

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 8. TYPE CLAIM (Indicate one type only) 9. RECLAIM AMOUNT INCLUDED 10. LEAVE TAKEN 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 15. TOTAL NIGHTS LODGING 16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS

SECTION B - TRAVEL VOUCHER MAILING ADDRESS OPTIONS. 17. SALARY ADDRESS 18. T&A CONTACT POINT 19. SPECIAL ADDRESS 20. FOREIGN ADDRESS 21. TRAVEL EFT ACCOUNT 1. (35) 2. (35) 3. City (20) State (2) Zip Code (9)

SECTION C - TRANSPORTATION COSTS. 22. METHOD OF PAYMENT 23. VENDOR/CARRIER 24. IDENTIFICATION NUMBER 25. CAR RENTAL (MILES, DAYS) 26. AMOUNT

SECTION D - CLAIMS. 28. SUMMARY OF SUBSISTENCE. TDY LOCATION: CTRY CODE, CITY CODE, CITY or COUNTY, STATE, NO. OF DAYS, AMOUNT. 29. PER DIEM (No. of Days, \$) NFC USE. 30. ACTUAL SUBSISTENCE (No. of Days)

If payment was made by traveler, complete Section G on reverse. TOTALS \$

27. AIRLINE ACCOMMODATIONS: Excess Fare (Check if Applicable) Non-contract (Insert Code)

SECTION E - ACCOUNTING CLASSIFICATION. 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.) PURPOSE OF TRAVEL CODES: 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 travel, 13 = Rest and Recuperation, 14 = Education, 15 = Informal training

Table with columns: PURPOSE CODE, ACCOUNTING CLASSIFICATION, PERCENTAGE. THESE PERCENTAGES MUST EQUAL 100%

31. MILEAGE Rate [€] 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

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 of 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 30F-304 and other regulations. I have reviewed this voucher and certify it to be correct. 47. CLAIMANT'S SIGNATURE 48. DATE (Month, Day, Year) 49. FINAL VOUCHER INDICATOR (Y = Yes, N = No) 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 BILL NO. 42. ADDITIONAL ADVANCE AMOUNT REPAID (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) \$ AUDITED BY (Examiner's initials) TOTAL DIFFERENCE

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) AGENCY CODE 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

SOCIAL SECURITY NO.	TRAVELER'S NAME
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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								TOTAL MISCELLANEOUS \$
MISCELLANEOUS EXPENSES								
TELEPHONE CALLS								
SUPPLIES, ETC.								TOTAL CAR RENTAL \$
CAR RENTAL (Paid by Traveler)								
Receipt and Car Rental Agreement Required								
RENTAL EXPENSE								
GASOLINE EXPENSE								

REMARKS

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.