the claim.

Example: Enter \$49.85 (rate for shipping 100 pounds for a distance of 810 miles) as **49.85**

Additional Allowances

Numeric, 7 positions max.

Enter the amount of any additional allowances authorized for payment under the commuted rate method (e.g., extra labor, the shipment of a piano, etc.). A

description of what the additional allowances cover must be provided in the **Remarks** block on the bottom of the AD-202.

Example: Enter \$30.75 (additional allowances amount for moving a piano) as **30.75**

Estimated Amount

Optional, numeric, 7 positions max.

Enter the total estimated amount authorized for the shipment of household goods. To calculate the estimated amount under the commuted rate method.

Example: Enter \$7,976.00 as **7976.00**

19. Storage Of Household Goods

Alphanumeric, 1 position

Check this block to authorize expenses for the storage of household goods and complete the blocks listed below.

Temporary Storage

Alphanumeric, 1 position

To indicate that temporary storage of household goods is authorized, enter **Y** (yes) in this block. If non-temporary storage is authorized, enter **N** (no).

No. Days

Numeric, 4 positions max.

Enter the number of days in **whole days**, that storage is authorized.

- For temporary storage, the initial period should not exceed 90 days. However, upon an employee's written request, the initial period may be extended for up to an additional 90 days under certain conditions, if approved by the agency head or his/her designee.
- For non-temporary storage, the initial period should not exceed 365 days. The authorization may be amended to allow for up to a total of 1095 days of non-temporary storage.

Example: 90 days should be entered as **90**

Estimated Weight Of Goods To Be Stored

Numeric, 5 positions max.

Enter the estimated weight of the household goods that will be in storage. Again, the maximum weight is 18,000 pounds. If the storage of household goods will be paid using the actual expense method, proceed to the Estimated Amount column. If the storage expenses will be paid for using the commuted rate method, complete the Commuted Rate blocks.

Example: 16,000 pounds should be entered as **16000**

Commuted Rate

∇

If the storage of household goods is under the commuted rate system, complete this block.

1st Day Storage Rate

Numeric, 6 positions max.

Enter the total of all storage and transit rates applicable for the first day of storage.

Example: \$1.22 should be entered as **1.22**

**Other Days
Storage Rate**

Numeric, 6 positions max.

Enter the total storage rate for the remaining number of days (excluding the first day) in the storage period.

Example: \$.15 should be entered as **.15**

**Warehouse/
Pickup Delivery
Rate**

Numeric, 6 positions max.

Enter the total of all Warehouse Pickup/Delivery Rates for the entire storage period.

Example: \$3.83 should be entered as **3.83**

**Estimated
Amount**

Optional, numeric, 7 positions max.

Enter the estimated amount authorized for the storage of household goods.



Note

To calculate the estimated amount under the commuted rate system, use the following formula: (1st day storage rate x estimated weight of goods) + [(other days storage rate x estimated weight of goods) x no. of days remaining in the storage period excluding the first day] + (warehouse/pickup delivery rate x weight of goods). Move the decimal point of this total 2 places to the left because the commuted rate is based upon 100 pounds of goods. The resulting total will be the estimated amount.

Example: Using the number of days, weight, and commuted rate examples shown above for the storage of household goods, the Estimated Amount is calculated as follows:

- 1) $16,000 \times \$1.22 = \$19,520.00$
- 2) $16,000 \times \$0.15 \times 89 \text{ days} = \$213,600.00$
- 3) $16,000 \times \$3.83 = \$61,280.00$

The products of 1, 2, and 3 = \$294,400.00

Move the decimal point two places to the left. The resulting total is \$2,944.00.
Enter \$2,944 as **2944.00**

**20. Transportation Of
Mobile Home**

Alphanumeric, 1 position

Check this block to authorize expenditures for the transportation of a mobile home in lieu of the shipment and storage of household goods. The transportation of a mobile homes is not allowable for Type Travel OT, unless the new duty station is Alaska.

**Estimated
Amount**

Optional, numeric, 7 positions max.

Enter the estimated amount authorized for transportation of a mobile home.

**21. Transportation
And Storage Of
Private Vehicle**

Alphanumeric, 1 position

Check this block to authorize expenditures for the transportation and storage of a POV.

**Estimated
Amount**

Optional, numeric, 7 positions max.

Enter the estimated amount authorized for transportation and storage of a POV.

22. Temporary Quarters

Alphanumeric, 1 position

Check this block to authorize temporary quarters subsistence expenses (TQSE) for the relocating employee and his or her immediate family. Then complete the blocks listed below.



Note

TQSE can be authorized based on an actual expense method for a maximum of 120 days or on a fixed daily rate method for a maximum of 30 days. If the agency offers the employee the fixed daily rate method, the employee has the option to choose between the fixed rate method and the actual expense method. If the employee chooses the fixed daily rate method and it does not adequately cover the TQSE, the employee will not receive additional TQSE reimbursement.

Number of Days

Numeric, 3 positions max.

To authorize TQSE based on the actual expense method, enter the total number of days, in whole days, authorized for temporary quarters. Temporary quarters are initially allowed for a maximum of 60 consecutive days. In special circumstances, the temporary quarters may be extended for up to an additional 60 days.

To authorize TQSE based on a fixed daily rate method for a maximum of 30 days, enter the total number of days, in whole days, authorized for temporary quarters.

Example: 30 days should be entered as **30**

Daily Rate For First 30 Days

Numeric, 6 positions max.

To authorize TQSE based on the traditional actual expense method, enter the daily rate authorized during the first 30-day period. This daily rate is obtained by adding together the daily rates allowed for the employee and all other members of the immediate family. The maximum daily amounts allowed for temporary quarters differ for the employee, spouse, and other family members.

To authorize TQSE based on a fixed daily rate method, enter the fixed daily rate. Explain in Block 42, Remarks, of Form AD-202 that the fixed daily rate is being authorized.

Example: \$154.00 should be entered as **154.00**

Daily Rate For Over 30 Days

Numeric, 6 positions max.

To authorize TQSE based on the traditional actual expense method, enter the daily rate authorized for the remaining days of temporary quarters occupancy. This period of time usually covers a second 30-day period unless the agency has granted an extension to the employee based on compelling circumstances. Again, this daily rate is obtained by adding together the daily rates allowed for the employee and all other members of the immediate family.



Note

This block is left blank when authorizing TQSE based on the fixed daily rate for a maximum of 30 days.

Example: \$115.50 should be entered as **115.50**

Estimated Amount

Optional, numeric, 7 positions max.

Enter the total estimated amount authorized for the occupancy of temporary quarters.



Note

To compute the estimated amount of temporary quarters expenses, use the following formula: (daily rate for first 30 days x number of days applicable)+(daily rate for over 30 days x number of days applicable) = estimated amount.

Example: Using the number of days and daily rate examples shown above for temporary quarters, the Estimated Amount is calculated as follows:

$$(\$154.00 \times 30 = \$4620.00) + (\$115.50 \times 30 = \$3465.00) = \mathbf{8085.00}$$

23. Miscellaneous Expenses/Allowance

Alphanumeric, 1 position

Check this block to authorize the miscellaneous allowance (e.g., \$500 or \$1000). The miscellaneous allowance is for the purpose of defraying various costs associated with discontinuing residence at one location and establishing residence at a new location, such as charges for disconnecting and establishing service with utility companies.

Estimated Amount

Optional, numeric, 7 positions max.

Enter the total estimated amount authorized for miscellaneous expenses.

24. Real Estate Expenses Paid By Employee

Alphanumeric, 1 position

Check this block to authorize reimbursement of real estate expenses to be paid by the relocating employee. Complete the following blocks where appropriate.

Sale Of Residence

Alphanumeric, 1 position

Check this block to authorize reimbursement of sale of residence expenses.

Amount

Numeric, 7 positions max.

Enter the estimated amount of real estate expenses authorized for the sale of the residence at the old official duty station.



Note

When sale of residence expenses are authorized for payment to the traveler, the Home Purchase Service cannot be authorized (Blocks 25 and 26).

Purchase Of Residence

Alphanumeric, 1 position

Check this block to authorize reimbursement of expenses associated with the employee's purchase of a residence.

Amount

Numeric, 7 positions max.

Enter the estimated amount to be reimbursed to the employee for expenses associated with the purchase of a residence at the new duty station.

Lease Termination

Alphanumeric, 1 position

Check this block to authorize reimbursement of expenses associated with settling an unexpired lease at the old duty station.

Amount

Numeric, 7 positions max.

Enter the estimated amount to be reimbursed to the employee for expenses associated with the termination of a lease at the old duty station.

Estimated Amount *Optional, numeric, 7 positions max.*
Enter the cumulative total of all estimated amounts entered in Block 24.

25. Home Purchase Information

Complete this block if the employee opts to use the Home Purchase Service. The information recorded in this block is necessary for estimating the fee that will be charged by the relocation company for the Home Purchase Service.

Under the Home Purchase Service, the relocation company will make an offer to purchase the employee's residence at the old official station for its fair market value as determined by independent appraisals. This service is provided by the relocation company for a **fee**. Upon receipt of a properly prepared AD- 616R and the necessary documentation, NFC will reimburse the relocation company in lieu of the traveler.



Note

When the Home Purchase Service is authorized, the employee cannot be authorized sale of residence expenses in Block 24.

Residence Address At Old Duty Station

Alphanumeric, 62 positions max.

If the Home Purchase Service is authorized, enter the complete address of the employee's residence at the old duty station. This is the residence which will be sold to the relocation company and from which the employee regularly commutes to and from work. The address must include the street, city, state, and ZIP code.

Names Of All Owners Of The Property

Alphanumeric, 35 positions max.

If the Home Purchase Service is authorized, enter the names of all owners of the property identified above on the lines provided. A maximum of three names may be shown.

Example: Jill Doe
John Doe

Percentage Ownership

Numeric, 5 positions max.

Enter the percentage of the property that is owned by each property owner next to his or her name.

Example: Enter 50% as **50.00**
Enter 50% as **50.00**



Note

Do not enter dollar amounts or percentage signs. The sum of the individual percentages must equal 100 percent.

Immediate Family

Alphanumeric, 1 position

Check the **Yes** block if the owner is the employee or a member of the immediate family (subject to the special property title requirements in accordance with FTR 302-6.1(c)). Check the **No** block if the owner is not a member of the immediate family.

Marital Status Of Employee

Alphanumeric, 1 position

Enter the appropriate code representing the employee's marital status from the list below:

- S** Single
- M** Married
- D** Divorced
- W** Widowed

Telephone

Numeric, 10 positions

Enter the area code and telephone number where the transferring employee can be reached by the relocation firm.

Estimated Sales Price

Numeric, 8 positions max.

Enter the estimated sales price (i.e., market value) of the residence that will be sold to the relocation company.

Example: Enter \$80,000.00 as **80000.00**

Percentage Authorized

Numeric, 5 positions max.

Enter the percentage applicable to the type of sale based on the percentage published in the GSA Supply Schedule, **less** the percentage of outside family ownership, and/or percentage used as income producing property.

Example: Enter 22.52% as **22.52**

Percentage Used As Income Producing

Numeric, 5 positions max.

If applicable, enter the percentage of the property that is used as income producing. Otherwise, leave the block **blank**.

Any Known Title Defects

Alphanumeric, 1 position

Enter **Y** for yes or **N** for no to indicate whether any problems exist with the title to the property.

Urea-formaldehyde Insulation

Alphanumeric, 1 position

Enter **Y** for yes or **N** for no to indicate whether the residence contains urea-formaldehyde foam insulation (UFFI).

Estimated Amount

Optional, numeric, 8 positions max.

Enter the estimated amount authorized for the Home Purchase Service. This amount is calculated by multiplying the estimated sales price by the percentage authorized.

Example: Using the home purchase examples shown above, the Estimated Amount is calculated as follows:

$\$80,000.00 \times 22.52\% = \$8,016.00$. Enter \$8,016. as **8016.00**

26. Relocation Services

Alphanumeric, 1 position

Check this block if the employee opts to use one or more of the services offered under the Relocation Services Program and complete the blocks below.

**Relocation
Company Name**

Alphanumeric, 1 position

If relocation services will be used, enter the code, from the list below, that identifies the relocation services company.

- A** Associates Relocation Management Co., Inc.
- E** Cendant Mobility Services, formerly known as Homequity, Inc.
- P** Prudential Relocation Services
- C** Corporate Relocation Services
- R** RE/MAX Affiliates-Relocation Services
- ▶ J** Capital Relocation Services (JK Moving and Storage, Inc.)
- S** SIRVA Relocation LLC ◀

Type Services

∇

Check one or more of the services identified below that will be used by the employee.

Home Purchase

Alphanumeric, 1 position

Check this block to authorize the home purchase service provided by the relocation company.

Completion of this block serves as the employee's request for the Home Purchase Service as well as authorization of the requested service by the agency.

Home Finding

Optional, alphanumeric, 1 position

Check this block if the employee opts to use the home finding service provided by the relocation company. The relocation company will provide individual counseling services to familiarize the transferring employee with the real estate market (including rental properties), schools, taxes, commuting, community life, at the new duty station. This service is provided **free of charge**.

Home Marketing

Optional, alphanumeric, 1 position

Check this block if the employee opts to use the home marketing service provided by the relocation company. The relocation company will aid the transferring employee in selecting a real estate broker and establishing a realistic listing price and marketing strategy. This service is provided **free of charge**.

**Mortgage
Finding**

Optional, alphanumeric, 1 position

Check this block if the employee opts to use the mortgage finding service provided by the relocation company. The relocation company will provide information on the types and availability of mortgage financing and qualification requirements. This service is provided **free of charge**.

**27. Relocation
Services
Cancellation**

Alphanumeric, 1 position

Check this block to cancel the authorization of relocation services previously approved.

Cancelled By

Alphanumeric, 1 position

Check the appropriate block to indicate who was responsible for the cancellation of the relocation services. These services may be cancelled by the agency, the employee, or the relocation company.

Cancellation Fees

Numeric, 7 positions max.

In the event of a cancellation, any justifiable fees (e.g., for inspections, title search, and appraisals) that the relocation firm paid will be reimbursed by the Government if these fees are customarily reimbursed under provisions of the FTR. Enter the amount authorized for the reimbursable fees.



Note

Block 27 can only be used on authorization amendments (Action Code A).

28. Total Estimated Expenditures for Househunt

Numeric, 8 positions max.

If a househunting trip is authorized, this block **must** be completed. Enter the total estimated expenditures authorized for the househunting trip recorded in Block 11.

29. Total Estimated Expenditures For Transfer Of Station

Required, numeric, 8 positions max.

Enter the total of expenditures authorized for the transfer of station.

30. Total Estimated Expenditures Authorized

Required, numeric, 8 positions max.

Enter the sum of Blocks 28 and 29 to show the amount authorized for the relocation.

31. Signature

Alphanumeric

If the agency uses the service agreement on the AD-202R, the employee must read the Service Agreement and then sign in Block 31 and date Block 32.



Note

If the agency opts to use their own service agreement, the employee does not have to sign Block 31 but the agency must provide the date the service agreement was read and signed in Block 32.

32. Date

Required, numeric, 6 positions

Enter the date (mm/dd/yy) that the service agreement was signed by the employee.

Example: Enter *060297* to record June 2, 1997.

Completion Instructions - Form AD-202RE, Travel Authorization/ Advance, Attachment For Election Of Separate Relocation Allowances

This section provides completion instructions for the AD-202RE, Travel Authorization/Advance, Attachment for Election of Separate Relocation Allowances (Figure 4). The AD-202RE is the form used to document that two relocating family members employed by **NFC travel-serviced** agencies will be reimbursed for separate relocation allowances. When Block 12 of the AD-202R is checked, the AD-202RE is completed in lieu of Blocks 14 and 15 of the AD-202R. The AD-202RE is an attachment to the AD-202R.

The AD-202RE is also the form which links the travel authorizations for the two relocating family members employed by NFC travel-serviced agencies. When separate relocation allowances are to be reimbursed, each employee must have a separate AD-202, a separate AD-202R, and a joint AD-202RE. A copy of the AD-202RE must be attached to the authorization package (AD-202 and AD-202R) for each traveler. On the AD-202RE, it does not matter which employee is listed as the employee or which employee is listed as the spouse.

Section A - Employee

1. Travel

Authorization No. *Required, alphanumeric, 13 positions*

Enter the travel authorization number from the employee's AD-202. This should be the same number entered in Block 1 of the employee's AD-202 and AD-202R.

2. Social Security No.

Required, numeric, 9 positions

Enter the social security number of the relocating employee. This must be the same social security number entered on the employee's AD-202 and AD-202R.

3. Name

Required, alphanumeric, 30 positions max.

Enter the employee's last name, first name, and middle initial.

4. Members of Immediate Family Who Will Be Moved Under The Employee's Authorization

∇

This portion of the form is used to document those dependents who will be moved under the employee's authorization. The family members moved under the employee's authorization **cannot** be the same family members moved under the spouse's authorization.

Name

Alphanumeric, 25 positions max.

If dependents of the employee are to be relocated under the employee's relocation allowance, list the names in this block. Up to 12 names may be listed.

Birthdate *Numeric, 6 positions*
Enter the date (mm/dd/yy) of birth of dependents who are relocating under the employee's authorization.

Example: Enter **060297** to record June 2, 1997.

Marital Status *Alphanumeric, 1 position*
Enter the marital status, using the codes below, of dependents who are relocating under the employee's authorization.

- S** Single
- M** Married

Section B - Spouse

5. Travel Authorization No. *Required, alphanumeric, 13 positions*
Enter the travel authorization number from the spouse's AD-202. This should be the same number entered in Block 1 of the spouse's AD-202 and AD-202R.

6. Social Security No. *Required, numeric, 9 digits*
Enter the social security number of the relocating spouse. This must be the same social security number entered on the spouse's AD-202 and AD-202R.

7. Name *Required, alphanumeric, 30 positions max.*
Enter the spouse's last name, first name, and middle initial.

8. Members of Immediate Family Who Will Be Moved Under The Spouse's Authorization

∇
This portion of the form is used to document those dependents who will be moved under the spouse's authorization. The family members moved under the spouse's authorization **cannot** be the same family members moved under the employee's authorization.

Name *Alphanumeric, 25 positions max.*
If dependents of the employee are to be relocated under the spouse's relocation allowance, list the names in this block. Up to 12 names may be listed.

Birthdate *Numeric, 6 positions*
Enter the date (mm/dd/yy) of birth of dependents who are relocating under the spouse's authorization.

Example: Enter **060297** to record June 2, 1997.

Marital Status *Alphanumeric, 1 position*
Enter the marital status, using the codes below, of dependents who are relocating under the spouse's authorization.

- S** Single
- M** Married

TRAVEL AUTHORIZATION/ADVANCE
ATTACHMENT FOR ELECTION OF SEPARATE RELOCATION ALLOWANCES

If the employee and spouse are employed with the Federal government and the employee's spouse is authorized separate relocation allowances, check Block 12 on Form AD-202R and complete this Form AD-202RE in lieu of Blocks 14 and 15 of the AD-202R. Attach the AD-202RE and the AD-202R to the AD-202.

SECTION A – EMPLOYEE						
1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.	3. NAME (Last)			(First)	(Middle Initial)
4. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED UNDER THE EMPLOYEE'S AUTHORIZATION						
NAME	BIRTHDATE	MARITAL STATUS	NAME	BIRTHDATE	MARITAL STATUS	
SECTION B – SPOUSE						
5. TRAVEL AUTHORIZATION NO.	6. SOCIAL SECURITY NO.	7. NAME (Last)			(First)	(Middle Initial)
8. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED UNDER THE SPOUSE'S AUTHORIZATION						
NAME	BIRTHDATE	MARITAL STATUS	NAME	BIRTHDATE	MARITAL STATUS	
SECTION C – ELECTION						
I elect payment of separate relocation allowances in accordance with FTR 302-1.8.						
9. SIGNATURE (Employee)					10. DATE	
11. SIGNATURE (Spouse)					12. DATE	
<p>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.</p>						

FORM AD – 202RE (USDA) (11/96)

4. Completion Instructions - Form AD-202RE, Attachment For Election Of Separate Allowances

Section C - Election

- Signature** *Required, alphanumeric*
The employee should sign in this block.
- Date** *Required, numeric, 6 positions*
Enter the date (mm/dd/yy) the employee signs the AD-202RE.
- Signature** *Required, alphanumeric*
The spouse should sign in this block.
- Date** *Required, numeric, 6 positions*
Enter the date (mm/dd/yy) the spouse signs the AD-202RE.

Travel Vouchers

Travelers who perform official travel on behalf of the Government must file a travel voucher to obtain reimbursement for expenses incurred during the trip. Two travel vouchers have been developed to accommodate temporary duty and relocation travel separately; Form AD-616, Travel Voucher (Temporary Duty), and Form AD-616R, Travel Voucher (Relocation). Travelers should use the appropriate form to claim reimbursement of travel expenses.

Travel vouchers should be prepared, approved, and submitted promptly upon completion of travel and in accordance with the instructions provided in this procedure. Employees on extended temporary duty travel should submit vouchers at least after every 30 days while in travel status. Employees involved in a transfer of station should submit a voucher after each phase of the move. Travelers that use Government contractor-issued charge cards during official travel should keep in mind the charge card billing cycle when submitting travel vouchers for payment.



Note

Whenever possible, travelers should use Government contractor-issued charge cards for the purpose of charging travel expenses, such as airline tickets, lodging, meals, and car rental.

Payment of a travel voucher can only be made when the authorization number entered from the voucher matches an authorization record previously established **and** the expenses claimed on the voucher are within the confines of the authorization and FTR and Departmental regulations.



Note

The Travel System provides the capability for approving officers to post approve on the travel voucher, expenditures for domestic TDY travel that were not authorized on the AD-202.

Travel vouchers may be mailed to NFC or electronically transmitted by those agencies having remote entry capabilities. Travel vouchers requiring special handling, as listed below, **must** be mailed to NFC.

- All reclaim vouchers
- All relocation vouchers (except for Department of Justice)
- All type travel **GR** vouchers

When adjustments are made to the amount of the voucher, an automated Voucher Difference Statement will be issued as notification of the change.

Voucher Approvals

All travel vouchers must be approved by appropriate agency officials following the guidelines of the FTR and ATR. When approving travel vouchers, the approving official should ensure that all expenses claimed on the voucher were authorized and are reasonable in accordance with the regulations.

In addition to verifying that expenses claimed are appropriate, approving officials should ensure that:

- The authorization number on the voucher correspond to the number of the authorization that approved the travel.
- The signatures of the traveler and approving official are present on the voucher.
- Receipts and other supporting documentation correspond to expenses claimed and are attached to the voucher.
- Any advance amount outstanding is liquidated.

Upon completion of the review process, the approving official should sign and date the voucher to document approval. The voucher should then be submitted to NFC for processing.

Types of Claims

Temporary duty and relocation travel are broad categories of travel. Each of these categories is broken down into more specific types of travel that may be claimed on the travel voucher. Temporary duty travel is claimed on Form AD-616 and relocation travel is claimed on Form AD-616R.

NFC has assigned a 2-position alpha code to denote each type of travel claimed on each of the travel vouchers. These codes are predefined in the Travel System with each code symbolizing specific criteria applicable to the type of travel. This 2-position code is entered in Block 8, Type Claim, on both the AD-616 and AD-616R. Only one Type Claim can be used per voucher.

The following paragraphs describe the types of travel claimed for TDY and relocation travel. Basic information concerning each type of travel is also provided.

TDY Travel

The AD-616 accommodates all temporary duty (TDY) claims for reimbursement of travel expenses. Each AD-616 must include the authorization number that was originally used to approve the travel. The Type Claim on the voucher must match the Type Travel entered on the authorization.

DM = Domestic. Type Claim DM is used to claim reimbursement for routine temporary duty travel within the 48 continental United States and the District of Columbia.

FG = Foreign TDY. Type Claim FG is used to claim reimbursement for routine temporary duty travel outside the 50 United States and its territories and possessions. It is also used for travel in the U.S. directly connected with such travel.

OC = Outside Continental U.S. (outside CONUS). Type Claim OC is used to claim reimbursement for travel beyond the limits of the continental U.S., including Alaska, Hawaii, Puerto Rico, and the possessions and territories of the U.S. such as American Samoa, Midway Islands, and the Virgin Islands.

GR = Escorted Group. Type Claim GR is used to claim reimbursement in those situations where a Government employee escorts a group of foreign visitors traveling under a binational agreement. The escort will pay all expenses on behalf of the foreign visitors and will be reimbursed.

When submitting vouchers for travel by escorted groups, Type GR, the following requirements must be fulfilled:

- Only those items necessary for subsistence can be claimed on the AD-616 in accordance with the FTR. This includes meals, lodging, laundry, transportation, and associated tips.
- Receipts must be furnished for all expenses as required by the FTR. Each receipt should show the number of travelers included in the total bill amount.
- The travel voucher submitted by the escort must be accompanied by a separate subvoucher (worksheet) detailing each day's expenses. This worksheet can be submitted on a plain sheet of paper or on the AD-617. It should be identified as **Subvoucher No. 1** for the first day of travel, **Subvoucher No. 2** for the second day of travel, etc. All receipts, as required, should be attached to the appropriate subvoucher for that day's travel.
- The total of all expenses for both the escort and the foreign visitors must be summarized and listed on the AD-616 submitted under the social security number of the escort.

Relocation Travel

The AD-616R accommodates all relocation travel claims. This includes claims payable to the traveler and claims payable to relocation companies for services provided to transferred employees.

Reimbursement of expenses associated with a transfer of station travel **cannot** be made unless the employee signs an agreement to remain in the service of the Government for 12 months following the effective date of transfer. For the agency's convenience, a Service Agreement has been included on the bottom of the Form AD-202R.

When prepared, each AD-616R must include the authorization number that approved the travel. Agencies should attach a copy of the AD-202 and AD-202R to the first travel voucher submitted to NFC for the relocation. If the agency uses its own service agreement in lieu of the agreement on the bottom of the AD-202R, the agency should also attach a copy of the signed agreement to the first voucher.

HH = Househunting Trip. Type Claim HH is used to claim reimbursement for a househunting trip to seek permanent residence quarters when transferring from one duty station to another.

A househunting trip cannot be authorized when the new duty station is less than 75 miles from the old station per the FTR. Additionally, in accordance with the FTR, 10 calendar days is the maximum that can be authorized for a househunting trip, including travel time. Receipts, where required, must be attached and submitted with the voucher to substantiate all claims for reimbursement.

TS = Transfer of Station. Type Claim **TS** is used to claim reimbursement for expenses associated with the actual transfer of station move within the continental United States (CONUS). In claiming expenses on the Type Claim TS voucher, the following guidelines apply:

- An AD-616R for type claim TS should be submitted after each phase of the move (e.g., after the actual transfer of the employee and/or family members, after temporary quarters are vacated, after real estate transactions are settled, etc.).
- To claim temporary quarters expenses, the traveler must complete Form AD-569, Expense Record for Temporary Quarters, in addition to the Form AD-616R. The AD-569 is used to record the daily expenses incurred while in temporary quarters. After the AD-569 has been completed, the cumulative totals are transferred to Block 41 on the front of the AD-616R. The AD-569 must be stapled securely to the reverse of the AD-616R to support the claim. Only those expenses that are incident to the occupancy of temporary quarters and are reasonable in amount will be allowed for reimbursement. Allowable expenses include charges for meals and/or groceries, lodging, laundry, and dry cleaning of clothes.

All receipts for lodging in temporary quarters should be attached to the AD-569. If the traveler claims laundry/dry cleaning expenses, other than coin-operated laundry, the receipts for the laundry expenses should also be attached.

- To claim reimbursement of real estate expenses, employees must complete Form AD-424, Employees Application for Reimbursement of Expenses Incurred Upon Sale or Purchase (or Both) of Residence Upon Change of Official Station, in addition to the AD-616R.

The AD-424 contains a complete listing and description of the types of expenses claimed in conjunction with the sale/purchase of a residence. After the AD-424 is completed, the cumulative totals are transferred to Block 30 on the front of the AD-616R. The AD-424 must be stapled to the reverse of the AD-616R for processing by NFC. In addition to the AD-424, real estate expense claims must be supported by the following documents:

- a copy of the sales and/or purchase agreement, showing the signatures of the participants;
- a copy of the closing statement or final settlement prepared by the Realtor;
- receipts to cover other authorized expenses not shown on the closing statement;
- if a penalty is charged for prepayment of a mortgage on a residence, a copy of the original mortgage showing that such penalty is specified or the submission of other documentation to show that the penalty charged does not exceed 3 months' prevailing interest;
- if a penalty has been assessed on early termination of an unexpired lease, a copy of the lease specifying such penalty.
- The shipment of household goods may be claimed on the AD-616R only when the shipment was previously authorized on the AD-202 and the approved method for the shipment was by commuted rate. When approval is for the actual expense method (GBL), reimbursement is made directly to the carrier through direct entry into FFIS.

The traveler will be reimbursed for the expenses on the AD-616R in accordance with a schedule of commuted rates published in the General Services Administration (GSA) Bulletin FPMR A-2. A weight certificate or a bill of lading from a carrier must be attached to the travel voucher to support the claim.

- When the storage of household goods is claimed on the AD-616R, the traveler must attach a copy of a paid itemized invoice showing the weight of goods stored, the charges, and period of storage.

RI = Relocation Income Tax (RIT). Type Claim RI is used by employees to file Relocation Income Tax (RIT) claims. A RIT claim is filed as a final accounting of Withholding Tax Allowance (WTA) payments made to transferred employees. These WTA payments offset the Federal, state, and local income taxes incurred by the employee as a result of the taxable portions of reimbursements for specific expenses. RIT claims are filed in the calendar year following the year in which the WTA payments were received.

To file a RIT claim, employees must submit a completed form AD-616R along with a completed Form AD-1000, Claim for Relocation Income Tax Allowance. The following guidelines are provided to agency offices for preparing and filing the RIT claims:

- Prepare Form AD-1000 according to instructions provided in this procedure. The AD-1000 must be supported by a copy of the employee's Form(s) W-2 and a copy of Schedule SE(1040) for self-employment (if applicable) to substantiate the total earned income amount shown on the form. A copy of the spouse's Form(s) W-2 and Schedule SE(1040) must also be included if the spouse's income was used to determine the applicable tax rate. If local income tax liability was incurred during the tax year, a copy of the local income tax rate table for each locality specified must also be provided.
- Prepare the AD-616R following the completion instructions provided in this procedure.
- Submit the RIT claim (AD-1000, AD-616R, and supporting documents) to the appropriate approving officer for review and to obtain signature approval.
- Securely staple the signed and dated AD-1000 and the necessary supporting documents to the back of the AD-616R for submission to NFC.

SR = Supplemental RIT. Type Claim SR is used by employees to file supplemental RIT claims. A supplemental RIT claim is defined as a subsequent claim(s) filed against the original RIT claim for the purpose of reporting data not previously reported and/or to correct data previously reported (e.g., a supplemental claim would be filed if an employee's spouse received a correct Form W-2, Wage and Tax Statement, after the original RIT claim was filed.

RC = Relocation Contract. Type Claim RC is used to reimburse designated contractors (relocation firms) for relocation services rendered under the Relocation Services Program. This Relocation Services Program offers relocation and support services provided by relocation companies to transferred employees. The types of services offered by the relocation firms include assistance in the sale and purchase of homes, the purchase of the transferred employee's residence, and mortgage counseling. When this type claim is processed, reimbursement will be made directly to the relocation firm. Agency offices should attach all supporting documentation to these claims.

OT = Outside CONUS Transfer of Station. Type claim OT is used to claim reimbursement for travel expenses incurred in conjunction with a transfer of station to an area outside CONUS, including Alaska, Hawaii, Puerto Rico, and the possessions and territories of the U.S. such as American Samoa, Midway Islands, and the Virgin Islands.

FT = Foreign Transfer. Type Claim FT is used for transfer of station travel outside the 50 states and territories and possessions of the U.S. The maximum allowable per diem rates for reimbursing foreign travel expenses are included in the DOS' publication, Maximum Per Diem Allowances for Foreign Areas, Section 925 (A Supplement to the Standardized Regulations).

RT = Return Travel. Type Claim RT is used to claim reimbursement for travel expenses incurred when returning to a domestic location subsequent to a foreign transfer.

Income Tax And Reimbursable Travel Expenses

In accordance with Federal and state tax laws, all relocation expenses will be subjected to tax criteria within the Travel System to determine income tax liability. In compliance with the tax laws, the Travel System will determine which expenses are subject to withholding (taxable) and which are not subject to withholding (nontaxable). The Travel System will compute and withhold Federal, state, and FICA/HIT taxes from those travel vouchers that include taxable expenses.

The Travel System will maintain a record of **all** relocation expenses and send a record of the expenses to the Payroll/Personnel System for inclusion in the employee's Form W-2, Wage and Tax Statement. Several reports will be provided to the employee and the agency in conjunction with moving expenses.

The following types of travel transactions will be subjected to the tax criteria:

- Type Claim HH = Househunting
- Type Claim TS = Transfer of Station
- Type Claim RI = Relocation Income Tax (RIT)
- Type Claim SR = Supplemental RIT
- Type Claim OT = Outside CONUS Transfer of Station



Note

Type Claims FT, Foreign Transfer, RC, Relocation Contract, and RT, Return Travel are not subjected to tax criteria. These vouchers are never taxed; therefore, moving expenses paid on these types of vouchers will not be included on an employee's Form W-2.

Taxable And Nontaxable Expenses

Before taxes can be withheld/collected, the Travel System must determine which expenses are taxable and which expenses are nontaxable. The distance of the employee's move will be the determining factor as described below:

- If the employee's new duty station is **not** at least 50 miles farther from his/her former home than the old duty station, all of the moving expenses incurred in conjunction

with the move will be considered taxable expenses and taxes will be withheld in accordance with the FTR. All expenses will be reported on the W-2 as taxable income.

- If the employee's new duty station is **at least 50 miles** farther from his/her former home than the old duty station, some expenses will automatically be taxed and some will never be taxed. The expenses that are taxed will be reported on the W-2 as taxable income along with the amount of taxes withheld. Those expenses not taxed will be reported on the W-2 as nontaxable income. The expenses that fall within each of these categories (in compliance with the tax laws) are listed below:
- Expenses that are automatically taxed are:
 - Miscellaneous allowances
 - Temporary quarters expenses
 - Temporary storage over 30 days
 - All non-temporary storage
 - Real estate expenses
 - Cost of meals during relocation travel
 - Househunting trip expenses (i.e., all expenses claimed on Type HH vouchers)
 - Type Claims RI and SR
- Expenses that are never taxed are:
 - Shipment of household goods
 - Temporary storage for 30 days or less
 - Shipment of mobile homes
 - Shipment/storage of POV
 - Other expenses that are claimed on a Type TS voucher (i.e., mileage, parking, tolls, plane, bus, train, lodging, and incidental expenses (excluding per diem meals))

Amounts Withheld for Taxes

Once the amount of taxable reimbursement has been determined, the Travel System will compute and withhold the amount of Federal, state, and FICA/HIT taxes as described below.

- The rate for computing Federal tax withholding is 27 percent of those moving expenses determined to be subject to taxation.
- The rate for computing state taxes is 10 percent of total Federal taxes withheld. The state for which taxes will be withheld will be determined from the employee's payroll records at the time of voucher processing.
- The rates for FICA/HIT taxes will be determined from the rates established in the Payroll/Personnel System. The type of tax withheld (FICA or HIT) will be determined from the employee's retirement coverage.

Withholding Tax Allowances (WTA) And Relocation Income Tax (RIT) Claims

Each time a voucher is processed and Federal income tax is withheld, a Withholding Tax Allowance (WTA) will be calculated and paid to the traveler to offset the 27 percent Federal income tax withholding. The WTA protects the employee from having to use a substantial part of his/her moving expense reimbursement to pay Federal withholding taxes.

The WTA payment will automatically be included in relocation voucher payments. The amount of the WTA is considered taxable income to the employee and will be included on the employee's W-2 for the year in which the WTA payments are made.

Payment of a WTA will require the employee to submit a corresponding RIT claim for a final accounting of allowances. The RIT claim will be filed after receipt of the W-2 on which the WTA payments are included. This means that the RIT claim will be filed in the calendar year following the year in which the WTA payments were received. These RIT claims should be filed by August 31 of the applicable year.

Since the WTA is only an estimated payment of the employee's tax liability, the RIT claim may result in an additional payment to the employee. If a RIT payment is made, the Travel System will compute and withhold the appropriate amount of Federal, state, and FICA/HIT taxes. (See [Amounts Withheld for Taxes](#)) However, there could be instances of an overpayment which would require a collection action. If an overpayment results, the traveler will be issued a Bill for Collection. (This type of bill may be paid on the travel voucher using Block 41 on Form AD-616 and Block 46 on Form AD-616R.)

Designating An Address For Mailing Of Voucher Payment

There are five options available to travelers for routing travel voucher payments. The requirements and restrictions that apply to each of these options are provided below.

Salary Address. Select this block to have the travel voucher payment sent to the address or electronic funds transfer (EFT) routing number where the employee normally receives his or her salary payment. If the salary address is a bank or financial institution, the payment will be sent via Direct Deposit/Electronic Funds Transfer (DD/EFT). If the salary address is other than a bank or financial institution (e.g., traveler's residence address), the voucher payment will be in the form of a paper check.

This option is only available to those employees who are payrolled by NFC and have received one or more salary payments from NFC.

T&A Contact Point. Select this block if the travel voucher payment is to be mailed to the applicant's T&A Contact Point location. This option is only available to those employees who are payrolled by NFC and have received one or more salary payments from NFC.

Special Address. Select this block to send the voucher payment to an address other than the traveler's salary address, foreign address, travel EFT account, or T&A contact point location. The applicant must provide a complete mailing address on the three lines provided. Caution

should be used to ensure that the address is complete and accurate for proper delivery of the check. If the address is hand-printed, please ensure that the information is legible. The special address option may be used by all travelers.

Foreign Indicator. Select this block to route the travel reimbursement to a special address in a foreign country. Data in this block must be completed according to the completion instructions in this procedure. Caution should be used to ensure that the address is complete and accurate for proper delivery of the check.

Travel EFT Account. Select this block to route the travel reimbursement to an EFT account other than the usual salary account. Be sure to include the bank routing number and other information as instructed in this procedure.

Refunds And Unused Tickets

The disposition of unused or partially used transportation tickets depends upon the method by which the tickets were purchased. The following paragraphs provide a description of these purchase methods and guidelines for handling the unused/partially used tickets.



Note

Use of a Travel Management Center (TMC) is required for all travel.

Government Contractor-Issued Charge Card/Cash. Unused or partially used tickets purchased by the traveler with a Government contractor-issued charge card must **not** be returned to NFC. The traveler is responsible for making arrangements with the TMC to have the refund for the unused tickets credited on the next charge card billing statement. Cash ticket purchases should also be handled directly with the TMC.

The amount of any refund due the agency, if known at the time of voucher preparation, should be deducted from the total original purchase price of the ticket. Only this reduced amount should be shown on the voucher.

Corporate Credit Cards and Government Transportation System (GVTS). Unused tickets purchased through GVTS must **not** be returned to NFC. The traveler is responsible for making arrangements with the TMC to have the refund credited on a future billing statement submitted to NFC. The amount of any refund due the agency, if known at the time of voucher preparation, should be deducted from the total original purchase price of the ticket. Only this reduced amount should be shown on the voucher.

Post Payment Audits Of TDY Vouchers

The edits and audits built into the Travel System are comprehensive enough to ensure the integrity of voucher payments. For this reason, TDY vouchers are generally audited manually on a post payment basis (i.e., after payment of the claim has been made). This process will ensure prompt payment of travel vouchers to the traveler while satisfying internal audit requirements. Agencies should note that **all TDY vouchers are subject to a post payment audit.**

Paper vouchers submitted to NFC for entry by NFC will be readily available for audit. Agencies that enter vouchers electronically will be required to send the paper documents to

NFC when the vouchers are selected for a post payment audit. A report will be sent to the approving officer and to the traveler to request the voucher(s) selected. The approving officer should ensure prompt response to the request so the audit can be completed in a timely manner. When the voucher is mailed to NFC, agencies should ensure that all supporting documentation is attached.

If the post payment audit reveals an overpayment, an automated Voucher Difference Statement will be sent to the originating office location indicating the audit results. If the traveler believes the disallowed expenses are justified, a justification statement must be submitted to NFC to explain the expenses. If the traveler agrees with the audit findings, he/she can remit the amount of the disallowed expenses to NFC. Non-response within 30 days from the date the Voucher Difference Statement was issued may result in the issuance of a Bill for Collection for the amount of the overpayment.

In response to the Voucher Difference Statement or Bill for Collection, the traveler can submit payments in one of two ways: (1) by submission of a personal check or money order following the procedures identified on the bill or (2) through a special block on the travel voucher, **Amount Of Voucher To Be Applied To Outstanding Bill For Collection**, designed to accommodate the payment of a bill issued for travel.

Reclaim Vouchers

In the event of disallowed expense(s) resulting from a pre-payment audit (i.e., before payment of the claim has been made), NFC will notify travelers of any disallowed amount by means of a Voucher Difference Statement and reduce the voucher payment accordingly. Any disallowed expense(s) that the traveler feels is justifiable should be reclaimed on a subsequent voucher with a full explanation providing the reason(s) for the reclaim. See the voucher completion instructions in this procedure for detailed completion requirements.

All reclaim vouchers must be mailed to NFC for special handling. When submitting reclaims, the traveler should attach to the reclaim voucher a copy of the Voucher Difference Statement that explained the disallowance and a copy of the travel voucher on which the disallowance was made. In addition, receipts necessary to support the reclaim must be attached. The reclaim voucher must be signed by both the traveler and the approving official and mailed to the NFC.



Be sure that the reclaim amount does not include expenses previously paid.

Submitting Travel Vouchers To NFC For Processing

Promptly upon completion of travel, the appropriate travel voucher, Form AD-616 or Form AD-616R, should be prepared, approved, and submitted to NFC in accordance with the completion instructions provided in this procedure. All documentation required to support the claim should be attached to each voucher.

Employees on extended duty travel should submit vouchers as often as possible, but at least after every 30 days of travel. Employees involved in a transfer of station should submit their

vouchers after completion of each phase of the move. Travelers that use Government contractor-issued charge cards during official travel should keep in mind the charge card billing cycle when submitting travel vouchers for payment.

Ideally, travel vouchers should be prepared, certified, and sent to NFC on the same day. Travel vouchers may be mailed to NFC or electronically transmitted by those agencies having remote access capabilities, with the following **exceptions**:

- All reclaim vouchers must be mailed to NFC for special handling. Agencies should send a copy of the Voucher Difference Statement and a copy of the voucher on which the disallowance was made as attachments to the reclaim voucher. Additionally, all receipts necessary to support the reclaim must be attached.
- All relocation vouchers, Forms AD-616R, and supporting documentation must be mailed to NFC for special handling. (This requirement does not apply to Department of Justice users.) Attach a copy of the original authorization to the first relocation voucher mailed to NFC.
- All Type Claim **GR** vouchers must be mailed to NFC for special handling. Attach a copy of the authorization to all GR vouchers.

Travelers are reminded that **all** travel vouchers submitted to NFC for processing must include the corresponding travel authorization number. It is not necessary to send a copy of the original authorization with the travel voucher, except in the case of the first voucher submitted for a relocation. Travelers are also reminded to attach the necessary receipts and supporting documentation to the voucher prior to submission to NFC.

Voucher Mailing Instructions

Travel vouchers that are mailed should be sent to the following address. This address is also pre-printed on the bottom of each of the voucher forms.

USDA, National Finance Center
P.O. Box 60000
New Orleans, LA 70160

If a private delivery service is used that will deliver to a Post Office, use the address shown above. However, if the private delivery service requires a street address, the following address should be used.

USDA, National Finance Center
13800 Old Gentilly Road
New Orleans, LA 70129

For remote entry instructions, refer to NFC procedures, Title VI, Chapter 6, Section 1, Travel System Online Data Entry, and Title VI, Chapter 6, Section 2, Personal Computer Travel System (PC-TRVL). For remote inquiry instructions, refer to NFC procedure, Title VI, Chapter 6, Section 3, Travel System Online Inquiry. This procedure and all related procedures and bulletins are listed in the NFC Publications Catalog available online from the NFC Web site (<http://www.nfc.usda.gov>) home page.

Completion Instructions - Form AD-616, Travel Voucher (Temporary Duty Travel)

This section provides completion instructions for the AD-616, Travel Voucher (Temporary Duty Travel) (Figures 5 and 6). Form AD-616 is used to claim reimbursement for temporary duty (TDY) travel expenses.

The front of the AD-616 is divided into six sections in accordance with the type of information being reported. The voucher front is used to record identification information about the traveler and the trip, as well as to show the totals of the expenses being claimed and the related accounting data. Each block on the front of the form is numbered.

The back of the travel voucher (Figure 7) contains one section which is used to record the expenses on a day-to-day basis and to compute the total amounts claimed for transfer to the voucher front. The blocks on the back of the form are not numbered.

To complete a voucher, agencies should first enter all data required on the front of the form in Sections A, B, and C. Then proceed to the back of the form to complete Section G. Finally, agencies return to the front of the form and enter the totals from Section G and other required data in Sections D, E, and F.

To claim reimbursement for temporary duty travel, agencies should complete the AD-616 according to the instructions below.

The numbers below correspond to the block numbers on the form. Blocks on the back of the form are identified by block name.

Section A - Identification

Section A is used to record the corresponding travel authorization number, identify the traveler's social security number and name, and provide other pertinent information regarding the traveler and the period of travel. The authorization (AD-202) must be established prior to the payment of a travel voucher.



Note

Do not enter punctuation in any of the blocks in Section A.

1. Travel

Authorization No. *Required, alphanumeric, 13 positions*

Enter the authorization number of the specific AD-202 used to approve the travel for which reimbursement is being claimed.

2. Social Security No.

Required, numeric, 9 positions

Enter the traveler's social security number or the agency assigned temporary identification number from the corresponding AD-202.

3. Name

Required, alphanumeric, 30 positions max.

Enter the traveler's name as indicated below. **Do not** enter punctuation.

Last Name *17 positions max.*
Enter the traveler's last name. Items such as Jr., Sr., and III are to be shown as part of the last name (e.g., Stone Jr). If the employee has a 2-part (double) last name, separate one part from the other with a space. **Do not** include hyphens for hyphenated names.

First Name *12 positions max.*
Enter the traveler's first or given name (or initial). Enter an initial if the traveler has an initial for the first name. If the employee has two or more first names or initials, separate one from the other with a space. **Do not** enter hyphens or periods.

Middle Initial *1 position*
Enter the traveler's middle initial.

4. Agency Code *Required, alphanumeric, 2 positions*
Enter the 2-position agency code that identifies the traveler's employing agency. If the traveler is a nongovernment employee or a Federal employee who is not payrolled by NFC, enter the code of the agency for which the employee has traveled.



(1) If the traveler is employed by one agency but has traveled for another agency, the employing agency code is still entered in this block. (2) In those situations where employees travel for an agency that is different from their employing agency, Section E- Accounting Classification, will be completed in a special manner to identify the agency and accounting station, as well as the accounting classification code that is to be charged for the payment. (See completion instructions for Section E.)

5. Agency Originating Office Number *Required, alphanumeric, 10 positions*
Enter the 10-position agency originating office number (OON) of the agency **paying** for the trip.

6. Traveler Originating Office Number *Alphanumeric, 10 positions*
Enter the OON of the traveler submitting the AD-616 **only** if it is different than the agency OON.

TRAVEL VOUCHER (Temporary Duty Travel)

SECTION A – IDENTIFICATION														
1. TRAVEL AUTHORIZATION NO.		2. SOCIAL SECURITY NO.		3. NAME (Last) (First) (Middle Initial)			4. AGENCY CODE							
5. AGENCY ORIGINATING OFFICE NUMBER		6. TRAVELER ORIGINATING OFFICE NUMBER		7. DATES OF TRAVEL EXPENSES FROM Month Day Year THRU Month Day Year			8. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign TDY OC = Outside Cont. U.S. GR = Escorted Group		9. RECLAIM AMOUNT INCLUDED					
10. LEAVE TAKEN Y = Yes N = No		11. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)			12. OFFICIAL DUTY STATION CITY AND STATE		13. RESIDENT CITY AND STATE (If other than official station)							
14. POST APPROVAL INDICATOR Y = Yes N = No		15. TOTAL NIGHTS LODGING			16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS									
SECTION B – TRAVEL VOUCHER MAILING ADDRESS OPTIONS					SECTION C – TRANSPORTATION COSTS					SECTION D – CLAIMS				
17. SALARY ADDRESS		19. SPECIAL ADDRESS			20. FOREIGN ADDRESS			21. TRAVEL EFT ACCOUNT						
18. T&A CONTACT POINT		1. (35) ▶			2. (35) ▶			3. City (20) ▶			State (2) ▶ Zip Code (9) ▶			
22. METHOD OF PAYMENT		23. VENDOR/CARRIER		24. IDENTIFICATION NUMBER		25. CAR RENTAL MILES DAYS		26. AMOUNT		28. SUMMARY OF SUBSISTENCE				
										29. PER DIEM No. of Days [] \$				
										30. ACTUAL SUBSISTENCE No. of Days []				
										31. MILEAGE Rate [e] Miles [] Rate [e] Miles [] Rate [e] Miles [] Rate [e] Miles []				
										32. PARKING, TOLLS, ETC.				
										33. PLANE, BUS, TRAIN (Paid by Traveler)				
										34. UNACCOMPANIED BAGGAGE				
										35. LOCAL TRANSPORTATION				
										36. MISCELLANEOUS EXPENSES				
										37. CAR RENTAL				
										38. TOTAL CLAIM (Blocks 29 thru 37) \$				
										39. TRAVEL ADVANCE AMOUNT OUTSTANDING				
										40. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 39)				
										41. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION				
										42. ADDITIONAL ADVANCE AMOUNT REPAYED (Check or money order attached)				
										43. REMAINING ADVANCE BALANCE (Block 39 minus Block 40 and Block 42)				
										44. NET TO TRAVELER (Block 38 minus Block 40 and Block 41) \$				
										45. AUTHORIZATION ACCOUNTING (Check this block if accounting and purpose of travel code(s) from travel authorization are to be charged for the total voucher claim.)				
										46. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)				
										47. CLAIMANT'S SIGNATURE				
										48. DATE Month Day Year				
										49. FINAL VOUCHER INDICATOR Y = Yes N = No				
										50. APPROVING OFFICER'S SIGNATURE				
										51. SOCIAL SECURITY NO.				
										52. DATE APPROVED Month Day Year				
										53. PHONE (Area Code and No.)				
										54. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)				
										55. CONTACT PERSON'S NAME				
										56. PHONE (Area Code and No.)				

Upon completion and approval, submit original voucher to:
USDA – National Finance Center, P.O. Box 60000, New Orleans, LA 70160

FORM AD – 616 (USDA) (Rev. 11/96)

Exception to SF 1012 approved by GSA 11/20/96

5. Completion Instructions - Form AD-616, Travel Voucher (Temporary Duty Travel)

SOCIAL SECURITY NO.		TRAVELER'S NAME								
SECTION G – SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED										
ITINERARY FROM										TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
DATE (Month/Day)										
CITY										
STATE										
TIME										
TO TDY LOCATION										
DATE (Month/Day)										
CITY										
COUNTY										
STATE										
TIME										
PER DIEM										TOTAL NO. DAYS
NO. OF DAYS										
LODGING (Receipt Required)										
MEALS AND INCIDENTAL EXPENSES										
LESS MEALS AT GOVERNMENT EXPENSE										
PER DIEM AMOUNT										TOTAL PER DIEM \$
ACTUAL SUBSISTENCE										TOTAL NO. DAYS
NO. OF DAYS										
LODGING (Receipt Required)										
BREAKFAST										
LUNCH										
DINNER										
M&IE/OTHER										
ACTUAL SUBSISTENCE AMOUNT										TOTAL ACTUAL SUBSISTENCE \$
MILEAGE										TOTAL MILES
MILES										
RATE PER MILE										
MILEAGE AMOUNT										TOTAL MILEAGE \$
PARKING, TOLLS, ETC.										TOTAL PARKING \$
PLANE, BUS, TRAIN (Paid By Traveler)										TOTAL PLANE, BUS, TRAIN \$
UNACCOMPANIED BAGGAGE										TOTAL UNACCOMPANIED BAGGAGE \$
LOCAL TRANSPORTATION										TOTAL LOCAL TRANSPORTATION \$
NO. TRIPS										
DAILY EXPENSE										
MISCELLANEOUS EXPENSES										TOTAL MISCELLANEOUS \$
TELEPHONE CALLS										
SUPPLIES, ETC.										
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required										TOTAL CAR RENTAL \$
RENTAL EXPENSE										
GASOLINE EXPENSE										
REMARKS										
<p><small>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 11699 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.</small></p>										

6. Completion Instructions - Form AD-616, Travel Voucher (Temporary Duty Travel)

7. Dates Of Travel Expenses



Enter the **actual** dates travel started and ended. For reclaim vouchers, enter original dates of travel for which amounts are being reclaimed. Complete this block as follows:

From

Required, numeric, 6 positions

Enter the date travel began using the mm/dd/yy format.

Thru

Required, numeric, 6 positions

Enter the date travel ended using the mm/dd/yy format.

Example: Enter **060297** to record June 2, 1997.



Note

If the voucher is being processed for payment of an advance room deposit, enter the due date of the requested room deposit in both the From and Thru date fields.

8. Type Claim

Required, alphanumeric, 2 positions

Enter one of the codes from the list below to define the type of trip taken by the employee.

- DM** Domestic
- FG** Foreign Temporary Duty (TDY)
- OC** Outside Continental U.S. (Outside CONUS)
- GR** Escorted Group

9. Reclaim Amount Included

Numeric, 7 positions max.

If this voucher is submitted to NFC in response to a voucher difference statement of expenses disallowed on a previous voucher, enter the amount of reclaimed expenses which the traveler believes are justifiable. All reclaim vouchers **must** be mailed to NFC for special handling; these vouchers cannot be keyed in electronically. When submitting reclaim vouchers, the traveler should attach a copy of the Voucher Difference Statement that explained the disallowance, a copy of the original voucher, and the documentation necessary to support the reclaim.



Note

Be sure the reclaim amount does not include expenses previously paid.

Example: The original voucher was submitted for \$1000.00 and only \$800.00 was paid. The traveler submits a reclaim voucher for \$200.00. The amount of **200.00 only** should be shown in the Reclaim Amount Included block and Block 38, Total Claim.

10. Leave Taken

Alphanumeric, 1 position

Enter **Y** (yes) if annual or sick leave was taken during the period of travel. Leave this block **blank** or enter **N** (no) if leave was not taken during travel.

11. Training Document No. (For Purpose of Travel Code 3 Only)

Alphanumeric, 10 positions max.

If the purpose of the trip was to attend a training class (Purpose Code 3) enter the training document number assigned to the corresponding SF-182, Request, Authorization, Agreement, and Certificate of Training. Otherwise, leave this block blank.



Note

If the purpose of travel code is 15, Informal Training, a training document is not required; therefore, Block 11 must be left blank.

12. Official Duty Station City And State

Required, alphanumeric, 22 positions max.

Enter the city and 2-position state abbreviation code or the city and 2-position alpha country code (from TFLC) where the employee is now stationed.

13. Resident City And State

Alphanumeric, 22 positions max.

If this is the same as the official duty station, leave this block **blank**. Otherwise, enter the city and 2-position state abbreviation code or the city and 2-position alpha country code (from TFLC) of the employee's residence.

14. Post Approval Indicator

Alphanumeric, 1 position

Enter a **Y** in this block to approve an expenditure(s), a change in itinerary, or a change in travel dates on the AD-616 which were not authorized on the AD-202. Enter an **N** or leave the block **blank** if post approval is not required. Post approval can **only** be used for Type DM (Domestic) travel.



Note

If expenditures are post approved, then the approving official should be the individual who approved the authorization. If the approving official who signed the authorization is not available, then an individual at the same level in the organization may approve the voucher.

15. Total Nights Lodging

Numeric, 3 positions max.

For type DM travel only, enter the total number of nights lodging, if the traveler incurred subsistence, including those where expenses were not incurred.

Example: An employee travels for 6 days and 5 nights, but spends 2 nights at the home of a relative. Total nights lodging would be entered as **5**

16. Number of Nights In Approved Accom. Per The Fire Safety Act Standards

Numeric, 3 positions max.

Enter the total number of nights spent in public accommodations that comply with standards set forth in the Hotel and Motel Fire Safety Act of 1990.

Example: Using the example given for Block 15, if the same employee spends 3 of the 5 nights at a hotel which was in compliance with the Fire Safety Act Standards, **3** would be entered in this field.

Section B - Travel Voucher Mailing Address Options

Section B is used to indicate the appropriate mailing address for the travel reimbursement. Travelers may select only one of the travel voucher mailing address options explained below.



Note

Employees of the Department of State and Department of Education, new employees who have not received their first salary payments, special appointees, and non-Government employees must use either the Special Address or Travel EFT Account option.

**17. Salary
Address**

Alphanumeric, 1 position

Check this block to route the reimbursement to the address or electronic funds transfer (EFT) routing number where the employee normally receives his or her salary payment.

This option is **only** available to those employees who are payrolled by NFC and have received **one** or **more** salary payments from NFC.

**18. T&A Contact
Point**

Alphanumeric, 1 position

Check this block to route the reimbursement to the traveler's T&A contact point address. This option is **only** available to those employees who are payrolled by NFC and have received **one** or **more** salary payments from NFC.

If an employee wants to use a T&A contact point address, he/she should first ensure that the address is accurate in NFC's Table Management System. To ensure the accuracy of the T&A contact point address, check with the individual in the agency who is responsible for maintaining T&A contact point information.

19. Special Address *Alphanumeric, 1 position*

Check this block to route the reimbursement check to an address other than the traveler's salary address, foreign address, travel EFT account, or T&A contact point location. Enter the special address on the lines provided in this section as described below. Do **not** show the traveler's name on the address lines; the name will be generated by the system. This option can be used by **all** travelers.



Note

Caution should be used to ensure that the address is complete and accurate for proper delivery of the check. If the address is hand-printed, please ensure that the information is legible.

1.

Alphanumeric, 35 positions max.

Enter the street address and /or box number to be used for mailing the voucher payment.

2.

Alphanumeric, 35 positions max.

If additional space is needed for the street address and/or box number, use this line.

3. City

Alphanumeric, 20 positions max.

Enter the name of the city to which the voucher payment will be mailed.

State

Alphanumeric, 2 positions

Enter the abbreviation for the state to which the voucher payment will be mailed.

ZIP Code

Numeric, 9 positions max.

Enter the ZIP code of the location to which the voucher payment will be mailed. Do **not** enter punctuation or spaces.

Example: Enter ZIP code 70160-0001 as **701600001**

**20. Foreign
Address**

Alphanumeric, 1 position

Check this block to route the travel reimbursement to a special address in a foreign country. Enter the foreign street address on Line 1. Enter the foreign city

name on Line 2. Enter the foreign country name and ZIP code (if any) in the City section of Line 3. Leave the State and ZIP Code blocks **blank**.



Note

Caution should be used to ensure that the address is complete and accurate for proper delivery of the check. If the address is hand-printed, please ensure that the information is legible.

21. Travel EFT Account

Alphanumeric, 1 position

Check this block to route the travel reimbursement to an EFT account other than the salary account. Then enter the code used to identify the EFT account on Line 1 of Special Address. This code consists of a 9-position routing number for the financial institution; a 1-position alpha character for the account type (**C** for checking and **S** for savings); and the traveler's account number (not to exceed 25 positions). Leave Lines 2 and 3 **blank**. Do not show spaces or special characters in the EFT account code. This option can be used by **all** travelers.

Example: 123456789C12345...

The Travel EFT Account code will not be stored in the Travel System for future use. Each time a traveler wishes to use the Travel EFT Account address option, the Travel EFT Account block must be checked and the full EFT account code must be shown on address Line 1.

Section C - Transportation Costs

This section is used to record information pertaining to common carrier tickets and commercial vehicles rented in conjunction with official travel. Use a separate line to enter each ticket purchase and each incident of car rental.

22. Method Of Payment

Alphanumeric, 2 positions

Enter the code from the list below that identifies the method the traveler has used to purchase the transportation tickets and/or rental vehicle.

- CC** Government Contractor issued credit card
- GV** Government Transportation System (GVTS)
- TR** Corporate credit card (formerly Government Transportation Request (GTR))
- CH** Cash



Note

If car rental is entered, the method of payment must be CC or CH.

23. Vendor/Carrier

Alphanumeric, 2 positions

For each method of payment indicated, enter the **code for the name of the vendor** who provided the transportation or rental vehicle to the traveler. The airline carrier code is the initials shown on the airline ticket. The rental vehicle vendor code is the **first two letters of the vendor's name**.

24. Identification Number

Alphanumeric, 13 positions max.

Enter the appropriate identification number for the rental vehicle and/or transportation tickets. For car rental, enter the **statement number** from the car

rental agreement. For transportation tickets purchased by **corporate credit card**, enter the last 8 positions of the ticket number. For tickets purchased by GVTS, Government contractor-issued charge card, or cash, enter the ticket number.



Note

Do not show the GVTS account number or credit card number on the voucher.

25. Car Rental



If a rental vehicle was used during the official travel, complete this block.

Miles

Numeric, 5 positions max.

For each incidence of car rental, enter, in **whole miles** only, the total number of miles driven in the rental car.

Example: Enter 400 miles as **400**

Days

Numeric, 3 positions max.

For each incidence, enter, in **whole days** only, the number of days that the rental vehicle was used by the traveler. The number of days entered for car rental cannot exceed the number of per diem days and/or the number of actual subsistence days claimed on the voucher. If subsistence is not claimed, the number of car rental days cannot exceed the number of days as shown in Block 7, Dates of Travel Expenses.

Example: Enter 7 days as **7**

Totals

Numeric, 7 positions max.

Enter the total number of miles a rental vehicle was driven by the traveler and the total number of days a rental vehicle was used by the traveler.



Note

(1) The gasoline expense should be part of Car Rental and should not be included in Miscellaneous Expenses. (2) Additional auto insurance cannot be claimed in accordance with the FTR. (3) Attach a copy of each car rental agreement to the AD-616.

26. Amount

Numeric, 7 positions max.

For each incidence of common carrier transportation and car rental, enter the amount paid, regardless of the payment method used.

Example:

Enter \$101.62 car rental expense as **101.62**

Enter \$383.00 common carrier expense as **383.00**

Totals

Numeric, 7 positions max.

Enter the total amount paid for transportation tickets and/or car rental.

Example: Enter \$484.62 as **484.62**

27. Airline Accommodations

Excess Fare

Alphanumeric, 1 position

Check this block to indicate that the use of higher cost accommodations, such as first class or business class, were authorized in accordance with the FTR. Otherwise, leave this block **blank**.

Non-contract

Numeric, 1 position

Enter the appropriate code from the list below to indicate that the use of a non-contract airline has been approved. Otherwise, leave this block **blank**.

- 1 Space not available on contract airline
- 2 Schedule of flights on contract airline inconsistent with Government policy
- 3 Cost comparison substantiates use of non-contract airline
- 4 Rail service available, cost effective, and consistent with the mission

The Back Of The Voucher (TDY)

Complete the back of the AD-616 according to the instructions below. Because the data on the back of the form is not entered into TRVL, field specifications are not given. However, travelers should be sure dollar amounts, rates, and totals conform to the field specifications of the corresponding blocks in Section D of the AD-616.



Note

Blocks on the back of the form are identified by block name, not numbers.

Social Security No.

Enter traveler's social security number.

Traveler's Name

Enter the traveler's name.

Section G - Schedule Of Expenses And Amounts Claimed

Section G is used to log the traveler's expenses on a daily basis. The columns in this section are laid out vertically to allow entry of up to 7 days traveling expenses. (Should the trip exceed 7 days, travelers should use the AD-617 continuation sheet to record additional days. The AD-617 is identical to the back of the AD-616.) Begin by logging the month and day on the top line in the first column and then move downward in the same column to record each expense that applied to that day's travel. After all expenses for the first day have been entered, move to the next column on the right and enter the next day's expenses. Continue in this manner until all entries have been made. (If an AD-617 is used, leave the Totals column **blank** on the AD-616 and show the totals in the **Totals** column on the AD-617.) Once all daily expenses have been entered, the cumulative totals for each type of expense must be shown in the **Totals** column located in the far right of the form. These totals will then be transferred to Section D on the voucher front. Extreme caution should be used when transferring these totals to Section D.

When travel is performed in one duty location for several consecutive days and reimbursement is under the lodgings-plus per diem system, agencies must record the first and last days of travel in separate columns (to show the day computation of M&IE rate) and can consolidate all interim days in one column.

Itinerary - From

Date (Month/Day)

Enter each departure date using the mm/dd/yy format.

Example: Enter *060297* to record June 2, 1997.

City

Enter the full city name of the departure location. Abbreviations **should not** be used.

Example: Enter *San Francisco* to record San Francisco.

State

Enter the 2-position state abbreviation code for the state of the departure location. For foreign travel, enter the full country name.

Example: Enter *France* to record France.

Time

Enter the time of departure. When changing time zones, enter the time in effect at the place of departure. Time can be entered in the standard format (8:00am) or the military format (0800).

**Itinerary - To TDY
Location**

Date (Month/Day)

Enter the date of arrival using the mm/dd/yy format.

City

For each day of travel, enter the full city name of the TDY location. Abbreviations **should not** be used.

County

For each day of travel, enter the county name of the TDY location.



Note

If the city is a key city listed in the FTR, then enter the city name. If the city is not a key city but is located within a key county listed in the FTR, then both the city and county names must be entered.

State

For each day of travel, enter the 2-position state abbreviation code for the state of the TDY location. For foreign travel, enter the full country name.

Time

Enter the time of arrival at the duty location. Time must be entered in the standard format (8:00 am) or the military format (0800).



Note

PC-TR VL software requires the use of the standard format (8:00am).

Per Diem

No. Of Days

Enter the number of per diem days. Record fractional days using *25*, *50*, and *75*. Record whole days using *00* behind the whole number.

Example: Enter 3/4 day as **75**; 1 whole day as **100**; and 2 1/2 days as **250**

Lodging

Enter the actual amount paid for lodging, less taxes up to the maximum amount allowable for lodging. Taxes should be entered under miscellaneous expenses for all types of travel except FG. A receipt is required.

Example: Enter \$39.61 as **39.61**

Meals And Incidental Expenses

Enter the meals and incidental expenses (M&IE) rate for the locality.

Example: Enter \$30.00 as **30.00**



According to the FTR, travelers are allowed 3/4 day M&IE allowance for the first and last days of travel.

Less Meals At Government Expense

Enter the amount that is to be deducted from the per diem for meals furnished to the traveler.



This includes meals that were paid as part of the registration fees.

Per Diem Amount

To compute the total of each day's per diem, add the lodging amount and the M&IE amount together. Subtract the amount entered in Less Meals At Government Expense. Enter the resulting total as the per diem amount. The total must not exceed the maximum daily per diem rate allowed for the locality in accordance with the FTR.

Example: Enter \$69.61 as **69.61**

Total No. Days (Totals column)

Enter the cumulative number of days.

Example: Enter 1/4 day as **25**; 1 whole day as **100**; and 2 1/2 days as **250**.

Total Per Diem (Totals column)

Enter the cumulative per diem amount.

Example: Enter \$491.50 as **491.50**

Actual Subsistence

∇

If the traveler was authorized **actual expenses** for meals, itemize the amount spent on a daily basis for breakfast, lunch, and dinner and show tips, laundry, etc., in the M&IE/Other block. A separate column must be used for each day of actual subsistence.

OR

If the traveler was authorized the **M&IE rate** while on actual subsistence, leave the Breakfast, Lunch, and Dinner blocks **blank**; the M&IE rate will be shown in the M&IE/Other block of Actual Subsistence.

No. of Days

Enter 1 as the number of actual subsistence days. If the traveler was authorized the **M&IE rate** while on actual subsistence, the first and last days of travel are always computed as 3/4 of the M&IE amount. Record 3/4 day as **75**. Record **whole** days using **00** behind the number.

If the traveler was authorized **actual expenses** for meals, (i.e., the itemization of breakfast, lunch, and dinner on a daily basis) record all actual subsistence days as **whole** days, using **00** behind the number.

Example: Enter 3/4 day as **75**; 1 whole day as **100**; and 2 1/2 days as **250**

Lodging

Enter the amount paid for lodging less taxes up to the maximum amount allowable for lodging. Taxes should be entered under miscellaneous expenses for all types of travel except FG. A receipt is required.

Breakfast

Enter the actual expenses for breakfast, including tips.

Lunch

Enter the actual expenses for lunch, including tips.

Dinner

Enter the actual expenses for dinner, including tips.

M&IE/Other

If the traveler was authorized the **M&IE rate**, enter the applicable M&IE amount in this block.

If the traveler was authorized **actual expenses**, enter the total amount of additional expenses for the day, including such things as tips to porters and baggage handlers, dry cleaning, and coin-operated launderette. A receipt is required for dry cleaning.

**Actual
Subsistence
Amount**

Enter the total of each day's actual subsistence expenses.

**Total No. Days
(Totals column)**

Enter the cumulative number of days actual subsistence was incurred. Use quarter days where applicable.

Example: Enter 1/4 day as **25**; 1 whole day as **100**; and 2 1/2 as **250**

**Total Actual
Subsistence
(Totals column)**

Enter the cumulative actual subsistence amount.

Example: Enter \$561.37 as **561.37**

Mileage

Miles

Enter the total number of miles driven each day in **whole miles**.

Example: Enter 25 8/10 miles as **26**

Rate Per Mile

Enter the applicable mileage rate in accordance with the FTR.

Example: Enter 31¢ as **310**

Mileage Amount

Enter the product of the Miles multiplied by the Rate Per Mile.

**Total Miles (Totals
column)**

Enter the cumulative miles traveled.

Example: Enter 26 miles as **26**

**Total Mileage
(Totals column)**

Enter the cumulative mileage amount.

Example: Enter \$8.06 as **8.06**

Parking, Tolls, Etc.

Enter the daily total paid for parking, tolls, etc.

**Total Parking
(Totals column)**

Enter the cumulative amount paid for parking, tolls, etc.

Example: Enter \$21.00 as **21.00**

**Plane, Bus, Train
(Paid By Traveler)**

Enter the cost of transportation tickets when these have been paid for by the traveler with cash or a Government contractor-issued charge card. **Do not** claim tickets purchased by corporate credit card or GVTs. A ticket, coupon, or other receipt is required.



Note

If cash in excess of \$100 is used to purchase common carrier tickets, prior Departmental approval is required.

**Total Plane, Bus,
Train (Totals
column)**

Enter the cumulative total paid for the plane, bus, and/or train tickets.

Example: Enter \$383.00 as **383.00**

**Unaccompanied
Baggage**

Enter the cost incurred for transporting unaccompanied baggage in this block. A receipt must be attached to support the claim.

**Total
Unaccompanied
Baggage (Totals
column)**

Enter the cumulative total paid for transportation of unaccompanied baggage.

Example: Enter \$50.00 as **50.00**

Local Transportation

No. Trips

Enter the total number of trips made each day by taxi, limousine, local bus, and/or subway, etc.

Daily Expense

Enter the cumulative amount spent for local transportation each day. A receipt is required for any single trip that exceeds \$75, including taxes and tips.

**Total Local
Transportation
(Totals column)**

Enter the cumulative total spent on local transportation for the trip.

Example: Enter \$45.00 as **45.00**

**Miscellaneous
Expenses**

Telephone Calls

Enter on a daily basis, the dollar amount spent on official calls, as well as, official calls of a personal nature made during travel. Travelers must certify that official calls of a personal nature made while on official duty travel comply with Departmental Regulation DR 2300-3. It is suggested that travelers include the following, or a similar statement, in the Remarks section on the back of the voucher, to support personal phone calls. The traveler should also sign his/her name below the statement.

This is to certify that official calls of a personal nature made during official travel comply with the requirements of DR 2300-3.

Supplies, Etc

Enter the amount spent each day on supplies, etc.

**Total
Miscellaneous
(Totals column)**

Enter the cumulative dollar amount spent on telephone calls and supplies.

Example: Enter \$26.37 as **26.37**

**Car Rental (Paid By
Traveler), Receipt
And Car Rental
Agreement Required**

Rental Expense

Enter the total daily amount spent for a rental car. Receipts and a copy of the rental agreement are required.

Example: Enter \$80.62 as **80.62**

**Gasoline
Expense**

Enter the total daily amount spent on gasoline for the rental vehicle.

Example: Enter \$21.00 as **21.00**



**Total Car Rental
(Totals column)**

Gasoline expenses should not be included in the Miscellaneous Expenses block.

Enter the cumulative amount spent for car rental and gasoline.

Example: Enter \$101.62 as **101.62**

Remarks

Use this block to enter any statements that will clarify expenses claimed or to include any specific certification statements, such as the personal calls certification, required to authorize expenses.



It is very important that the traveler record the mode of transportation used to travel from point A to point B (such as a Government Owned Vehicle (GOV)), if this is not readily apparent from the data recorded in the blocks above.

When the entire worksheet has been completed, including any AD-617 continuation sheets, the traveler must transfer the totals (Totals column) to the appropriate blocks in Section D on the front of the AD-616.

Section D - Claims

Section D, on the front of the voucher, is used to compute the total claim amount. The total amounts from the back of the voucher are brought forward and recorded in Blocks 28 through 37 of Section D. Extreme care should be used to ensure accuracy when transferring these amounts from the worksheet to the voucher.

**Summary Of
Subsistence**

This section is used to summarize all subsistence (i.e., per diem and actual subsistence) claimed on the back of the voucher. The TDY locations, the number of days spent in each location, and the amount claimed for each location will be shown here. This information will be systematically compared to authorization data stored in the Travel System and locality per diem rate tables maintained in the Table Management System (TMGT).

The total of the individual amounts shown in this section must equal the per diem and actual subsistence amounts claimed in Blocks 29 and 30. For this reason, all breakdowns of subsistence claimed must be specifically shown.

TDY Location

∇

Enter each TDY location where the traveler incurred subsistence expenses. Show all breakdowns of subsistence as described in the above paragraphs.

Cntry Code

Numeric, 3 positions

If the type of travel is **FG only**, enter the 3-position numeric NFC-assigned country code (from TFLC) for the country of the TDY location. Leave this block **blank** for all others types of travel.

Example: Record the destination foreign country of Algeria as **125**

City Code

Numeric, 4 positions

If the type of travel is **FG only**, enter the 4-position numeric NFC-assigned city code (from TFLC) for the city of the TDY location. Leave this block **blank** for all others types of travel.

Example: Record the destination foreign city of Algiers (Algeria) as **1000**

City or County

Alphanumeric, 20 positions max.

Complete this block as follows:

- For Type Travel FG, enter the city name of the TDY location.
Example: Record the destination city of Algiers as **Algiers**
- For Type C travel to locations within CONUS and nonforeign areas outside CONUS (e.g., Alaska, Hawaii, Puerto Rico), enter the **city or county** name of the TDY location, following the **supplemental** guidelines provided below:

Travel Within CONUS

- If a locality is a **key** city as identified in Appendix A of Section 301 in the FTR, enter the city name. The city name must be shown **exactly** as listed in Appendix A, **including punctuation**. Abbreviations cannot be used.

Examples: (1) The city of St. Louis (Missouri) must be shown as **St. Louis**

Notice that the period was entered behind **St** because it is shown that way in Appendix A of the FTR.

(2) Loveland, Colorado, is a key city and is listed in the County And/Or Other Defined Location column of Appendix A of the FTR as City Limits of Loveland (see Larimer County). Therefore, agencies must show **Loveland** as the location name.

- If a locality is **not** a key city but is located within an area identified in the County And/Or Other Defined Location column of Appendix A of the FTR, enter the appropriate location name shown in the column. **Do not** enter the city name. The location name must be spelled **exactly** as listed in Appendix A, **including punctuation**. Abbreviations may not be used.



Note

Agencies should show the actual locality name in Block 42, Remarks, of the Form AD-202.

Examples: (1) Mandeville, Louisiana, is not a key city but is located in St. Tammany Parish (county), which is listed in Appendix A of the FTR.

Therefore, agencies must show *St. Tammany* instead of the city name of Mandeville.

Notice that the period was entered behind **St** because it is shown that way in Appendix A of the FTR.

(2) Davis-Monthan Air Force Base, Arizona, is not a key city but is listed in Appendix A of the FTR as Pima County; Davis-Monthan AFB. Therefore, agencies must show *Davis-Monthan AFB* as the location name.

(3) Jackpot, Nevada is not a key city, but is located in Elko County which is listed in Appendix A of the FTR as All points in Elko County excluding Wendover. Therefore, agencies must show *Elko* instead of the city name of Jackpot.

If a locality is **not** a key city and is **not** located within a county specifically listed in Appendix A of the FTR, enter the city name. In this case, the traveler is entitled to the standard CONUS rate.

Travel To Nonforeign Areas Outside of CONUS

- If the locality is specifically identified in the Department of State's (DOS) monthly publication, Maximum Per Diem Allowances for Foreign Areas, Section 925 (A Supplement to the Standardized Regulations), enter the city name. The city name must be shown exactly as listed in DOS' publication, **including punctuation**.

Example: The city of Ft. Wainwright (Alaska) must be shown as *Ft. Wainwright*

Notice that the period was entered behind **Ft** because it is shown that way in DOS' publication.

- If the locality is **not** specifically identified in DOS' publication, the traveler will be entitled to the per diem rate shown as **Other**. Therefore, agencies must show *Other* as the city name in the City block in lieu of the actual city name. After recording *Other* in the City block, show the actual city name on the back of the voucher.

Example: The city of Palmer (Alaska) is not specifically identified in DOS' publication. Record the word *Other* in the City block and show **Palmer** on the back of the voucher.

State

Alphanumeric, 2 positions

Complete this block as follows:

- For travel to locations within CONUS and nonforeign areas outside CONUS (e.g., Alaska, Hawaii, Puerto Rico), enter the 2-position state abbreviation code. A list of state abbreviation codes for nonforeign areas is provided in TFLC.
- For Type FG travel, enter the 2-position alpha country code (from TFLC).

No. of Days

Numeric, 5 positions max.

Enter the number of subsistence days claimed for each locality. Record fractional days using **25**, **50**, and **75**. Record whole days using **00** behind the whole number.

Example: Enter 1/4 day as **25**; 1 whole day as **100**; and 2 1/2 as **250**

Amount

Numeric, 7 positions max.

Enter the total dollar amount of subsistence claimed for each TDY location.

Example: Enter \$491.50 as **491.50**

29. Per Diem

No. of Days

Numeric, 5 positions max.

Enter the total number of per diem days. Record fractional days using **25**, **50**, and **75**. Record whole days using **00** behind the whole number.

Example: Enter 3/4 day as **75**; 1 whole day as **100**; 2 1/2 days as **250**

Amount

Numeric, 7 positions max.

Enter the total amount of per diem claimed.



According to the FTR, travelers are allowed 3/4 day M&IE allowance for the first and last days of travel.

Example: Enter \$491.50 as **491.50**

30. Actual Subsistence

No. of Days

Numeric, 5 positions max.

Enter the total number of actual subsistence days. Record fractional days using **25**, **50**, and **75**. Record whole days using **00** behind the whole number.

Example: Enter 3/4 day as **75**; whole days as **100**; 2 1/2 days as **250**

Amount

Numeric, 7 positions max.

Enter the total amount of actual subsistence claimed.

Example: Enter \$561.37 as **561.37**

31. Mileage

Rate

Numeric, 4 positions max.

Enter the applicable mileage rate in accordance with the FTR. A maximum of 4 rates may be entered.

Example: If the mileage rate is 31¢, enter **310**

Miles

Numeric, 4 positions max.

Enter the total number of miles driven at each rate.

Example: Enter 26 miles as **26**

Amount

Numeric, 7 positions max.

Multiply each rate by the applicable number of miles. Add the resulting products together and enter the cumulative total amount of mileage claimed.

Example: Enter \$8.06 as **8.06**

32. Parking, Tolls, Etc.

Amount

Numeric, 7 positions max.

Enter the total amount of parking, tolls, etc., claimed.

Example: Enter \$21.00 as **21.00**

**33. Plane, Bus, Train
(Paid by Traveler)**

Amount

Numeric, 7 positions max.

Enter the total amount of common carrier transportation costs claimed. A ticket, coupon, or other receipt is required.

Example: Enter \$383.00 as **383.00**



Do not claim reimbursement of transportation tickets purchased through GVTs or by corporate credit card.

**34. Unaccompanied
Baggage**

Amount

Numeric, 7 positions max.

Enter the total amount of unaccompanied baggage charges claimed. A receipt must be attached to support the claim.

Example: Enter \$50.00 as **50.00**

**35. Local
Transportation**

Amount

Numeric, 7 positions max.

Enter the total amount of local transportation charges claimed.

Example: Enter \$45.00 as **45.00**

**36. Miscellaneous
Expenses**

∇

Amount

Numeric, 7 positions max.

Enter the total amount of miscellaneous expenses claimed.

Example: Enter \$26.37 as **26.37**

37. Car Rental

Amount

Numeric, 7 positions max.

Enter the total amount of car rental expenses claimed. A receipt and copy of the rental agreement for each incidence of car rental is required to substantiate the car rental expense.

Example: Enter \$101.62 as **101.62**

**38. Total Claim
(Blocks 29 thru 37)**

Required, numeric, 8 positions max.

Enter the sum of the amounts in Blocks 29 through 37.



If the voucher is a reclaim voucher, do not include the amount of expenses previously paid in the Total Claim amount.

**39. Travel Advance
Amount Outstanding**

Numeric, 7 positions max.

Enter the travel advance amount outstanding at the time of voucher preparation.

**40. Amt. Of Voucher
(Block 38) To Be
Applied To
Outstanding
Advance(Block 39)**

Numeric, 7 positions max.

Enter the amount of the travel reimbursement that is to be applied to the outstanding advance balance.

**41. Amount Of
Voucher (Block 38)
To Be Applied To
Outstanding Bill For
Collection**

Numeric, 7 positions max.

If the traveler has been issued a Bill for Collection by NFC for a travel overpayment, the traveler may repay all or a portion of this bill through use of this block. Enter the amount that is to be applied to the bill.

Bill No.

Alphanumeric, 10 positions max.

Enter the Administrative Billings and Collections (ABCO) bill number to which a portion of the Total Claim amount will be applied.

**42. Additional
Advance Amount
Repaid (Check or
Money Order
Attached)**

Numeric, 7 positions max.

Enter the amount of advance repaid by the traveler with a check or money order. Be sure to **securely attach** the check or money order to the **front** of the AD-616 for mailing to NFC.

Electronic users are required to leave Block 42 blank.

**43. Remaining
Advance Balance
(Block 39 minus
Block 40 and Block
42)**

Numeric, 7 positions max.

Enter the travel advance balance that remains outstanding after subtracting the amounts in Blocks 40 and 42.

**44. Net To Traveler
(Block 38 minus
Block 40 and
Block 41)**

Required, numeric, 8 positions max.

Enter the amount of the claim to be paid to the traveler.

**Audited By
(Examiner's
Initials)**

For NFC use only.

Total Difference

Numeric, 7 positions max.

For NFC use only.

Section E - Accounting Classification

Section E is used to identify the accounting classification code(s) that will be charged for the travel expenditures.

45. Authorization Accounting

Alphanumeric, 1 position

Check this block to charge the total voucher claim to the accounting and purpose code(s) from the corresponding AD-202. **Do not** complete any other information in Section E. Proceed to Section F.

46. Distributed Accounting

Alphanumeric, 1 position

Check this block to distribute the voucher claim to a **different** accounting classification code(s) and/or different purpose of travel code(s) than the one(s) indicated on the corresponding AD-202. Then fill in the Purpose Code, Accounting Classification, and Percentage blocks according to the instructions below.

Purpose Code

Required, numeric, 2 positions max.

Enter a purpose of travel code, from the list on the AD-616, for each line of accounting that will be charged.

Example: Record Purpose Code 1 as *1* or *01*

- 1 Site visit
- 2 Information meeting
- 3 Training attendance
- 4 Speech or presentation
- 5 Conference attendance
- 7 Entitlement/Home leave
- 8 Special mission travel
- 9 Emergency travel
- 10 Other travel
- 11 Pre-employment
- 13 Rest and recuperation
- 14 Educational
- 15 Informal training

Accounting Classification

Required, alphanumeric, 35 positions max.

Enter the agency assigned management or accounting classification code(s), to be charged for the travel. Up to 7 management or accounting codes may be used.



Note

Be sure to start the accounting on line 1 of this section. Do not skip a line between multiple lines of accounting.

- If a document control number (DCN) (as assigned through NFC's Funds Control System) is used with the accounting code, it must be placed at the end of the accounting code.

Example: If the accounting code is 12345678 and the DCN is 0001, enter *123456780001*

- If the accounting is for an agency other than the traveler's employing agency, the accounting must be entered in a special manner. In these instances, enter

the paying agency's accounting code and follow the accounting code with a slash. Immediately behind the slash, enter the 2-position agency code that identifies the paying agency. Directly behind the agency code enter the 4-digit accounting station code of the paying agency. Do not space between the agency code and the accounting station code. Also, follow this procedure if multiple accounting codes are to be charged to another agency.

Example: If an employee works for the Forest Service (Agency Code 11) but is traveling for NFC and NFC will be paying for the trip (Agency Code 90, Accounting Station Code 0010, Accounting Code 99999999), the accounting section should be completed as follows:

99999999/900010

★★



Note

In the case of Forest Service who charges different regions and units within its own agency, the exact same procedure as outlined above (i.e., showing the slash, agency code, and accounting station code) must be followed.

Percentage

Alphanumeric, 3 positions max.

Enter the percentage of the total claim amount that is to be distributed to each individual line of accounting. Percentages must be entered as whole numbers.

Example: 80% would be entered as **80**
20% would be entered as **20**



Note

Do not enter dollar amounts or percentage signs. The sum of the individual percentages must equal 100 percent.

Section F - Certifications

Section F is completed by the traveler and the approving official after all other sections of the form have been completed. Completion of this section serves as certification that all entries have been reviewed and verified as reasonable in accordance with regulations published in the FTR and with Departmental regulations, and that all required documentation is attached.

47. Claimant's Signature

Required, alphanumeric

The claimant must sign in this block.

48. Date

Required, numeric, 6 positions

The claimant must enter the date the travel voucher is signed, using the mm/dd/yy format.

Example: Enter **060297** to record June 2, 1997.

49. Final Voucher Indicator

Optional, numeric, 1 position

Enter a **Y** if this is the final voucher being filed against the corresponding AD-202. If **Y** is entered, the authorization will expire, and for those agencies that obligate, all remaining funds will be deobligated. Enter an **N** or leave this block **blank** if this is **not** the final voucher for the AD-202.



Note

Use of the Final Voucher Indicator can only be used for Types B, N, and C authorizations issued for one traveler.

**50. Approving
Officer's
Signature**

Required, alphanumeric

The approving officer must sign in this block.



Note

If the individual who will sign the voucher is serving as an acting approving officer, the agency must show the acting individual's name, title, and social security number in Section F. Do not show the name, title, and social security number of the individual for whom he/she is acting.

**51. Social
Security Number**

Required, numeric, 9 positions

Enter the social security number of the approving officer who will sign the voucher in Block 50.

**52. Date
Approved**

Required, numeric, 6 positions

Enter the date, using the mm/dd/yy format, the voucher was received by the agency.



Note

This date will be stored in TRVL and will be the key to tracking travel claims to determine if travel payments are timely or if late payment fees are due to the traveler. The FTR requires that agencies reimburse travelers within 30 calendar days after submission of a proper travel voucher to the appropriate approving official. If travelers are not reimbursed within 30 days, late payment fees will be paid to the traveler.

53. Phone

Numeric, 10 positions

Enter the area code and telephone number of the approving officer.

**Name And Title,
Agency Code**

▽

Name

Required, alphanumeric, 30 positions max.

Enter the last name, first name, and middle initial of the approving officer. The individual named in this block must be the same individual who will sign the voucher in Block 50.

Title

Alphanumeric, 20 positions max.

Enter the title of the approving officer.

Agency Code

Required, alphanumeric, 2 positions

Enter the code which identifies the approving officer's employing agency.

**55. Contact Person's
Name**

Alphanumeric, 30 positions max.

Enter the first name, middle initial, and last name of the person to contact for information regarding this voucher, if this person is someone other than the approving officer.

56. Phone

Numeric, 10 positions

Enter the area code and telephone number of the person to contact for information regarding this voucher, if the number is different than the approving officer's number.

Completion Instructions - Form AD-616R, Travel Voucher (Relocation)

This section provides completion instructions for the AD-616R, Travel Voucher (Relocation) (Figures 7 and 8). Form AD-616R is used to claim reimbursement for expenses incurred during transfer of station travel. In addition, this form is used by the traveler to file claims for the Relocation Income Tax (RIT) allowance and to reimburse designated contractors (relocation firms) for relocation services rendered to transferred employees

The front of the AD-616R is divided into six sections in accordance with the type of information being reported. The voucher front is used to record identification information about the traveler and the trip, as well as to show the totals of the expenses being claimed and the related accounting data. Each block on the front of the form is numbered.

The back of the relocation travel voucher (Figure 8) contains one section which is used to record the expenses on a day-to-day basis and to compute the total amounts claimed for transfer to the voucher front. The blocks on the back of the form are not numbered.

To complete a voucher, agencies must first enter all data required on the front of the form in Sections A, B, and C. Then proceed to the back of the form to complete Section G. Finally, agencies return to the front of the form and enter the totals from Section G and other required data in Sections D, E, and F.

To claim reimbursement for relocation travel, agencies should complete the AD-616R according to the instructions below.



Note

The numbers below correspond to the block numbers on the form. Blocks on the back of the form are identified by block name.

Section A - Identification

Section A is used to record the corresponding travel authorization number, identify the traveler by social security number and name, and provide other pertinent information regarding the traveler and the period of travel. The authorization must be established **prior** to the payment of a travel voucher.



Note

Do not enter punctuation in any of the blocks in Section A.

1. Travel

Authorization No.

Required, alphanumeric, 13 positions

Enter the authorization number of the specific AD-202 used to approve the travel for which reimbursement is being claimed.

2. Social Security No.

Required, numeric, 9 positions

Enter the traveler's social security number or the agency assigned temporary identification number used on the corresponding AD-202.

3. Name

Required, alphanumeric, 30 positions max.

Enter the traveler's name as indicated below. **Do not** enter punctuation.

Last Name 17 positions max.
Enter the traveler's last name. Items such as Jr., Sr., and III are to be shown as part of the last name (e.g., Stone Jr). If the employee has a 2-part (double) last name, separate one part from the other with a space. **Do not** enter hyphens for hyphenated names.

First Name 12 positions max.
Enter the traveler's first or given name (or initial). Enter an initial if the traveler has an initial for the first name. If the employee has two or more first names or initials, separate one from the other with a space. **Do not** enter hyphens or periods.

Middle Initial 1 position
Enter the traveler's middle initial.

4. Agency Code Required, alphanumeric, 2 positions
Enter the 2-position agency code that identifies the traveler's employing agency. If the traveler is a nongovernment employee or a Federal employee who is not payrolled by NFC, enter the code of the agency for which the employee has traveled.



Note

(1) If the traveler is employed by one agency and has traveled for another agency, the employing agency code is still entered in this block. (2) In those situations where employees travel for an agency that is different from their employing agency, Section E - Accounting Classification, will be completed in a special manner to identify the agency and accounting station, as well as the accounting classification code that is to be charged for the payment. (See completion instructions for Section E.)

5. Agency Originating Office Number Required, alphanumeric, 10 positions
Enter the 10-position agency originating office number (OON) of the agency paying for the trip.

6. Traveler Originating Office Number Alphanumeric, 10 positions
Enter the OON of the traveler submitting the AD-616R **only** if it is different than the agency OON.

7. Dates Of Travel Expenses ▽
Enter the actual dates travel started and ended. If this is a reclaim voucher, enter the original dates of travel for which amounts are being reclaimed. Complete this block as follows:

SOCIAL SECURITY NO.	TRAVELER'S NAME									
SECTION G – SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED										
ITINERARY FROM										TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
DATE (Month/Day)										
CITY										
STATE										
TIME										
TO										
DATE (Month/Day)										
CITY										
COUNTY										
STATE										
TIME										
PER DIEM										TOTAL NO. DAYS
NO. OF DAYS										TOTAL LODGING & IE
LODGING & INCIDENTAL EXPENSES (Receipt Required for Lodging)										\$
MEALS										TOTAL MEALS
										\$
MILEAGE										TOTAL MILES
MILES										
RATE PER MILE										¢
MILEAGE AMOUNT										TOTAL MILEAGE
										\$
PARKING, TOLLS, ETC.										TOTAL PARKING
										\$
PLANE, BUS, TRAIN (Paid By Traveler)										TOTAL PLANE, BUS, TRAIN
										\$
UNACCOMPANIED BAGGAGE										TOTAL UNACCOMPANIED BAGGAGE
										\$
LOCAL TRANSPORTATION										TOTAL LOCAL TRANSPORTATION
NO. TRIPS										
DAILY EXPENSE										\$
MISCELLANEOUS EXPENSES/ALLOWANCE										TOTAL MISCELLANEOUS
										\$
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required										TOTAL CAR RENTAL
RENTAL EXPENSE										
GASOLINE EXPENSE										\$
SHIPMENT OF HOUSEHOLD GOODS PAID BY TRAVELER (Weight Certificate or Bill of Lading Required)										
TOTAL WEIGHT OF GOODS SHIPPED	COMMUTED RATE	TOTAL	ADDITIONAL ALLOWANCES	TOTAL SHIPMENT AMOUNT						
X		=	+	=						
\$		\$	\$	\$						
STORAGE OF HOUSEHOLD GOODS										
TEMPORARY STORAGE	NUMBER OF DAYS CLAIMED	TOTAL WEIGHT OF GOODS	ACTUAL CHARGES	COMMUTED RATE CHARGES	CLAIM LESSER AMOUNT AND DISTRIBUTE TO APPLICABLE PERIOD OF STORAGE	1ST 30 DAYS AMOUNT				
			\$	\$	\$	\$				
						OVER 30 DAYS AMOUNT				
						\$				
REMARKS										
<p>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.</p>										

8. Completion Instructions - Form AD-616R (Back of Voucher)

From

Required, numeric, 6 positions

Enter the date travel began using the mm/dd/yy format.

Example: Enter **060297** to record June 2, 1997.

- For Type Claims RI (Relocation Income Tax) and SR (Supplemental RIT), enter January 1st of the tax year for which the claim is being filed.
- For Type Claim RC (Relocation Contract), enter the date the invoice was received by the agency.

Thru

Required, numeric, 6 positions

Enter the date travel ended using the mm/dd/yy format.

Example: Enter **060297** to record June 2, 1997.

- For Type Claims RI and SR, enter December 31st of the tax year for which the claim is being filed.
- For Type Claim RC, enter the payment due date, if a due date is shown, on the relocation company's invoice. If no due date is shown, enter the same date as shown in the From block.

8. Type Claim

Required, alphanumeric, 2 positions

Enter one of the codes from the list below to define the type of trip taken by the employee.

HH	Househunting
TS	Transfer of Station
RC	Relocation Contract
RI	Relocation Income Tax (RIT)
SR	Supplemental RIT
OT	Outside Continental U.S. Transfer
FT	Foreign Transfer
RT	Return Transfer



Note

Type Claims FT and RT are not preprinted on the AD-616R. These two type claims will be included on the Form AD-616FR, Travel Voucher (Foreign Relocation/Entitlement Travel), that is scheduled for implementation in Phase 2 of the unified system. Until Phase 2 is implemented, agencies will use the Form AD-616R to claim foreign relocation/entitlement travel expenditures.

General Guidelines For Type Claims

- For Type Claim RI and SR, complete Sections A, B, E, and F. For Type Claim RI and SR use the **Special** Address option in Section B. If the employee wishes to apply all or part of the RIT claim to an outstanding advance balance, complete Blocks 44 and 45 in Section D. If the employee wishes to apply all or part of the RIT claim to an outstanding bill for collection, complete Block 46, including the bill number. Agencies should note that when completing Section E, Block 51 must be checked and the

accounting to which the RIT claim is to be charged must be shown. Enter **one** line of accounting **only**.



Note

Remember, taxes are withheld before monies are applied to outstanding advance balances or bills for collection.

- For Type Claim RC, complete Section A, Blocks 26 and 28, and Sections E and F. Attach the invoice and supporting documentation from the relocation company to the voucher.



Note

The completion of Block 52, Claimant's Signature, and Block 53, Date, are optional for Type Claim RC.

9. Reclaim Amount Included

Numeric, 7 positions max.

If this voucher is submitted to NFC in response to a voucher difference statement of expenses disallowed on a previous voucher, enter the amount of reclaimed expenses which the traveler believes are justifiable. When submitting reclaim vouchers, the traveler should attach a copy of the Voucher Difference Statement that explained the disallowance, a copy of the original voucher, and the documentation necessary to support the reclaim.



Note

Be sure the reclaim amount does not include expenses previously paid.

Example: The original voucher was submitted for \$1,000.00 and only \$800.00 was paid. The traveler submits a reclaim voucher for \$200.00. The amount of **200.00 only** should be shown in the Reclaim Amount Included block and in Block 43, Total Claim.

10. Date Reported At New Official Duty Station

Required, numeric, 6 positions

Enter the date, using the mm/dd/yy format, the employee reported at the new official duty station. Leave this block **blank** for Type Claim HH vouchers.

Example: Enter **060297** to record June 2, 1997.

11. Leave Taken

Alphanumeric, 1 position

Enter **Y** (yes) if annual or sick leave was taken during the period of travel. Leave this block **blank** or enter **N** (no) if leave was not taken during travel.

12. Official Duty Station City And State

Required, alphanumeric, 22 positions max.

Enter the city and 2-position state abbreviation code or the city and 2-position alpha country code (from TFLC) where the employee is now stationed.

13. Resident City And State

Alphanumeric, 22 positions max.

If this is the same as the official duty station, leave this block **blank**. Otherwise, enter the city and 2-position state abbreviation code or the city and 2-position alpha country code (from TFLC) of the employee's residence.

14. Total Nights Lodging

Numeric, 3 positions max.

For domestic travel only, enter the total number of nights lodging, if the traveler incurred subsistence, including those where expenses were not incurred.

Example: An employee travels for 6 days and 5 nights, but spends 2 nights at the home of a relative. Total nights lodging would be entered as **5**

**15. Number of Nights
In Approved
Accommodations
Per The Fire Safety
Act Standards**

Numeric, 3 positions max.

Enter the total number of nights spent in public accommodations that comply with standards set forth in the Hotel and Motel Fire Safety Act of 1990.

Example: Using the example given for Block 14, if the same employee spends 3 of the 5 nights at a hotel which was in compliance with the Fire Safety Act Standards, **3** would be entered in this field.

Section B - Travel Voucher Mailing Address Options

∇Section B is used to indicate the appropriate mailing address for the travel reimbursement. Travelers may select only one of the travel voucher mailing address options explained below.



Note

Employees of the Department of State and Department of Education, new employees who have not received their first salary payments, special appointees, and non-Government employees must use either the Special Address or Travel EFT account option.

16. Salary Address

Alphanumeric, 1 position

Check this block to route the reimbursement to the address or electronic funds transfer (EFT) routing number where the employee normally receives his or her salary payment.

This option is only available to those employees who are payrolled by NFC and have received **one or more** salary payments from NFC.

**17. T&A Contact
Point**

Alphanumeric, 1 position

Check this block to route the reimbursement to the traveler's T&A contact point address. This option is **only** available to those employees who are payrolled by NFC and have received **one or more** salary payments from NFC.

18. Special Address

Alphanumeric, 1 position

Check this block to route the reimbursement check to an address other than the traveler's salary address, travel EFT account, or T&A contact point location (including foreign addresses for Types FT and RT travel). Enter the special address on the lines provided in this section as described below. Do not show the traveler's name on the address lines; the name will be generated by the system. This option can be used by **all** travelers.



Note

Caution should be used to ensure that the address is complete and accurate for proper delivery of the check. If the address is hand-printed, please ensure that the information is legible.

1

Alphanumeric, 35 positions max.

Enter the street address and/or box number to be used for mailing the voucher payment.

- 2** *Alphanumeric, 35 positions max.*
If additional space is needed for the street address and/or box number, use this line.
- 3. City** *Alphanumeric, 20 positions max.*
Enter the name of the city to which the voucher payment will be mailed.
- State** *Alphanumeric, 2 positions*
Enter the abbreviation for the state to which the voucher payment will be mailed.
- ZIP Code** *Numeric, 9 positions max.*
Enter the ZIP code of the location to which the voucher payment will be mailed.
Do **not** enter punctuation or spaces.

Example: Enter ZIP code 70160-0001 as **701600001**



Note

When entering a foreign address, enter the foreign street address on Line 1. Enter the foreign city name on Line 2. Enter the foreign country name and ZIP code (if any) in the City section of Line 3. Leave the State and ZIP Code blocks blank.

19. Travel EFT Account

Alphanumeric, 1 position

Check this block to route the travel reimbursement to an EFT account other than the salary account. Then enter the code used to identify the EFT account on Line 1. This code consists of a 9-position routing number for the financial institution; a 1-position alpha character for the account type (*C* for checking and *S* for savings); and the traveler's account number (not to exceed 25 positions). Leave Lines 2 and 3 **blank**. Do not show spaces or special characters in the EFT account code. This option can be used by **all** travelers.

Example: 123456789C12345...



Note

The Travel EFT Account code will not be stored in the Travel System for future use. Each time a traveler wishes to use the Travel EFT Account address option, the Travel EFT Account block must be checked and the full EFT account code must be shown on address Line 1.

Section C - Transportation Costs

This section is used to record information pertaining to common carrier tickets and commercial vehicles rented in conjunction with official travel. Use a separate line to enter each ticket purchase and each incident of car rental.

20. Method Of Payment

Alphanumeric, 2 positions

Enter the code from the list below that identifies the method the traveler has used to purchase the transportation tickets and/or rental vehicle.

- CC** Government Contractor issued credit card
- GV** Government Transportation System (GVTS)
- TR** Corporate Credit Card (formerly Government Transportation Request (GTR))
- CH** Cash



Note

If car rental is entered, the method of payment must be CC or CH.

21. Vendor/ Carrier

Alphanumeric, 2 positions

For each method of payment indicated, enter the code for the name of the vendor who provided the transportation or rental vehicle to the traveler. The airline carrier code is the initials shown on the airline ticket. The rental vehicle vendor code is the first two letters of the vendor's name.

22. Identification Number

Alphanumeric, 13 positions max.

Enter the appropriate identification number for the rental vehicle and/or transportation tickets. For car rental, enter the statement number from the car rental agreement. For transportation tickets purchased by corporate credit card, enter the last 8 positions of the ticket number. For tickets purchased by GVTs, Government contractor-issued charge cards, or cash, enter the ticket number.



Note

Do not show the GVTs account number or credit card number on the voucher.

23. Car Rental

If a rental vehicle was used during the official travel, complete this block.

Miles

Numeric, 5 positions max.

For each incidence of car rental, enter, in **whole miles** only, the total number of miles driven in the rental car.

Example: Enter 400 miles as **400**

Days

Numeric, 3 positions max.

For each incidence, enter, in **whole days** only, the number of days the rental car was used by the traveler. The number of days entered for car rental cannot exceed the number of per diem days and/or the number of actual subsistence days claimed on the voucher.

Example: Enter 7 days as **7**

Totals

Numeric, 7 positions max.

Enter the total number of miles a rental car was driven by the traveler and the total number of days a rental car was used by the traveler.



Note

(1) The gasoline expense should be part of Car Rental and should not be included in Miscellaneous Expenses/Allowance. (2) Additional auto insurance cannot be claimed in accordance with the FTR. (3) Attach a copy of each car rental agreement to the AD-616R.

24. Amount

Numeric, 7 positions max.

For each incidence of common carrier transportation and car rental, enter the amount paid, regardless of the payment method used.

Totals

Numeric, 7 positions max.

Enter the total amount paid for transportation tickets and/or car rental.

25. Airline Accommodations

Excess Fare

Alphanumeric, 1 position

Check this block to indicate that the use of higher cost accommodations, such as first class or business class, were authorized in accordance with the FTR. Otherwise, leave this block **blank**.

Non-contract

Numeric, 1 position

Enter the appropriate code from the list below, to indicate that the use of a non-contract airline has been approved and justified in accordance with the FTR. Otherwise, leave this block **blank**.

- 1 Space not available on contract airline
- 2 Schedule of flights on contract airline inconsistent with Government policy
- 3 Cost comparison substantiates use of non-contract airline
- 4 Rail service available, cost effective, and consistent with the mission



Note

(1) If use of a non-contract airline is not approved on the authorization, it can be post-approved on the voucher. (2) Do not enter a code if the traveler is using a non-contract carrier because a contract carrier does not exist.

The Back Of The Voucher (Relocation)

Complete the back of the AD-616R according to the instructions below. Because the data on the back of the form is not entered into TRVL, field specifications are not given. However, travelers should be sure dollar amounts, rates, and totals conform to the field specifications of the corresponding blocks in Section D of the AD-616R.



Note

Blocks on the back of the form are identified by block name, not numbers.

Social Security No.

Enter the traveler's social security number.

Traveler's Name

Enter the traveler's name.

Section G - Schedule Of Expenses And Amounts Claimed

Section G is used as a log of the traveler's expenses on a daily basis. The columns in this section are laid out vertically to allow entry of up to 7 days traveling expenses. (Should the trip exceed 7 days, travelers should use the AD-617R continuation sheet to record additional days. The AD-617R is identical to the back of the AD-616R.) Begin by logging the month and day on the top line in the first column and then move downward in the same column to record each expense that applied to that day's travel. After all expenses for the first day have been entered, move to the next column on the right and enter the next day's expenses.

Continue in this manner until all entries have been made. (If an AD-617R is used, leave the Totals column **blank** on the AD-616R and show the totals in the **Totals** column on the AD-617R.) Once all daily expenses have been entered, the cumulative totals for each type of expense must be shown in the **Totals** column located in the far right of the form. These totals will then be transferred to Section D on the voucher front. Extreme caution should be used when transferring these totals to Section D.



Note

When travel is performed in one duty location for several consecutive days and reimbursement is under the lodgings-plus per diem system, agencies must record the first and last days of travel in separate columns (to show the 3/4 day computation of M&IE rate) and consolidate all interim days in one column.

Itinerary - From

Date (Month/Day)

Enter each departure date using the mm/dd/yy format.

Example: Enter *060297* to record June 2, 1997.

City

Enter the full city name of the departure location. Abbreviations **should not** be used.

Example: Enter *San Francisco* to record San Francisco.

State

Enter the 2-position state abbreviation code for the state of the departure location. For foreign travel, enter the full country name.

Example: Enter *France* to record France.

Time

Enter the time of departure. When changing time zones, enter the time in effect at the place of departure. Time can be entered in the standard format (8:00am) or the military format (0800).



Note

PC-TR VL software requires the use of the standard format (8:00am).

Itinerary - To

Date (Month/Day)

Enter the date of arrival using the mm/dd/yy format.

City

For each day of travel, enter the full city name of the location where expenses are incurred. Abbreviations **should not** be used.

County

For each day of travel, enter the county name of the location where expenses are incurred.



Note

If the city is a key city listed in the FTR, then enter the city name. If the city is not a key city, but is located within a key county listed in the FTR, then both the city and county names must be entered.

State

For each day of travel, enter the 2-position state abbreviation code for the state of the location where expenses are incurred. For foreign travel, enter the full country name.

Time

Enter the time of arrival at the duty location. Time can be entered in the standard format (8:00am) or the military format (0800).



Note

PC-TR VL software requires the use of the standard format (8:00am).

Per Diem

No. Of Days

Enter the number of per diem days. Record fractional days using **25**, **50**, and **75**. Record whole days using **00** behind the whole number.

Example: Enter 3/4 day as **75**; 1 whole day as **100**; and 2 1/2 days as **250**

**Lodging And
Incidental
Expenses**

Enter the actual amount paid for lodging and the incidental expenses (IE) amount allowed at the locality. A receipt is required for lodging expenses.

Example: Enter \$41.50 as **41.50**

Meals

Enter the meals rate for the locality. Combine all rates if spouse/family are traveling with the employee.

Example: Enter \$18.00 as **18.00**



Note

According to the FTR, travelers are allowed 3/4 day M&IE allowance for the first and last days of travel.

**Total No. Days
(Totals column)**

Enter the cumulative number of days.

Example: Enter 3/4 day as **75**; 1 whole day as **100**; and 2 1/2 days as **250**

**Total Lodging
and IE (Totals
column)**

Enter the cumulative total of lodging and incidental expenses.

Example: Enter \$246.00 as **246.00**

**Total Meals
(Totals column)**

Enter the cumulative total of meals.

Example: Enter \$72.00 as **72.00**



Note

For Type OT travel only, agencies must transfer the per diem information to Blocks 29 and 31 on the front of the voucher as follows: **1)** Transfer the data in

the Totals column for Total No. Days, Total Lodging and Incidental Expenses, and Total Meals to Block 31. Also, enter the number of travelers in Block 31.
2) Summarize all per diem claimed on the back of the voucher for each locality in Block 29 (i.e., the enroute locality, the number of days, and the amount claimed). See Blocks 29 and 31 for additional information.

Mileage ▽

Miles

Enter the total number of miles driven each day in **whole miles**.

Example: Enter 325 8/10 miles as **326**

Rate Per Mile

Enter the applicable mileage rate, in accordance with the FTR, based on the number of people traveling and the type of vehicle.

Example: Enter 15¢ as **150**

Mileage Amount

Enter the product of the Miles multiplied by the Rate Per Mile.

Example: Enter \$48.90 as **48.90**

**Total Miles
(Totals column)**

Enter the cumulative number of miles traveled.

Example: Enter 326 miles as **326**

**Total Mileage
(Totals column)**

Enter the cumulative mileage amount.

Example: Enter \$48.90 as **48.90**

Parking, Tolls, Etc. ▽

Enter the daily total paid for parking, tolls, etc.

**Total Parking
(Totals column)**

Enter the cumulative amount paid for parking, tolls, etc.

Example: Enter \$21.00 as **21.00**

**Plane, Bus, Train
(Paid By Traveler)** ▽

Enter the cost of transportation tickets when these have been paid for by the traveler with cash or a Government contractor-issued charge card. **Do not** claim tickets purchased by corporate credit card or GVTS. A ticket, coupon, or other receipt is required.



If cash in excess of \$100 is used to purchase common carrier tickets, then prior Departmental approval is required.

**Total Plane, Bus,
Train (Totals
column)**

Enter the cumulative total paid for the plane, bus, and/or train tickets.

Example: Enter \$383.00 as **383.00**

**Unaccompanied
Baggage**

∇

Enter the cost incurred for transporting unaccompanied baggage in this block. A receipt must be attached to support the claim.

**Total
Unaccompanied
Baggage (Totals
column)**

Enter the cumulative total paid for transportation of unaccompanied baggage.

Example: Enter \$50.00 as **50.00**

Local Transportation ∇

No. Trips.

Enter the total number of trips made each day by taxi, limousine, local bus, and/or subway.

Example: Enter 2 as **2**

Daily Expense

Enter the cumulative amount spent for local transportation each day. A receipt is required for any single trip that exceeds \$75, including taxes and tips.

Example: Enter \$15.00 as **15.00**

**Total Local
Transportation
(Totals column)**

Enter the cumulative total spent on local transportation for the trip in the Totals column.

Example: Enter \$45.00 as **45.00**

**Miscellaneous
Expenses/Allowance** ∇

Enter the amount of the miscellaneous allowance or the dollar amount spent on official calls, on a daily basis, including those official calls of a personal nature.

When miscellaneous allowance expenses exceed \$1000 for the employee and family or \$500 for the employee traveling alone, the expenses must be itemized in the Remarks block and receipts must be submitted for all expenses claimed.

Travelers must certify that official calls of a personal nature made while on official duty comply with Departmental regulation DR 2300-3. It is suggested that travelers include the following, or a similar statement, in the Remarks section on the back of the voucher, to support personal phone calls. The traveler should also sign his/her name below the statement.

This is to certify that official calls of a personal nature made during official travel comply with the requirements of DR 2300-3.

**Total
Miscellaneous
(Totals column)**

Enter the cumulative dollar amount of the miscellaneous allowance or telephone calls.

Example: Enter \$700.00 as **700.00**

**Car Rental (Paid By
Traveler), Receipt
and Car Rental
Agreement Required** ▾

Rental Expense

Enter the total daily amount spent for car rental. Receipts and a copy of the car rental agreement are required.

Example: Enter \$80.62 as **80.62**

**Gasoline
Expense**

Enter the total daily amount spent for gasoline used in the rental car.

Example: Enter \$21.00 as **21.00**



Note

Gasoline expenses should not be included in the Miscellaneous Expenses/Allowance block.

**Total Car Rental
(Totals column)**

Enter the cumulative amount spent for car rental and gasoline.

Example: Enter \$101.62 as **101.62**

**Shipment Of
Household Goods
Paid By Traveler** ▾

Complete this block if household goods were shipped and the associated expenses were paid by the traveler. If the employee moves his/her own household goods by renting a moving van (e.g., U-Haul, Hertz truck, etc.) or some other type of conveyance, the employee will be reimbursed based on the method of payment authorized on the AD-202R.

**Total Weight Of
Goods Shipped**

Enter the weight of the household goods shipped, not to exceed 18,000 pounds. The employee must provide receipts and a weight certificate. If a weight certificate cannot be obtained, the dimensions of the vehicle used to transfer the goods must be provided in the Remarks section of the voucher.

Example: Enter 16,000 pounds as **16000**

If the goods were shipped by the actual expense method, leave the Commuted Rate, Total, and Additional Allowances block **blank**. Proceed to the Total Shipment Amount block in the Totals column. If the goods were shipped by the commuted rate method, complete the Commuted Rate, Total and Additional Allowances blocks as well as the Total Shipment Amount block in the Totals column.

Commuted Rate

Enter the applicable commuted rate as provided in GSA-Bulletin FPMR A-2.

Example: Enter \$49.85 (rate for shipping 100 pounds for a distance of 810 miles) as **\$49.85**

Total

Compute the commuted rate by following the guidelines in GSA Bulletin FPMR A-2. Enter the dollar amount of charges in this block.

Example: Enter \$7976.00 as 7976.00

Additional Allowances

Enter the dollar amount of any additional allowances authorized in accordance with the FPMR A-2 (e.g., extra labor, the shipment of a piano, etc.). Provide an explanation of this amount in the Remarks section.

Example: Enter \$30.75 (additional allowance for moving a piano) as **30.75**

Total Shipment Amount (Totals Column)

Add the amount entered in Total to the amount entered in Additional Allowances. This sum is the Total Shipment Amount.

Example: Enter \$8006.75 as **8006.75**

Storage Of Household Goods

∇

Complete this block to compute the reimbursement amount due for the temporary storage of household goods.

Number of Days Claimed

Enter the number of days, in **whole days** only, for which temporary storage is claimed on this voucher.

Example: 30 days should be entered as **30**

Total Weight Of Goods

Enter the net weight of the goods that were stored. A receipt showing weight of goods is required.

Example: 8,000 should be entered as **8000**

Actual Charges

Enter the actual charges incurred for storage. A receipt for actual charges is required.

Example: Enter \$1647.90 as **1647.90**

Commuted Rate Charges

Compute the commuted rate charges by following the guidelines in GSA Bulletin FPM2 A-2. Enter the dollar amount of charges in this block.

Example: Enter \$1612.80 as **1612.80**

**Claim Lesser
Amount And
Distribute To
Applicable
Period Of
Storage**

Enter the lesser of the actual charges versus the commuted rate charges.

Example: Enter \$1612.80 as **1612.80**

**1st 30 Days
Amount (Totals
Column)**

Enter the amount of storage charges claimed for the first 30 day period of storage.

Example: Enter \$899.30 as **899.30**



Note

For income tax withholding purposes, it is necessary to show the storage amount for the first 30 days and all remaining days separately.

**Over 30 Days
Amount (Totals
Column)**

Enter the amount of storage charges claimed for the days in the storage period **after** the first 30 days.

Example: Enter \$713.50 as **713.50**



Note

The sum of the 1st 30 Days Amount plus the Over 30 Days Amount must equal the Claim Lesser Amount and Distribute Evenly to Applicable Period Of Storage block.

Remarks

▽

Use this block to enter any statements that will clarify expenses claimed or to include any specific certification statements, such as the personal calls certification, required to authorize expenses.

When the entire worksheet has been completed, including any AD-617R continuation sheets, the traveler must transfer the totals to the appropriate blocks on the front of the AD-616R.

Section D - Claims

Section D, on the front of the voucher, is used to compute the total claim amount. The total amounts from the back of the voucher are brought forward and recorded in Blocks 29 through 40 of Section D. Extreme care should be used to ensure accuracy when transferring these amounts from the worksheet to the voucher.

**26. Total Sales
Price Of Former
Residence**

Numeric, 8 positions max.

Enter the sales price of the residence at the old official station, if real estate expenses in conjunction with the sale are claimed on the voucher (Block 30a) or if the Type Claim is RC.

Example: Enter \$80,000.00 as **80000.00**

**27. Total
Purchase Price
Of New
Residence**

Numeric, 8 positions max.

Enter the purchase price of the residence at the new official station, if real estate expenses incurred in connection with the purchase are claimed by the employee on the voucher (Block 30b).

Example: Enter \$87,000.00 as **87000.00**

**28. Expenses
Claimed By
Relocation Services
Company**

∇

Complete this block for Type Claim RC **only**. Enter the amount, as appropriate, in **a, b, or c**. Then proceed to Section E - Accounting Classification.

**a. Appraised
Value Sales Fee**

Numeric, 7 positions max.

Enter the fee payable to the relocation services company for the purchase of the employee's residence at the old official duty station, if the fee is based on the **appraised** value of the residence. The state in which the home is located governs the fee. Attach the relocation company invoice to the AD-616R.

Example: Enter \$20,000.00 as **20000.00**

**b. Amended
Value Sales Fee**

Numeric, 7 positions max.

Enter the fee payable to the relocation services company for the purchase of the employee's residence at the old official duty station, if the fee is based on an amended value of the residence. The state in which the home is located governs the fee. Attach the relocation company invoice to the AD-616R.

Example: Enter \$17,000.00 as **17000.00**

**c. Cancellation
Fees**

Numeric, 7 positions max.

If the transaction with the relocation firm is cancelled (e.g., the employee's relocation is cancelled), the relocation firm may be reimbursed for any justifiable fees (e.g., inspections, title search, appraisals, etc.) that are paid during the duration of the transaction. These fees must be customarily reimbursed under the FTR. Enter the sum of all applicable fees in this block.

Example: Enter \$3000.00 as **3000.00**

**Expenses
Claimed By
Employee**

∇

This area of Section D is completed to record the expenses payable to the traveler.

**29. Outside Cont.
U.S. Subsistence
(Type Claim OT Only)**

∇

This block must be completed for OT Type Claims only to summarize outside CONUS subsistence. The locations, the number of days spent in each location, and the amount claimed for each location will be shown. This information will be systematically compared to authorization data in the Travel System and locality per diem rate tables in the Table Management System (TMGT).

Location

∇
Enter each location where the traveler incurred subsistence expenses.

City

Alphanumeric, 20 positions max.
Complete this block as follows:

- Travel Within CONUS
Enter the city name of the enroute locality.
- Travel To Nonforeign Areas Outside of CONUS

If the locality is specifically identified in the Department of State's (DOS) monthly publication, Maximum Per Diem Allowances for Foreign Areas, Section 925 (A Supplement to the Standardized Regulations), enter the city name. The city name must be shown exactly as listed in DOS' publication, including punctuation.

Example: The city of Ft. Wainwright (Alaska) must be shown as ***Ft. Wainwright***

Notice that the period was entered behind Ft because it is shown that way in DOS' publication.

If the locality is not specifically identified in DOS' publication, the traveler will be entitled to the per diem rate shown as Other. Therefore, agencies must show Other as the city name in the City block in lieu of the actual city name. After recording Other in the City block, show the actual city name on the back of the voucher.

Example: The city of Palmer (Alaska) is not specifically identified in DOS' publication. Record the word ***Other*** in the City block and show **Palmer** on the back of the voucher.

St

Alphanumeric, 2 positions
Enter the 2-position state abbreviation code of the location.

No. of Days

Alphanumeric, 5 positions max.
Enter the number of days authorized for subsistence for each locality.

Amount

Numeric, 7 positions max.
Enter the subsistence expenses claimed for each locality.

**Total Outside
Cont. U.S.
Subsistence**

Numeric, 7 positions max.
Enter the sum of the amounts for each enroute locality.

Example: Enter \$1027.39 as ***1027.39***

**30. Real Estate (Paid
by Employee)**

This block is completed to reimburse the traveler for real estate expenses.

a. Sales Expense

Numeric, 7 positions max.
Enter the total amount of real estate expenses incurred in connection with the sale of the residence at the old official station. This amount is obtained by completing the

AD-424 ([Exhibit 24](#)) according to the instructions on the form. The AD-424 provides a breakdown of all expenses and must be attached to the voucher to support the claim. The AD-424 must include the **original** signatures of all parties.

Example: Enter \$8,162.21 as **8162.21**

b. Purchase Expense

Numeric, 7 positions max.

Enter the total amount of real estate expenses incurred in connection with the purchase of a residence at the new official station. This amount is obtained by completing the AD-424 according to the instructions on the form. The AD-424 provides a breakdown of these expenses and must be attached to the voucher to support the claim. The AD-424 must include **original** signature of all parties.

Example: Enter \$4,027.39 as **4027.39**

c. Lease Termination Expense

Numeric, 7 positions max.

Enter the amount paid by the employee to terminate a lease at the old official station. If this amount is entered, Block 30a must be **blank**.

Example: Enter \$927.16 as **927.16**



Note

Blocks 31 through 40 are completed with data transferred from the Totals column of Section G, Schedule of Expenses and Amounts Claimed (the back of the AD-616R or the AD-617R continuation sheet).

31. Per Diem

No. of Days

Numeric, 5 positions max.

Enter the total number of per diem days. Record fractional days using **25**, **50**, and **75**. Record whole days using **00** behind the whole number.

Example: Enter 2 whole days as **200**; 3 1/4 days as **325**



Note

According to the FTR, travelers are allowed 3/4 day M&IE allowance for the first and last days of travel.

No. of Travelers

Numeric, 5 positions max.

Enter the total number of travelers claiming per diem on the voucher.

Example: Enter 1 as **1**

Lodging & IE Amount

Numeric, 7 positions max.

Enter the total amount of per diem claimed for reimbursement of lodging and incidental expenses.

Example: Enter \$41.50 as **41.50**

Meals Amount

Numeric, 7 positions max.

Enter the total amount of meals claimed for reimbursement.

Example: Enter \$18.00 as **18.00**

32. Mileage

Rate

Numeric, 4 positions max.

Enter the mileage rate claimed for the househunting trip or transfer in accordance with the FTR. A maximum of 4 rates may be entered.

Example: Enter 15¢ as **150**

Miles

Numeric, 4 positions max.

Enter the total number of miles driven at each rate.

Example: Enter 326 as **326**

Mileage Amount

Numeric, 7 positions max.

Multiply each rate by the applicable number of miles. Add the resulting products together and enter the cumulative total of mileage claimed.

Example: Enter \$48.90 as **48.90**

33. Parking, Tolls, Etc. Amount

Numeric, 7 positions max.

Enter the total amount of parking, tolls, etc., claimed.

Example: Enter \$21.00 as **21.00**

34. Plane, Bus, Train (Paid By Traveler) Amount

Optional, numeric, 7 positions max.

Enter the total amount of common carrier transportation costs claimed. A ticket, coupon, or other receipt is required.

Example: Enter \$383.00 as **383.00**



Note

Do not claim reimbursement of transportation tickets purchased through GVTS or by corporate credit card.

35. Unaccompanied Baggage Amount

Numeric, 7 positions max.

Enter the total amount of unaccompanied baggage charges claimed. A receipt must be attached to support the claim.

Example: Enter \$50.00 as **50.00**

36. Local Transportation Amount

Numeric, 7 positions max.

Enter the total amount of local transportation charges claimed.

Example: Enter \$45.00 as **45.00**

37. Miscellaneous Expenses/Allowance Amount

Numeric, 7 positions max.

Enter the total of the miscellaneous expenses/allowance amount claimed.

Example: Enter \$1000.00 as **1000.00**

38. Car Rental Amount

Numeric, 7 positions max.

Enter the total amount of car rental expenses claimed. A receipt and copy of the rental agreement for each incidence of car rental is required to substantiate the car rental expense.

Example: Enter \$101.62 as **101.62**

39. Shipment Of Household Goods

∇

Total Weight

Numeric, 5 positions max.

Enter the total weight of household goods shipped. A receipt for the goods shipped must be attached to the AD-616R.

Example: Enter 16,000 pounds as **16000**

Amount

Numeric, 7 positions max.

Enter the total amount claimed for reimbursement of shipment of household goods expenses.

Example: Enter \$7976.00 as **7976.00**

40. Storage Of Household Goods

∇

Total Weight

Numeric, 5 positions max.

Enter the total weight of household goods claimed for storage.

Example: Enter 8000 as **8000**

No. Days

Numeric, 4 positions max.

Enter the number of days, in **whole days**, claimed for storage of household goods.

Example: 30 days of storage would be entered as **30**

1st 30 Days Amount

Numeric, 7 positions max.

Enter the amount claimed for reimbursement of storage costs for household goods incurred for the initial 30 day period.

Example: Enter \$899.30 as **899.30**

Over 30 Days Amount

Numeric, 7 positions max.

Enter the amount claimed for reimbursement of storage costs for household goods incurred over 30 days.

Example: Enter \$713.50 as **713.50**

41. Temporary Quarters

∇

No. of Days

Numeric, 3 positions max.

Enter the number of days, in **whole days**, claimed for temporary quarters as shown on the AD-569 ([Exhibit 25](#)), Expense Record for Temporary Quarters. The AD-569 **must** be attached to the AD-616R.

Example: Enter 24 days as **24**



Note

Domestic temporary quarters cannot exceed 120 days; foreign temporary quarters cannot exceed 150 days.

No. of Occupants *Numeric, 3 positions max.*

Enter the number of occupants, including the employee, shown on the AD-569. The AD-569 **must** be attached to the AD-616R.

Example: Enter 3 as **3**



Note

Pets are not considered occupants.

Amount

Numeric, 7 positions max.

Enter the total amount claimed for all days of temporary quarters as shown on the AD-569. The AD-569 **must** be attached to the AD-616R.

Example: Enter \$1335.78 as **1335.78**

**42. Relocation
Income Tax. Leave
this block blank**

∇



Note

If the voucher is a RIT claim, NFC will compute the RIT allowance based upon data provided by the employee on the AD-1000, Claim for Relocation Income Tax Allowance for the Year 19__, (Figure 5) and will enter the computed amount in the block. The Form AD-1000 must be attached to the AD-616R.

43. Total Claim

Required, numeric, 8 positions max.

Enter the sum of all dollar amounts shown in Blocks 29 through 41.

Example: Enter \$11,389.62 as **11389.62**



Note

(1) If the voucher is a RIT claim, leave Block 43 blank; NFC will calculate and enter the total claim amount. (2) If the voucher is a reclaim voucher, do not include the amount of expenses previously paid in the Total Claim amount.

**44. Travel Advance
Amount Outstanding**

Numeric, 7 positions max.

Enter the travel advance amount outstanding at the time of voucher preparation.

**45. Amt. Of Voucher
(Block 43) To Be
Applied To
Outstanding
Advance (Block 44)**

Numeric, 7 positions max.

Enter the amount of the relocation travel reimbursement that is to be applied to the outstanding advance balance.



Note

Taxes are withheld before monies are applied to outstanding advance balances or bills for collection.

**46. Amount Of
Voucher (Block 43)
To Be Applied To
Outstanding Bill For
Collection**

Numeric, 7 positions max.

If the traveler has been issued a Bill for Collection by NFC for travel (i.e., overpayment of a travel voucher), the traveler may repay all or a portion of this bill through use of this block. Enter the amount that is to be applied to the bill.



Note

Taxes are withheld before monies are applied to outstanding advance balances or bills for collection.

Bill No.

Alphanumeric, 10 positions max.

Enter the Administrative Billings and Collections (ABCO) bill number to which a portion of the Total Claim amount will be applied.

47. Additional Advance Amount Repaid (Check Or Money Order Attached)

Numeric, 7 positions max.

Enter the amount of advance repaid by the traveler with a check or money order. Be sure to **securely attach** the check or money order to the **front** of the AD-616R before submission to NFC.

48. Remaining Advance Balance (Block 43 minus Block 45 and Block 47)

Numeric, 7 positions max.

Enter the travel advance balance that remains outstanding after subtracting the amounts in Blocks 45 and 47.

49. Net To Traveler (Block 38 minus Blocks 40 and 41)

Required, numeric, 8 positions max.

Enter the amount of the claim to be paid to the traveler. This block must be left **blank** for Type Claim RI.

Audited By (Examiner's Initials)

For NFC use only.

Total Difference

Numeric, 7 positions max.

For NFC use only.

Section E - Accounting Classification

Section E is completed to indicate the accounting that will be charged for the travel expenditures.

50. Authorization Accounting

Alphanumeric, 1 position

Check this block to charge the total voucher claim to the accounting and purpose code(s) from the corresponding AD-202. **Do not** complete any other information in Section E. Proceed to Section F.



Note

If the exact accounting data, including the purpose code(s), as shown on the AD-202 will not be used, follow the instructions for Block 51.

51. Distributed Accounting

Alphanumeric, 1 position

Check this block to distribute the voucher claim to a **different** accounting classification code(s) and/or a different purpose of travel code(s) than the one(s)

indicated on the corresponding AD-202. Then fill in the Purpose Code, Accounting Classification, and Percentage blocks according to the instructions below.

Purpose Code

Numeric, 2 positions

Enter a purpose of travel code, from the list below, for each line of accounting that will be charged. Each line of accounting must have a corresponding Purpose Code.

- 6 Relocation
- 12 First post of duty

Accounting Classification

Alphanumeric, 35 positions max.

Enter the agency assigned management or accounting classification code, which will be charged for the travel. Up to 7 accounting codes may be used.



Note

Do not skip a line between multiple lines of accounting.

If the accounting is for an agency other than the traveler's employing agency, the accounting must be entered in a special manner. In these instances, enter the paying agency's accounting code and follow the accounting code with a slash (/). Immediately behind the slash, enter the 2-position agency code that identifies the paying agency and directly behind the agency code enter the 4-position accounting station code of the paying agency. Do not space between the agency code and the accounting station code. Follow this procedure if multiple accounting codes are to be charged.

Example: If an employee works for the Forest Service (Agency Code 11) but is traveling for NFC and NFC will be paying for the trip (Agency Code 90, Accounting Station Code 0010, Accounting Code 99999999), the accounting section should be completed as follows:

99999999/900010

★★



Note

In the case of Forest Service who charges different regions and units within its own agency, the exact same procedure as outlined above (i.e., showing the slash, agency code, and accounting station code) must be followed.

Percentage

Alphanumeric, 3 positions max.

Enter the percentage of the total claim amount that is to be distributed to each individual line of accounting. Percentages must be entered as **whole numbers**.

Example: 80% would be entered as **80**
20% would be entered as **20**



Note

Do not enter dollar amounts or percentage signs. The sum of the individual percentages must equal 100 percent.

Section F - Certifications

Section F is completed by the traveler and the approving official after all other sections of the form have been completed. Completion of this section serves as

certification that all entries have been reviewed and verified as reasonable in accordance with regulations published in the FTR and that all required documentation is attached.

52. Claimant's Signature

Required, alphanumeric

The claimant must sign in this block. The claimant's signature is optional for Type Claim RC vouchers.

53. Date

Required, numeric, 6 positions

The claimant must enter the date the travel voucher is signed using the mm/dd/yy format. The date the claimant signed the form is optional for Type Claim RC vouchers.

Example: Enter **060297** to record June 2, 1997.

54. Final Voucher Indicator

Optional, numeric, 1 position

Enter a **Y** if this is the final voucher being filed against the corresponding AD-202. If Y is entered, the authorization will expire, and for those agencies that obligate, all remaining funds will be deobligated. Enter an **N** or leave this block **blank** if this is **not** the final voucher for the AD-202.

55. Approving Officer's Signature

Required, alphanumeric

The approving officer must sign in this block.



Note

If the individual who will sign the voucher is serving as an acting approving officer, the agency must show the acting individual's name, title, and social security number in Section F. Do not show the name, title, and social security number of the individual for whom he/she is acting.

56. Social Security Number

Required, numeric, 9 positions

Enter the Social Security Number of the approving officer who will sign the voucher in Block 55.

57. Name And Title, Agency Code

Name

Required, alphanumeric, 30 positions max.

Enter the last name, first name, and middle initial, of the approving officer. The individual named in this block must be the same individual who will sign the voucher in Block 55.

Title

Alphanumeric, 20 positions max.

Enter the title of the approving officer.

Agency Code

Required, alphanumeric, 2 positions

Enter the code which identifies the approving officer's employing agency.

58. Date Approved

Required, numeric, 6 positions

Enter the date, using the mm/dd/yy format, the voucher was received by the agency.



Note

This date will be stored in TRVL and will be the key to tracking travel claims to determine if travel payments are timely or if late payment fees are due to the

traveler. The FTR requires that agencies reimburse travelers within 30 calendar days after submission of a proper travel voucher to the appropriate approving official. If travelers are not reimbursed within 30 days, late payment fees will be paid to the traveler.

59. Phone

Required, numeric, 10 positions

Enter the area code and telephone number of the approving officer.

60. Contact Person's Name

Alphanumeric, 30 positions max.

Enter the first name, middle initial, and last name of the person to contact for information regarding this voucher, if this person is someone other than the approving officer.

61. Phone

Numeric, 10 positions

Enter the area code and telephone number of the person to contact for information regarding this voucher, if the number is different than the approving officer's number.

Completion Instructions - Form AD-1000, Claim For Relocation Income Tax Allowance

Completing Form AD - 1000, Claim For Relocation Income Tax Allowance For the Year 19__

Form AD-1000, Claim for Relocation Income Tax Allowance for the Year 19__ ([Figure 9](#)) is used to apply for the Relocation Income Tax (RIT) Allowance. The form must be submitted with the AD-616R according to the instructions below.

**Claim For Relocation
Income Tax
Allowance For The
Year 19-- (Title of
Form)**

Required, numeric, 2 positions

Enter the applicable calendar year for the RIT allowance claim.

Name

Required, alphanumeric, 30 positions

Enter the employee's first and last name.

**Social Security
Number**

Required, numeric, 9 positions

Enter the employee's social security number.

Agency Code

Required, alphanumeric, 2 positions

Enter the 2-position agency code.

Reporting Date

Required, numeric, 6 positions

Enter the date the employee actually reported for duty at the new official station using the yy/mm/dd format. This date must be the same date shown in Block 10 of the AD-616R.

Example: Enter **970602** to record June 2, 1997.

**1. Gross
Compensation**

▽

**Employee
Information**

▽

Form W-2

Required, numeric, 8 positions

Enter the total gross wages from employee's Form(s) W-2, Wage and Tax Statement. If the employee has more than one W-2, enter the total amount of all W-2's here. A copy of each W-2 must be attached to the RIT claim.

Example: Enter \$25,500.00 as **25500.00**

Schedule SE

Numeric, 8 positions

If applicable, enter the sum of the employee's self-employment net earnings from lines 1 and 2 of the employee's tax form, Schedule SE (1040). A copy of the Schedule SE (1040) must be attached to the RIT claim.

Example: Enter \$15,000.00 as **15000.00**

Total *Required, numeric, 8 positions*
Enter the cumulative total of the amounts shown in the Form W-2 and Schedule SE blocks for the employee.

Example: Enter \$40,500.00 as **40500.00**

Spouse Information ▾

Form W-2 *Numeric, 8 positions*
If the employee's filing status for the applicable year is *Married filing separate return* and the employee resides in a community property state or the employee's filing status is *Married filing joint return*, enter the total gross wages from the spouse's Form(s) W-2 (if the spouse had wages). If the spouse has more than one W-2, enter the total amount of all W-2's here. A copy of each W-2 must be attached to the RIT claim.

Example: Enter \$25,500.00 as **25500.00**



Note

The community property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington.

Schedule SE *Numeric, 8 positions*
If applicable, enter the sum of the spouse's self-employment net earnings from lines 1 and 2 of the spouse's tax form, Schedule SE (1040). A copy of the Schedule SE (1040) must be attached to the RIT claim.

Example: Enter \$15,000.00 as **15000.00**

Total *Numeric, 8 positions*
Enter the cumulative total of the amounts shown in the Form W-2 and Schedule SE blocks for the spouse.

Example: Enter \$40,500.00 as **40500.00**

Total Earned Income *Required, numeric, 8 positions*
Enter the sum of the Employee Total and the Spouse Total.

Example: Enter \$81,000.00 as **81000.00**

Check-off Box *Alphanumeric, 1 position*
Check this box if Total Earned Income is \$20,000 or less.

2. Filing Status *Required, alphanumeric, 1 position*
Check **one** of the boxes identified on the form to indicate the Federal filing status as shown on the employee's Form 1040, Individual Income Tax Return, for the tax year involved.

State Tax Liability ▾

State Name *Alphanumeric, 2 positions*
Enter the 2-position state abbreviation code for the state(s) where a state tax liability on relocation reimbursements was incurred.



Note

Complete the Marginal Tax Rate column and the Tax Basis column only if the Total Earned Income is \$20,000 or less.

CLAIM FOR RELOCATION INCOME TAX ALLOWANCE FOR THE YEAR 19__
ATTACHMENT TO FORM AD-616, TRAVEL VOUCHER

NAME (First, last)		SOCIAL SECURITY NUMBER		AGENCY CODE		REPORTING DATE Year Month Day		
1 GROSS COMPENSATION		FORM W-2		SCHEDULE SE		TOTAL		
Gross compensation as shown on attached Form(s) W-2 (including Form W-2 for relocation) and/or net earnings (or loss) from self-employment income shown on attached Schedule SE (line 1 plus line 2).		Employee ▶						
		Spouse ▶						
<input type="checkbox"/> Check box if total earned income is \$20,000 or less				TOTAL EARNED INCOME ▶				
2 FILING STATUS Check appropriate box below.								
<input type="checkbox"/> 1 = Single		Married filing <input type="checkbox"/> 2 = joint return		Married filing <input type="checkbox"/> 4 = separate return		Qualifying widow(er) <input type="checkbox"/> 5 = with dependent child		
3 STATE TAX LIABILITY		STATE NAME		MARGINAL TAX RATE (Use decimal)		TAX BASIS 1 = % Income 2 = Federal Tax		
Enter the state(s) where you had incurred a state tax liability on relocation reimbursements. Complete the Marginal Tax Rate and Tax Basis blocks ONLY if total earned income shown above is \$20,000 or less. You must enter the state marginal tax rate for each state where you have a liability. You must indicate if this rate is expressed as a percent of income or Federal Tax.								
<input type="checkbox"/> Check box if your filing status is "Married filing separate return" and you reside in a community property state. (If this box is checked you must have entered total earned income for both you and your spouse in earned income blocks.)								
4 LOCAL TAX LIABILITY		LOCALITY NAME		TYPE 1 = City 2 = County	MARGINAL TAX RATE (Use decimal)		TAX BASIS 1 = % Income 2 = State Tax 3 = Federal Tax	
Enter the locality where you have incurred a local income tax liability. Indicate if the locality is a city or a county and what the local income tax rate is and the basis of the tax. Attach a copy of the local income tax rate table for each separate locality.								
		TOTAL ▶						
5 TAXABLE RELOCATION PAYMENTS								
Enter the amount of taxable moving expense reimbursements made for the year. This amount is shown on your Form W-2 as moving allowances subject to withholding.						▶		
6 CERTIFICATIONS								
I certify that the above information, which is to be used in calculating the RIT Allowance to which I am entitled, has been (or will be) shown on income tax returns filed (or to be filed) by me (or by my spouse and me) with the applicable Federal, State, and local tax authorities for the tax year for which I am filing. The above information is true and correct to the best of my knowledge and I (we) agree to notify the appropriate agency official of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustment to the RIT Allowance can be made. The required supporting documents are attached. Additional documentation will be furnished if requested.								
EMPLOYEE'S SIGNATURE						DATE		
SPOUSE'S SIGNATURE						DATE		
I have reviewed this claim and its attachments for truth and accuracy. I authorize the RIT Allowance payment on the attached Form AD-616 in accordance with the data provided and attached to this claim.								
AUTHORIZING OFFICIAL'S SIGNATURE						DATE		

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, and is used to verify employee claims for reimbursement of Relocation Income Tax Allowance (RIT). 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.

FORM AD-1000 (USDA) 10/85

9. Form AD-1000, Claim for Relocation Income Tax Allowance for the Year 19__

Marginal Tax Rate

Numeric, 4 positions

Enter the state marginal tax rate, in decimal format, for each state shown. This rate must be provided by the employing office and cannot exceed the rate already established by GSA at the \$20,000 income level.

Example: Enter 1% as *01*

Tax Basis

Numeric, 1 position

Enter one of the following codes to indicate how the state Marginal Tax Rate(s) is expressed:

- 1 Percent of Income
- 2 Federal Tax

Check-off Box

Alphanumeric, 1 position

Check this box **only** if the filing status is *Married filing separate return* and the employee resides in a community property state.

4. Local Tax Liability

Locality Name

Alphanumeric, 20 positions

Enter the name of each locality where local income tax liability was incurred.

Type

Numeric, 1 position

Enter one of the following codes to indicate the type of locality.

- 1 City
- 2 County

Marginal Tax Rate

Numeric, 4 positions

Enter the locality marginal tax rate, in decimal format, for each locality shown. Attach to the AD-1000 a copy of the local income tax rate table for each locality shown.

Example: Enter 1% as *01*

Tax Basis

Numeric, 1 position

Enter one of the following codes to indicate the basis of each tax:

- 1 Percent of Income
- 2 State Tax
- 3 Federal Tax

Total

Numeric, 4 positions

Enter the cumulative total of all Marginal Tax Rates (both state and locality).

Example: Enter 2% as *02*

**5. Taxable Relocation
Payments**

Required, numeric, 8 positions

Enter the amount of taxable moving expense reimbursements made for the year. This amount is shown on Form W-2 as Moving Allowance Subject to Withholding.

Example: Enter \$12,400.00 as ***12400.00***

6. Certifications

∇

**Employee's
Signature**

The employee must sign in this block.

Date

Required, numeric, 6 positions

Enter the date, in the mm/dd/yy format, that the employee signed the form.

Example: Enter ***060297*** to record June 2, 1997.

**Spouse's
Signature**

The spouse must sign in this block only if income for the spouse is shown in Block 1, Gross Compensation.

Date

Required, numeric, 6 positions

Enter the date, in the mm/dd/yy format, that the spouse signed the form.

**Authorized
Official's
Signature**

The approving official must sign in this block.

Date

Required, numeric, 6 positions

Enter the date, in the mm/dd/yy format, that the approving official signed the form.

Exhibits

Sample Form AD-202 (Establishing A Type A Authorization)

TRAVEL AUTHORIZATION/ADVANCE

See Privacy Act Notice on Reverse

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

1. ACTION CODE (Indicate one type only)				2. AUTHORIZATION DATE		
E = Establish A = Amend C = Cancel V = Advance Only (Complete Sections A, E, and F Only)				MONTH	DAY	YEAR
E				10	01	97

SECTION A - IDENTIFICATION						
3. TRAVEL AUTHORIZATION NO. 8AS90XXXXXXXX	4. SOCIAL SECURITY NO. XXX XX XXXX	5. NAME (Last) SMITH		(First) DOUG	(Middle Initial) M	6. AGENCY CODE 90
7. AGENCY OON AG9090XXXX	9. ESTIMATED DATES OF TRAVEL EXPENSES			10. TYPE TRAVEL (Indicate one type only)		11. GOVERNMENT CREDIT CARD HOLDER
8. TRAVELER OON	Month: 10	Day: 01	Year: 97	Month: 09	Day: 30	Year: 98
				DM = Domestic FG = Foreign FT = Foreign Transfer RT = Return Travel		GR = Escorted Group OC = Outside Cont. U.S. 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 NEW ORLEANS LA			14. RESIDENT CITY AND STATE (If other than official station) SLIDELL LA	

SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)					
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC	<input type="checkbox"/> 16. NOT PAYROLLED BY NFC	<input type="checkbox"/> 17. NEW HIRE	<input type="checkbox"/> 18. SPECIAL APPOINTEE	<input type="checkbox"/> 19. NONGOVERNMENT	

SECTION C - ITINERARY AND ESTIMATED EXPENDITURES																
20. FROM					21. TO					Subsistence Codes	23. AUTHORIZED EXPENDITURES					
CITY	ST	CNTRY CD	CITY CD	CITY, COUNTY or REGION	ST	CITY	ST	CITY, COUNTY or REGION	ST	Subsistence Codes	CODE	LODGING	M and IE	RATE	NO. DAYS	ESTIMATED AMOUNT
												\$	+	-	x	= \$
										P=Per Diem		+	-	x	=	
										A=Actual Subsistence		+	-	x	=	
										S=Special Rate		+	-	x	=	
												+	-	x	=	
												+	-	x	=	
												+	-	x	=	

22. PURPOSE OF TRAVEL (Give explanation) TO FULFILL DUTIES OF POSITION		Total Subsistence	\$
		POV: Rate	

SECTION D - ACCOUNTING CLASSIFICATION																								
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line																								
PURPOSE OF TRAVEL CODES	ACCOUNTING CLASSIFICATION	PERCENTAGE																						
01	XXXXXXXXXXXX	100 %																						
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">1 = Site Visit</td> <td style="width: 25%;">6 = Relocation</td> <td style="width: 25%;">11 = Pre-employment</td> <td></td> </tr> <tr> <td>2 = Information Meeting</td> <td>7 = Entitlement/Home leave</td> <td>12 = First post of duty</td> <td></td> </tr> <tr> <td>3 = Training attendance</td> <td>8 = Special mission travel</td> <td>13 = Rest & Recuperation</td> <td></td> </tr> <tr> <td>4 = Speech or presentation</td> <td>9 = Emergency travel</td> <td>14 = Educational</td> <td></td> </tr> <tr> <td>5 = Conference attendance</td> <td>10 = Other travel</td> <td>15 = Informal training</td> <td></td> </tr> </table>					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	
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																						
		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			\$	5000 00																				

THESE PERCENTAGES MUST EQUAL 100%

SECTION E - TRAVEL ADVANCE						
26. ADVANCE REQUEST METHOD (Select one method only) 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	32. ADVANCE MAILING ADDRESS OPTIONS					
	SALARY ADDRESS	T&A CONTACT POINT	SPECIAL ADDRESS (Required for new hires, special appointees, and non-Government travelers)	FOREIGN ADDRESS	TRAVEL EFT 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					
\$	Month		Day	Year		SEE PRIVACY ACT STATEMENT ON REVERSE
30. APPLICANT'S SIGNATURE						

SECTION F - AGENCY APPROVAL							
35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print) WILLIAMS RON CHIEF				AGENCY CODE 90	36. SOCIAL SECURITY NO. XXX XX XXXX	37. DATE APPROVED Month: 10 Day: 01 Year: 97	38. PHONE (Area Code & No.) XXX XXX XXXX
39. APPROVING OFFICER'S SIGNATURE <i>Ron Williams</i>				40. CONTACT PERSON'S NAME CAROLYN LEWIS		41. PHONE (Area Code & No.) XXX XXX XXXX	
42. REMARKS							

Upon completion and approval, submit original to: **Part 1 - NFC**
USDA - National Finance Center, P.O. Box 60,000, New Orleans, LA 70160
 FORM AD-202 (USDA) (Rev. 11/96)
 Exception to SF 1038 approved by GSA 11/20/96

Exhibit 2

Sample Form AD-202 (Establishing A Type B Authorization Using Indicators Only)

TRAVEL AUTHORIZATION/ADVANCE													
See Privacy Act Notice on Reverse													
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.													
1. ACTION CODE (Indicate one type only) E = Establish C = Cancel A = Amend V = Advance Only (Complete Sections A, E, and F Only)													
2. AUTHORIZATION DATE ▶										MONTH	DAY	YEAR	
										10	01	97	
SECTION A - IDENTIFICATION													
3. TRAVEL AUTHORIZATION NO.			4. SOCIAL SECURITY NO.			5. NAME (Last)			5. NAME (First)		6. AGENCY CODE		
8BS90XXXXXXXXXX			XXX XX XXXX			JONES			CANDY		C 90		
7. AGENCY OON			9. ESTIMATED DATES OF TRAVEL EXPENSES FROM			10. TYPE TRAVEL (Indicate one type only)			11. GOVERNMENT CREDIT CARD HOLDER				
AG9090XXXX			Month Day Year			DM = Domestic FG = Foreign FT = Foreign Transfer RT = Return Travel			GR = Escorted Group OC = Outside Cont. U.S. TS = Transfer of Station OT = Outside CONUS ToS				
8. TRAVELER OON			10 01 97			09 30 98			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)							
			NEW ORLEANS LA										
SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)													
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC		<input type="checkbox"/> 16. NOT PAYROLLED BY NFC		<input type="checkbox"/> 17. NEW HIRE		<input type="checkbox"/> 18. SPECIAL APPOINTEE		<input type="checkbox"/> 19. NONGOVERNMENT					
SECTION C - ITINERARY AND ESTIMATED EXPENDITURES													
20. FROM				21. TO				23. AUTHORIZED EXPENDITURES					
CITY	ST	CNTY CD	CITY CD	CITY, COUNTY or REGION	ST	Subsistence Code ▶	CODE	LODGING	M and IE	RATE	NO. DAYS	ESTIMATED AMOUNT	
NEW ORLEANS	LA			303		P	\$	+	-	x	=	\$	
NEW ORLEANS	LA				CA	P		+	-	x	=		
NEW ORLEANS	LA				TX	P		+	-	x	=		
NEW ORLEANS	LA				WA	P		+	-	x	=		
NEW ORLEANS	LA				NY	P		+	-	x	=		
NEW ORLEANS	LA				MN	P		+	-	x	=		
NEW ORLEANS	LA				CO	P		+	-	x	=		
22. PURPOSE OF TRAVEL (Give explanation)										Total Subsistence		\$	
INSPECTIONS										<input checked="" type="checkbox"/> POV: Rate		310	
										Rate		95	
SECTION D - ACCOUNTING CLASSIFICATION													
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line													
PURPOSE OF TRAVEL CODE ▶	ACCOUNTING CLASSIFICATION			PERCENTAGE	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								
01	XXXXXXXXXXXX			100 %	<input checked="" type="checkbox"/> Other (Specify) PHN, SUPPLIES								
Unaccompanied Baggage <input checked="" type="checkbox"/> Car Rental <input checked="" type="checkbox"/> Common Carrier Tickets Transportation Mode <u>A</u> Method of Purchase <u>CC</u> Use of Non-contract Airline <input type="checkbox"/> Insert Code Excess Fare Excess Baggage GSA Auto													
24. Total Est. Expenditures Authorized ▶										\$ 15000		00	
THESE PERCENTAGES MUST EQUAL 100%													
SECTION E - TRAVEL ADVANCE													
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							
29. TOTAL ADVANCE AMOUNT				Month Day Year									
\$													
30. APPLICANT'S SIGNATURE						31. DATE APPLIED FOR		SEE PRIVACY ACT STATEMENT ON REVERSE					
						Month Day Year							
SECTION F - AGENCY APPROVAL													
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.)			
SMITH DOUG CHIEF				90		xxx yy xxxxx		10 01 97		XXX XXX XXXX			
39. APPROVING OFFICER'S SIGNATURE				40. CONTACT PERSON'S NAME				41. PHONE (Area Code & No.)					
<i>Doug Smith</i>				CAROLYN LEWIS				XXX XXX XXXX					
42. REMARKS													

Upon completion and approval, submit original to:
 Part 1 - NFC
 USDA - National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

FORM AD-202 (USDA) (Rev. 11/96)
 Exception to 8F 1036 approved by GSA 11/20/96

Sample Form AD-202 (Establishing A Type B Authorization Using Indicators & Amounts)

TRAVEL AUTHORIZATION/ADVANCE																	
See Privacy Act Notice on Reverse																	
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.																	
1. ACTION CODE (Indicate one type only)																	
E	E = Establish A = Amend	C = Cancel V = Advance Only (Complete Sections A, E, and F Only)							2. AUTHORIZATION DATE ▶		MONTH	DAY	YEAR				
									10	01	97						
SECTION A – IDENTIFICATION																	
3. TRAVEL AUTHORIZATION NO. 8BS90XXXXXXXXXX			4. SOCIAL SECURITY NO. XXX XX XXXX			5. NAME (Last) (First) (Middle Initial) JONES CANDY C			6. AGENCY CODE 90								
7. AGENCY OON AG9090XXXX			9. ESTIMATED DATES OF TRAVEL EXPENSES			10. TYPE TRAVEL (Indicate one type only)			11. GOVERNMENT CREDIT CARD HOLDER								
8. TRAVELER OON			FROM Month Day Year 10 01 97			THRU Month Day Year 09 30 98			DM = Domestic FO = Foreign FT = Foreign Transfer RT = Return Travel GR = Escorted Group OC = Outside Cont. U.S. TS = Transfer of Station OT = Outside CONUS T&S Y = Yes N = No								
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)			13. OFFICIAL DUTY STATION CITY AND STATE NEW ORLEANS LA			14. RESIDENT CITY AND STATE (If other than official station)											
SECTION B – EMPLOYMENT STATUS (Check the appropriate employment status block.)																	
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC			<input type="checkbox"/> 16. NOT PAYROLLED BY NFC			<input type="checkbox"/> 17. NEW HIRE		<input type="checkbox"/> 18. SPECIAL APPOINTEE		<input type="checkbox"/> 19. NONGOVERNMENT							
SECTION C – ITINERARY AND ESTIMATED EXPENDITURES																	
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				
NEW ORLEANS		LA			303		P	\$	+	-	x	- \$	2000	00			
NEW ORLEANS		LA				CA	P=Per Diem	P	+	-	x	-	1000	00			
NEW ORLEANS		LA				TX	A=Actual Subsistence	P	+	-	x	-	1000	00			
NEW ORLEANS		LA				WA	S=Special Rate	P	+	-	x	-	1000	00			
NEW ORLEANS		LA				NY		P	+	-	x	-	1000	00			
NEW ORLEANS		LA				MN		P	+	-	x	-	500	00			
NEW ORLEANS		LA				CO		P	+	-	x	-	500	00			
22. PURPOSE OF TRAVEL (Give explanation)												Total Subsistence		\$ 7000 00			
INSPECTIONS												<input checked="" type="checkbox"/> POV: Rate		310			
												Rate		95			
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line												Rate		500 00			
PURPOSE OF TRAVEL CODES ▶												<input checked="" type="checkbox"/> Other (Specify)		PHN, SUPPLIES		500 00	
PURPOSE CODE												Unaccompanied Baggage					
ACCOUNTING CLASSIFICATION												<input checked="" type="checkbox"/> Car Rental		1000 00			
PERCENTAGE												<input checked="" type="checkbox"/> Common Carrier Tickets		6000 00			
01 XXXXXXXXXXXXX												Transportation Mode		A Method of Purchase		CC	
												Use of Non-contract Airline		Insert Code			
												Excess Fare					
												Excess Baggage					
												GSA Auto					
												24. Total Est. Expenditures Authorized ▶		\$ 15000 00			
THESE PERCENTAGES MUST EQUAL 100%																	
SECTION E – TRAVEL ADVANCE																	
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 non-Government travelers) FOREIGN ADDRESS TRAVEL EFF ACCOUNT											
1. (35) ▶						2. (35) ▶											
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											
29. TOTAL ADVANCE AMOUNT						31. DATE APPLIED FOR											
\$						Month Day Year SEE PRIVACY ACT STATEMENT ON REVERSE											
30. APPLICANT'S SIGNATURE																	
SECTION F – AGENCY APPROVAL																	
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.)					
SMITH DOUG CHIEF						90		XXX XX XXXX		10 01 97		XXX XXX XXXX					
39. APPROVING OFFICER'S SIGNATURE						40. CONTACT PERSON'S NAME						41. PHONE (Area Code & No.)					
<i>Doug Smith</i>						CAROLYN LEWIS						XXX XXX XXXX					
42. REMARKS																	

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

Part 1 – NFC

FORM AD-202 (USDA) (Rev. 11/96)
Exception to 8F 1038 approved by GSA 11/20/96

Exhibit 5

Sample Form AD-202 (Establishing A Type L Authorization Using Indicators Only)

TRAVEL AUTHORIZATION/ADVANCE															
See Privacy Act Notice on Reverse															
<p>Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.</p>															
1. ACTION CODE (Indicate one type only)															
E = Establish C = Cancel A = Amend V = Advance Only (Complete Sections A, E, and F Only)						2. AUTHORIZATION DATE ▶		MONTH	DAY	YEAR					
E						09		20	97						
SECTION A – IDENTIFICATION															
3. TRAVEL AUTHORIZATION NO.			4. SOCIAL SECURITY NO.			5. NAME (Last)			6. AGENCY CODE						
8LS90XXXXXXXXXX			XXX XX XXXX			CARTER			JANICE		E				
7. AGENCY OON			9. ESTIMATED DATES OF TRAVEL EXPENSES			10. TYPE TRAVEL (Indicate one type only)			11. GOVERNMENT CREDIT CARD HOLDER						
AG9090XXXX			FROM THRU			DM = Domestic GR = Escorted Group			N Y = Yes						
8. TRAVELER OON			Month	Day	Year	Month	Day	Year	OC = Outside Cont. U.S.						
			10	01	97	09	30	98	TS = Transfer of Station						
						DM			OT = Outside CONUS TrS						
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)									
			NEW ORLEANS LA												
SECTION B – EMPLOYMENT STATUS (Check the appropriate employment status block.)															
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC			<input type="checkbox"/> 16. NOT PAYROLLED BY NFC			<input type="checkbox"/> 17. NEW HIRE		<input type="checkbox"/> 18. SPECIAL APPOINTEE		<input type="checkbox"/> 19. NONGOVERNMENT					
SECTION C – ITINERARY AND ESTIMATED EXPENDITURES															
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			
							\$	+	=	x	= \$				
						P=Per Diem		+	=	x	=				
						A=Actual Subsistence		+	=	x	=				
						S=Special Rate		+	=	x	=				
								+	=	x	=				
								+	=	x	=				
22. PURPOSE OF TRAVEL (Give explanation)							Total Subsistence		\$						
							<input checked="" type="checkbox"/> POV: Rate		310						
							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 ▶		\$ 500 00						
THESE PERCENTAGES MUST EQUAL 100%															
SECTION D – ACCOUNTING CLASSIFICATION															
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line.															
PURPOSE OF TRAVEL CODE ▶	1 = Site Visit	5 = 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												
01	XXXXXXXX		100 %												
SECTION E – TRAVEL ADVANCE															
26. ADVANCE REQUEST METHOD (Select one method only)			32. ADVANCE MAILING ADDRESS OPTIONS												
C = Check or DD/EFT			SALARY ADDRESS			T&A CONTACT POINT			SPECIAL ADDRESS (Required for new hires, special appointees, and non-Government travelers)			FOREIGN ADDRESS		TRAVEL LEFT ACCOUNT	
T = Travelers Checks			1. (35) ▶												
I = Imprest Fund			2. (35) ▶												
E = Emergency (Wire)			3. City (20) ▶									State (2) ▶		Zip Code (9) ▶	
W = Wire Confirmation															
S = Embassy Issued Advance															
L = Embassy Collect. Advance															
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												
30. APPLICANT'S SIGNATURE						31. DATE APPLIED FOR			SEE PRIVACY ACT STATEMENT ON REVERSE						
						Month Day Year									
SECTION F – AGENCY APPROVAL															
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.)					
JACKSON LAURA ADMIN OFFICER				90		XXX XX XXXX		09 21 97		XXX XXX XXXX					
39. APPROVING OFFICER'S SIGNATURE				40. CONTACT PERSON'S NAME				41. PHONE (Area Code & No.)							
<i>Laura Jackson</i>				MELVIN JAMES				XXX XXX XXXX							
42. REMARKS															

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

Part 1 – NFC
 FORM AD-202 (USDA) (Rev. 11/96)
 Exception to SF 1038 approved by GSA 11/20/96

Sample Form AD-202 (Establishing A Type N Authorization Using Indicators Only)

TRAVEL AUTHORIZATION/ADVANCE													
See Privacy Act Notice on Reverse													
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.													
1. ACTION CODE (Indicate one type only)										MONTH	DAY	YEAR	
E	E = Establish A = Amend		C = Cancel V = Advance Only (Complete Sections A, E, and F Only)							10	01	97	
SECTION A - IDENTIFICATION													
3. TRAVEL AUTHORIZATION NO. 8NS02XXXXXXXX			4. SOCIAL SECURITY NO. XXX XX XXXX			5. NAME (Last) (First) (Middle Initial) JONES ROBERT T			6. AGENCY CODE 02				
7. AGENCY OON AG0202XXXX		9. ESTIMATED DATES OF TRAVEL EXPENSES			10. TYPE TRAVEL (Indicate one type only)			11. GOVERNMENT CREDIT CARD HOLDER					
8. TRAVELER OON		Month	Day	Year	Month	Day	Year	DM	GR	OC	TS	OT	
		10	01	97	09	30	98	DM					
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)					13. OFFICIAL DUTY STATION CITY AND STATE WASHINGTON DC			14. RESIDENT CITY AND STATE (If other than official station) ARLINGTON VA					
SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)													
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC			<input type="checkbox"/> 16. NOT PAYROLLED BY NFC			<input type="checkbox"/> 17. NEW HIRE		<input type="checkbox"/> 18. SPECIAL APPOINTEE		<input type="checkbox"/> 19. NONGOVERNMENT			
SECTION C - ITINERARY AND ESTIMATED EXPENDITURES													
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	\$	+	=	x	= \$		
						P=Per Diem		+	=	x	=		
						A=Actual Subsistence		+	=	x	=		
						S=Special Rate		+	=	x	=		
								+	=	x	=		
								+	=	x	=		
22. PURPOSE OF TRAVEL (Give explanation)								Total Subsistence					
SITE VISITS								X POV: Rate 310					
Rate								Rate					
Rate								X Other (Specify) PARKING					
Rate								Unaccompanied Baggage					
Rate								Car Rental					
Rate								Common Carrier Tickets					
Rate								Transportation Mode					
Rate								Method of Purchase					
Rate								Use of Non-contract Airline					
Rate								Excess Fare					
Rate								Excess Baggage					
Rate								GSA Auto					
Rate								24. Total Est. Expenditures Authorized					
Rate								\$ 8600 00					
THESE PERCENTAGES MUST EQUAL 100%													
SECTION D - ACCOUNTING CLASSIFICATION													
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line.													
PURPOSE OF TRAVEL CODE			ACCOUNTING CLASSIFICATION			PERCENTAGE							
01			XXXXXXXXXXXX			100 %							
SECTION E - TRAVEL ADVANCE													
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 non-Government travelers)		FOREIGN ADDRESS		TRAVEL EFT ACCOUNT	
27. AMOUNT OF ADVANCE APPLIED FOR				1. (35) ▶		2. (35) ▶		3. City (20) ▶		State (2) ▶		Zip Code (9) ▶	
28. BALANCE FROM PREVIOUS ADVANCE				33. IMPREST FUND CASHIER									
\$				SOCIAL SECURITY NO.				SIGNATURE					
29. TOTAL ADVANCE AMOUNT				DATE RECEIVED				APPLICANT'S SIGNATURE					
\$				Month		Day		Year					
30. APPLICANT'S SIGNATURE								31. DATE APPLIED FOR		SEE PRIVACY ACT STATEMENT ON REVERSE			
								Month		Day		Year	
SECTION F - AGENCY APPROVAL													
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.)			
POWELL JACK DIRECTOR				02		XXX XX XXXX		10 03 97		XXX XXX XXXX			
39. APPROVING OFFICER'S SIGNATURE				40. CONTACT PERSON'S NAME				41. PHONE (Area Code & No.)					
<i>Jack Powell</i>				JANE CARTER				XXX XXX XXXX					
42. REMARKS													

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

Part 1 - NFC
FORM AD-202 (USDA) (Rev. 11/96)
Exception to SF 1038 approved by GSA 11/20/96

Exhibit 7

Sample Form AD-202 (Establishing A Type N Authorization Using Indicators and Amounts)

TRAVEL AUTHORIZATION/ADVANCE																																			
See Privacy Act Notice on Reverse																																			
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.																																			
1. ACTION CODE (Indicate one type only)										2. AUTHORIZATION DATE																									
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">E</td> <td style="width: 40%;">E = Establish A = Amend</td> <td style="width: 10%;">C</td> <td style="width: 40%;">C = Cancel V = Advance Only (Complete Sections A, E, and F Only)</td> </tr> </table>										E	E = Establish A = Amend	C	C = Cancel V = Advance Only (Complete Sections A, E, and F Only)	MONTH	DAY	YEAR																			
E	E = Establish A = Amend	C	C = Cancel V = Advance Only (Complete Sections A, E, and F Only)																																
										10	01	97																							
SECTION A - IDENTIFICATION																																			
3. TRAVEL AUTHORIZATION NO.			4. SOCIAL SECURITY NO.			5. NAME (Last)			(First)		6. AGENCY CODE																								
8NS02XXXXXXXXXX			XXX XX XXXX			JONES			ROBERT		T 02																								
7. AGENCY OON		9. ESTIMATED DATES OF TRAVEL EXPENSES			10. TYPE TRAVEL (Indicate one type only)				11. GOVERNMENT CREDIT CARD HOLDER																										
AG0202XXXX		<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">FROM</td> <td style="width: 10%;">THRU</td> <td style="width: 10%;">Year</td> <td style="width: 10%;">Year</td> <td style="width: 10%;">Year</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Day</td> <td>Day</td> <td>Day</td> </tr> </table>			FROM	THRU	Year	Year	Year	Month	Day	Day	Day	Day	DM = Domestic FG = Foreign FT = Foreign Transfer RT = Return Travel				GR = Escorted Group OC = Outside Cont. U.S. TS = Transfer of Station OT = Outside CONUS ToS																
FROM	THRU	Year	Year	Year																															
Month	Day	Day	Day	Day																															
8. TRAVELER OON		10 01 97			09 30 98				Y Y = Yes N 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)																											
				WASHINGTON DC				ARLINGTON VA																											
SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)																																			
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC			<input type="checkbox"/> 16. NOT PAYROLLED BY NFC			<input type="checkbox"/> 17. NEW HIRE		<input type="checkbox"/> 18. SPECIAL APPOINTEE		<input type="checkbox"/> 19. NONGOVERNMENT																									
SECTION C - ITINERARY AND ESTIMATED EXPENDITURES																																			
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	\$	+	-	x	-	\$	7000	00																				
							P=Per Diem		+	-	x	-																							
							A=Actual Subsistence		+	-	x	-																							
							S=Special Rate		+	-	x	-																							
									+	-	x	-																							
									+	-	x	-																							
22. PURPOSE OF TRAVEL (Give explanation)												Total Subsistence		\$ 7000 00																					
SITE VISITS												<input checked="" type="checkbox"/> POV: Rate		310																					
SECTION D - ACCOUNTING CLASSIFICATION												Rate																							
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line.												Rate																							
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">PURPOSE OF TRAVEL CODES</td> <td style="width: 10%;">1 = Site Visit</td> <td style="width: 10%;">6 = Relocation</td> <td style="width: 10%;">11 = Pre-employment</td> </tr> <tr> <td></td> <td>2 = Information Meeting</td> <td>7 = Entitlement/Home leave</td> <td>12 = First post of duty</td> </tr> <tr> <td></td> <td>3 = Training attendance</td> <td>8 = Special mission travel</td> <td>13 = Rest & Recuperation</td> </tr> <tr> <td></td> <td>4 = Speech or presentation</td> <td>9 = Emergency travel</td> <td>14 = Educational</td> </tr> <tr> <td></td> <td>5 = Conference attendance</td> <td>10 = Other travel</td> <td>15 = Informal training</td> </tr> </table>												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	Rate		1500 00	
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PURPOSE CODE												Other (Specify)		PARKING																					
ACCOUNTING CLASSIFICATION												Unaccompanied Baggage																							
PERCENTAGE												Car Rental																							
01 XXXXXXXXXXXXX												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		\$ 8600 00																					
THESE PERCENTAGES MUST EQUAL 100%																																			
SECTION E - TRAVEL ADVANCE																																			
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																																			
\$																																			
30. APPLICANT'S SIGNATURE						31. DATE APPLIED FOR			SEE PRIVACY ACT STATEMENT ON REVERSE																										
						Month Day Year																													
SECTION F - AGENCY APPROVAL																																			
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.)																									
POWELL JACK DIRECTOR				02		XXX XX XXXX		Month Day Year		10 03 97																									
39. APPROVING OFFICER'S SIGNATURE				40. CONTACT PERSON'S NAME				41. PHONE (Area Code & No.)																											
<i>Jack Powell</i>				JANE CARTER				XXX XXX XXXX																											
42. REMARKS																																			

Upon completion and approval, submit original to: **Part 1 - NFC**
USDA - National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

FORM AD-202 (USDA) (Rev. 11/96)
Exception to 8F 1038 approved by GSA 11/20/96

Exhibit 9
Page 1

Sample Forms AD-202 and AD-202R (Establishing A Relocation Authorization)

TRAVEL AUTHORIZATION/ADVANCE																																																																																
See Privacy Act Notice on Reverse																																																																																
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.																																																																																
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<table border="0" style="width:100%;"> <tr> <td>E = Establish</td> <td>C = Cancel</td> <td colspan="8"></td> </tr> <tr> <td>A = Amend</td> <td>V = Advance Only (Complete Sections A, E, and F Only)</td> <td colspan="8"></td> </tr> </table>										E = Establish	C = Cancel									A = Amend	V = Advance Only (Complete Sections A, E, and F Only)									MONTH	DAY	YEAR																																																
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A = Amend	V = Advance Only (Complete Sections A, E, and F Only)																																																																															
										03	01	97																																																																				
SECTION A – IDENTIFICATION																																																																																
3. TRAVEL AUTHORIZATION NO.			4. SOCIAL SECURITY NO.			5. NAME (Last)			(First)		(Middle Initial)		6. AGENCY CODE																																																																			
7CS90XXXXXXXXXX			XX XX XXXX			DOE			ALLEN		J		90																																																																			
7. AGENCY OON			9. ESTIMATED DATES OF TRAVEL EXPENSES			10. TYPE TRAVEL (Indicate one type only)			11. GOVERNMENT CREDIT CARD HOLDER																																																																							
AG0000XXXX			<table border="0" style="width:100%;"> <tr> <td>FROM</td> <td>THRU</td> <td colspan="2"></td> </tr> <tr> <td>Month Day Year</td> <td>Month Day Year</td> <td colspan="2"></td> </tr> </table>			FROM	THRU			Month Day Year	Month Day Year			<table border="0" style="width:100%;"> <tr> <td>DM = Domestic</td> <td>GR = Escorted Group</td> <td colspan="2"></td> </tr> <tr> <td>FG = Foreign</td> <td>OC = Outside Cont. U.S.</td> <td colspan="2"></td> </tr> <tr> <td>FT = Foreign Transfer</td> <td>TS = Transfer of Station</td> <td colspan="2"></td> </tr> <tr> <td>RT = Return Travel</td> <td>OT = Outside CONUS T&S</td> <td colspan="2"></td> </tr> </table>			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 T&S			Y N = Yes No																																															
FROM	THRU																																																																															
Month Day Year	Month Day Year																																																																															
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AG0000XXXX			05 01 97 05 01 99			TS			Y																																																																							
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)																																																																										
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SECTION B – EMPLOYMENT STATUS (Check the appropriate employment status block.)																																																																																
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC			<input type="checkbox"/> 16. NOT PAYROLLED BY NFC			<input type="checkbox"/> 17. NEW HIRE		<input type="checkbox"/> 18. SPECIAL APPOINTEE		<input type="checkbox"/> 19. NONGOVERNMENT																																																																						
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CITY		ST	CNTRY CD	CITY CD	CITY, COUNTY or REGION	ST	Subsistence Codes	CODE	LODGING	M and IE	RATE	NO. DAYS	ESTIMATED AMOUNT																																																																			
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SECTION E – TRAVEL ADVANCE																																																																																
26. ADVANCE REQUEST METHOD (Select one method only)			32. ADVANCE MAILING ADDRESS OPTIONS																																																																													
<table border="0" style="width:100%;"> <tr> <td>C = Check or DD/EFT</td> <td>S = Salary Address</td> <td>T&A CONTACT POINT</td> <td>SPECIAL ADDRESS (Required for new hires, special appointees, and non-Government travelers)</td> <td>FOREIGN ADDRESS</td> <td>TRAVEL LEFT ACCOUNT</td> </tr> <tr> <td>T = Travelers Checks</td> <td colspan="5"></td> </tr> <tr> <td>I = Imprest Fund</td> <td colspan="5"></td> </tr> <tr> <td>E = Emergency (Wire)</td> <td colspan="5"></td> </tr> <tr> <td>W = Wire Confirmation</td> <td colspan="5"></td> </tr> <tr> <td>S = Embassy Issued Advance</td> <td colspan="5"></td> </tr> <tr> <td>L = Embassy Collect. Advance</td> <td colspan="5"></td> </tr> </table>			C = Check or DD/EFT	S = Salary Address	T&A CONTACT POINT	SPECIAL ADDRESS (Required for new hires, special appointees, and non-Government travelers)	FOREIGN ADDRESS	TRAVEL LEFT ACCOUNT	T = Travelers Checks						I = Imprest Fund						E = Emergency (Wire)						W = Wire Confirmation						S = Embassy Issued Advance						L = Embassy Collect. Advance						<table border="0" style="width:100%;"> <tr> <td>1. (35) ▶</td> <td colspan="8"></td> </tr> <tr> <td>2. (35) ▶</td> <td colspan="8"></td> </tr> <tr> <td>3. City (20) ▶</td> <td colspan="2">State (2) ▶</td> <td colspan="6">Zip Code (9) ▶</td> </tr> </table>									1. (35) ▶									2. (35) ▶									3. City (20) ▶	State (2) ▶		Zip Code (9) ▶					
C = Check or DD/EFT	S = Salary Address	T&A CONTACT POINT	SPECIAL ADDRESS (Required for new hires, special appointees, and non-Government travelers)	FOREIGN ADDRESS	TRAVEL LEFT ACCOUNT																																																																											
T = Travelers Checks																																																																																
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E = Emergency (Wire)																																																																																
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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			30. APPLICANT'S SIGNATURE																																																																													
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			Month Day Year			SEE PRIVACY ACT STATEMENT ON REVERSE																																																																										
SECTION F – AGENCY APPROVAL																																																																																
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.)																																																																						
JONES JOSEPH DIRECTOR				90		XXX XX XXXX		Month Day Year 05 01 97		XXX XXX XXXX																																																																						
39. APPROVING OFFICER'S SIGNATURE				40. CONTACT PERSON'S NAME				41. PHONE (Area Code & No.)																																																																								
<i>Joseph Jones</i>				MICKEY MOORE				XXX XXX XXXX																																																																								
42. REMARKS																																																																																

Upon completion and approval, submit original to: Part 1 – NFC
USDA – National Finance Center, P.O. Box 60,000, New Orleans, LA 70160
FORM AD-202 (USDA) (Rev. 11/96)
Exception to SF 1038 approved by GSA 11/2006

Exhibit 10

Sample Form AD-202 (Establishing A Type C Authorization
Using Indicators & Amounts)

TRAVEL AUTHORIZATION/ADVANCE																	
See Privacy Act Notice on Reverse																	
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.																	
1. ACTION CODE (Indicate one type only)																	
<input type="checkbox"/> E = Establish <input type="checkbox"/> C = Cancel <input checked="" type="checkbox"/> A = Amend <input type="checkbox"/> V = Advance Only (Complete Sections A, E, and F Only)						2. AUTHORIZATION DATE			MONTH	DAY	YEAR						
						10			01	97							
SECTION A - IDENTIFICATION																	
3. TRAVEL AUTHORIZATION NO. 8CS90XXXXXXXXXX			4. SOCIAL SECURITY NO. XXX XX XXXX			5. NAME (Last) (First) (Middle Initial) LONGO BETTY			6. AGENCY CODE 90								
7. AGENCY OON AG9090XXXX		9. ESTIMATED DATES OF TRAVEL EXPENSES				10. TYPE TRAVEL (Indicate one type only)				11. GOVERNMENT CREDIT CARD HOLDER							
8. TRAVELER OON		Month	Day	Year	Month	Day	Year	DM	GR	OC	TS	OT	Y	N			
		10	21	97	10	25	97	DM									
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)			13. OFFICIAL DUTY STATION CITY AND STATE NEW ORLEANS LA				14. RESIDENT CITY AND STATE (If other than official station)										
SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)																	
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC			<input type="checkbox"/> 16. NOT PAYROLLED BY NFC			<input type="checkbox"/> 17. NEW HIRE		<input type="checkbox"/> 18. SPECIAL APPOINTEE		<input type="checkbox"/> 19. NONGOVERNMENT							
SECTION C - ITINERARY AND ESTIMATED EXPENDITURES																	
20. FROM						21. TO						23. AUTHORIZED EXPENDITURES					
CITY		ST	CNTRY CD	CITY CD	CITY, COUNTY or REGION	ST	Subsistence Codes	CODE	LOGGING	M and IE	RATE	NO. DAYS	ESTIMATED AMOUNT				
NEW ORLEANS		LA			WASHINGTON	DC	P		\$24.00	38.00	-	162.00	x 3	= \$ 486.00			
WASHINGTON		DC			SAN FRANCISCO	CA	S				38.00	x 2	=	76.00			
							A=Actual Subsistence					x	=				
							S=Special Rate					x	=				
												x	=				
												x	=				
22. PURPOSE OF TRAVEL (Give explanation) TO ATTEND MEETING IN DC AND CONFERENCE IN CA												Total Subsistence		\$			
												<input checked="" type="checkbox"/> POV: Rate		310			
												Rate					
												Rate					
												Rate					
												Other (Specify)		TAXI, PHN			
												Unaccompanied Baggage					
												Car Rental					
												Common Carrier Tickets					
												Transportation Mode		A			
												Method of Purchase		CC			
												Use of Non-contract Airline		Insert Code			
												Excess Fare					
												Excess Baggage					
												GSA Auto					
												24. Total Est. Expenditures Authorized		\$ 1450.00			
THESE PERCENTAGES MUST EQUAL												100%					
SECTION E - TRAVEL ADVANCE																	
26. ADVANCE REQUEST METHOD (Select one method only) 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			32. ADVANCE MAILING ADDRESS OPTIONS														
			SALARY ADDRESS		T&A CONTACT POINT		SPECIAL ADDRESS (Required for new hires, special appointees, and non-Government 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								
29. TOTAL ADVANCE AMOUNT			Month			Day			Year								
30. APPLICANT'S SIGNATURE			31. DATE APPLIED FOR			Month			Day								
			Year			SEE PRIVACY ACT STATEMENT ON REVERSE											
SECTION F - AGENCY APPROVAL																	
35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print) TURNER DICK D Chief				AGENCY CODE 90		36. SOCIAL SECURITY NO. XXX XX XXXX		37. DATE APPROVED Month Day Year 10 01 97		38. PHONE (Area Code & No.) XXX XXX XXXX							
39. APPROVING OFFICER'S SIGNATURE <i>Dick Turner</i>				40. CONTACT PERSON'S NAME MARY JENKINS				41. PHONE (Area Code & No.) XXX XXX XXXX									
42. REMARKS																	

Upon completion and approval, submit original to:

USDA - National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

Part 1 - NFC

FORM AD-202 (USDA) (Rev. 11/96)

Exception to SF 1038 approved by GSA 11/20/96

**Sample Form AD-202 (Establishing A Type C Authorization
Using Indicators & Amounts With Distributed Accounting)**

TRAVEL AUTHORIZATION/ADVANCE													
See Privacy Act Notice on Reverse													
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.													
1. ACTION CODE (Indicate one type only)													
<input checked="" type="checkbox"/> E	<input type="checkbox"/> E = Establish	<input type="checkbox"/> C = Cancel	<input type="checkbox"/> A = Amend <input type="checkbox"/> V = Advance Only (Complete Sections A, E, and F Only)						2. AUTHORIZATION DATE				
							MONTH	DAY	YEAR				
							10	01	97				
SECTION A - IDENTIFICATION													
3. TRAVEL AUTHORIZATION NO. 8CS90XXXXXXXXXX			4. SOCIAL SECURITY NO. XXX XX XXXX			5. NAME (Last) JOSEPH			(First) JAMIE		(Middle Initial) J		
7. AGENCY OON AG9090XXXX			9. ESTIMATED DATES OF TRAVEL EXPENSES			10. TYPE TRAVEL (Indicate one type only)			11. GOVERNMENT CREDIT CARD HOLDER				
8. TRAVELER OON			Month	Day	Year	Month	Day	Year	DM	GR	Y		
			10	07	97	10	07	97	DM	GR	Y		
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)			13. OFFICIAL DUTY STATION CITY AND STATE NEW ORLEANS				14. RESIDENT CITY AND STATE (If other than official station)						
SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)													
<input checked="" type="checkbox"/> X	15. PAYROLLED BY NFC	<input type="checkbox"/>	16. NOT PAYROLLED BY NFC	<input type="checkbox"/>	<input type="checkbox"/>	17. NEW HIRE	<input type="checkbox"/>	<input type="checkbox"/>	18. SPECIAL APPOINTEE	<input type="checkbox"/>	19. NONGOVERNMENT		
SECTION C - ITINERARY AND ESTIMATED EXPENDITURES													
20. FROM						21. TO							
CITY	ST	CNTRY CD	CITY CD	CITY, COUNTY or REGION	ST	Subsistence Codes	CODE	LODGING	M and IE	RATE	NO. DAYS	ESTIMATED AMOUNT	
NEW ORLEANS	LA			WASHINGTON	DC	P	\$124.00	38.00	=	162.00	x 5	= \$ 810 00	
						P=Per Diem							
						A=Actual Subsistence							
						S=Special Rate							
22. PURPOSE OF TRAVEL (Give explanation) Give presentation to Society of Brotherhood										Total Subsistence		\$ 810 00	
										<input checked="" type="checkbox"/> X POV: Rate		310	
										Rate			
										Rate			
										Other (Specify)		PHN, TAXI	
										Unaccompanied Baggage		20 00	
										Car Rental			
										<input checked="" type="checkbox"/> X Common Carrier Tickets			
										Transportation Mode		A	
										Method of Purchase		CC	
										Use of Non-contract Airline			
										Excess Fare			
										Excess Baggage			
										GSA Auto			
										24. Total Est. Expenditures Authorized		\$ 1280 00	
THESE PERCENTAGES MUST EQUAL 100%													
SECTION D - ACCOUNTING CLASSIFICATION													
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									
04	XXXXXXXXXXXX			50 %									
04	XXXXXXXXXXXX			50 %									
SECTION E - TRAVEL ADVANCE													
26. ADVANCE REQUEST METHOD (Select one method only)			32. ADVANCE MAILING ADDRESS OPTIONS										
<input checked="" type="checkbox"/> C = Check or DD/EFT			<input checked="" type="checkbox"/> X SALARY ADDRESS	<input type="checkbox"/> T&A CONTACT POINT	<input type="checkbox"/> SPECIAL ADDRESS	<input type="checkbox"/> FOREIGN ADDRESS			<input type="checkbox"/> TRAVEL EFT ACCOUNT				
<input type="checkbox"/> I = Imprest Fund			1. (35) ▶										
<input type="checkbox"/> E = Emergency (Wire)			2. (35) ▶										
<input type="checkbox"/> W = Wire Confirmation			3. City (20) ▶										
<input type="checkbox"/> S = Embassy Issued Advance			State (2) ▶										
<input type="checkbox"/> L = Embassy Collect. Advance			Zip Code (9) ▶										
27. AMOUNT OF ADVANCE APPLIED FOR			33. IMPREST FUND CASHIER										
\$ 200.00			SOCIAL SECURITY NO.			SIGNATURE							
28. BALANCE FROM PREVIOUS ADVANCE			34. ADVANCE RECEIVED (Cash or Travelers Checks)										
\$ 0			DATE RECEIVED			APPLICANT'S SIGNATURE							
29. TOTAL ADVANCE AMOUNT			Month			Day			Year				
\$ 200.00													
30. APPLICANT'S SIGNATURE Jamie Joseph						31. DATE APPLIED FOR			SEE PRIVACY ACT STATEMENT ON REVERSE				
						Month			Year				
						10			01				
									97				
SECTION F - AGENCY APPROVAL													
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.)	
SMITH DOUG CHIEF						90		XXX XX XXXX		10 01 97		XXX XXX XXXX	
39. APPROVING OFFICER'S SIGNATURE Doug Smith						40. CONTACT PERSON'S NAME				41. PHONE (Area Code & No.)			
						CAROLYN LEWIS				XXX XXX XXXX			
42. REMARKS													

Exhibit 12

Sample Form AD-202 (Establishing A Type C Authorization For Foreign TDY Travel)

TRAVEL AUTHORIZATION/ADVANCE																	
See Privacy Act Notice on Reverse																	
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.																	
1. ACTION CODE (Indicate one type only)																	
E = Establish C = Cancel A = Amend V = Advance Only (Complete Sections A, E, and F Only)						2. AUTHORIZATION DATE ▶			MONTH	DAY	YEAR						
E						04			01	97							
SECTION A – IDENTIFICATION																	
3. TRAVEL AUTHORIZATION NO. 8CS90XXXXXXXX			4. SOCIAL SECURITY NO. XXX XX XXXX			5. NAME (Last) (First) (Middle Initial) LONGO BETTY			6. AGENCY CODE 07								
7. AGENCY OON AG0707XXXX		9. ESTIMATED DATES OF TRAVEL EXPENSES FROM THRU			10. TYPE TRAVEL (Indicate one type only)			11. GOVERNMENT CREDIT CARD HOLDER									
8. TRAVELER OON		Month Day Year			DM = Domestic GR = Excorted Group FG = Foreign OC = Outside Cont. U.S. FT = Foreign Transfer TS = Transfer of Station RT = Return Travel OT = Outside CONUS ToS			Y Y = Yes N N = No									
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)		13. OFFICIAL DUTY STATION CITY AND STATE NEW ORLEANS LA			14. RESIDENT CITY AND STATE (If other than official station) METAIRIE LA												
SECTION B – EMPLOYMENT STATUS (Check the appropriate employment status block.)																	
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC			<input type="checkbox"/> 16. NOT PAYROLLED BY NFC			<input type="checkbox"/> 17. NEW HIRE		<input type="checkbox"/> 18. SPECIAL APPOINTEE		<input type="checkbox"/> 19. NONGOVERNMENT							
SECTION C – ITINERARY AND ESTIMATED EXPENDITURES																	
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				
NEW ORLEANS		LA	630	2075	THE HAGUE	NL	P	\$114.00	81.00	=	195.00	x	6	= \$			
							P=Per Diem		+	-	x	-					
							A=Actual Subsistence		+	-	x	-					
							S=Special Rate		+	-	x	-					
									+	-	x	-					
									+	-	x	-					
22. PURPOSE OF TRAVEL (Give explanation) SITE VISIT												Total Subsistence		\$			
												<input checked="" type="checkbox"/> POV: Rate		310			
												Rate					
												Rate					
												<input checked="" type="checkbox"/> Other (Specify)		REGISTRATION, TAXI			
												Unaccompanied Baggage					
												Car Rental					
												<input checked="" type="checkbox"/> Common Carrier Tickets					
												Transportation Mode		A		Method of Purchase	
														GV			
												Use of Non-contract Airline ◀		Insert Code			
												Excess Fare					
												Excess Baggage					
												GSA Auto					
												24. Total Est. Expenditures Authorized ▶		\$		2500 00	
THESE PERCENTAGES MUST EQUAL												100%					
SECTION D – ACCOUNTING CLASSIFICATION																	
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line.																	
PURPOSE OF TRAVEL CODES ▶		ACCOUNTING CLASSIFICATION			PERCENTAGE												
01		XXXXXXXX/900010			100 %			<input checked="" type="checkbox"/>									
												Rate					
												Rate					
												Rate					
												Other (Specify)					
												Unaccompanied Baggage					
												Car Rental					
												<input checked="" type="checkbox"/> Common Carrier Tickets					
												Transportation Mode		A		Method of Purchase	
														GV			
												Use of Non-contract Airline ◀		Insert Code			
												Excess Fare					
												Excess Baggage					
												GSA Auto					
												24. Total Est. Expenditures Authorized ▶		\$		2500 00	
SECTION E – TRAVEL ADVANCE																	
26. ADVANCE REQUEST METHOD (Select one method only) 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			32. ADVANCE MAILING ADDRESS OPTIONS														
			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														
\$			Month	Day	Year	SEE PRIVACY ACT STATEMENT ON REVERSE											
30. APPLICANT'S SIGNATURE																	
SECTION F – AGENCY APPROVAL																	
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.)							
JONES JOSEPH DIRECTOR				07		XXX XX XXXX		04 01 97		XXX XXX XXXX							
39. APPROVING OFFICER'S SIGNATURE				40. CONTACT PERSON'S NAME				41. PHONE (Area Code & No.)									
Joseph Jones DIRECTOR				MICKEY MOORE				XXX XXX XXXX									
42. REMARKS																	

Upon completion and approval, submit original to: Part 1 – NFC
 USDA — National Finance Center, P.O. Box 60.000, New Orleans, LA 70160
 FORM AD-202 (USDA) (Rev. 11/96)
 Exception to SF 1038 approved by GSA 11/20/96

Exhibit 14

Sample Form AD-202 (Amending An Authorization)

TRAVEL AUTHORIZATION/ADVANCE																				
See Privacy Act Notice on Reverse																				
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.																				
1. ACTION CODE (Indicate one type only)										MONTH	DAY	YEAR								
E = Establish C = Cancel A = Amend V = Advance Only (Complete Sections A, E, and F Only)										10	01	97								
										2. AUTHORIZATION DATE ▶										
SECTION A – IDENTIFICATION																				
3. TRAVEL AUTHORIZATION NO. 8CS90XXXXXXXXXX			4. SOCIAL SECURITY NO. XXX XX XXXX			5. NAME (Last) JOESPH			5. NAME (First) JAMIE		6. AGENCY CODE 90									
7. AGENCY OON AG9090XXXX			9. ESTIMATED DATES OF TRAVEL EXPENSES			10. TYPE TRAVEL (Indicate one type only)			11. GOVERNMENT CREDIT CARD HOLDER											
8. TRAVELER OON			FROM TRAVEL Month Day Year Month Day Year			DM = Domestic GR = Escorted Group FO = Foreign OC = Outside Cont. U.S. FT = Foreign Transfer TS = Transfer of Station RT = Return Travel OT = Outside CONUS TrS			Y = Yes N = No											
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)			13. OFFICIAL DUTY STATION CITY AND STATE NEW ORLEANS, LA			14. RESIDENT CITY AND STATE (If other than official station)														
SECTION B – EMPLOYMENT STATUS (Check the appropriate employment status block.)																				
<input checked="" type="checkbox"/> 15. PAYROLLED BY NFC			<input type="checkbox"/> 16. NOT PAYROLLED BY NFC			<input type="checkbox"/> 17. NEW HIRE		<input type="checkbox"/> 18. SPECIAL APPOINTEE		<input type="checkbox"/> 19. NONGOVERNMENT										
SECTION C – ITINERARY AND ESTIMATED EXPENDITURES																				
20. FROM						21. TO						23. AUTHORIZED EXPENDITURES								
CITY		ST	CNTRY CD	CITY CD	CITY, COUNTY or REGION	ST	Subsistence Code ▶	CODE	LODGING	M and IE	RATE	NO. DAYS	ESTIMATED AMOUNT							
NEW ORLEANS		LA			WASHINGTON	DC	A	\$145.00	38.00	-	183.00	x 5	-\$ 916 00							
							P=Per Diem					x								
							A=Actual Subsistence					x								
							S=Special Rate					x								
												x								
												x								
												x								
												x								
												x								
22. PURPOSE OF TRAVEL (Give explanation)							Total Subsistence					\$								
							X POV: Rate					310								
							Rate													
							Rate													
							Rate					20 00								
							X Other (Specify)					PHN, Taxi								
							Unaccompanied Baggage													
							Car Rental													
							Common Carrier Tickets													
							Transportation Mode					A Method of Purchase CC								
							Use of Non-contract Airline					420 00								
							Excess Fare													
							Excess Baggage													
							GSA Auto													
							24. Total Est. Expenditures Authorized ▶					\$ 1386 00								
THESE PERCENTAGES MUST EQUAL							100%													
SECTION D – ACCOUNTING CLASSIFICATION																				
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															
04	XXXXXXXXXXXXXX				50%															
04	XXXXXXXXXXXXXX				50%															
							24. Total Est. Expenditures Authorized ▶					\$ 1386 00								
SECTION E – TRAVEL ADVANCE																				
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 non-Government travelers)			FOREIGN ADDRESS			TRAVEL LEFT ACCOUNT					
27. AMOUNT OF ADVANCE APPLIED FOR			1. (35) ▶			2. (35) ▶			3. City (20) ▶			State (2) ▶			Zip Code (9) ▶					
28. BALANCE FROM PREVIOUS ADVANCE			33. IMPREST FUND CASHIER			34. ADVANCE RECEIVED (Cash or Travelers Checks)			DATE RECEIVED			APPLICANT'S SIGNATURE			31. DATE APPLIED FOR					
29. TOTAL ADVANCE AMOUNT			SOCIAL SECURITY NO.			SIGNATURE			Month			Day			Year					
30. APPLICANT'S SIGNATURE			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.)					
			SMITH DOUG M CHIEF			90			XXX XX XXXX			Month 10			Day 01			Year 97		
39. APPROVING OFFICER'S SIGNATURE			40. CONTACT PERSON'S NAME			41. PHONE (Area Code & No.)			CAROLYN LEWIS			XXX XX XXXX								
42. REMARKS			42. REMARKS			42. REMARKS			AMENDED TO AUTHORIZE ACTUAL SUBSISTENCE											

Upon completion and approval, submit original to: **USDA — National Finance Center, P.O. Box 60,000, New Orleans, LA 70160** Part 1 – NFC
 FORM AD-202 (USDA) (Rev. 11/96) Exception to SF 1036 approved by GSA 11/20/96

Sample Form AD-202 (Canceling An Authorization)

TRAVEL AUTHORIZATION/ADVANCE

See Privacy Act Notice on Reverse

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

1. ACTION CODE (Indicate one type only)				2. AUTHORIZATION DATE		
C	E = Establish A = Amend	C = Cancel V = Advance Only (Complete Sections A, E, and F Only)		MONTH	DAY	YEAR
				10	02	97

SECTION A - IDENTIFICATION						
3. TRAVEL AUTHORIZATION NO. 8CS60XXXXXXXXXX	4. SOCIAL SECURITY NO. XXX XX XXXX	5. NAME (Last) (First) (Middle Initial) MOORE KIM		6. AGENCY CODE 60		
7. AGENCY OON ED6060XXXX	9. ESTIMATED DATES OF TRAVEL EXPENSES FROM THRU			10. TYPE TRAVEL (Indicate one type only)		
8. TRAVELER OON	Month	Day	Year	Month	Day	Year
	10	07	97	10	11	97
				DM		
11. GOVERNMENT CREDIT CARD HOLDER Y = Yes N = No			12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)			
			13. OFFICIAL DUTY STATION CITY AND STATE SAN FRANCISCO CA			
			14. RESIDENT CITY AND STATE (If other than official station) ALBANY CA			

SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)					
15. PAYROLLED BY NFC	16. NOT PAYROLLED BY NFC	17. NEW HIRE	18. SPECIAL APPOINTEE	19. NONGOVERNMENT	

SECTION C - ITINERARY AND ESTIMATED EXPENDITURES																
20. FROM					21. TO					23. AUTHORIZED EXPENDITURES						
CITY	ST	CNTY CD	CITY CD	CITY, COUNTY or REGION	ST	Subsistence Codes	CODE	LOGGING	M and IE	RATE	NO. DAYS	ESTIMATED AMOUNT				
						P=Per Diem A=Actual Subsistence S=Special Rate		\$	+	-	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		\$				
THESE PERCENTAGES MUST EQUAL										100%						

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

SECTION E - TRAVEL ADVANCE									
26. ADVANCE REQUEST METHOD (Select one method only) 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					32. ADVANCE MAILING ADDRESS OPTIONS				
SALARY ADDRESS		T&A CONTACT POINT		SPECIAL ADDRESS (Required for new hires, special appointees, and non-Government travelers)		FOREIGN ADDRESS		TRAVEL EFT 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		
29. TOTAL ADVANCE AMOUNT					Month		Day		Year
\$									
30. APPLICANT'S SIGNATURE					31. DATE APPLIED FOR			SEE PRIVACY ACT STATEMENT ON REVERSE	
					Month		Day		Year

SECTION F - AGENCY APPROVAL											
35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print) CARTER CHARLES BUD AND FISCAL					AGENCY CODE 60		36. SOCIAL SECURITY NO. XXX XX XXXX		37. DATE APPROVED Month Day Year 10 02 97		38. PHONE (Area Code & No.) XXX XXX XXXX
39. APPROVING OFFICER'S SIGNATURE <i>Charles Carter</i>					40. CONTACT PERSON'S NAME SUSAN RIVERS			41. PHONE (Area Code & No.) XXX XXX XXXX			
42. REMARKS											

Upon completion and approval, submit original to: **Part 1 - NFC**
USDA - National Finance Center, P.O. Box 60,000, New Orleans, LA 70160
 FORM AD-202 (USDA) (Rev. 11/96)
 Exception to SF 1038 approved by GSA 11/20/96

Exhibit 16
Page 1

Sample Form AD-616 (front & back) (Voucher For Multiple Locations During A Single TDY Trip)

TRAVEL VOUCHER (Temporary Duty Travel)																	
SECTION A - IDENTIFICATION																	
1. TRAVEL AUTHORIZATION NO. 2CS90XXXXXXXXXX		2. SOCIAL SECURITY NO. 333 33 3333		3. NAME (Last) (First) (Middle Initial) MOUSE MICKEY				4. AGENCY CODE 90									
5. AGENCY ORIGINATING OFFICE NUMBER AG9090XXXX		6. TRAVELER ORIGINATING OFFICE NUMBER		7. DATES OF TRAVEL EXPENSES Month FROM Day Year Month THRU Day Year 02 21 02 02 25 02				8. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign TDY OC = Outside Cont. U.S. GR = Escorted Group		9. RECLAIM AMOUNT INCLUDED							
10. LEAVE TAKEN N Y = Yes N = No		11. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)		12. OFFICIAL DUTY STATION CITY AND STATE NEW ORLEANS LA				13. RESIDENT CITY AND STATE (If other than official station)									
14. POST APPROVAL INDICATOR Y Y = Yes N = No		15. TOTAL NIGHTS LODGING 4		16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS 4													
SECTION B - TRAVEL VOUCHER MAILING ADDRESS OPTIONS																	
17. SALARY ADDRESS		19. SPECIAL ADDRESS 1. (35) ▶ 123456789C123456789				20. FOREIGN ADDRESS		21. TRAVEL EFT ACCOUNT <input checked="" type="checkbox"/>									
18. T&A CONTACT POINT		2. (35) ▶				3. City (20) ▶		State (2) ▶ Zip Code (9) ▶									
SECTION C - TRANSPORTATION COSTS						SECTION D - CLAIMS											
22. METHOD OF PAYMENT		23. VENDOR/CARRIER		24. IDENTIFICATION NUMBER		25. CAR RENTAL MILES DAYS		26. AMOUNT		28. SUMMARY OF SUBSISTENCE							
CC		US		899118899				\$ 423.00		TDY LOCATION							
CC		CO		236956899				419.00		CITY or COUNTY		STATE		NO. OF DAYS		AMOUNT	
CC		HE		56214		75 2		82.00		WASHINGTON DC		DC		1.75		\$ 314 50	
										SAN FRANCISCO CA		CA		2.75		342 00	
If payment was made by traveler, complete Section G on reverse. TOTALS ▶ 75 2 \$ 924.00																	
27. AIRLINE ACCOMMODATIONS:						◀ Excess Fare (Check if Applicable)		◀ Non-contract (Insert Code)		29. PER DIEM No. of Days (475) \$ 647 00		NFC USE					
SECTION E - ACCOUNTING CLASSIFICATION																	
<input checked="" type="checkbox"/> 45. AUTHORIZATION ACCOUNTING (Check this block if accounting and purpose of travel code(s) from travel authorization are to be charged for the total voucher claim.)		PURPOSE OF TRAVEL CODES 1 = Site visit 9 = Emergency travel 2 = Information meeting 10 = Other travel 3 = Training attendance 11 = Pre-employment travel 4 = Speech or presentation 13 = Rest and Recuperation 5 = Conference attendance 14 = Education 7 = Entitlement/home leave 15 = Informal training 8 = Special mission travel															
<input type="checkbox"/> 46. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)																	
PURPOSE CODE		ACCOUNTING CLASSIFICATION						PERCENTAGE									
								%									
THESE PERCENTAGES MUST EQUAL 100%																	
SECTION F - CERTIFICATIONS																	
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).																	
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have 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 Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by 41CFR 301-304 and other regulations. I have reviewed this voucher and certify it to be correct.																	
47. CLAIMANT'S SIGNATURE				48. DATE Month Day Year 02 26 02		49. FINAL VOUCHER INDICATOR Y = Yes N = No		43. REMAINING ADVANCE BALANCE (Block 39 minus Block 40 and Block 42)		44. NET TO TRAVELER (Block 38 minus Block 40 and Block 41)		41. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION					
APPROVING OFFICER'S RESPONSIBILITIES AND 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; and (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. Note: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348).				51. SOCIAL SECURITY NO. 555 55 5555		52. DATE APPROVED Month Day Year 03 05 02		40. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 39)		42. ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)		44. NET TO TRAVELER (Block 38 minus Block 40 and Block 41)					
50. APPROVING OFFICER'S SIGNATURE				54. NAME AND TITLE (Last, First, Middle Initial) (Type or Print) BEAR YOGI, CHIEF		AGENCY CODE 90		55. CONTACT PERSON'S NAME DONALD DUCK		53. PHONE (Area Code and No.) XXX XXX XXXX		56. PHONE (Area Code and No.) XXX XXX XXXX					
FORM AD - 616 (USDA) (Rev. 11/96)																	
Upon completion and approval, submit original voucher to: USDA - National Finance Center, P.O. Box 60000, New Orleans, LA 70160																	
Exception to SF 1012 approved by GSA 11/20/96																	

**Sample Form AD-616 (front & back) (Voucher For Multiple Locations
During A Single TDY Trip)**

SOCIAL SECURITY NO. 3333 33 3333		TRAVELER'S NAME MOUSE MICKEY				
SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED						
ITINERARY FROM						TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
DATE (Month/Day)	2/21/02		2/23/02		2/25/02	
CITY	New Orleans		Washington		San Francisco	
STATE	LA		DC		CA	
TIME	7:15 am		7:00 am		2:20 am	
TO TDY LOCATION						
DATE (Month/Day)	2/21/02	2/22/02	2/23/02	2/24/02	2/25/02	
CITY	Washington	Washington	San Francisco	San Francisco	New Orleans	
COUNTY						
STATE	DC	DC	CA	CA	LA	
TIME	12:17 pm		10:30 am		8:20 am	
PER DIEM						TOTAL NO. DAYS
NO. OF DAYS	0.75	1.00	1.00	1.00	0.75	0450
LODGING (Receipt Required)	150.00	150.00	159.00	159.00		
MEALS AND INCIDENTAL EXPENSES	34.50	46.00	46.00	46.00	34.50	
LESS MEALS AT GOVERNMENT EXPENSE						
PER DIEM AMOUNT	184.50	196.00	205.00	205.00	34.50	TOTAL PER DIEM \$ 825.00
ACTUAL SUBSISTENCE						TOTAL NO. DAYS
NO. OF DAYS						
LODGING (Receipt Required)						
BREAKFAST						
LUNCH						
DINNER						
M&IE/OTHER						
ACTUAL SUBSISTENCE AMOUNT						TOTAL ACTUAL SUBSISTENCE \$
MILEAGE						TOTAL MILES
MILES	40				40	80
RATE PER MILE	0365¢				0365¢	
MILEAGE AMOUNT	14.60				14.60	TOTAL MILEAGE \$ 29.20
PARKING, TOLLS, ETC.					25.00	TOTAL PARKING \$ 25.00
PLANE, BUS, TRAIN (Paid By Traveler)	432.25		428.25			TOTAL PLANE, BUS, TRAIN \$ 860.50
UNACCOMPANIED BAGGAGE						TOTAL UNACCOMPANIED BAGGAGE \$
LOCAL TRANSPORTATION						TOTAL LOCAL TRANSPORTATION
NO. TRIPS	2	2	2			
DAILY EXPENSE	5.80	5.80	5.80			TOTAL LOCAL TRANSPORTATION \$ 17.40
MISCELLANEOUS EXPENSES						TOTAL MISCELLANEOUS
TELEPHONE CALLS						
SUPPLIES, ETC.						
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required						TOTAL CAR RENTAL
RENTAL EXPENSE				72.00		
GASOLINE EXPENSE				10.00		TOTAL CAR RENTAL \$ 82.00
REMARKS						
The amount in plane, bus, train on 2/21 and 2/23, both include a TMC Fee of \$9.25.						
<small>PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (PL. 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.</small>						

Sample Form AD-616 (front & back) (Travel Voucher For Foreign TDY Travel)

SOCIAL SECURITY NO. 000 00 0000		TRAVELER'S NAME LONG PETER M					
SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED							
ITINERARY FROM							TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
DATE (Month/Day)	10/21/02	10/23/02	10/30/02				
CITY	Metairie		The Hague				
STATE	LA		Netherlands				
TIME	3:00 pm		7:00 am				
TO TDY LOCATION							
DATE (Month/Day)	10/22/02	10/29/02	10/30/02				
CITY	The Hague		Metairie				
COUNTY							
STATE	Netherlands		LA				
TIME	10:30 am		4:00 pm				
PER DIEM							
NO. OF DAYS	1.75	7.00	0.75				
LODGING (Receipt Required)	114.00	798.00					
MEALS AND INCIDENTAL EXPENSES	141.75	567.00	60.75				
LESS MEALS AT GOVERNMENT EXPENSE							
PER DIEM AMOUNT	255.75	1365.00	60.75				
ACTUAL SUBSISTENCE							
NO. OF DAYS							
LODGING (Receipt Required)							
BREAKFAST							
LUNCH							
DINNER							
M&IE/OTHER							
ACTUAL SUBSISTENCE AMOUNT	0.00	0.00	0.00				
MILEAGE							
MILES	22.00		22.00				
RATE PER MILE	0.310¢		0.310¢				
MILEAGE AMOUNT	6.82		6.82				
PARKING, TOLLS, ETC.							
PLANE, BUS, TRAIN (Paid By Traveler)							
UNACCOMPANIED BAGGAGE							
LOCAL TRANSPORTATION NO. TRIPS	4						
DAILY EXPENSE	29.00						
MISCELLANEOUS EXPENSES							
TELEPHONE CALLS							
SUPPLIES, ETC.	264.00						
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required							
RENTAL EXPENSE							
GASOLINE EXPENSE							
REMARKS	Miscellaneous Expenses - Registration Fee						
<small> PRIVACY ACT NOTICE: The following information is provided to comply with the Privacy Act of 1974 (PL. 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. </small>							

Sample Forms AD-202, AD-202R and AD 202E (Establishing An Authorization For A Transfer Of Station With Separate Relocation Allowances)

1. TRAVEL AUTHORIZATION NO. 7CSXXXXXXXXXXXX		2. SOCIAL SECURITY NO. 2XX XX XXXX		TRAVEL AUTHORIZATION/ADVANCE ATTACHMENT FOR RELOCATION TRAVEL			
3. NAME (Last) JONES (First) JENNIFER (Middle Initial) J				4. DISTANCE OF MOVE Less than 50 miles <input type="checkbox"/> 50 miles or more <input checked="" type="checkbox"/>			
5. TYPE APPOINTMENT (Indicate one type only) OT <input checked="" type="checkbox"/> IP <input type="checkbox"/> NA - New Appointee SE - Senior Executive Service Career Act Assignee (IPA) OT - All Other Appointment Upon Separation for Retirement							
6. NEW OFFICIAL STATION (City and State) DENVER CO							
7. EXPENDITURES FOR HOUSEHUNT AUTHORIZED							
8. AUTHORIZED TRAVELERS Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Unaccompanied Spouse <input type="checkbox"/>							
9. ESTIMATED DATES OF TRAVEL FROM: Month Day Year THRU: Month Day Year							
10. AUTHORIZED EXPENDITURES ESTIMATED AMOUNT Per Diem: Rate \$ X No. Days - \$ POV: Rate X Miles - \$ Other (Specify)							
11. TOTAL ESTIMATED EXPENDITURES FOR HOUSEHUNT \$							
12. SEPARATE RELOCATION ALLOWANCES ELECTION (Must attach Form AD-202RE) X Per Diem: Rate \$ 231.00 X No. Days 1 ESTIMATED AMOUNT 231.00							
13. EXPENDITURES FOR TRANSFER OF STATION AUTHORIZED							
14. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED							
15. UNACC SPOUSE IND							
16. TOTAL SUBSISTENCE \$							
17. TRAVEL AND TRANSPORTATION OF FAMILY ESTIMATED AMOUNT X Per Diem: Rate \$ 231.00 X No. Days 1 ESTIMATED AMOUNT 231.00							
18. ESTIMATED DATES OF TRAVEL FROM: Month Day Year THRU: Month Day Year							
19. SHIPMENT OF HOUSEHOLD GOODS ESTIMATED WEIGHT OF GOODS: 18000 PAYMENT METHOD: <input checked="" type="checkbox"/> Actual Expense <input type="checkbox"/> Commuted Rate RATE: \$ ADDITIONAL ALLOWANCES: \$ ESTIMATED AMOUNT: \$ 5000.00							
20. TRANSPORTATION OF MOBILE HOME (In lieu of shipment and storage of household goods)							
21. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE (To be paid by GBL only)							
22. TEMPORARY QUARTERS NUMBER OF DAYS: 60 DAILY RATE FOR FIRST 30 DAYS: \$ 220.00 DAILY RATE FOR OVER 30 DAYS: \$							
23. MISCELLANEOUS EXPENSES/ALLOWANCE							
24. REAL ESTATE EXPENSES PAID BY EMPLOYEE (Check applicable expenses) <input type="checkbox"/> Sale of Residence <input checked="" type="checkbox"/> Purchase of Residence <input type="checkbox"/> Lease Termination AMOUNT \$ 22398.00 AMOUNT \$ 11198.00 AMOUNT \$							
25. HOME PURCHASE INFORMATION RESIDENCE ADDRESS AT OLD DUTY STATION (Street, City, State, and Zip Code) NAMES OF ALL OWNERS OF THE PROPERTY % OWNERSHIP IMMEDIATE FAMILY (Yes/No) MARITAL STATUS OF EMPLOYEE (Yes/No)							
26. RELOCATION SERVICES RELOCATION COMPANY NAME TYPE SERVICES (Check Services Requested) <input type="checkbox"/> Home Purchase <input type="checkbox"/> Home Finding <input type="checkbox"/> Home Marketing <input type="checkbox"/> Mortgage Finding							
27. RELOCATION SERVICES CANCELLATION Canceled by <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Relocation Company CANCELLATION FEES \$							
28. Total Estimated Expenditures for Househunt (from block 11) \$							
29. Total Estimated Expenditures for Transfer of Station \$ 5000.00							
30. TOTAL ESTIMATED EXPENDITURES AUTHORIZED \$ 5000.00							
31. SIGNATURE Jennifer Jones 32. DATE 01 13 97							

Exhibit 18
Page 3

Sample Forms AD-202, AD-202R and AD 202E (Establishing An Authorization For A Transfer Of Station With Separate Relocation Allowances)

TRAVEL AUTHORIZATION/ADVANCE
ATTACHMENT FOR ELECTION OF SEPARATE RELOCATION ALLOWANCES

If the employee and spouse are employed with the Federal government and the employee's spouse is authorized separate relocation allowances, check Block 12 on Form AD-202R and complete this Form AD-202RE in lieu of Blocks 14 and 15 of the AD-202R. Attach the AD-202RE and the AD-202R to the AD-202.

SECTION A - EMPLOYEE						
1. TRAVEL AUTHORIZATION NO. 7CS07XXXXXXXX	2. SOCIAL SECURITY NO. XXX XX XXX	3. NAME (Last) JONES	(First) JENNIFER	(Middle Initial)		
4. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED UNDER THE EMPLOYEE'S AUTHORIZATION						
NAME	BIRTHDATE	MARITAL STATUS	NAME	BIRTHDATE	MARITAL STATUS	
JONES ALICE	10 29 90	S				
JONES ANNE	10 29 90	S				
SECTION B - SPOUSE						
TRAVEL AUTHORIZATION NO. 7CS02XXXXXXXX	6. SOCIAL SECURITY NO. XXX XX XXX	7. NAME (Last) JONES	(First) ALLEN	(Middle Initial)		
8. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED UNDER THE SPOUSE'S AUTHORIZATION						
NAME	BIRTHDATE	MARITAL STATUS	NAME	BIRTHDATE	MARITAL STATUS	
JONES MARK	09 05 82	S				
SECTION C - ELECTION						
I elect payment of separate relocation allowances in accordance with FTR 302-1.8.						
9. SIGNATURE (Employee) <i>Jennifer Jones</i>				10. DATE 03 01 97		
11. SIGNATURE (Spouse) <i>Allen Jones</i>				12. DATE 03 01 97		
<p>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.</p>						

FORM AD - 202RE (USDA) (11/96)

Sample Forms AD-202 and AD-202R
(Establishing An Authorization For An Outside CONUS Transfer Of Station)

TRAVEL AUTHORIZATION/ADVANCE																																							
See Privacy Act Notice on Reverse																																							
Note: Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.																																							
1. ACTION CODE (Indicate one type only)										2. AUTHORIZATION DATE																													
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7.7 NCV OON AG11XXXXXXXX			9. ESTIMATED DATES OF TRAVEL EXPENSES FROM THRU Month Day Year Month Day Year 10 01 97 10 01 99			10. TYPE TRAVEL (Indicate one type only) DM = Domestic FG = Foreign FT = Foreign Transfer RT = Return Travel GR = Escorted Group OC = Outside Cont. U.S. TS = Transfer of Station OT = Outside CONUS TrS			11. GOVERNMENT CREDIT CARD HOLDER Y = Yes N = No																														
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SECTION C - ITINERARY AND ESTIMATED EXPENDITURES																																							
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			+	=	x	=																										
							S=Special Rate			+	=	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		\$																									
THESE PERCENTAGES MUST EQUAL 100%																																							
SECTION D - ACCOUNTING CLASSIFICATION																																							
25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line.																																							
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6		XXXXX2				25%																																	
												24. Total Est. Expenditures Authorized		\$																									
SECTION E - TRAVEL ADVANCE																																							
26. ADVANCE REQUEST METHOD (Select one method only)						32. ADVANCE MAILING ADDRESS OPTIONS																																	
<input type="checkbox"/> C = Check or DD/EFT <input type="checkbox"/> T = Travelers Checks <input type="checkbox"/> I = Imprest Fund <input type="checkbox"/> E = Emergency (Wire) <input type="checkbox"/> W = Wire Confirmation <input type="checkbox"/> S = Embassy Issued Advance <input type="checkbox"/> L = Embassy Collect. Advance						<input checked="" type="checkbox"/> SALARY ADDRESS <input type="checkbox"/> T&A CONTACT POINT <input type="checkbox"/> SPECIAL ADDRESS (Required for new hires, special appointees, and non-Government travelers) <input type="checkbox"/> FOREIGN ADDRESS <input type="checkbox"/> TRAVEL EFT ACCOUNT																																	
1. (35) ▶						2. (35) ▶																																	
3. City (20) ▶						State (2) ▶ Zip Code (9) ▶																																	
27. AMOUNT OF ADVANCE APPLIED FOR \$ 5000.00						33. IMPREST FUND CASHIER SOCIAL SECURITY NO. SIGNATURE																																	
28. BALANCE FROM PREVIOUS ADVANCE \$ -0-						34. ADVANCE RECEIVED (Cash or Travelers Checks) DATE RECEIVED APPLICANT'S SIGNATURE																																	
29. TOTAL ADVANCE AMOUNT \$ 5000.00						31. DATE APPLIED FOR Month Day Year 10 01 97																																	
30. APPLICANT'S SIGNATURE <i>Jennifer Jones</i>						SEE PRIVACY ACT STATEMENT ON REVERSE																																	
SECTION F - AGENCY APPROVAL																																							
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.)																											
JACKSON JAMES DIRECTOR						11		5XX XX XXXX		Month Day Year 10 01 97		XXX XXX XXXX																											
39. APPROVING OFFICER'S SIGNATURE <i>James Jackson Dir</i>						40. CONTACT PERSON'S NAME JESSIE DOE		41. PHONE (Area Code & No.) XXX XXX XXXX																															
42. REMARKS																																							
Upon completion and approval, submit original to: Part 1 - NFC USDA - National Finance Center, P.O. Box 60,000, New Orleans, LA 70160																																							

Exhibit 19
Page 2

Sample Forms AD-202 and AD-202R
(Establishing An Authorization For An Outside CONUS Transfer of Station)

1. TRAVEL AUTHORIZATION NO.		2. SOCIAL SECURITY NO.		TRAVEL AUTHORIZATION/ADVANCE ATTACHMENT FOR RELOCATION TRAVEL			
8SXXXXXXXXXX		1XX XX XXXX		For relocation travel, complete this Form AD-202R in lieu of Section C of Form AD-202 and attach to the Form AD-202			
3. NAME (Last) JONES			3. NAME (First) JENNIFER			4. DISTANCE OF MOVE	
			J			<input type="checkbox"/> Less than 50 miles <input checked="" type="checkbox"/> 50 miles or more	
SECTION C - ITINERARY AND ESTIMATED EXPENDITURES							
5. TYPE APPOINTMENT (Indicate one type only)				10. AUTHORIZED EXPENDITURES			
OT <input type="checkbox"/> IP <input type="checkbox"/> NA - New Appointee Act Assignee (PA) NA - New Appointee Appointment Upon Separation for Retirement OT - All Other				Par Diem: Rate \$ X No. Days - \$ POV: Rate X Miles - \$ Other (Specify)			
6. NEW OFFICIAL STATION (City and State)				11. TOTAL ESTIMATED EXPENDITURES FOR HOUSEHUNT			
SITKA AK				\$			
7. EXPENDITURES FOR HOUSEHUNT AUTHORIZED							
8. AUTHORIZED TRAVELERS							
Employee <input type="checkbox"/>		Unaccompanied Spouse <input type="checkbox"/>		9. ESTIMATED DATES OF TRAVEL		Common Carrier Tickets	
				FROM THRU		Transportation Mode Method of Purchase	
				Month Day Year Month Day Year		Use of Non-contract Airline <input type="checkbox"/> Insert code	
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 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, or criminal or regulatory investigations, or prosecutions. Failure to provide the information required will result in delay or suspension of the processing of this form.							
12. SEPARATE RELOCATION ALLOWANCES ELECTION (Must attach Form AD-202RE)				17. TRAVEL AND TRANSPORTATION OF FAMILY			
<input checked="" type="checkbox"/>				ESTIMATED AMOUNT			
13. EXPENDITURES FOR TRANSFER OF STATION AUTHORIZED							
FROM		TO		OUTSIDE CONTINENTAL U.S. SUBSISTENCE (Type Travel OT Only)			
CITY	ST	CITY	ST	SUB. CODE	LODGING	M and IE	RATE NO. DAYS
Miami	FL	Seattle	WA	P	\$140.00	91.00	231.00 x 8 - \$
Seattle	WA	Sitka	AK	P	+	-	91.00 x 1 -
Seattle	WA	Sitka	AK	P	329.00	203.00	532.00 x 1 -
					+	-	x -
					+	-	x -
					+	-	x -
					+	-	x -
					+	-	x -
14. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED				16. UNACC SPOUSE IND			
NAME BIRTHDATE MARITAL STATUS				TOTAL SUBSISTENCE \$			
SPOUSE Allen				<input checked="" type="checkbox"/> TRAVEL BY POV NO. OF POVS RATE TOTAL MILES Allen Jr. 10 21 82 S 150 3000 Alisa 10 22 90 S 190 3000 Annette 10 22 92 S			
				<input checked="" type="checkbox"/> Other (Specify) Tolls \$ Unaccompanied Baggage \$ <input checked="" type="checkbox"/> Common Carrier Tickets Transportation Mode Q Method of Purchase CC \$ Use of Non-contract Airline <input type="checkbox"/> Insert code Excess Fare Excess Baggage			
18. ESTIMATED DATES OF TRAVEL				18. SHIPMENT OF HOUSEHOLD GOODS			
FROM THRU				ESTIMATED WEIGHT OF GOODS PAYMENT METHOD RATE ADDITIONAL ALLOWANCES			
Month Day Year Month Day Year				<input checked="" type="checkbox"/> Actual Expense <input type="checkbox"/> Commuted Rate \$ \$ \$			
05 01 97 05 31 97				<input checked="" type="checkbox"/> 18000			
19. STORAGE OF HOUSEHOLD GOODS				20. TRANSPORTATION OF MOBILE HOME (In lieu of shipment and storage of household goods)			
NO. DAYS ESTIMATED WEIGHT OF GOODS TO BE STORED				COMMUTED RATE			
90 18000				1ST DAY STORAGE RATE OTHER DAYS STORAGE RATE WAREHOUSE/PICKUP DELIVERY RATE \$ \$ \$			
21. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE (To be paid by GBL only)				22. TEMPORARY QUARTERS			
NUMBER OF DAYS DAILY RATE FOR FIRST 30 DAYS DAILY RATE FOR OVER 30 DAYS				<input checked="" type="checkbox"/> 60 \$ 242.00 \$			
23. MISCELLANEOUS EXPENSES/ALLOWANCE							
24. REAL ESTATE EXPENSES PAID BY EMPLOYEE (Check applicable expenses)							
<input type="checkbox"/> Sale of Residence <input type="checkbox"/> Purchase of Residence <input type="checkbox"/> Lease Termination AMOUNT \$ AMOUNT \$ AMOUNT \$							
25. HOME PURCHASE INFORMATION							
RESIDENCE ADDRESS AT OLD DUTY STATION (Street, City, State, and Zip Code)		NAMES OF ALL OWNERS OF THE PROPERTY		% OWNERSHIP		IMMEDIATE FAMILY	
2727 HEAVEN LANE MIAMI FL 123456		Jennifer Allen		5000 5000		Yes No	
TELEPHONE (Area Code and Number)		% AUTHORIZED		ANY KNOWN TITLE DEFECTS		UREA-FORMALDEHYDE INSULATION	
555 555 5555		22.52		N Y = Yes N = No		N Y = Yes N = No	
26. RELOCATION SERVICES							
RELOCATION COMPANY NAME TYPE SERVICES (Check Services) Requested							
E <input checked="" type="checkbox"/> Home Purchase <input checked="" type="checkbox"/> Home Finding <input checked="" type="checkbox"/> Home Marketing <input checked="" type="checkbox"/> Mortgage Finding							
27. RELOCATION SERVICES CANCELLATION Canceled by <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Relocation Company CANCELLATION FEES \$							
28. Total Estimated Expenditures for Househunt (from block 11) \$							
29. Total Estimated Expenditures for Transfer of Station \$ 75000 00							
30. TOTAL ESTIMATED EXPENDITURES AUTHORIZED \$ 75000 00							
DISTRIBUTE TOTAL OF THIS BLOCK TO SECTION D ON THE AD-202.							
Service Agreement: I agree to remain in the service of the Federal Government for 12 months following the effective date of my transfer or appointment, unless separated for reasons beyond my control and acceptable to the Government. In case I violate this agreement, any moneys expended by the United States on account of my move described above shall be recoverable from me as a debt due the United States. If I receive Withholding Allowance (WTA) payments for claims filed for transfer expenses I agree to: (1) file for a Relocation Income Tax Allowance (RITA), (2) file all required documentation of income with the claim for RITA by August 31 of the year following the WTA payments unless an extension of time is granted by the Government. If I am overpaid or do not file the claims, I agree to repay the Government the entire WTA expended by the United States in connection with my transfer.							
SIGNATURE							32. DATE
Jennifer Jones							03 01 97

Sample Form AD-202 and AD-202R (Establishing An Authorization For A Foreign Transfer Of Station)

TRAVEL AUTHORIZATION/ADVANCE																																																																																																																																																																																																																																																																																																																																																																																																															
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<p>SECTION F - AGENCY APPROVAL</p> <table style="width:100%; border: none;"> <tr> <td style="width: 40%; border: none;">35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print) JONES JOSEPH DIRECTOR</td> <td style="width: 10%; border: none;">AGENCY CODE 16</td> <td style="width: 15%; border: none;">36. SOCIAL SECURITY NO. XXX XX XXXX</td> <td style="width: 10%; border: none;">37. DATE APPROVED Month Day Year 10 01 97</td> <td style="width: 25%; border: none;">38. PHONE (Area Code & No.) XXX XXX XXXX</td> </tr> <tr> <td style="border: none;">39. APPROVING OFFICER'S SIGNATURE <i>Joseph Jones</i></td> <td colspan="2" style="border: none;">40. CONTACT PERSON'S NAME MICKEY MOORE</td> <td colspan="2" style="border: none;">41. PHONE (Area Code & No.) XXX XXX XXXX</td> </tr> <tr> <td colspan="5" style="border: none;">42. REMARKS OTHER INCLUDES 10 DAY TRAINING PRIOR TO DEPARTURE AND A LAYETTE ALLOWANCE</td> </tr> </table>												35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print) JONES JOSEPH DIRECTOR	AGENCY CODE 16	36. SOCIAL SECURITY NO. XXX XX XXXX	37. DATE APPROVED Month Day Year 10 01 97	38. PHONE (Area Code & No.) XXX XXX XXXX	39. APPROVING OFFICER'S SIGNATURE <i>Joseph Jones</i>	40. CONTACT PERSON'S NAME MICKEY MOORE		41. PHONE (Area Code & No.) XXX XXX XXXX		42. REMARKS OTHER INCLUDES 10 DAY TRAINING PRIOR TO DEPARTURE AND A LAYETTE ALLOWANCE																																																																																																																																																																																																																																																																																																																																																																																									
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Exhibit 20
Page 2

Sample Form AD-202 and AD-202R (Establishing An Authorization For A Foreign Transfer Of Station)

1. TRAVEL AUTHORIZATION NO. CS16XXXXXXXXXX		2. SOCIAL SECURITY NO. XXX-XX-XXXX		TRAVEL AUTHORIZATION/ADVANCE ATTACHMENT FOR RELOCATION TRAVEL <small>For relocation travel, complete this Form AD-202R in lieu of Section C of Form AD-202 and attach to the Form AD-202</small>			
3. NAME (Last) KENT		3. NAME (First) CLAUDE		4. DISTANCE OF MOVE <input type="checkbox"/> Less than 50 miles <input checked="" type="checkbox"/> 50 miles or more			
SECTION C - ITINERARY AND ESTIMATED EXPENDITURES							
5. TYPE APPOINTMENT (Indicate one type only) <input checked="" type="checkbox"/> IP - Intergovernmental Personnel Act Assignee (IPA) <input type="checkbox"/> NA - New Appointee <input type="checkbox"/> SE - Senior Executive Service Career Appointment Upon Separation for Retirement				10. AUTHORIZED EXPENDITURES		ESTIMATED AMOUNT	
6. NEW OFFICIAL STATION (City and State) PARIS FR				Per Diem: Rate \$ X No. Days		\$	
7. EXPENDITURES FOR HOUSEHUNT AUTHORIZED				POV: Rate X Miles		\$	
8. AUTHORIZED TRAVELERS				Other (Specify)		\$	
9. ESTIMATED DATES OF TRAVEL				Common Carrier Tickets		\$	
11. TOTAL ESTIMATED EXPENDITURES FOR HOUSEHUNT				Transportation Mode Method of Purchase		\$	
12. SEPARATE RELOCATION ALLOWANCES ELECTION (Must attach Form AD-202RE)				Use of Non-contract Airline <input type="checkbox"/> Insert code		\$	
13. EXPENDITURES FOR TRANSFER OF STATION AUTHORIZED				Excess Fare		\$	
17. TRAVEL AND TRANSPORTATION OF FAMILY				Car Rental		\$	
14. MEMBERS OF IMMEDIATE FAMILY WHO WILL BE MOVED				11. TOTAL ESTIMATED EXPENDITURES FOR HOUSEHUNT		\$	
15. UNACC SPOUSE IND				17. TRAVEL AND TRANSPORTATION OF FAMILY		ESTIMATED AMOUNT	
16. OUTSIDE CONTINENTAL U.S. SUBSISTENCE (Type Travel OT Only)				Per Diem: Rate \$ 479.50 X No. Days 2		\$	
18. ESTIMATED DATES OF TRAVEL				FROM TO		CITY ST CITY ST SUB. CODE	
19. SHIPMENT OF HOUSEHOLD GOODS				LODGING		M and IE RATE NO DAYS	
20. TRANSPORTATION OF MOBILE HOME (In lieu of shipment and storage of household goods)				+		= X = \$	
21. TRANSPORTATION AND STORAGE OF PRIVATE VEHICLE (To be paid by GBL only)				+		= X = \$	
22. TEMPORARY QUARTERS				+		= X = \$	
23. MISCELLANEOUS EXPENSES/ALLOWANCE				+		= X = \$	
24. REAL ESTATE EXPENSES PAID BY EMPLOYEE (Check applicable expenses)				+		= X = \$	
25. HOME PURCHASE INFORMATION				+		= X = \$	
26. RELOCATION SERVICES				+		= X = \$	
27. RELOCATION SERVICES CANCELLATION				+		= X = \$	
28. Total Estimated Expenditures for Househunt (from block 11)				+		= X = \$	
29. Total Estimated Expenditures for Transfer of Station				+		= X = \$	
30. TOTAL ESTIMATED EXPENDITURES AUTHORIZED				+		= X = \$	
31. SIGNATURE				32. DATE		10/01/97	

Part 1 NFC FORM AD-202R (USDA) (Rev. 11/96)

Exhibit 21
Page 2

Sample Forms AD-616R (front & back), AD-424, and AD-569
(Travel Voucher For A Transfer Of Station)

SOCIAL SECURITY NO. XXX XX XXXX		TRAVELER'S NAME DOE ALLEN			
SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED					
ITINERARY FROM	EMPLOYEE		FAMILY		TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
DATE (Month/Day)	05 15	05 16	05 16	05 17	
CITY	KENNER	AUSTIN	KENNER	AUSTIN	
STATE	LA	TX	LA	TX	
TIME	1200 PM	0815 AM	0715 AM	0900 AM	
TO					
DATE (Month/Day)	05 15	05 16			
CITY	AUSTIN	SAN ANTONIO	AUSTIN	SAN ANTONIO	
COUNTY					
STATE	TX	TX	TX	TX	
TIME	1900 PM	1200 PM	1200 PM	1230 PM	
PER DIEM NO. OF DAYS	75	50	75	75	TOTAL NO. DAYS 275
LODGING & INCIDENTAL EXPENSES (Receipt Required)	41 50	1 00	68 39	3 39	TOTAL LODGING & IE \$ 114.28
MEALS	18 00	12 00	40 50	40 50	TOTAL MEALS \$ 111.00
MILEAGE					TOTAL MILES
MILES	320	217	320	217	1074
RATE PER MILE	150 ¢	150 ¢	190 ¢	190 ¢	TOTAL MILEAGE \$ 1821 58
MILEAGE AMOUNT	48 00	32 00	60 80	41 23	TOTAL MILEAGE \$ 1821 58
PARKING, TOLLS, ETC.					TOTAL PARKING \$
PLANE, BUS, TRAIN (Paid By Traveler)					TOTAL PLANE, BUS, TRAIN \$
UNACCOMPANIED BAGGAGE					TOTAL UNACCOMPANIED BAGGAGE \$
LOCAL TRANSPORTATION					TOTAL LOCAL TRANSPORTATION \$
NO. TRIPS					
DAILY EXPENSE					TOTAL MISCELLANEOUS \$ 700 00
MISCELLANEOUS EXPENSES/ALLOWANCE	700 00				TOTAL MISCELLANEOUS \$ 700 00
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required					TOTAL CAR RENTAL \$
RENTAL EXPENSE					
GASOLINE EXPENSE					
TOTAL WEIGHT OF GOODS SHIPPED	COMMITTED RATE X	TOTAL	ADDITIONAL ALLOWANCES	TOTAL SHIPMENT AMOUNT	
	\$	\$	\$	\$	
STORAGE OF HOUSEHOLD GOODS					
TEMPORARY STORAGE	NUMBER OF DAYS CLAIMED	TOTAL WEIGHT OF GOODS	ACTUAL CHARGES	COMMITTED RATE CHARGES	CLAIM LESSER AMOUNT AND DISTRIBUTE TO APPLICABLE PERIOD OF STORAGE
			\$	\$	\$
					1ST 30 DAYS AMOUNT \$
					OVER 30 DAYS AMOUNT \$
REMARKS					
<p>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.</p>					

**Sample Forms AD-616R (front & back), AD-424, and AD-569
(Travel Voucher For A Transfer Of Station)**

**EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED
UPON SALE OR PURCHASE (OR BOTH) OF RESIDENCE UPON CHANGE OF OFFICIAL STATION**
See Privacy Act Notice On Reverse

A. EMPLOYEE

1. Obtain a copy of all supporting documents needed to file your claim. Include sales agreements between buyer and seller, settlement or loan closing statements, invoices and statements that support other items claimed for reimbursement, etc. Do not send your original supporting documents as they cannot be returned to you. Send photo copies only.
2. Prepare the front and back of this application in triplicate. Sign and date the appropriate employee certification(s).
3. Prepare Form AD-616R, Travel Voucher (Relocation).
4. Submit the original and first copy of Form AD-424, all supporting documents, and the AD-616R, to the head of your office at new official station or to the appropriate official designated by your Department or agency. Retain the remaining copy of the AD-424 and supporting documents for your records.

claimant's old official station as provided in Chapter 2, Part 6, of the Federal Travel Regulations (FTR). The approving official, or his/her designee, will handle and execute the approval and return the package to you (see Section D).

2. **For Purchases.** Approval of this claim must be executed by the head of the office, or his/her designee, at the new official station (unless agency review and approval functions are performed elsewhere) (see Section D).

3. **Final Administrative Approval.** Payment of the claim must be executed by an appropriate approving official (see Section E). Such official shall independently determine, in accordance with the provisions of the FTR, the propriety of all reimbursements claimed. In this connection, all vouchers for reimbursement of real estate incident to the same transfer shall be examined. Submit the approved AD-616R with attached original AD-424, and supporting documents, to the USDA, National Finance Center, P.O. Box 60,000, New Orleans, LA 70160. File the copy of the application with the office copy of the voucher.

B. HEAD OF OFFICE

1. **For Sales.** Submit the original and first copy of Form AD-424, all supporting documents, and the AD-616R, to the head of the office at the

SECTION A - EMPLOYEE				
1. SOCIAL SECURITY NUMBER XXX XX XXXX		2. NAME (Last, first, middle initial) DOE ALLEN		
		3. RELOCATION SERVICE PREVIOUSLY AUTHORIZED FOR THIS TRANSFER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. HAS EARLIER CLAIM FOR REAL ESTATE EXPENSES BEEN SUBMITTED FOR THIS TRANSFER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
5. MAILING ADDRESS (Street or P.O. Box, City, State, and Zip Code) 123 SAN ANTONIO STREET SAN ANTONIO TX XXXXXX				
SECTION B - TRANSFER DATA				
6. OLD OFFICIAL STATION NEW ORLEANS LA		7. NEW OFFICIAL STATION SAN ANTONIO TX		
		8. DATE OF NOTIFICATION OF IMPENDING TRANSFER 031597		
9. TRAVEL AUTHORIZATION NUMBER/DATE 7CSXXXXXXXXXX/050197		10. DATE REPORTED FOR DUTY AT NEW OFFICIAL STATION 051697		
		11. DATE SERVICE AGREEMENT SIGNED 032297		
SECTION C - RESIDENCE PROPERTY DATA				
Complete Address of Residence	12. SALE (Old Official Station)		13. PURCHASE (New Official Station)	
			122 San Antonio Street San Antonio TX XXXXXX	
	Number of Dwelling Units on Property		1	
	Sale and/or Purchase Price		138000.00	
	Date of Closing or Settlement		12 31 97	
Amount of Expense Being Claimed		1950.00		
EMPLOYEE CERTIFICATION OF RESIDENCE PROPERTY DATA	I hereby certify that the amount claimed in connection with the above sale represents only amounts actually paid by me and that title to the property was in my name and/or a member of my immediate family and was my residence when first definitely informed of my transfer.		I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property is in my name and/or a member of my immediate family and is my new residence.	
	14. EMPLOYEE'S SIGNATURE	15. DATE	16. EMPLOYEE'S SIGNATURE <i>Allen Doe</i>	17. DATE 01 15 98
SECTION D - APPROVALS				
SALE EXPENSES. The expenses of the sale applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a seller in the locality where the property is located.		PURCHASE EXPENSES. The expenses of the purchase applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a buyer in the locality where the property is located.		
<input type="checkbox"/> 18. As Claimed <input type="checkbox"/> 19. As Reduced, Per Attached Memo		<input checked="" type="checkbox"/> 23. As Claimed <input type="checkbox"/> 24. As Reduced, Per Attached Memo		
20. SIGNATURE		25. SIGNATURE <i>John Smith</i>		
21. TITLE		26. TITLE <i>Director, Fiscal Div.</i>		
22. DATE		27. DATE 011598		
SECTION E - FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT				
29. AMOUNT \$ 1950.00				
Payment of this claim is approved in the amount indicated. If the amount approved is less than amount claimed, see the attached memo.				
30. SIGNATURE <i>John Smith</i>		31. TITLE <i>Director FO</i>		32. DATE 011598

FORM AD-424 (USDA) (Rev. 4/88)

Sample Forms AD-616R (front & back), AD-424, and AD-569
(Travel Voucher For A Transfer of Station)

UNITED STATES DEPARTMENT OF AGRICULTURE											
EXPENSE RECORD FOR TEMPORARY QUARTERS											
(See Completion Instructions on Reverse)											
NAME DOE ALLEN		2 SOCIAL SECURITY NO. XXX XX XXXX		3 PER DIEM IN TRAVEL STATUS ENDED DATE 05/15/97 TIME 12:30 X <small>AM PM</small>				4 ENTERED TEMPORARY QUARTERS DATE 05/16/97 TIME 12:30 X <small>AM PM</small>			
LOCATION OF TEMPORARY QUARTERS San Antonio, TX				6 NUMBER IN TEMPORARY QUARTERS EMPLOYEE 1 FAMILY MEMBERS 3				7 VACATED TEMPORARY QUARTERS DATE TIME <small>AM PM</small>			
8 FIRST 30 DAY PERIOD					9 SECOND 30 DAY PERIOD						
DATE	LODGING	MEALS	OTHER	TOTAL	DATE	LODGING	MEALS	OTHER	TOTAL		
5/16	68.00	24.75		92.75	1						
17	68.00	33.66	4.50	106.16	2						
18	68.00	38.95		106.95	3						
19	68.00	29.60		97.60	4						
20	68.00	33.44		101.44	5						
21	68.00	39.25		107.25	6						
22	68.00	41.30		109.30	7						
23	68.00	32.72		100.72	8						
24	68.00	38.95		106.95	9						
25	68.00	45.85	6.00	119.85	10						
26	68.00	40.22		108.22	11						
27	68.00	34.90		102.90	12						
28	68.00	65.29		133.29	13						
29	68.00	41.09		109.09	14						
30	68.00	33.22		101.22	15						
31	68.00	39.75		107.75	16						
6/01	68.00	40.00	5.00	113.00	17						
02	68.00	36.85		104.85	18						
03	68.00	28.91		96.91	19						
04	68.00	33.95		101.95	20						
05	68.00	48.01		116.01	21						
06	68.00	63.85		131.85	22						
07	68.00	39.93		107.93	23						
08	68.00	40.22		108.22	24						
09	68.00	49.85		117.85	25						
10	68.00	51.60		119.60	26						
11	68.00	55.38	8.00	131.38	27						
12	68.00	29.80		97.80	28						
13	68.00	42.09		110.09	29						
14	68.00	39.90		107.90	30						
ACTUAL EXPENSES					ACTUAL EXPENSES						
MAXIMUM ALLOWANCES				3,276.78	MAXIMUM ALLOWANCES						
Employee 30 x 66				(days x \$1,980.00)	9b Employee (days x \$)						
Spouse 30 x 44				(days x \$1,320.00)	Spouse (days x \$)						
Family members 12 years or older				(days x \$1,320.00)	Family members 12 years or older (days x \$)						
Family members under 12 years				(days x \$ 990.00)	Family members under 12 years (days x \$)						
Maximum Allowance Amount				5,610.00	9c Maximum Allowance Amount						
Total Actual Expenses				3,276.78	9d Total Actual Expenses						
Subsistence Claim (First 30 days)				3,276.78	9e Subsistence Claim (Second 30 days)						
Enter lesser amount from Block 8c or 8d					Enter lesser amount from Block 9c or 9d						
					9f Total Subsistence Claim (60 days)						
REMARKS											
"Other" is for coin operated laundry.											

FORM AD -569 (Rev. 12/84)

Exhibit 22

Sample Form AD-616R (Travel Voucher For Foreign Transfer Of Station)

TRAVEL VOUCHER (Relocation)				FOREIGN RELOCATION									
SECTION A - IDENTIFICATION													
1. TRAVEL AUTHORIZATION NO. 7CS16XXXXXXX		2. SOCIAL SECURITY NO. XXX XX XXXX		3. NAME (Last) (First) (Middle Initial) CLARK KENT		4. AGENCY CODE 16							
5. AGENCY ORIGINATING OFFICE NUMBER AG1616XXXX		6. TRAVELER ORIGINATING OFFICE NUMBER AG1616XXXX		7. DATES OF TRAVEL EXPENSES FROM: Month 05 Day 05 Year 97 THRU: Month 05 Day 15 Year 97		8. TYPE CLAIM (Indicate one type only) RT = Reimbursement SR = Supply RIT = Transit Cost U.S. Transfer							
10. DATE REPORTED AT NEW OFFICIAL DUTY STATION Month 05 Day 16 Year 97		11. LEAVE TAKEN N Y = Yes N = No		12. OFFICIAL DUTY STATION CITY AND STATE PARIS FR		13. RESIDENT CITY AND STATE (If other than official station)							
14. TOTAL NIGHTS LODGING 1				15. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS 1									
SECTION B - TRAVEL VOUCHER MAILING ADDRESS OPTIONS				SECTION D - CLAIMS									
16. SALARY ADDRESS		17. TAA CONTACT POINT		18. SPECIAL ADDRESS		19. TRAVEL OPT ACCT.							
20. TOTAL SALES PRICE OF FORMER RESIDENCE \$				27. TOTAL PURCHASE PRICE OF NEW RESIDENCE \$									
21. (35) ▶				28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (Per Type Code R.C. Only, Invoice Attached)									
22. (35) ▶				a. APPRAISED VALUE SALES FEE \$									
23. City (20) ▶ State (2) ▶ Zip Code (9) ▶				b. AMENDED VALUE SALES FEE \$									
24. (35) ▶				c. CANCELLATION FEES \$									
SECTION C - TRANSPORTATION COSTS				EXPENSES CLAIMED BY EMPLOYEE									
20. METHOD OF PAYMENT		21. VENDOR/CARRIER		22. IDENTIFICATION NUMBER		23. CAR RENTAL							
CC		DE		123456789		MILES DAYS							
						24. AMOUNT \$ 2800.00							
						25. OUTSIDE CONT. U.S. SUBSISTENCE (Type Code OT Only)							
						26. TOTAL PURCHASE PRICE OF FORMER RESIDENCE \$							
						27. TOTAL PURCHASE PRICE OF NEW RESIDENCE \$							
						28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (Per Type Code R.C. Only, Invoice Attached)							
						a. APPRAISED VALUE SALES FEE \$							
						b. AMENDED VALUE SALES FEE \$							
						c. CANCELLATION FEES \$							
						29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Code OT Only)							
						30. REAL ESTATE (Paid by Employer)							
						e. SALES EXPENSE (AD-42 Attached) \$							
						f. PURCHASE EXPENSE (AD-42 Attached)							
						g. LEASE TERMINATION EXPENSE 1250 00							
						31. PER DIEM							
						No. of Days (1075) LODGING & MEALS 1513 88							
						No. Travelers (2) MEALS 781 81							
						32. MILEAGE							
						Rate () Miles ()							
						Rate () Miles ()							
						Rate () Miles ()							
						Rate () Miles ()							
						33. PARKING TOLLS, ETC.							
						34. PLANE, BUS, TRAIN (Paid by Traveler) 2800 00							
						35. UNACCOMPANIED BAGGAGE 50 00							
						36. LOCAL TRANSPORTATION 106 00							
						37. MISCELLANEOUS EXPENSES/ALLOWANCE 8 00							
						38. CAR RENTAL							
						39. SHIPMENT OF HOUSEHOLD GOODS							
						Total Weight ()							
						40. STORAGE OF HOUSEHOLD GOODS 1ST 30 DAYS							
						Total Weight () OVER 30 DAYS							
						No. Days ()							
						41. TEMPORARY QUARTERS (AD-54P Attached)							
						No. Days ()							
						No. Occupants ()							
						42. RELOCATION INCOME TAX (AD-100 Attached)							
						43. TOTAL CLAIM (Block 29 through 42) \$ 6509 69							
						44. TRAVEL ADVANCE AMOUNT OUTSTANDING							
						45. AMOUNT OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 44)							
						46. AMOUNT OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION							
						BILL NO. ▶							
						47. ADDITIONAL ADVANCE AMOUNT REPaid (Check or Money Order Attached)							
						48. REMAINING ADVANCE BALANCE (Block 43 Minus Blocks 45 and 47)							
						49. NET TO TRAVELER (Block 43 Minus Blocks 45 and 48) \$ 6509 69							
						AUDITED BY							
						TOTAL DIFFERENCE							
<p>SECTION E - ACCOUNTING CLASSIFICATION</p> <p>50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total voucher claim.)</p> <p><input checked="" type="checkbox"/> 51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to the applicable Accounting Classification line.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>PURPOSE CODE</th> <th>ACCOUNTING CLASSIFICATION</th> <th>PERCENTAGE</th> </tr> </thead> <tbody> <tr> <td>06</td> <td>XXXXXX</td> <td>100%</td> </tr> </tbody> </table> <p>THESE PERCENTAGES MUST EQUAL 100%</p> <p>SECTION F - CERTIFICATIONS</p> <p>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).</p> <p>CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have 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 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.</p> <p>52. CLAIMANT'S SIGNATURE <i>Clark Kent</i></p> <p>53. DATE Month 05 Day 26 Year 97</p> <p>54. FINAL VOUCHER INDICATOR Y = Yes N = No</p> <p>APPROVING OFFICER'S RESPONSIBILITIES AND 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; and (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. Note: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348).</p> <p>55. APPROVING OFFICER'S SIGNATURE <i>Joseph Jones</i></p> <p>56. SOCIAL SECURITY NO. XXX XX XXXX</p> <p>57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print) JONES JOSEPH DIRECTOR</p> <p>58. DATE APPROVED Month 05 Day 30 Year 97</p> <p>59. PHONE (Area Code and No.) XXX XXX XXXX</p> <p>60. NAME AND TITLE (Last, First, Middle Initial) (Type or Print) MICKEY MOORE</p> <p>61. PHONE (Area Code and No.) XXX XXX XXXX</p> <p>43. TOTAL CLAIM (Block 29 through 42) \$ 6509 69</p> <p>44. TRAVEL ADVANCE AMOUNT OUTSTANDING</p> <p>45. AMOUNT OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 44)</p> <p>46. AMOUNT OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION</p> <p>BILL NO. ▶</p> <p>47. ADDITIONAL ADVANCE AMOUNT REPaid (Check or Money Order Attached)</p> <p>48. REMAINING ADVANCE BALANCE (Block 43 Minus Blocks 45 and 47)</p> <p>49. NET TO TRAVELER (Block 43 Minus Blocks 45 and 48) \$ 6509 69</p> <p>AUDITED BY</p> <p>TOTAL DIFFERENCE</p>								PURPOSE CODE	ACCOUNTING CLASSIFICATION	PERCENTAGE	06	XXXXXX	100%
PURPOSE CODE	ACCOUNTING CLASSIFICATION	PERCENTAGE											
06	XXXXXX	100%											
<p>Upon completion and approval, submit original voucher to: U.S. Department of Agriculture National Finance Center P.O. Box 60000 New Orleans, LA 70160</p>													
<p>FORM AD - 616R (USDA) (Rev. XXXX) Exception to SF 1012 approved by GSA/ARS XXX</p>													

Exhibit 23
Page 2

Sample Form AD-616R (front & back) (Travel Voucher For
Return Travel From A Foreign Transfer Of Station)

SOCIAL SECURITY NO. XXX XX XXXX		TRAVELER'S NAME MORA JIM					
SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED							
ITINERARY FROM							TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
DATE (Month/Day)	06 11	06 11					
CITY	COPEN HAGEN	NEW YORK CITY					
STATE	DA	NY					
TIME	0615 AM	0230 PM					
TO							
DATE (Month/Day)	06 11	06 11					
CITY	NEW YORK CITY	LEVITT TOWN					
COUNTY							
STATE	NY	NY					
TIME	0150 PM	0800 PM					
PER DIEM							TOTAL NO. DAYS
NO. OF DAYS	75						75
LODGING & INCIDENTAL EXPENSES (Receipt Required)							TOTAL LODGING & IE
	2.63						\$ 2.63
MEALS							TOTAL MEALS
	31.50						\$ 31.50
MILEAGE							TOTAL MILES
MILES							
RATE PER MILE							
MILEAGE AMOUNT							TOTAL MILEAGE
							\$
PARKING, TOLLS, ETC.							TOTAL PARKING
							\$
PLANE, BUS, TRAIN (Paid By Traveler)							TOTAL PLANE, BUS, TRAIN
							\$
UNACCOMPANIED BAGGAGE							TOTAL UNACCOMPANIED BAGGAGE
							\$
LOCAL TRANSPORTATION							TOTAL LOCAL TRANSPORTATION
NO. TRIPS		1					
DAILY EXPENSE		26.00					\$ 26.00
MISCELLANEOUS EXPENSES/ALLOWANCE							TOTAL MISCELLANEOUS
							\$ 700.00
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required							TOTAL CAR RENTAL
RENTAL EXPENSE							\$
GASOLINE EXPENSE							TOTAL GASOLINE EXPENSE
							\$
TOTAL WEIGHT OF GOODS SHIPPED		COMPUTED RATE		TOTAL		ADDITIONAL ALLOWANCES	
	X						\$
STORAGE OF HOUSEHOLD GOODS							TOTAL SHIPMENT AMOUNT
TEMPORARY STORAGE	NUMBER OF DAYS CLAIMED	TOTAL WEIGHT OF GOODS	ACTUAL CHARGES	COMPUTED RATE CHARGES	CLAIM LESSER AMOUNT AND DISTRIBUTE TO APPLICABLE PERIOD OF STORAGE		1ST 30 DAYS AMOUNT
			\$	\$			OVER 30 DAYS AMOUNT
REMARKS							
<p>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.</p>							

Form AD-424, Employee Application For Reimbursement Of Expenses Incurred Upon Sale Or Purchase (Or Both) Of Residence Upon Change Of Official Duty Station *(front)*

EMPLOYEE APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED UPON SALE OR PURCHASE (OR BOTH) OF RESIDENCE UPON CHANGE OF OFFICIAL STATION See Privacy Act Notice On Reverse

A. EMPLOYEE

1. Obtain a copy of all supporting documents needed to file your claim. Include sales agreements between buyer and seller, settlement or loan closing statements, invoices and statements that support other items claimed for reimbursement, etc. Do not send your original supporting documents as they cannot be returned to you. Send photo copies only.
2. Prepare the front and back of this application in triplicate. Sign and date the appropriate employee certification(s).
3. Prepare Form AD-616R, Travel Voucher (Relocation).
4. Submit the original and first copy of Form AD-424, all supporting documents, and the AD-616R, to the head of your office at new official station or to the appropriate official designated by your Department or agency. Retain the remaining copy of the AD-424 and supporting documents for your records.

claimant's old official station as provided in Chapter 2, Part 6, of the Federal Travel Regulations (FTR). The approving official, or his/her designee, will handle and execute the approval and return the package to you (see Section D).

2. **For Purchases.** Approval of this claim must be executed by the head of the office, or his/her designee, at the new official station (unless agency review and approval functions are performed elsewhere) (see Section D).

3. **Final Administrative Approval.** Payment of the claim must be executed by an appropriate approving official (see Section E). Such official shall independently determine, in accordance with the provisions of the FTR, the propriety of all reimbursements claimed. In this connection, all vouchers for reimbursement of real estate incident to the same transfer shall be examined. Submit the approved AD-616R with attached original AD-424, and supporting documents, to the USDA, National Finance Center, P.O. Box 60,000, New Orleans, LA 70160. File the copy of the application with the office copy of the voucher.

B. HEAD OF OFFICE

1. **For Sales.** Submit the original and first copy of Form AD-424, all supporting documents, and the AD-616R, to the head of the office at the

SECTION A - EMPLOYEE			
1 SOCIAL SECURITY NUMBER	2 NAME (Last, first, middle initial)	3 RELOCATION SERVICE PREVIOUSLY AUTHORIZED FOR THIS TRANSFER <input type="checkbox"/> YES <input type="checkbox"/> NO	4 HAS EARLIER CLAIM FOR REAL ESTATE EXPENSES BEEN SUBMITTED FOR THIS TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO
5 MAILING ADDRESS (Street or P.O. Box, City, State, and Zip Code)			
SECTION B - TRANSFER DATA			
6 OLD OFFICIAL STATION	7 NEW OFFICIAL STATION	8 DATE OF NOTIFICATION OF IMPENDING TRANSFER	
9 TRAVEL AUTHORIZATION NUMBER DATE	10 DATE REPORTED FOR DUTY AT NEW OFFICIAL STATION	11 DATE SERVICE AGREEMENT SIGNED	
SECTION C - RESIDENCE PROPERTY DATA			
Complete Address of Residence	12. SALE (Old Official Station)	13. PURCHASE (New Official Station)	
Number of Dwelling Units on Property			
Sale and/or Purchase Price			
Date of Closing or Settlement			
Amount of Expense Being Claimed			
EMPLOYEE CERTIFICATION OF RESIDENCE PROPERTY DATA	I hereby certify that the amount claimed in connection with the above sale represents only amounts actually paid by me and that title to the property was in my name and/or a member of my immediate family and was my residence when first definitely informed of my transfer.	I hereby certify that the amount claimed in connection with the above purchase represents only amounts actually paid by me and that title to the property is in my name and/or a member of my immediate family and is my new residence.	
	14 EMPLOYEE'S SIGNATURE	15 DATE	16 EMPLOYEE'S SIGNATURE
			17 DATE
SECTION D - APPROVALS			
	SALE EXPENSES. The expenses of the sale applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a seller in the locality where the property is located. <input type="checkbox"/> 18 As Claimed <input type="checkbox"/> 19 As Reduced, Per Attached Memo	PURCHASE EXPENSES. The expenses of the purchase applied for above are hereby approved as being (1) reasonable in amount and (2) customarily paid by a buyer in the locality where the property is located. <input type="checkbox"/> 23 As Claimed <input type="checkbox"/> 24 As Reduced, Per Attached Memo	
	20 SIGNATURE	25 SIGNATURE	
	21 TITLE	26 TITLE	
	22 DATE	27 DATE	
SECTION E - FINAL ADMINISTRATIVE APPROVAL FOR PAYMENT			
29 AMOUNT	Payment of this claim is approved in the amount indicated. If the amount approved is less than amount claimed, see the attached memo.		
30 SIGNATURE		31 TITLE	32 DATE

FORM AD-424 (USDA) Rev. 4-88

Exhibit 24
Page 2

Form AD-424, Employee Application For Reimbursement Of Expenses Incurred Upon Sale Or Purchase (Or Both) Of Residence Upon Change Of Official Duty Station *(back)*

COSTS INCURRED AND PAID IN SELLING RESIDENCE AT OLD OFFICIAL STATION OR PURCHASING RESIDENCE AT NEW OFFICIAL STATION LOCATION (OR BOTH)			
ITEM	EXPLANATION	FORMER RESIDENCE	NEW RESIDENCE
1.	LOAN AMOUNT.		
2.	BROKERAGE FEES: The sales commission paid to a broker or real estate agent for selling former residence. Also, fees for listing a residence and payment for multiple listing service, if not included in commission paid to the broker or agent.	\$	
3.	ADVERTISING: Expenses paid for newspaper and other advertising when a direct sale is made without the services of a real estate broker or real estate agent	\$	
4.	APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested sale price for the residence.	\$	\$
5.	LOAN ORIGATION FEE: Amount charged to cover the administrative overhead cost of processing the loan. (Subject to limitations contained in FTR 2-6.2d(1)(b).)		\$
6.	SETTLEMENT FEE: Amount paid to escrow agent, title company, or similar entity for closing a real estate transaction.	\$	\$
7.	ATTORNEY FEE: Searching title, preparing abstract and legal fees for a title opinion (does not include costs of litigation).	\$	\$
8.	TITLE INSURANCE POLICY: Owners coverage only on sale where customarily furnished; Lenders coverage only on purchase when required by the lending institution.	\$	\$
9.	CERTIFICATIONS: The amount paid for any required certifications as to structural soundness or physical condition of property, when required by mortgagee-lender, FHA or VA (includes termite inspection fee).	\$	\$
10.	LOAN APPLICATION FEE: The amount paid.	\$	\$
11.	STATE REVENUE STAMPS: The amount paid.	\$	\$
12.	CREDIT REPORT: The amount paid for credit or factual data report on the buyer, if required by mortgagee/lender, FHA or VA.	\$	\$
13.	RECORDING FEES AND RECORDING TAXES: Other charges paid incident to recordation (e.g., mortgage discharge recording fees).	\$	\$
14.	PREPAYMENT CHARGE: The amount paid as required in the mortgage or other security instrument as a charge for prepayment; or if not specifically required by the mortgage instrument, the amount paid limited to 3 months prevailing interest on the loan balance.	\$	
15.	SURVEY:	\$	\$
16.	SALES OR TRANSFER TAXES, MORTGAGE TAX, IF ANY: The amount paid.	\$	\$
17.	OTHER INCIDENTAL EXPENSES: Such other reasonable and customary charges or fees paid as may be authorized and not properly includable in items listed above (itemize and explain, if necessary, attach separate sheet)		
		\$	\$
		\$	\$
		\$	\$
TOTAL ▶		\$ 1] and 3]	\$ 2] and 3]

Note: In accordance with the real estate expense provisions of the Federal Travel Regulations, costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, mortgage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. Notwithstanding the above, no fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321 and Regulation Z issued pursuant thereto by the Board of Governors of the Federal Reserve System.

Footnotes:

- 1] The aggregate amount of expenses which may be reimbursed is the amount which should not exceed 10% of sale price or the maximum allowances as stated in FTR 2-6.2.g.
- 2] The aggregate amount of expenses which may be reimbursed is the amount which should not exceed 5% of purchase price or the maximum allowances as stated in FTR 2-6.2.g.
- 3] If property is multiple family unit type (excluding condominium), expenses will be prorated and allowed for residence unit only.

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 101-7). 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.

Form AD-569, Expense Record For Temporary Quarters (back)

INSTRUCTIONS

Use this form to support temporary quarters expense described in Chapter 2, Part 5 of the Agriculture Travel Regulations (ATR), and Federal Travel Regulations (FTR). This expense is claimed in Section D (Claims), Block 9 of Travel Voucher (Form AD-616).

NOTE: Temporary quarters must be authorized in advance on Travel Authorization (Form AD-202).

**BLOCK
NUMBER**

- 1 Enter name of employee.
- 2 Enter social security number of employee.
- 3 Enter date and time enroute travel per diem ends.
- 4 Enter beginning date and time of temporary quarters.
- 5 Enter location of temporary quarters (reasonable proximity of the old and/or new official station).
- 6 Enter number (employees and family members) in temporary quarters.
- 7 Enter date and time temporary quarters was vacated.
- 8a or 9a Enter the totals of the daily actual subsistence expenses.
- 8b or 9b Multiply the number of days of actual temporary quarters by the applicable daily rate authorized for the employee and each family member occupying the temporary quarters.
- 8c or 9c Enter the cumulative total of 8b or 9b.
- 8d or 9d Enter the "Total" from Block 8a or 9a to record actual subsistence expenses.
- 8e or 9e Compare the Maximum Allowance Amount (Block 8c or 9c) with the Total Actual Expenses (Block 8d or 9d); claim lesser amount.
- 9f Enter the cumulative total of 8e and 9e.
- 10 Use this block to explain:
 - (1) All breaks in temporary quarters occupancy.
 - (2) The details of temporary lodging with friends or relatives at no cost.
 - (3) Other expenses.

Complete this form and attach to Travel Voucher (Form AD-616).

Form AD-956, Request For Originating Office Number Action

REQUEST FOR ORIGINATING OFFICE NUMBER ACTION

Block 1, Type Action. Enter the appropriate 1-position, alpha action code.

R = Request. This code is used to request an originating office number (OON) from the National Finance Center (NFC) and to establish the related agency data in the OON file.

C = Change. This code is used to change or correct the address, accounting station, and telephone number of an existing originating office location.

D = Delete. This code is used to delete an OON and related data from the file.

Block 2, System Code. Enter the appropriate 2-position system indicator for the system which the OON will be utilized.

61 = Travel System

68 = Miscellaneous Payments System

Block 3, Effective Date. Enter the effective date of the action.

Originating Office Number.

Block 4, Department Code. Enter the 2-position, alpha department code (e.g., AG = Department of Agriculture).

Block 5, Agency Code. Enter the 2-position, alphanumeric code.

Block 6, Servicing Or Agency Specified Code. Enter your 2-position, alphanumeric agency code, or agency specified code.

Block 7, NFC Assigned Or Agency Specified Number. If you entered:

Action Code R, leave blank if NFC assigned. Enter code if agency specific.

Action Code C or D, enter the 4-position, numeric code that was assigned to the originating office location.

Certifying Officer Number (Action Code R only). Blocks 8 through 17.

For use in the Miscellaneous Payments System, enter the 10-position Certifying Officer number that corresponds to the OON being established.

New, Old. If you entered:

Action Code R, complete **New** to identify the agency office that is to be assigned an OON. Leave **Old** blank.

Action Code C, complete **New** to show the new agency address, accounting station, and telephone number. Enter the old agency address, accounting station, and telephone number in **Old**.

Action Code D, leave **New** blank. Complete **Old** to identify the agency and related data that is to be deleted.

Blocks 18 and 25, Agency Name. Enter the name of the agency (maximum of 35 positions).

Blocks 19 and 26, Accounting Station Code. Enter the 4-position, number accounting station code.

Blocks 20 and 27, Agency Address. Enter the street or PO Box address (maximum of 35 positions).

Blocks 21 and 28, City. Enter the city name (maximum of 15 positions).

Blocks 22 and 29, State. Enter the 2-position, alpha state code.

Blocks 23 and 30, ZIP Code. Enter the 5- or 9-position, ZIP Code.

Blocks 24 and 31, Telephone Number. Enter the area code and telephone number of the agency office identified above.

Block 32, Authorized Signature and Title. Must be signed before NFC will process the transaction.

ACTION CODES					FOR NFC USE ONLY						
R = Request		C = Change		D = Delete							
1. TYPE ACTION (1)	2. SYSTEM CODE (2)		3. EFFECTIVE DATE			ORIGINATING OFFICE NUMBER					
			MONTH (2)	DAY (2)	YEAR (2)	4. DEPARTMENT CODE (2)	5. AGENCY CODE (2)	6. SERVICING OR AGENCY SPECIFIED CODE (2)	7. NFC ASSIGNED OR AGENCY SPECIFIED NUMBER (4)		
CERTIFYING OFFICER NUMBER (System Indicator 68 only) (10)											
8.			9.			10.			11.		12.
13.			14.			15.			16.		17.
NEW						OLD					
18. AGENCY NAME (35)					19. ACCOUNTING STATION CODE (4)	25. AGENCY NAME (35)				26. ACCOUNTING STATION CODE (4)	
20. AGENCY ADDRESS (35)						27. AGENCY ADDRESS (35)					
21. CITY (15)			22. STATE (2)	23. ZIP CODE (5 or 9)		28. CITY (15)			29. STATE (2)	30. ZIP CODE (5 or 9)	
24. TELEPHONE (Area Code and Number) (10)						31. TELEPHONE (Area Code and Number) (10)					
32. AUTHORIZED SIGNATURE AND TITLE											

FORM AD-956 (Revised 5/96)

MAIL
TO ►

USDA NATIONAL FINANCE CENTER
ASCS DATA CONTROL UNIT
PO BOX 60000
NEW ORLEANS LA 70160

Use Of
Window Envelope
Is Optional

Report TRVL1853 - Computation Of Relocation Income Tax Allowance

EMPLOYEE MOVING EXPENSE		TRVL1853
COMPUTATION OF RELOCATION INCOME TAX ALLOWANCE (SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)		
SOCIAL SECURITY NUMBER	000-00-0000	PAYMENT DATE 07/15/97
AUTHORIZATION NO.	0XX00000000000	
NFC REFERENCE	7037R1041	
TAX BASIS INFORMATION:		
EARNED INCOME FOR 1995	\$ 40,670.76	
FILING STATUS	2	
FEDERAL TAX RATE - YEAR OF RIT (YEAR 1)	15.00%	
FEDERAL TAX RATE - CURRENT YEAR (YEAR 2)	15.00%	
STATE TAX RATE BASED ON \$	40,670.76	.00%
LOCAL TAX RATE BASED ON \$	40,670.76	.00%
COMBINED MARGINAL TAX RATE (YEAR 1)	15.00%	
COMBINED MARGINAL TAX RATE (YEAR 2)	15.00%	
1. TOTAL TAXABLE MOVING ALLOWANCE REIMBURSEMENT FOR 1995 (EXCLUDING RIT AND WTA PAID DURING 1995)	\$ 4,278.40	
2. LESS: NONTEMPORARY STORAGE OF GOODS	.00	
3. TAXABLE REIMBURSEMENT FOR RIT ALLOWANCE	4,278.40	
4. RIT ALLOWANCE PAYABLE FOR 1995	\$ 314.60CR	
5. LESS: WITHHOLDING TAX (BASED ON LINE 4)	.00	
FEDERAL INCOME TAX	.00	
STATE INCOME TAX	.00	
OASDI/HIT	.00	
6. NET RIT ALLOWANCE AVAILABLE	\$ 314.60CR	
LESS AMOUNT APPLIED TO TRAVEL ADVANCE	.00	
LESS AMOUNT APPLIED TO BILL FOR COLLECTION	.00	
NET DUE FROM TRAVELER	\$ 314.60	
DOE, JANE R.		
P.O. BOX XXX		
SOMEWHERE, TN, 12345		
FILING STATUS - MARRIED, JOINT RETURN		
IF LINE 4 - RIT ALLOWANCE PAYABLE FOR 19XX, RESULTS IN AN AMOUNT FOLLOWED BY "CR" (9.22CR, 95.98CR), THIS INDICATES THAT YOU OWE THE GOVERNMENT FOR EXCESS WTA PAYMENTS IN CONNECTION WITH THIS RELOCATION. THE AMOUNT IDENTIFIED AS "NET DUE FROM TRAVELER" WILL BE BILLED TO YOU SOON. WHEN THIS AMOUNT HAS BEEN PAID BACK TO THE GOVERNMENT YOU WILL BE ENTITLED TO A DEDUCTION ON YOUR FEDERAL INCOME TAX RETURN IN THE YEAR IT IS REPAYED. SEE YOUR INCOME TAX RETURN INSTRUCTIONS FOR MISCELLANEOUS DEDUCTIONS AND YOUR TAX RETURN PREPARER.		

USBA-HFC-50413

Exhibit 29

Report TRVL3051 -Authorization Adjustment Statement (Approving Official)

XX00000000	TRVL3051
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)	
AGRICULTURAL RESEARCH SERVICE	STATEMENT DATE: 07/16/97
ORIGINATING OFFICE NUMBER: XX00000000	SSN: 000-00-0000
AUTHORIZATION NUMBER: 0XX00000000000	
ESTIMATED DATES OF TRAVEL: 07/07/97 TO 07/10/97	
DOE, JOHN R. USDA - FOREST SERVICE 1231ST STREET ANYWHERE, TN, 12345	
SUBJECT: AUTHORIZATION ADJUSTMENT STATEMENT	
TOTAL ESTIMATED EXPENDITURES PER AUTHORIZATION	\$.00
ADJUSTMENTS:	
THE AMOUNT AUTHORIZED FOR PER DIEM OF \$486.00 HAS BEEN REDUCED TO \$240.00. THE MAXIMUM RATE ALLOWABLE FOR LODGING IS \$50.00 AND FOR MEAL IS \$20.00 FOR BELTSVILLE, MD. FOR A TOTAL RATE OF \$80.00 FOR 3 DAYS.	
ADJUSTED ESTIMATED EXPENDITURES	\$658.00
AUTHORIZING OFFICIAL COPY	

USDA-NFC-SHA13

Report TRVL3052 - Authorization Adjustment Statement (Employee)

XX00000000	TRVL3052
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)	
STATEMENT DATE: 07/16/97	
AGRICULTURAL MARKETING SERVICE	
ORIGINATING OFFICE NUMBER: XX00000000	SSN: 000-00-0000
AUTHORIZATION NUMBER: 0XX00000000000	
ESTIMATED DATES OF TRAVEL: 07/07/97 TO 07/10/97	
DOE, JOHN R. USDA - FOREST SERVICE 123 1ST STREET ANYWHERE, TN, 12345	
SUBJECT: AUTHORIZATION ADJUSTMENT STATEMENT	
TOTAL ESTIMATED EXPENDITURES PER AUTHORIZATION	\$1,047.00
ADJUSTMENTS:	
THE AMOUNT AUTHORIZED FOR PER DIEM OF \$670.00 HAS BEEN REDUCED TO \$400.00. THE MAXIMUM RATE ALLOWABLE FOR LODGING IS \$50.00 AND FOR MEAL IS \$30.00 FOR ATLANTA, GA. FOR A TOTAL RATE OF \$80.00 FOR 5 DAYS.	
ADJUSTED ESTIMATED EXPENDITURES	\$777.00
EMPLOYEE COPY	

USDA-WFC-54413

Exhibit 31

Report TRVL3101 - Advance Adjustment Statement

XXXXXXXX0000	TRVL3101
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)	
BOARD OF CONTRACT APPEALS	STATEMENT DATE: 07/23/97
ORIGINATING OFFICE NUMBER: XXXXX0000	SSN: 000-00-0000
AUTHORIZATION NUMBER: XXXXX00000000	PERIOD OF TRAVEL FROM: 07/07/97 TO: 07/10/97
DOE, JOHN R. USDA FOREST SERVICE 123 1ST STREET ANYWHERE, TN, 12345	
SUBJECT: ADVANCE ADJUSTMENT STATEMENT	
YOUR REQUESTED ADVANCE HAS BEEN ADJUSTED AS SHOWN BELOW:	
ADVANCE REQUESTED	\$ 100.00
ADVANCE ADJUSTED (REASON STATED BELOW)	\$0.10
AMOUNT OF ADVANCE ISSUED	\$100.10
PAYMENT METHOD: TRAVELERS CHECKS	
REASON ADVANCE HAS BEEN ADJUSTED:	
The advance amount requested of \$ 100.00 did not include the 0.1 percent fee for issuance of the Travelers Checks. The fee amount has been added to your request and the amount of the advance issued is now \$100.10. Reimbursement for the fee may be claimed on the voucher as a miscellaneous expense and applied to the advance outstanding.	

USDA-IFC-SHA13

Report TRVL3121 - Travel Voucher/Request Adjustment Notification



United States
Department of
Agriculture
ED60600248

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60,000
New Orleans
Louisiana 70160

TRVL3121

NATIONAL FINANCE CENTER
TRAVEL VOUCHER/REQUEST ADJUSTMENT NOTIFICATION
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

DATE OF NOTICE: 07/08/97

EMPLOYING AGENCY: 00

JOHN R. DOE

SOCIAL SECURITY NO.

FOREST SERVICE

000-00-0000

RM 123, 987 DOVER DR.

ANYTOWN, PA 12345

RE: ADJUSTMENT OF TRAVEL VOUCHER/ADVANCE REQUEST
AUTHORIZATION NO. 0XX00XX000000
ORIGINAL TOTAL CLAIM/REQUEST AMOUNT \$589.76

YOUR TRAVEL VOUCHER WAS ADJUSTED FOR THE FOLLOWING
REASON(S):

CHECK WAS RETURNED TO US TREASURY FOR AN INVALID ADDRESS
REPLACEMENT CHECK IS BEING ISSUED

IF YOU HAVE ANY QUESTIONS CONCERNING THIS ADJUSTMENT, PLEASE
CONTACT THE NFC TRAVEL INQUIRY SECTION AT 504-255-4878.

Exhibit 33

Report TRVL3151 - Voucher Difference Statement

XX00000000	TRVL3151
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)	
RURAL HOUSING SERVICE	STATEMENT DATE: 07/16/97
SSN: 000-00-0000	ORIGINATING OFFICE NUMBER: XX00000000
AUTHORIZATION NO. XXXX00000000	
Dates of Travel 07/07/97 to 07/10/97	
DOE, JOHN R. 123 1ST STREET ANYWHERE, TN 12345	
SUBJECT: VOUCHER DIFFERENCE STATEMENT	
AMOUNT OF TOTAL CLAIM PER VOUCHER:	\$858.92
TAXES HAVE BEEN DEDUCTED FROM THIS RELOCATION VOUCHER AS INDICATED BELOW	
Amount of Total Claim as Adjusted	\$836.72
WTA per Adjusted Computation	\$287.39
Amount Applied to Advance	\$.00
Amount Applied to Taxes	\$394.65
Amount Applied to Bill	\$.00
No.	
Net to Traveler as Adjusted	\$729.46

USDA-NFP-5341.3

Report TRVL3201 - Travel Vouchers Selected For Audit (Agency Version)

XX00000000	TRVL3201			
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)				
DATE: 07/16/97				
AGENCY CODE: 03 AGRICULTURAL RESEARCH SERVICE				
ORIGINATING OFFICE NUMBER: XX00000000				
SUBJECT: TRAVEL VOUCHERS SELECTED FOR AUDIT.				
THE TRAVEL VOUCHERS IDENTIFIED BELOW HAVE BEEN SELECTED FOR POST-PAYMENT AUDIT. RECEIPTS, STATEMENTS, CANCELLED CHECKS, AND OTHER SUPPORTING DOCUMENTATION MUST BE SUBMITTED. COPIES OF RECEIPTS MAY BE SUBMITTED BUT VOUCHERS MUST CONTAIN ORIGINAL SIGNATURES. PLEASE FORWARD THESE VOUCHERS AND SUPPORTING DOCUMENTATION TO THE NATIONAL FINANCE CENTER NO LATER THAN 30 DAYS FROM THE ABOVE DATE. FAILURE TO COMPLY WITH THIS REQUEST MAY RESULT IN A BILL FOR COLLECTION TO THE EMPLOYEE FOR THE TOTAL CLAIM AMOUNT.				
PLEASE FORWARD TO THE FOLLOWING ADDRESS:				
USDA-NATIONAL FINANCE CENTER				
ATTN: TRAVEL AND TRANSPORTATION SECTION - POST AUDIT				
P. O. BOX 60800				
NEW ORLEANS, LOUISIANA 70160				
SOC SEC NO.	NAME	AUTH NO.	TOTAL CLAIM	TRAVEL DATES
000-00-0000	DOE, JOHN R.	0XX00000000000	2,746.89	06/4/97 07/08/97

USDA-WFC-SMALL

Exhibit 35

Report TRVL3202 - Travel Voucher Selected For Audit (Employee Version)

XX00000000	TRVL3202			
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)				
DATE: 07/16/97				
TO: JANE J. DOE				
SUBJECT: TRAVEL VOUCHER SELECTED FOR AUDIT				
YOUR TRAVEL VOUCHER IDENTIFIED BELOW HAS BEEN SELECTED FOR POST-PAYMENT AUDIT. YOUR AGENCY HAS BEEN NOTIFIED THAT RECEIPTS, STATEMENTS, CANCELLED CHECKS, AND OTHER SUPPORTING DOCUMENTATION MUST BE SUBMITTED. COPIES OF RECEIPTS MAY BE SUBMITTED BUT VOUCHERS MUST CONTAIN ORIGINAL SIGNATURES. PLEASE VERIFY THAT YOUR AGENCY FORWARDS THE VOUCHER AND SUPPORTING DOCUMENTATION TO THE NATIONAL FINANCE CENTER NO LATER THAN 30 DAYS FROM THE ABOVE DATE. FAILURE TO COMPLY WITH THIS REQUEST MAY RESULT IN A BILL FOR COLLECTION FOR THE TOTAL CLAIM AMOUNT.				
PLEASE FORWARD TO THE FOLLOWING ADDRESS:				
USDA-NATIONAL FINANCE CENTER ATTN: TRAVEL AND TRANSPORTATION SECTION - POST AUDIT P.O. BOX 60800 NEW ORLEANS, LOUISIANA 70160				
SOC SEC NO.	NAME	AUTH NO	TOTAL CLAIM	TRAVEL DATES
000-00-0000	JANE J. DOE	XX000000000000	2,746.89	06/19/97 07/08/97

USDA-NFC-SM13

Report TRVL3301 - Computation Of Employee Moving Expense Reimbursement

COMPUTATION OF EMPLOYEE MOVING EXPENSE REIMBURSEMENT		TRVL3301	
VOUCHER AND 1997 YEAR-TO-DATE			
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)			
AGENCY 16	07/19/97		
SOCIAL SECURITY NUMBER 000-00-0000			
AUTHORIZATION NUMBER 0XX000000X000			
OVER 50 MILES Y			
MOVING EXPENSES AND ALLOWANCES		CURRENT VOUCHER	
	AMOUNT PAID TO EMPLOYEE	AMOUNT PAID TO 3RD PARTY	
		AMOUNT OF NONTAXABLE REIMBURSE	
		AMOUNT OF TAXABLE REIMBURSE	
MOVING EXPENSES:			
TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS	.00	.00	.00
TRAVEL BETWEEN DUTY STATIONS	507.30	.00	507.30
MEALS BETWEEN DUTY STATIONS	341.25	.00	341.25
HOUSEHUNTING TRIP EXPENSES	.00	.00	.00
TEMPORARY QUARTERS	155.56	.00	155.56
RESIDENCE SALE, PURCHASE OR UNEXPIRED LEASE EXPENSE	.00	.00	.00
NONTEMPORARY STORAGE OF GOODS	.00	.00	.00
SHIPMENT/STORAGE OF POV	.00	.00	.00
MISCELLANEOUS EXPENSES	700.00	.00	700.00
RELOCATION INCOME TAX ALLOW	.00	.00	.00
TOTAL MOVING EXPENSES	1,704.11	.00	507.30
RELOCATION SERVICE COMPANY	.00	.00	1,196.81
ADD:			
WITHHOLDING TAX ALLOWANCE (38.888889% OF TOTAL TAXABLE MOVING EXP)			465.43
LESS WITHHOLDING:			
FEDERAL INCOME TAX			465.43
STATE INCOME TAX			46.54
FICA			103.06
HIT			24.10
LESS AMOUNT TO 3RD PARTY			.00
ADD NONTAXABLE REIMBURSEMENT			507.30
AMOUNT AVAILABLE TO TRAVELER			1,530.41
LESS AMOUNT APPLIED TO ADVANCE			.00
LESS AMOUNT APPLIED TO BILL			.00
NET DUE TO TRAVELER			1,530.41
FOOTNOTE: ADVANCE AMOUNT OUTSTANDING IS \$		0.00	
JOHNR-DOE			
123 1ST STREET			
ANYWHERE, TN-12345			


USDA-WF-3443

Report TRVL3301 - Computation Of Employee Moving Expense Reimbursement

COMPUTATION OF EMPLOYEE MOVING EXPENSE REIMBURSEMENT TRVL3301		PAGE 2	
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)		07/1997	
AGENCY 16		1997 YEAR-TO-DATE	
SOCIAL SECURITY NUMBER 000-00-0000			
MOVING EXPENSES AND ALLOWANCES			
	AMOUNT PAID TO EMPLOYEE	AMOUNT PAID TO 3RD PARTY	AMOUNT OF NONTAXABLE REIMBURSE
			TAXABLE REIMBURSE
MOVING EXPENSES:			
TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS	.00	.00	.00
TRAVEL BETWEEN DUTY STATIONS	507.30	.00	507.30
MEALS BETWEEN DUTY STATIONS	341.25	.00	341.25
HOUSEHUNTING TRIP EXPENSES	2,696.05	.00	2,696.05
TEMPORARY QUARTERS	155.56	.00	155.56
RESIDENCE SALE, PURCHASE OR UNEXPIRED LEASE EXPENSE	.00	.00	.00
NONTEMPORARY STORAGE OF GOODS	.00	.00	.00
SHIPMENT/STORAGE OF POV	.00	.00	.00
MISCELLANEOUS EXPENSES	700.00	.00	700.00
RELOCATION INCOME TAX ALLOW	.00	.00	.00
TOTAL MOVING EXPENSES	4,400.16	.00	507.30
RELOCATION SERVICE COMPANY	.00	.00	3,892.86
ADD:			
WITHHOLDING TAX ALLOWANCE			1,513.89
(38.888889% OF TOTAL TAXABLE MOVING EXP)			
LESS WITHHOLDING:			
FEDERAL INCOME TAX			151.39
STATE INCOME TAX			335.22
FICA			78.40
HIT			.00
LESS AMOUNT TO 3RD PARTY			507.30
ADD AMOUNT OF NONTAXABLE REIMBURSEMENT			3,835.15
AMOUNT AVAILABLE TO TRAVELER			.00
LESS AMOUNT APPLIED TO ADVANCE			.00
LESS AMOUNT APPLIED TO BILL			.00
AMOUNT PAID TO TRAVELER			3,835.15
THE WITHHOLDING TAX ALLOWANCE (WTA), PAID IN YEAR 1, COVERS FEDERAL INCOME TAX WITHHOLDING LIABILITY ON TAXABLE REIMBURSEMENTS IN YEAR 1. THE RELOCATION INCOME TAX ALLOWANCE (RIT) IS CALCULATED IN YEAR 2 TO COVER THE TAX LIABILITY ON ADDITIONAL INCOME RESULTING FROM WTA RECEIVED IN YEAR 1. IF THE RIT CLAIM RESULTS IN A POSITIVE AMOUNT, AN ADDITIONAL ALLOWANCE WILL BE PAID TO THE EMPLOYEE. IF, HOWEVER, THE RIT CLAIM RESULTS IN A NEGATIVE AMOUNT, THE EMPLOYEE WILL BE BILLED FOR THE EXCESS WTA AMOUNT PAID IN YEAR 1.			

LSGA-WFS-3413

Report TRVL3331 - FFIS Travel Disbursement Notification

	United States Department of Agriculture	Office of the Chief Financial Officer	National Finance Center	P.O. Box 60,000 New Orleans Louisiana 70160
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FFIS TRAVEL DISBURSEMENT NOTIFICATION
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

TRVL3331

DATE OF NOTICE: 12/19/02

EMPLOYING AGENCY: FA

SOCIAL SECURITY NO.
XXXXX

RE: TRAVEL AUTHORIZATION NO. 3BSFA

YOUR TRAVEL VOUCHER FOR 12/09/02 THROUGH 12/12/02 WAS PROCESSED ON 12/16/02. AS REQUESTED, PAYMENT IN THE AMOUNT OF \$396.49 IS BEING SENT TO YOUR FINANCIAL INSTITUTION THROUGH DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (DD/EFT). THE ACCOUNT NUMBER INTO WHICH THE FUNDS ARE TO BE DEPOSITED IS .

AFTER THE PROCESSING DESCRIBED ABOVE, YOUR OUTSTANDING TRAVEL ADVANCE BALANCE AMOUNT IS \$0.00. THIS AMOUNT REFLECTS THE PROCESSING OF ALL ADVANCE RELATED DOCUMENTS RECEIVED AT NPC TO DATE.

IF THERE ARE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT TRAVEL INQUIRY AT (COMM/PTS) 504-255-4TRV OR (TOLL-FREE) AT 1-800-421-0323.

THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 AUTHORIZES ADMINISTRATIVE OFFSET TO SATISFY IN WHOLE OR IN PART DELINQUENT DEBTS YOU MAY OWE TO THE UNITED STATES GOVERNMENT. THE PAYMENT REFERENCED IN THIS NOTICE IS SUBJECT TO OFFSET AND MAY BE REDUCED BY THE DEPARTMENT OF THE TREASURY OFFSET PROGRAM (TOP). IN THE EVENT THAT AN OFFSET OCCURS, TREASURY WILL PROVIDE YOU WITH DETAILS REGARDING THE OFFSET. PLEASE REFER QUESTIONS ABOUT THE OFFSET TO TREASURY AT 1-800-304-3107.

Exhibit 38

Report TRVL3351 - Return Of Travel Document

XX00000000	TRVL3351
DOE, JOHN R	STATEMENT DATE: 07/22/97
123 1ST STREET	
ANYWHERE, TN 12345	
RURAL HOUSING SERVICE	
ORIGINATING OFFICE NUMBER: XX00000000	SSN: 000-00-0000
AUTHORIZATION NUMBER: XX00000000	
ESTIMATED DATES OF TRAVEL: 06/23/97 TO 07/08/97	
SUBJECT: RETURN OF TRAVEL DOCUMENT	
YOUR TRAVEL VOUCHER WAS UNSUCCESSFULLY PROCESSED	
ON 07/17/97. THE DOCUMENT WAS DELETED FROM THE TRAVEL	
SYSTEM FOR THE FOLLOWING REASON:	
HANDWRITTEN VOUCHERS MUST BE COMPLETED IN INK. PER FTR 301 11.4	

USDA, NRC 5043

Exhibit 40

Report TRVL3491 - Expired Authorization Statement



United States
Department of
Agriculture

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60,000
New Orleans
Louisiana 70160

(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

AGRICULTURAL RESEARCH SERVICE

TRVL3491

STATEMENT DATE: 07/17/97

ORIGINATING OFFICE NUMBER: xx00

SSN: 000-00-0000

AUTHORIZATION NUMBER: 0xx0000000000

CLAIM AMOUNT: \$189,000.00

JAN P. DOE

PERIOD OF TRAVEL

9876 NORTH DRIVE.

FROM: 07/07/97

ANYTOWN, PA 12345

SUBJECT: EXPIRED AUTHORIZATION STATEMENT

Your travel voucher identified above was returned unpaid to your originating office because your travel authorization has expired. A form AD-202, Travel Authorization Advance, must be submitted before your voucher can be processed.

Exhibit 42

Report TRVL3691 - Travel Vouchers Selected For Audit And Returned To Agency

XX0000000000 TRVL3691
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

DATE: 09/02/97
AGENCY CODE: 00 AGENCY NAME
ORIGINATING OFFICE NUMBER: XX000000000

SUBJECT: TRAVEL VOUCHERS SELECTED FOR AUDIT AND RETURNED TO AGENCY

THE TRAVEL VOUCHERS IDENTIFIED BELOW WERE SELECTED FOR POST-PAYMENT AUDIT AND ARE BEING RETURNED DUE TO INSUFFICIENT DOCUMENTATION. RECEIPTS, STATEMENTS, CANCELLED CHECKS, AND OTHER SUPPORTING DOCUMENTATION MUST BE SUBMITTED. COPIES OF RECEIPTS MAY BE SUBMITTED BUT VOUCHERS MUST CONTAIN ORIGINAL SIGNATURES. PLEASE RETURN THESE VOUCHERS WITH ORIGINAL SIGNATURES AND SUPPORTING DOCUMENTATION TO THE NATIONAL FINANCE CENTER NO LATER THAN 30 DAYS FROM THE ABOVE DATE. IF THESE VOUCHERS ARE NOT RETURNED WITHIN THE TIME SPECIFIED THE TOTAL CLAIM AMOUNT WILL BE FORWARDED TO BILLINGS AND COLLECTIONS AND A BILL MAY BE ISSUED TO THE TRAVELER.

PLEASE FORWARD TO THE FOLLOWING ADDRESS:
USDA-NATIONAL FINANCE CENTER
ATTN: TRAVEL AND TRANSPORTATION SECTION - POST AUDIT
P.O. BOX 60800
NEW ORLEANS, LOUISIANA 70160

SOC SEC NO.	NAME	AUTH NO	TOTAL CLAIM	TRAVEL DATES
000-00-0000	DOE, JOHN P.	0XX000000000000	4,700.00	08/02/97 08/25/97

USDA WFC 36913

Report TRVL3692 - Travel Vouchers Selected For Audit & Returned To Agency (Employee)

XX00000000	TRVL3692			
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)				
DATE: 09/02/97				
TO: JANE C. DOE				
SUBJECT: TRAVEL VOUCHER SELECTED FOR AUDIT AND RETURNED TO AGENCY				
THE TRAVEL VOUCHER IDENTIFIED BELOW WAS SELECTED FOR POST-PAYMENT AUDIT AND IS BEING RETURNED DUE TO INSUFFICIENT DOCUMENTATION. YOUR AGENCY HAS BEEN NOTIFIED THAT RECEIPTS, STATEMENTS, CANCELLED CHECKS, AND OTHER SUPPORTING DOCUMENTATION MUST BE SUBMITTED. COPIES OF RECEIPTS MAY BE SUBMITTED BUT VOUCHERS MUST CONTAIN ORIGINAL SIGNATURES. PLEASE VERIFY THAT YOUR AGENCY RETURNS THE VOUCHER WITH ORIGINAL SIGNATURES AND SUPPORTING DOCUMENTATION TO THE NATIONAL FINANCE CENTER NO LATER THAN 30 DAYS FROM THE ABOVE DATE. IF THIS VOUCHER IS NOT SUBMITTED WITHIN THE TIME SPECIFIED THE TOTAL CLAIM AMOUNT WILL BE FORWARDED TO BILLINGS AND COLLECTIONS AND A BILL MAY BE ISSUED.				
PLEASE FORWARD TO THE FOLLOWING ADDRESS:				
USDA-NATIONAL FINANCE CENTER ATTN: TRAVEL AND TRANSPORTATION SECTION - POST AUDIT P.O. BOX 60800 NEW ORLEANS, LOUISIANA 70160				
SOC SEC NO.	NAME	AUTH NO	TOTAL CLAIM	TRAVEL DATES
000-00-0000	DOE, JANE C.	0XX0000000000	4,700.00	08/02/97 08/25/97

USDA-NFC-3692

Report TRVL3702 - Post Audit Voucher Follow-Up Request Letter (Employee)

XX00000000	(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)	TRVL3702		
DATE:	05/21/97			
TO:	S. SMITH			
SUBJECT:	TRAVEL VOUCHER SELECTED FOR AUDIT - SECOND REQUEST			
<p>YOUR TRAVEL VOUCHER IDENTIFIED BELOW HAS BEEN SELECTED FOR POST-PAYMENT AUDIT. YOUR AGENCY HAS BEEN NOTIFIED THAT RECEIPTS, STATEMENTS, CANCELLED CHECKS, AND OTHER SUPPORTING DOCUMENTATION MUST BE SUBMITTED. COPIES OF RECEIPTS MAY BE SUBMITTED BUT VOUCHERS MUST CONTAIN ORIGINAL SIGNATURES. PLEASE VERIFY THAT YOUR AGENCY FORWARDS THE VOUCHER AND SUPPORTING DOCUMENTATION TO THE NATIONAL FINANCE CENTER NO LATER THAN 30 DAYS FROM THE ABOVE DATE. IF THE VOUCHER IS NOT SUBMITTED WITHIN THE TIME SPECIFIED THE TOTAL CLAIM AMOUNT WILL BE FORWARDED TO BILLINGS AND COLLECTIONS AND A BILL MAY BE ISSUED.</p>				
PLEASE FORWARD TO THE FOLLOWING ADDRESS:				
USDA-NATIONAL FINANCE CENTER ATTN: TRAVEL AND TRANSPORTATION SECTION - POST AUDIT P.O. BOX 60800 NEW ORLEANS, LOUISIANA 70160				
SOC. SEC. NO.	NAME	AUTH. NO.	TOTAL CLAIM	TRAVEL DATES
000-00-0000	SMITH, S.	0XX00000000000	450.75	01/21/97 02/25/97

USDA WFC 3043

Exhibit 46

Report TRVL3731 - List Of Travel Advance Accounts With Outstanding Balances

RUN DATE 02/06/97		UNITED STATES DEPARTMENT OF AGRICULTURE		TRVL3731 0XXXXXX0000		PAGE 1		
OFFICE OF FINANCE AND MANAGEMENT, NATIONAL FINANCE CENTER		LIST OF TRAVEL ADVANCE ACCOUNTS WITH OUTSTANDING BALANCES		(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)		PERIOD ENDING FEBRUARY 06, 1997		
SOC SEC NO	EMPLOYEE NAME	EMPL STAT	LAST TRAVEL DATE	LAST ADVANCE AMOUNT	LAST REPAYMENT DATE	AMOUNT O/S	AMOUNT TO BE REPAID	ADVANCE STATUS DATE
000-00-0000	DOE, J.	PAYROLL ES	08/31/96	950.95	09/11/96 883.69	10/16/96 67.26	67.26	01/31/97
TOTAL ORIGINATING OFFICE				950.95	883.69	67.26	67.26	

USDA-NFC-SHAL3

Report TRVL3741 - Travel Advance Repayment Notice

XXXXXXXX0000	TRVL3741
***** * IMPORTANT - NOTIFY EMPLOYEE IMMEDIATELY AND SEND THIS * * LETTER TO THE EMPLOYEE OR HIS/HER IMMEDIATE SUPERVISOR * *****	
ORIGINATING OFFICE NUMBER: XXXXX0000	SSN: 000-00-0000
AUTHORIZATION NUMBER: 0XXXX00000000	
EMPLOYEE NAME: JOHN I DOE	DATE OF NOTICE: 07/14/97
SUBJECT: TRAVEL ADVANCE REPAYMENT NOTICE	
ADVANCE OUTSTANDING	AMOUNT TO BE REPAYED
1,000.00	600.00
BASED ON YOUR TRAVEL RECORD, YOUR OUTSTANDING TRAVEL ADVANCE APPEARS TO BE EXCESSIVE IN THE AMOUNT SHOWN ABOVE.	
THIS AMOUNT SHOULD BE REPAYED OR JUSTIFIED BY USE WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE. REPAYMENT CAN BE EFFECTED BY APPLYING A TRAVEL VOUCHER AGAINST THE OUTSTANDING AMOUNT OR THROUGH DIRECT REMITTANCE MADE PAYABLE TO THE USDA-NFC. USE CAN BE DEMONSTRATED BY SUBMITTING A TRAVEL VOUCHER OF SUFFICIENT CLAIM AMOUNT. PLEASE ATTACH A COPY OF THIS NOTICE WITH ANY REPAYMENT OR VOUCHER SUBMITTED TO LIQUIDATE OR JUSTIFY THE OUTSTANDING ADVANCE.	
***** * IF NO ACTION IS TAKEN, IT WILL THEN BECOME NECESSARY TO DEDUCT THE * * EXCESSIVE ADVANCE AMOUNT FROM YOUR SALARY PAYMENT * *****	
IF REPAYMENT OR A TRAVEL VOUCHER HAS ALREADY BEEN SUBMITTED FOR APPLICATION TO THE ADVANCE, YOU MAY DISREGARD THIS NOTICE.	

USDA-NFC-20413

Report TRVL3771 - Vouchers In Suspense Pending Receipt Of Initial Or Amended Authorization

RUN DATE	07/21/97	UNITED STATES DEPARTMENT OF AGRICULTURE OFFICE OF FINANCE AND MANAGEMENT, NATIONAL FINANCE CENTER VOUCHERS IN SUSPENSE PENDING RECEIPT OF INITIAL OR AMENDED AUTHORIZATION	TRVL3771	PAGE	1			
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)								
AGENCY: PA POLICY ANALYSIS AND COORDINATION CENTER								
ORIGINATING OFFICE:								
DATE RECEIVED	BATCH/TRAN NUMBER	SSNO	TRAVEL TYPE	AUTHORIZATION NUMBER	TOTAL CLAIM	APPLIED TO ADV.	AMT APPLIED TO BILL	NET TO TRAVELER
07/14/97	7045T1462	000-00-0000	DM	0XXXXXXXXX0000	1,002.79	.00	.00	1,002.79
07/14/97	7045T1434	000-00-1111	DM	0XXXXXXXXX0001	1,816.04	.00	.00	1,816.04
07/14/97	7045T1470	000-00-2222	DM	0XXXXXXXXX0002	937.58	.00	.00	937.58
07/14/97	7045T1435	000-00-3333	DM	0XXXXXXXXX0003	725.28	.00	.00	725.28
07/14/97	7045T1435	000-00-4444	DM	0XXXXXXXXX0004	1,033.04	.00	.00	1,033.04
TOTAL ORIGINATING OFFICE					5,514.73	.00	.00	5,514.73

USDA-NFC-SHAL3

**Report TRVL3782 - Vouchers Returned, No Authorization Letter
(30 Days) (Traveler Version)**



United States
Department of
Agriculture

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60,000
New Orleans
Louisiana 70160

TRVL3782

(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

STATEMENT DATE: 07/17/97

TO: DOE R
9999 NOWHERE STREET
SOMEPLACE, TN 67676

AUTH NO: 0XX000000000
DATES OF TRAVEL: 04/07/97 TO 04/11/97

CLAIM AMOUNT: \$763.00

SUBJECT: TRAVEL VOUCHER RETURNED

YOUR TRAVEL VOUCHER IDENTIFIED ABOVE WAS RETURNED UNPAID TO YOUR
ORIGINATING OFFICE BECAUSE WE HAVE NO RECORD OF RECEIVING FORM
AD-202, TRAVEL AUTHORIZATION/ADVANCE. AN AUTHORIZATION WAS
REQUESTED FROM YOUR ORIGINATING OFFICE APPROXIMATELY 30 DAYS
PRIOR TO THE ABOVE DATE. PLEASE CONTACT YOUR APPROVING OFFICIAL
FOR FURTHER INFORMATION.

Exhibit 52

Report TRVL3783 - Travel Vouchers Returned - Voucher Amount Exceeds Authorization Amount



United States
Department of
Agriculture

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60,000
New Orleans
Louisiana 70160

TRVL3783

(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

STATEMENT DATE: 07/25/97

TO: DOE J S

SOMEWHERE, MA 99900

AUTH NO: 0XX0000000000

CLAIM AMOUNT: \$632.87

DATES OF TRAVEL: 04/14/97 TO 04/18/97

SUBJECT: TRAVEL VOUCHER RETURNED - VOUCHER AMOUNT EXCEEDS
AUTHORIZATION AMOUNT

YOUR TRAVEL VOUCHER IDENTIFIED ABOVE WAS RETURNED UNPAID TO YOUR
ORIGINATING OFFICE BECAUSE THE CLAIM AMOUNT ON THE VOUCHER
EXCEEDS THE REMAINING AMOUNT ON THE FORM AD-202, TRAVEL
AUTHORIZATION/ADVANCE. AN AMENDED AUTHORIZATION WAS REQUESTED
FROM YOUR ORIGINATING OFFICE APPROXIMATELY 30 DAYS PRIOR TO THE
ABOVE DATE. PLEASE CONTACT YOUR APPROVING OFFICIAL FOR FURTHER
INFORMATION.

Report TRVL3784 - Expired Authorization Statement



United States
Department of
Agriculture

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60,000
New Orleans
Louisiana 70160

TRVL3784

(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

STATEMENT DATE: 07/28/97

ORIGINATING OFFICE NUMBER: xxx0000000

SSN: 000-00-0000

AUTHORIZATION NUMBER: 0xx000000x000

CLAIM AMOUNT: \$1,458.67

TO: JANE J C

PERIOD OF TRAVEL

US FOREST SERVICE

FROM: 04/07/97

1000 KENNEDY PLACE

TO: 04/11/97

SOMEWHERE, AZ 77777

SUBJECT: EXPIRED AUTHORIZATION STATEMENT

YOUR TRAVEL VOUCHER IDENTIFIED ABOVE WAS RETURNED UNPAID TO YOUR ORIGINATING OFFICE BECAUSE YOUR TRAVEL AUTHORIZATION HAS EXPIRED. YOUR AGENCY WAS NOTIFIED APPROXIMATELY 30 DAYS PRIOR TO THE ABOVE DATE THAT A FORM AD-202, TRAVEL AUTHORIZATION/ADVANCE, NEEDED TO BE SUBMITTED BEFORE YOUR VOUCHER COULD BE PROCESSED. SINCE REQUIRED DOCUMENTATION WAS NOT RECEIVED, IT WAS NECESSARY TO RETURN THE DOCUMENT UNPAID. PLEASE CONTACT YOUR ORIGINATING OFFICE FOR FURTHER INFORMATION.

Report TRVL3811 - RIT Initial Request Letter



United States
Department of
Agriculture

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60,000
New Orleans
Louisiana 70160

TRVL3811
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

09/30/97

000-00-0000

JANE DOE
123 NORTH DRIVE
SOMEDAY, TN 89898

DEAR: JANE DOE

A REVIEW OF THE NATIONAL FINANCE CENTER'S (NFC) TRAVEL SYSTEM RECORDS INDICATES THAT YOU HAVE NOT FILED YOUR 1996 RELOCATION INCOME TAX (RIT) CLAIM. DURING 1996 YOU RECEIVED PAYMENTS THAT INCLUDED A WITHHOLDING TAX ALLOWANCE (WTA) IN THE AMOUNT OF \$250.50.

IN ACCORDANCE WITH THE FEDERAL TRAVEL REGULATIONS (FTR) AND AS STATED IN YOUR SERVICE AGREEMENT WHICH WAS SIGNED PRIOR TO YOUR TRANSFER, A RIT CLAIM IS DUE. THE RIT CLAIM MUST BE FILED EVEN THOUGH YOUR WTA ALLOWANCE MAY NOT HAVE EXCEEDED THE RIT ALLOWANCE. SINCE THE WTA IS ONLY AN ESTIMATED PAYMENT, THE RIT CLAIM MAY RESULT IN AN ADDITIONAL PAYMENT TO YOU. BUT, IF A RIT CLAIM IS NOT SUBMITTED, WE WILL BE REQUIRED TO ISSUE A BILL TO COLLECT THE FULL AMOUNT OF THE WTA.

PLEASE CONTACT THE TRANSFERRING AGENCY OR NFC AT 1-800-421-0323 FOR ASSISTANCE IN PREPARING AND SUBMITTING YOUR RIT CLAIM TO NFC. IF YOU WOULD LIKE TO SUBMIT A VOLUNTARY REFUND OF THE WTA AMOUNT INDICATED ABOVE, SEND A PERSONAL CHECK ALONG WITH THIS LETTER TO:

NATIONAL FINANCE CENTER
ADMINISTRATIVE COLLECTIONS
P.O. BOX 70792
CHICAGO, IL 60673

USDA, NATIONAL FINANCE CENTER
P.O. BOX 60,000
NEW ORLEANS, LA. 70160

Exhibit 56

Report TRVL3812 - RIT Second Request Letter

AG11051356

TRVL3812

(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

08/09/02

000-00-0000

J.P. SMITH

~~FORWARD~~
~~AND~~

DEAR: J.P. SMITH

A REVIEW OF THE NATIONAL FINANCE CENTER'S (NFC) TRAVEL SYSTEM RECORDS INDICATES THAT YOU HAVE NOT FILED YOUR 2001 RELOCATION INCOME TAX (RIT) CLAIM. DURING 2001 YOU RECEIVED PAYMENTS THAT INCLUDED A WITHHOLDING TAX ALLOWANCE (WTA) IN THE AMOUNT OF \$1,159.78.

IN ACCORDANCE WITH THE FEDERAL TRAVEL REGULATIONS (FTR) AND AS STATED IN YOUR SERVICE AGREEMENT WHICH WAS SIGNED PRIOR TO YOUR TRANSFER, A RIT CLAIM IS DUE. THE RIT CLAIM MUST BE FILED EVEN THOUGH YOUR WTA ALLOWANCE MAY NOT HAVE EXCEEDED THE RIT ALLOWANCE. SINCE THE WTA IS ONLY AN ESTIMATED PAYMENT, THE RIT CLAIM MAY RESULT IN AN ADDITIONAL PAYMENT TO YOU. BUT, IF A RIT CLAIM IS NOT SUBMITTED, WE WILL BE REQUIRED TO ISSUE A BILL TO COLLECT THE FULL AMOUNT OF THE WTA.

PLEASE CONTACT THE TRANSFERRING AGENCY OR NFC AT 1-800-421-0323 FOR ASSISTANCE IN PREPARING AND SUBMITTING YOUR RIT CLAIM TO NFC IF YOU WOULD LIKE TO SUBMIT A VOLUNTARY REFUND OF THE WTA AMOUNT INDICATED ABOVE, SEND A PERSONAL CHECK ALONG WITH THIS LETTER TO:

NATIONAL FINANCE CENTER
ADMINISTRATIVE COLLECTIONS
P.O. BOX 70792
CHICAGO, IL 60673

IF YOUR RIT CLAIM OR PAYMENT FOR THE AMOUNT OF THE WTA ALLOWANCE IS NOT RECEIVED WITHIN 30 DAYS FROM THE DATE OF THIS LETTER, A BILL FOR COLLECTION WILL BE ISSUED FOR THE AMOUNT OF YOUR 2001 WTA.

USDA, NATIONAL FINANCE CENTER
P.O. BOX 60,000
NEW ORLEANS, LA. 70160

Exhibit 60

Report TRVL3871 - Report Of Travel By Purpose Of Travel Code

RUN DATE		07/15/97		UNITED STATES DEPARTMENT OF AGRICULTURE		TRVL3871		PAGE		1			
AGENCY CODE: XX		OFFICE OF FINANCE AND MANAGEMENT		NATIONAL FINANCE CENTER		MONTH ENDING		JUNE 30, 1997					
ACCOUNTING STATION: 0000		REPORT OF TRAVEL BY PURPOSE OF TRAVEL CODE		TRAVEL CODE		NUMBER		AMOUNT		YEAR-TO-DATE			
PURPOSE OF TRAVEL CODE		CURRENT MONTH		QUARTER-TO-DATE		NUMBER		AMOUNT		NUMBER		AMOUNT	
SITE VISIT	1	820.28	1	820.28	1	820.28	1	820.28	1	820.28			
INFORMATION MEETING	3	1,590.21	3	1,590.21	3	1,590.21	3	1,590.21	3	1,590.21			
TRAINING													
SPECIAL PRESENTATION	2	1,005.53	2	1,005.53	2	1,005.53	2	1,005.53	2	1,005.53			
CONFERENCE ATTENDANCE													
RELOCATION													
ENTITLEMENT TRAVEL													
SPECIAL MISSION													
EMERGENCY													
OTHER	1	101.00	1	101.00	1	101.00	1	101.00	1	101.00			
TOTAL ALL PURPOSES	7	3,517.02	7	3,517.02	7	3,517.02	7	3,517.02	7	3,517.02			
AUTHORIZATIONS													
TYPE A OPEN UNLIMITED													
TYPE B OPEN LIMITED													
TYPE C INDIVIDUAL TRIP	7		7		7		7		7				
TYPE L LOCAL													
TYPE N OPEN LIMITED													
TOTAL AUTHORIZATIONS	7		7		7		7		7				

USDA-NFC-SHA13

Report TRVL3961 - Report Of Travel Voucher Payments

RUN DATE		07/03/97		UNITED STATES DEPARTMENT OF AGRICULTURE		TRVL3961		XXYYYY0000		PAGE 1	
OFFICE OF FINANCE AND MANAGEMENT NATIONAL FINANCE CENTER		REPORT OF TRAVEL VOUCHER PAYMENTS		MONTH ENDING MARCH		31, 1997					
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)											
AGENCY:		XX		ALTERNATIVE AGRICULTURE RESEARCH & COMMERCIALIZATION CENTER							
ORIGINATING OFFICE:		XXYYYY0000									
SOCIAL SECURITY NO	EMPLOYEE NAME	TYPE CLAIM	AG CHGD	PERIOD OF TRAVEL	CLAIM AMOUNT	WTA AMOUNT	AMOUNT APPL ADVANCE	AMOUNT WITHHELD TX	AMOUNT APPL BILL	NET TO TRAVELER	
111-1-1111	DOE, D.	DM	XX	03/03/97 03/06/97	627.61	.00	.00	.00	.00	627.61	
222-22-2222	SMITH, J.	DM	XX	03/10/97 03/10/97	65.80	.00	.00	.00	.00	65.80	
333-33-3333	JONES, B.	DM	XX	02/18/97 02/18/97	143.40	.00	.00	.00	.00	143.40	
ORGINATING OFFICE TOTAL					836.81	.00	.00	.00	.00	836.81	

USDA-WFC-SMALS

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