TRAVEL V		EPARTMENT OR ESTABLISHMENT, EAU, DIVISION, OR OFFICE					TYPE OF TRAVEL	3. VOUCHER NUMBER						
(Read the Privacy on the l	2	, sar saras				TEMPORARY DUTY PERMANENT CHANGE OF STATION	4. SCHEDULE NU		UMBER					
5. a. NAME (Last,		b.			b. S	SOCIAL SECURITY NUMBER		6. PERIOD OF TRAVEL						
T R										a.	FROM	b. TO		
A V a MAILING ADD														
E c. MAILING ADI		d.				OFFICE TELEPHONE NUMBER		7. TRAVEL AUTHORIZATION						
L E R				"					а.	NUMBER(S)	b. DATE(S)			
(P A e. PRESENT D		f. RESIDENCE (City and State)												
Υ						()				10	. CHECK NUM	IBER		
E E)														
8. TRAVEL ADV		9. CASH PAYMENT RECEIPT					11. PAID BY							
a. Outstanding					a. DATE RECEIVED b						b. /	AMOUNT RECEIVED		
b. Amount to be ap	plied													
c. Amount due Gov		c. PAYEE'S SIGNATURE]						
Attached: Che		Cash												
d. Balance outstand												T 1.1.120.1		
12. GOVERNI TRANSPORTA REQUESTS,	TION OR	transpo	ortation charg	es describe					parties in connection with reimbursable Traveler's Initials					
TRANSPORTA TICKETS, IF PUR			AGENT'S ALUATION	ISSUING CARRIER (Initials)	MODE, CLASS SERVICE, AN		DATE ISSUEI		PO		S OF TRAVEL			
WITH CAS	Н		TICKET		ACCOMMODA				FROM			TO		
(List by number be attach passenger o														
cash is used show	claim on		(a) (b)		(c)		(al)		(1)					
reverse side	e.)		(a)	(b)	(c)		(d)		(e)			(f)		
-														
									ent or credit has not been rece		d			
by me. When applicable, per diem claimed is based on the average cost of lodg TRAVELER							arrea aariing	y u ic	DATE		MOUNT _			
SIGN HERE								LAIMED						
NOTE: Falsification imprisonment for no						n (28 U	.S.C. 2514)	and i	may result in a fine of not mo	re th	nan \$10,000 or			
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls								17. FOR FINANCE OFFICE USE ONLY COMPUTATION						
are included, the approving official must have been authorized in writing									a					
head of the department or agency to so certify (31 U.S.C. 680a).)									DIFFERENCES,					
APPROVING		DATE				IF ANY (Explain and								
OFFICIAL SIGN HERE							show amount)							
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION									b. TOTAL VERIFIED CORRECT FOR					
a. VOUCHER NUM	IBER	o. DISBURSI	NG OFFICE				EAR	CHARGE TO APPROPRIATE Certifier's Initials:						
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FO							MENT		c. APPLIED TO TRAVEL AI					
AUTHORIZED						(Appropriation symbol):								
CERTIFYING OFFICIAL					DATE				NET TO TRAVELER					
SIGN HERE									NELIGIE					
18 ACCOUNTIN	IG CLAS	SIFICAT	TION											

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Complete only for

actual expense

travel

Column (c): If the voucher includes per diem allowances for members of employee's immediate family, show member's names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Column (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

- (h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from column (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.

Complete this information if this is a continuation sheet.

PAGE OF PAGES
TRAVEL AUTHORIZATION NUMBER

TRAVELER'S LAST NAME

DATE TIME (Hour an am/pm)		DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES MILEAGE									AMOUNT CLAIMED	
	(Hour and	or other evolunations of evnense)	MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL	RATE: C	MILEAGE	SUBSISTENCE	OTHER
	anvpini)		BREAKFAST	LUNCH	DINNER	TOTAL			SUBSISTENCE EXPENSE	NUMBER OF MILES			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(m)	(n)
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lf addi	tional spa	ce is required, continue on anoth	ner Optio	nal Forr	n 1012 E	BACK, lea	aving the fr	ont blank.	то	TALS >			

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to

March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory 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 performance of official duty while in Government service. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to proved the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter the total of columns (I), (m), and (n) below and in item 13 on the front of this form.

TOTAL
AMOUNT
CLAIMED