

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 (Month FROM Day Year Month THRU Day Year)	8. TYPE CLAIM (Indicate one type only) (DM = Domestic, FG = Foreign TDY, OC = Outside Cont. U.S., GR = Escorted Group)	9. RECLAIM AMOUNT INCLUDED
10. LEAVE TAKEN (Y = Yes N = No)	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 (Y = Yes N = No)	15. TOTAL NIGHTS LODGING	16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS		

SECTION B - TRAVEL VOUCHER MAILING ADDRESS OPTIONS				
<input type="checkbox"/> 17. SALARY ADDRESS	19. SPECIAL ADDRESS		20. FOREIGN ADDRESS	21. TRAVEL EFT ACCOUNT
<input type="checkbox"/> 18. T&A CONTACT POINT	1. (35) ▶			
	2. (35) ▶			
	3. City (20) ▶		State (2) ▶	Zip Code (9) ▶

SECTION C - TRANSPORTATION COSTS		SECTION D - CLAIMS									
22. METHOD OF PAYMENT	23. VENDOR/CARRIER	24. IDENTIFICATION NUMBER	25. CAR RENTAL (MILES, DAYS)		26. AMOUNT	28. SUMMARY OF SUBSISTENCE				NO. OF DAYS	AMOUNT
					\$	TDY LOCATION (CITY or COUNTY, STATE)					\$
						CNTY CODE	CITY CODE				

If payment was made by traveler, complete Section G on reverse	TOTALS	\$
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SECTION E - ACCOUNTING CLASSIFICATION	27. AIRLINE ACCOMMODATIONS:	Excess Fare (Check if Applicable)	Non-contract (Insert Code)	NFC USE
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.)	PURPOSE OF TRAVEL CODES			
46. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)	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		
PURPOSE CODE	ACCOUNTING CLASSIFICATION	PERCENTAGE		
		%		
THESE PERCENTAGES MUST EQUAL				100%

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)	43. REMAINING ADVANCE BALANCE (Block 39 minus Block 40 and Block 42)
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 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 must have written authorization from Agency Head or his/her designee (31 USC 1348).			
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.)

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 EXPENSES									TOTAL MISCELLANEOUS
TELEPHONE CALLS									
SUPPLIES, ETC.									TOTAL
									\$
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required									TOTAL CAR RENTAL
RENTAL EXPENSE									
GASOLINE EXPENSE									TOTAL
									\$

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.