TRAVEL VOUCH (Read the Privacy Statement on th back)		ESTABLISHMEN <sup>-</sup> N, OR OFFICE	Γ,		E OF TRAVEL TEMPORARY DUTY PERMANENT CHANGE	3. VOUCHER NO. 4. SCHEDULE NO.				
a. NAME (Last, first, mide	die initial)			b. SOCIAL SECURITY N		AL SECURITY NUMBER	a. FROM	b. TO		
								b. 10		
	Include ZID Code									
c. MAILING ADDRESS (	nciude ZIP Code)			d. OFFICE TELEPHONE N			7. TRAVEL AUTHORIZATION			
Image: C. MAILING ADDRESS (i)   c. MAILING ADDRESS (i)   Image:						a. NUMBER(S)	b. DATE(S)			
e. PRESENT DUTY STA	f. RESIDENCE (city and State)				-					
<u>ي</u> ۲					10. CHECK NO.					
8. TRAVEL ADVANCE	9. CASH PAYN	9. CASH PAYMENT RECEIPT				11. PAID BY				
a. Outstanding		a. DATE RECEIVED b. AMOUN			OUNT RECEIVED					
b. Amount to be applied					\$					
c. Amount due Government	_		c. PAYEE'S SIG	GNATURE						
(Attached: Check	Cash)									
d. Balance outstanding										
12. GOVERNMENT TRANSPORTATION REQUEST, OR TRANSPORTATION			ed below, purchas			parties in connection with ent procedures (FPMR 10		Traveler's Initials		
TICKETS, IF PUR- CHASED WITH CASH (List by number below	AGENT'S ISSUING VALUATION CARRIER		MODE, CLASS OF SERVICE	DATE ISSUED		P	VEL			
and attached passenger coupon; if cash is used	OF TICKET	(Initials)	AND ACCOM-			FROM		TO		
show claim on reverse side.)	(a) (b)		MODATIONS (c)	(d)		(e)		(f)		
13. I certify that this voucher										
been received by me. Whe covered by this voucher.	MOUNT									
TRAVELER SIGN HERE				C	LAIMED 🚩	\$				
NOTE; Falsification of an it of not more than \$1			,	,						
14. This voucher is approved in the interest of the Gov the approving official m department or agency t	ernment. (NOTE: nust have been a	If long distar uthorized in	nce telephone cal writing by the hea	ls are incluc	a. DIFFER- ENCES,		EONLY	\$		
						IF ANY				
OFFICAL		DATE		(Explain and show						
SIGN HERE						amount)				
15. LAST PRECEDING VOUCH			AUTHORIZATION							
a. VOUCHER NO. b. D.O. SYMBOL			c. MONTH YEAR		b. TOTAL VERIFIED COR CHARGE TO APPROPR					
				Certifier's Initials:		\$				
16. THIS VOUCHER IS CER	TIFIED CORREC	T AND PROF	PER FOR PAYMEN	NT		c. APPLIED TO TRAVEL				
AUTHORIZED CERTIFIYING				DATE	(Appropriation symbol			\$		
OFFICAL SIGN HERE				d. NET TO TRAV	ELER	\$				

18. ACCOUNT CLASIFICATION

		INSTRUCTIONS TO TRAV	ELER (Unlisted items are self-explanation)									Complete this page PAGE		
SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show member's names, ages and relationship to em- ployee and marital status of children (unless information is shown on the travel authorization.)	pi or fc ac ex	Complete only for actual expense travel   Col. (d) (g) (h)   Show amount incurred for each meal, including tax and tips, and daily total meal cost. Show expenses, such as: laundry, cleaning and pressing clothes, tips to bellboys, porters, etc. (other than for meals).     (i)   Complete for per diem and actual expense travel. (ii)   Show total subsistence expenses incurred for actual expense travel. Show ber diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.     (n)   Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.								information PAGE if this is a of continuation sheet TRAVEL AUTHORIZATION NO. TRAVELER'S LAST NAME		
DATE TIME		DESCRIPTION	ITEMIZED SUBSIST				TENCE EX					AMOUNT CLAIMED		
(2)	(Hour and am/pm) (b)	(Departure/arrival city, per diem computation, or other explanations of expense )	BREAK- FAST	LUNCH		TOTAL	MISCEL- LANEOUS SUBSIS- TENCE	LODGING (i)	TOTAL SUBSISTENCE EXPENSE	RATE: NO. OF MILES	MILEA (1)		SUBSISTENCE	OTHER
(a)	(D)	(C)	(d)	(e)	(f)	(g)	(h)	()	(i)	( k)	(/)		(m)	(n)
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.														
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the per-formance of official duty while in 11609 of July 22, 1971, E.O. 110012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or									Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form.					
individuals for a to record and and employee	allowable travel and maintain costs of s s who have a ne	dor relocation expenses incurred under appropriate admini- such reimbursements to the Government. The information ed for information in the performance of their official duties. al. State. Local. or foreign agencies the relevant to ci	strative authoriza will be used by The information	ation and emp officers exp may be volu	oloyee identification ense reimbursem intary in all other	on number; disclos nent which is, or r	sure is MANDATO nay be, taxable inc er, failure to provide	ORY on vouchers clai come. Disclosure of yo	ming travel and/or relocation SSN and other requested to some sSN required to s	ation allowance ed information is	TOTA AMOU CLAII	JNT	•	