TRAVEL VOUCHER (Temporary Duty Travel)

| SECTION A - IDENTIFICATION 1. TRAVELAUTHORIZATION NO. 2. SOCIAL SECURITY NO. 3. NAME (I | | | | | | Last) | (First) | | | | (M | iddle Initial) | 4. AGENO | CY | | | | |
|--|--|---|---------------------------------------|---------------------------|---------|-------------|---|--|--|--|------|--------------------|--|---|-------------------------|----------------------------------|--------------|--|
| 5. AGENCY ORIGINATING OFFICE NUMBER | | | 6. TRAVELER ORIGINATING OFFICE NUMBER | | | | 7. DATES OF TRAVEL EXPENS FROM Month Day Year | | | THRU onth Day Year FG OC | | | IM (Indicate one type only) = Domestic = Foreign TDY = Outside Cont. U.S. = Escorted Group | | | 9. RECLAIM AMOUNT INCLUDED | | |
| 10. LEAVE TAKE | | 11. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only) | | | | | 12. OFFICIA | | | | | | | MD STATE (If other than official station) | | | | |
| 14. POST APPR | ROVAL INDICA | ATOR | 15. TOTAL NIGHTS LODGING | | | | | 16. NUMBE | 6. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIF | | | | | HE FIRE | RE SAFETY ACT STANDARDS | | | |
| | Yes N=N IB-TE | | VOUCHE | R MAII | INC | 3 ADD | RES | S OPTIO | ONS | | | | | | | | | |
| SECTION B - TRAVEL VOUCHER MAILING ADDRI 17. SALARYADDRESS 19. SPECIAL ADDRESS | | | | | | | TKEC | 20. FOREIGN ADDRESS 21. TRAVEL EFT A | | | | | /EL EFTAC | COUNT | | | | |
| | | | 1. (35) | | | | | | | | | | | | | | | |
| 18. T&A CONTACT POINT 2. (35) ► State (2) ► Zip Code (9) ► | | | | | | | | | | | | | | | | | | |
| SECTION C – TRANSPORTATION COSTS SECTION D – CLAIMS | | | | | | | | | | | | | | | | | | |
| 22. METHOD OF | 23. VENDOR/ | IE | 24. DENTIFICATIO | | RENTAL | , | 26. MOUNT | | 28. SUMMARY (| | | | SUBSIS | STENCE | | | | |
| PAYMENT | PAYMENT CARRIER | | NUMBER | | .ES | DAYS | s | | CNTRY CODE | | | ATION Y or COUNTY | | STATE | NO. OF DAYS | AMOUNT | | |
| | | | | | | | Ψ | P | | CODE CITY OF COUNTY | | | OIAIL | | \$ | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| If payment complete S | t was mad Section G | le by tra on revei | rse TOTA | | 0 | 0.00 | \$ | 0.00 | | | | | | | | | NFC USE | |
| 27. AIRLINE A | | | | Fare (Che | | | ◀Non | -contract (Inse | rt e) | 29. PER DIEM No. of Days [0.00] | | | | | 0.00 | 11-C 03L | | |
| | | | TING CLA | | | | TDAV | EL CODES | | 30. ACTUAL SUBSISTENCE No. of Days [0.00] | | | | | | 0.00 | | |
| (Check | this block if | accounting | I | 1 = Site vis | it | | 9 = | Emergency tr | avel | 31. MILEAGE Rate [t] Miles [] | | | |] | | | | |
| | harged for the | | | 2 = Inform 3 = Trainin | g atten | dance | | Other travel Pre-employme | nt travel | Rate [| | | |] | | 0.00 | | |
| | | | COUNTING tal claim from | 4 = Speech 5 = Confer | nce att | tendance | | Rest and Recup | eration | Rate [¢] Miles [] | | | | 1 | 1 1 | | | |
| Section D to the applicable Purpose of Travel Code and Accounting Classification line.) 7 = Entitlement/home leave 14. = Education 8 = Special mission travel 15 = Informal trainir | | | | | | | | | | _ | 0.00 | | | | | | | |
| PURPOSE CODE ACCOUNTING CLASSIFICATION | | | | | PERCE | (, , | | | | | 0.00 | | | | | | | |
| | | | | | | | % | 34. UNA | 34. UNACCOMPANIED BAGGAGE | | | | 0.00 | | | | | |
| | | | | | | | | | 35. LOCAL TRANSPORTATION | | | | | | 0.00 | | | |
| | | | | | | | | | | 36. MISCELLANEOUS EXPENSES | | | | | 0.00 | | | |
| | - | | | | | | | | 37. CAR RENTAL | | | | | 0.00 | | | | |
| | | | | | | | | 38. TOTAL CLAIM (Blocks 29 thru 37) | | | \$ | \$ 0.00 | | | | | | |
| 0505 | | | A-10-10-1 | THESE | PERC | ENTAGES | MUST | EQUAL 10 | 00% | 39. TRAVEL ADVANCE AMOUNT OUTSTANDING | | | | | | 1 1 | | |
| SECTION | | | ATIONS on of an item in | an expense | accou | nt will res | ult in a | forfeiture of | the claim | 40. AMT. OF VOUCHER (Block 38) TO BE APPLIED | | | | | | 0.00 | | |
| (28 USC 2514) (18 USC 287; i.e | and may result. 1001). | lt in a fine | of not more than | \$10,000 or i | mpris | onment of | not mo | re than 5 year | rs or both | TO OUTSTANDING ADVANCE (Block 39) | | | | | | 0.00 | | |
| against other par | ties in connecti | ion with any | AND SIGNATUL y reimbursable car | rier transpor | ation o | charges des | cribed l | erein. I have r | eceived no | TO OUTSTANDING BILL FOR COLLECTION | | | | ON | | 1 1 | | |
| Government. All have been accou | 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 | | | | | | | | 42. ADDITIONAL ADVANCE AMOUNT REPAID | | | | | | | | | |
| to be correct. 47. CLAIMANT'S SIGNATURE 48. DATE 49. FINAL VOUCHER | | | | | | | | (Check or money order attached) 43. REMAINING ADVANCE BALANCE | | | _ | | 1 1 | | | | | |
| 49. CLAIMANTS SIGNATURE 48. DATE Month Day Year | | | | | | | INDICATOR Y = Yes N = No | | (Block 39 minus Block 40 and Block 42) | | | | 0.00 | | | | | |
| 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 | | | | | | | | (Block 38 minus Block 40 and Block 41) | | | \$ | | | | | | | |
| 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 | | | | | | | | AUDITED BY (Examiner's initials) | | | 10 | TOTAL DIFFERENCE | | | | | | |
| must have written authorization from Agency Head or his/her designee (31 USC 1348). 50. APPROVING OFFICER'S SIGNATURE | | | | | | | | 51. | SOCIAL SE | SOCIAL SECURITY NO. 52. DATE APPROVED Month , Day , Year | | | nd No.) | | | | | |
| 54. NAME AND TITLE (Last, First, Middle Initial)(Type or Print) AGENC CODE | | | | | | | | 55. | CONTACT PÉRSON'S NAME 56. P | | | | 6. PHONE (Area Code and No.) | | | | | |
| <u> </u> | | | | | | | | | | | | | | F | ORM AD - | 616 (USDA) | (Rev. 11/96) | |

| SOCIAL SECURITY NO. | TRAVELER'S NAMI | E | | | | | | |
|--|-----------------|----------|----------|-----------|------|----------|----------|-------------------------------|
| SECTION G-SCH | HEDULE OF | EXPENSES | AND AMOU | NTS CLAIM | ED | | | |
| ITINERARY FROM | | | | | | | | TOTALS |
| DATE (Month/Day) | | | | | | | | Transfer |
| CITY | | | | | | | | these totals to |
| STATE | | _ | | | | | | Section D on |
| TIME | | | | | | | | Voucher Front. |
| TO TDY LOCATION DATE (Month/Day) | | | | | | | | If additional |
| CITY | | | | - | | | | days are required, use |
| COUNTY | | | | | | | | continuation |
| STATE | | | | | | | - | sheet |
| TIME | | | | | | | | 311331 |
| PER DIEM | : | : | : | : | : | : | | TOTAL NO. DAYS |
| NO. OF DAYS | ı | ' | 1 | | 1 | 1 | 1 | 0.00 |
| LODGING (Receipt Required) | | | | | : | | · · | |
| MEALS AND INCIDENTAL EXPENSES | 0.00 | 0.00 | 0:00 | 0:00 | 0:00 | 0.00 | 0.00 | |
| LESS MEALS AT GOVERNMENT EXPENSE | <u> </u> | | | | | | | TOTAL DED DIEM |
| PER DIEM AMOUNT | 0.00 | 0.00 | 0.00 | 0:00 | 0:00 | 0.00 | 0.00 | \$ 0.00 |
| ACTUAL SUBSISTENCE | | : | : | : | : | : | : | TOTAL NO. DAYS |
| NO. OF DAYS | ' | | 1 | | : | | | 0.00 |
| LODGING (Receipt Required) | 1 | 1 | 1 | | 1 | ! | 1 | |
| BREAKFAST | | i | i | i | i | i | i | |
| LUNCH | | 1 | | | | | 1 | |
| DINNER | <u> </u> | | | | | | | |
| M&IE/OTHER | | | | | ' | <u>'</u> | | TOTAL ACTUAL |
| ACTUAL SUBSISTENCE AMOUNT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0:00 | \$ 0.00 |
| MILEAGE MILES | , | | | | | | | TOTAL MILES |
| RATE PER MILE | ¢ | ¢ | é | ¢ | ¢ | ¢ | ¢ | 0.00 |
| | : | : | : | : | . | : | | TOTAL MILEAGE |
| MILEAGE AMOUNT | 0.00 | 0.00 | 0:00 | 0.00 | 0.00 | 0.00 | 0.00 | \$ 0.00 total parking |
| PARKING, TOLLS, ETC. | : | | | : | : | : | : | \$ 0.00 |
| PLANE, BUS, TRAIN | . | : | : | | : | · · | | TOTAL PLANE, BUS. |
| (Paid By Traveler) | | : | | : | : | : | : | \$ 0.00 |
| UNACCOMPANIED BAGGAGE | · . | · · | | | : | | | TOTAL UNACCOMPANIED BA 0.00 |
| LOCAL TRANSPORTATION NO. TRIPS | | | | | | | | TOTAL LOCAL TRANSPORTATION |
| DAILY EXPENSE | | : 1 | : | | | : | • | \$ 0.00 |
| MISCELLANEOUS EXPENSES | : | : | : | : | : | · · | · · | TOTAL MISCELLANEOUS |
| TELEPHONE CALLS SUPPLIES, ETC. | | · · · | • | | | : | • | \$ 0.00 |
| CAR RENTAL | : | : | : | : | : | | <u> </u> | TOTAL CAR RENTAL |
| (Paid by Traveler) Receipt and Car Rental | | : | : | | | • | | |
| Agreement Required RENTAL EXPENSE | : | | | : | : | : | : | |
| GASOLINE EXPENSE | : | : | | : | | | : | \$ 0.00 |
| 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.