

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									\$
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

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.