

TRAVEL VOUCHER (Relocation)

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 FROM Month Day Year			THRU Month Day Year		8. TYPE CLAIM (Indicate one type only) HH = Hse hunting SR = Supp Cont TS = Trans Stn OT = Outside Cont. RC = Relo Contr RI = RIT U.S.	9. RECLAIM AMOUNT INCLUDED
10. DATE REPORTED AT NEW OFFICIAL DUTY STATION Month Day Year		11. LEAVE TAKEN Y = Yes N = No		12. OFFICIAL DUTY STATION CITY AND STATE			13. RESIDENT CITY AND STATE (If other than official station)			
		14. TOTAL NIGHTS LODGING		15. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS						

SECTION B TRAVEL VOUCHER MAILING ADDRESS OPTIONS

SECTION D CLAIMS

16. SALARY ADDRESS		17. T&A CONTACT POINT		18. SPECIAL ADDRESS		19. TRAVEL LEFT ACCT.	
1. (35)							
2. (35)							
3. City (20)		State (2)		Zip Code (9)			

26. TOTAL SALES PRICE OF FORMER RESIDENCE		\$
27. TOTAL PURCHASE PRICE OF NEW RESIDENCE		\$
28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (For Type Claim RC Only, Invoice Attached)		
a. APPRAISED VALUE SALES FEE		\$
b. AMENDED VALUE SALES FEE		\$
c. CANCELLATION FEES		\$
EXPENSES CLAIMED BY EMPLOYEE		
29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)		

SECTION C TRANSPORTATION COSTS

20. METHOD OF PAYMENT	21. VENDOR/CARRIER	22. IDENTIFICATION NUMBER	23. CAR RENTAL		24. AMOUNT
			MILES	DAYS	
					\$
If payment was made by traveler, complete Section G on reverse. TOTALS					\$

LOCATION		NO. OF DAYS	AMOUNT
CITY	ST		
			\$
TOTAL OUTSIDE CONT. U.S. SUBSISTENCE			\$

25. AIRLINE ACCOMMODATIONS Excess fare (Check If Applicable) Non-contract (Insert Code)

SECTION E ACCOUNTING CLASSIFICATION

50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total voucher claim.)

51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to the applicable Accounting Classification line.)

PURPOSE CODE	ACCOUNTING CLASSIFICATION	PERCENTAGE
		%
THESE PERCENTAGES MUST EQUAL 100%		

30. REAL ESTATE (Paid by Employee)	AMOUNT
a. SALES EXPENSE (AD-424 Attached)	\$
b. PURCHASE EXPENSE (AD-424 Attached)	
c. LEASE TERMINATION EXPENSE	
31. PER DIEM	
No. of Days [] LODGING & IE	
No. Travelers [] MEALS	
32. MILEAGE	
Rate [] ¢ Miles []	
Rate [] ¢ Miles []	
Rate [] ¢ Miles []	
Rate [] ¢ Miles []	
33. PARKING TOLLS, ETC.	
34. PLANE, BUS, TRAIN (Paid by Traveler)	
35. UNACCOMPANIED BAGGAGE	
36. LOCAL TRANSPORTATION	
37. MISCELLANEOUS EXPENSES/ ALLOWANCE	
38. CAR RENTAL	
39. SHIPMENT OF HOUSEHOLD GOODS	
Total Weight []	
40. STORAGE OF HOUSEHOLD GOODS	
1ST 30 DAYS	
Total Weight []	
OVER 30 DAYS	
No. Days []	
41. TEMPORARY QUARTERS (AD-569 Attached)	
No. of Days []	
No. of Occupants []	
42. RELOCATION INCOME TAX (AD-1000 Attached)	
43. TOTAL CLAIM (Block 29 THROUGH 42)	\$

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 for 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 FPMR 101-7 and other regulations. I have reviewed this voucher and certify it to be correct.

52. CLAIMANT'S SIGNATURE _____

53. DATE Month Day Year

54. FINAL VOUCHER INDICATOR Y = Yes N = No

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).

55. APPROVING OFFICER'S SIGNATURE _____

56. SOCIAL SECURITY NO. _____

57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print) _____

AGENCY CODE _____

58. DATE APPROVED Month Day Year

59. PHONE (Area Code and No.) _____

60. CONTACT PERSON _____

61. PHONE (Area Code and No.) _____

44. TRAVEL ADVANCE AMOUNT OUTSTANDING	
45. AMOUNT OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING BILL ADVANCE (Block 44)	
46. AMOUNT OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION	
BILL NO.	
47. ADDITIONAL ADVANCE AMOUNT REPAYED (Check or Money Order Attached)	
48. REMAINING ADVANCE BALANCE (Block 43 Minus Blocks 45 and 47)	
49. NET TO TRAVELER (Block 43 Minus Blocks 45 and 46)	\$
AUDITED BY	TOTAL DIFFERENCE

Upon completion and approval, submit original voucher to:
 U. S. Department of Agriculture
 National Finance Center
 P. O. Box 60000
 New Orleans, LA 70160

SOCIAL SECURITY NO.	TRAVELER'S NAME
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SECTION G SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet

ITINERARY FROM											
DATE (Month/Day)											
CITY											
STATE											
TIME											
TO											
DATE (Month/Day)											
CITY											
COUNTY											
STATE											
TIME											
PER DIEM											TOTAL NO. DAYS
NO. OF DAYS											
LODGING & INCIDENTAL EXPENSES (Receipt Required for Lodging)											TOTAL LODGING & IE
MEALS											TOTAL MEALS
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/ ALLOWANCES											TOTAL MISCELLANEOUS \$
RENTAL EXPENSE											
GASOLINE EXPENSE											\$

SHIPMENT OF HOUSEHOLD GOODS PAID BY TRAVELER (Weight Certificate of Bill of Lading Required)

TOTAL WEIGHT OF GOODS SHIPPED	X	COMMUTED RATE	=	TOTAL	+	ADDITIONAL ALLOWANCES	=	TOTAL SHIPMENT AMOUNT
	\$		\$		\$		\$	

STORAGE OF HOUSEHOLD GOODS

TEMPORARY STORAGE	NUMBER OF DAYS CLAIMED	TOTAL WEIGHT OF GOODS	ACTUAL CHARGES	COMMUTED RATE CHARGES	CLAIM LESSER AMOUNT AND DISTRIBUTE TO APPLICABLE PERIOD OF STORAGE	1ST 30 DAYS AMOUNT
				\$	\$	\$
						OVER 30 DAYS AMOUNT \$

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 U.S.C., Chapter 257 (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 will result in delay or suspension of the employee's claim for reimbursement.