

# TRAVEL VOUCHER (Relocation)

|   |                                       |
|---|---------------------------------------|
| <b>SECTION A -- IDENTIFICATION</b>  |                                       |
| 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<br>FROM: Month Day Year THRU: Month Day Year  |                                       |
| 8. TYPE CLAIM (Indicate one type only)<br>HH = Hse hunting SR = Supp RIT<br>TS = Trans Stn OT = Outside<br>RC = Relo Contr RI = RIT Cont. U.S. Transfer |                                       |
| 9. RECLAIM AMOUNT INCLUDED  |                                       |
| 10. DATE REPORTED AT NEW OFFICIAL DUTY STATION<br>Month Day Year  | 11. LEAVE TAKEN<br>Y = Yes N = No     |
| 12. OFFICIAL DUTY STATION CITY AND STATE  |                                       |
| 13. RESIDENT CITY AND STATE (If other than official station)  |                                       |
| 14. TOTAL NIGHTS LODGING  |                                       |
| 15. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDAR DS  |                                       |

|  |                       |                     |  |   |    |
|--|-----------------------|---------------------|--|---|----|
| <b>SECTION B -- TRAVEL VOUCHER MAILING ADDRESS OPTIONS</b> |                       |                     | <b>SECTION D -- CLAIMS</b>   |   |    |
| 16. SALARY ADDRESS   | 17. T&A CONTACT POINT | 18. SPECIAL ADDRESS | 19. TRAVEL LEFT ACCOUNT  | 26. TOTAL SALES PRICE OF FORMER RESIDENCE | \$ |
| 1. (35)  |                       |                     | 27. TOTAL PURCHASE PRICE OF NEW RESIDENCE  |   |    |
| 2. (35)  |                       |                     | 28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (For Type Claim RC Only, Invoice Attached) |   |    |
| 3. City (20) State (2) Zip Code (9)                        |                       |                     | a. APPRAISED VALUE SALES FEE   |   |    |
|  |                       |                     | b. AMENDED VALUE SALES FEE   |   |    |
|  |                       |                     | c. CANCELLATION FEES   |   |    |
|  |                       |                     | <b>EXPENSES CLAIMED BY EMPLOYEE</b>  |   |    |
|  |                       |                     | 29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)  |   |    |

| <b>SECTION C -- TRANSPORTATION COSTS</b>                        |                    |                           |                |      |               |          |  |             |        |
|---|--------------------|---------------------------|----------------|------|---------------|----------|--|-------------|--------|
| 20. METHOD OF PAYMENT   | 21. VENDOR/CARRIER | 22. IDENTIFICATION NUMBER | 23. CAR RENTAL |      | 24. AMOUNT    | LOCATION |  | NO. OF DAYS | AMOUNT |
|   |                    |                           | MILES          | DAYS |               | CITY     | ST   |             |        |
|   |                    |                           |                |      | \$            |          |  |             | \$     |
|   |                    |                           |                |      |               |          |  |             |        |
|   |                    |                           |                |      |               |          |  |             |        |
|   |                    |                           |                |      |               |          |  |             |        |
|   |                    |                           |                |      |               |          |  |             |        |
| If payment was made by traveler, complete Section G on reverse. |                    |                           |                |      | <b>TOTALS</b> | \$       |  |             |        |
|   |                    |                           |                |      |               |          | <b>TOTAL OUTSIDE CONT. U.S. SUBSISTENCE</b> \$ |             |        |

|                            |                                   |                            |                                |        |         |
|----------------------------|-----------------------------------|----------------------------|--------------------------------|--------|---------|
| 25. AIRLINE ACCOMMODATIONS | Excess fare (Check if applicable) | Non-contract (Insert Code) | REAL ESTATE (Paid by Employee) | AMOUNT | NFC USE |
|----------------------------|-----------------------------------|----------------------------|--------------------------------|--------|---------|

| <b>SECTION E -- ACCOUNTING CLASSIFICATION</b>   |                           |            |   |  |  |
|---|---------------------------|------------|---|--|--|
| 50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total voucher claim.)     |                           |            | a. SALES EXPENSE (AD-424 Attached)  |  |  |
| 51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to the applicable Accounting Classification line.) |                           |            | b. PURCHASE EXPENSE (AD-424 Attached)   |  |  |
| PURPOSE CODE  | ACCOUNTING CLASSIFICATION | PERCENTAGE | c. LEASE TERMINATION EXPENSE  |  |  |
|   |                           | %          | 31. PER DIEM<br>No. of Days [ ] LODGING & IE<br>No. of Travelers [ ] MEALS                                  |  |  |
|   |                           |            | 32. MILEAGE<br>Rate [ ¢ ] Miles [ ]<br>Rate [ ¢ ] Miles [ ]<br>Rate [ ¢ ] Miles [ ]<br>Rate [ ¢ ] Miles [ ] |  |  |
|   |                           |            | 33. PARKING, TOLLS, ETC.  |  |  |
|   |                           |            | 34. PLANE, BUS, TRAIN (Paid by Traveler)  |  |  |
|   |                           |            | 35. UNACCOMPANIED BAGGAGE   |  |  |
|   |                           |            | 36. LOCAL TRANSPORTATION  |  |  |
|   |                           |            | 37. MISCELLANEOUS EXPENSES/ALLOWANCE  |  |  |
|   |                           |            | 38. CAR RENTAL  |  |  |
|   |                           |            | 39. SHIPMENT OF HOUSEHOLD GOODS<br>Total Weight [ ]   |  |  |
|   |                           |            | 40. STORAGE OF HOUSEHOLD GOODS<br>Total Weight [ ]<br>No. Days [ ]<br>1ST 30 DAYS<br>OVER 30 DAYS           |  |  |
|   |                           |            | 41. TEMPORARY QUARTERS (AD-569 attached)<br>No. of Days [ ]<br>No. Occupants [ ]                            |  |  |
|   |                           |            | 42. RELOCATION INCOME TAX (AD-1000 Attached)  |  |  |
| <b>THESE PERCENTAGES MUST EQUAL 100%</b>  |                           |            | 43. <b>TOTAL CLAIM (Block 29 thru 42)</b>   |  |  |
|   |                           |            | \$  |  |  |

|   |  |                               |   |   |             |
|---|--|-------------------------------|---|---|-------------|
| <b>SECTION F -- CERTIFICATION</b>   |  |                               |   |   |             |
| <b>FRAUDULENT CLAIM.</b> 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).  |  |                               |   |   |             |
| <b>CLAIMANT'S RESPONSIBILITIES AND SIGNATURE.</b> 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. |  |                               |   |   |             |
| 52. CLAIMANT'S SIGNATURE  |  | 53. DATE<br>Month Day Year    |   | 54. FINAL VOUCHER INDICATOR<br>Y = Yes N = No |             |
| <b>APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE.</b> 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. <b>Note:</b> To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348).   |  |                               |   |   |             |
| 55. APPROVING OFFICER'S SIGNATURE   |  |                               | 56. SOCIAL SECURITY NO.   |   |             |
| 57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)  |  |                               |   |   | AGENCY CODE |
| 58. DATE APPROVED<br>Month Day Year   |  | 59. PHONE (Area Code and No.) |   |   |             |
| 60. CONTACT PERSON  |  |                               | 61. PHONE (Area Code and No.)   |   |             |
| <b>Upon completion and approval, submit original voucher to:</b><br>U.S. Department of Agriculture<br>National Finance Center<br>P.O. Box 60000<br>New Orleans, LA 70160  |  |                               |   |   |             |
|   |  |                               | 44. TRAVEL ADVANCE AMOUNT OUTSTANDING   |   |             |
|   |  |                               | 45. AMT. OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 44)  |   |             |
|   |  |                               | 46. AMT. 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. <b>NET TO TRAVELER</b> (Block 43 minus Blocks 45 and 46) \$                 |   |             |
|   |  |                               | AUDITED BY  |   |             |
|   |  |                               | TOTAL DIFFERENCE  |   |             |

|                     |                 |
|---------------------|-----------------|
| SOCIAL SECURITY NO. | TRAVELER'S NAME |
|---------------------|-----------------|

**SECTION G -- SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

|  |   |   |   |   |   |   |   |   |   | <b>TOTALS</b><br>Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet |  |
|--|---|---|---|---|---|---|---|---|---|---|--|
| <b>ITINERARY FROM</b>  |   |   |   |   |   |   |   |   |   |   |  |
| DATE (Month/Day)   |   |   |   |   |   |   |   |   |   |   |  |
| CITY   |   |   |   |   |   |   |   |   |   |   |  |
| STATE  |   |   |   |   |   |   |   |   |   |   |  |
| TIME   |   |   |   |   |   |   |   |   |   |   |  |
| <b>TO</b>  |   |   |   |   |   |   |   |   |   |   |  |
| DATE (Month/Day)   |   |   |   |   |   |   |   |   |   |   |  |
| CITY   |   |   |   |   |   |   |   |   |   |   |  |
| COUNTY   |   |   |   |   |   |   |   |   |   |   |  |
| STATE  |   |   |   |   |   |   |   |   |   |   |  |
| TIME   |   |   |   |   |   |   |   |   |   |   |  |
| <b>PER DIEM</b>  |   |   |   |   |   |   |   |   |   | TOTAL NO. DAYS  |  |
| NO. OF DAYS  |   |   |   |   |   |   |   |   |   |   |  |
| LODGING & INCIDENTAL EXPENSES (Receipt Required for Lodging)                         |   |   |   |   |   |   |   |   |   | TOTAL LODGING & IE<br>\$  |  |
| MEALS  |   |   |   |   |   |   |   |   |   | TOTAL MEALS<br>\$   |  |
| <b>MILEAGE</b>   |   |   |   |   |   |   |   |   |   | TOTAL MILES   |  |
| MILES  |   |   |   |   |   |   |   |   |   |   |  |
| RATE PER MILE  | ¢ | ¢ | ¢ | ¢ | ¢ | ¢ | ¢ | ¢ | ¢ |   |  |
| MILEAGE AMOUNT   |   |   |   |   |   |   |   |   |   | TOTAL MILEAGE<br>\$   |  |
| <b>PARKING, TOLLS, ETC.</b>  |   |   |   |   |   |   |   |   |   | TOTAL PARKING<br>\$   |  |
| <b>PLANE, BUS, TRAIN</b><br>(Paid By Traveler)                                       |   |   |   |   |   |   |   |   |   | TOTAL PLANE, BUS, TRAIN<br>\$   |  |
| <b>UNACCOMPANIED BAGGAGE</b>   |   |   |   |   |   |   |   |   |   | TOTAL UNACCOMPANIED BAGGAGE<br>\$   |  |
| <b>LOCAL TRANSPORTATION</b>  |   |   |   |   |   |   |   |   |   | TOTAL LOCAL TRANSPORTATION  |  |
| NO. TRIPS  |   |   |   |   |   |   |   |   |   |   |  |
| DAILY EXPENSE  |   |   |   |   |   |   |   |   |   | \$  |  |
| <b>MISCELLANEOUS EXPENSES/ ALLOWANCE</b>   |   |   |   |   |   |   |   |   |   | TOTAL MISCELLANEOUS<br>\$   |  |
| <b>CAR RENTAL</b><br>(Paid by Traveler)<br>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 | X | COMMUTED RATE | = | TOTAL | + | ADDITIONAL ALLOWANCES | = | TOTAL SHIPMENT AMOUNT | \$ |
|-------------------------------|---|---------------|---|-------|---|-----------------------|---|-----------------------|----|

**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

**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.