* Items indicated by a Star are to be Completed by the Payee.	1. _____ (AGENCY) U.S. Department of State **TRAVEL REIMBURSEMENT VOUCHER**	2. D.O. VOUCHER NO.
		3. BU. VOU. NO.

*4. PAYEE'S COMPLETE NAME AND ADDRESS	*5. TRAVEL AUTHORIZATION		6. D.O. PAID BY
	A. Number	B. Dated *(mm-dd-yyyy)*	
	*7. SOCIAL SECURITY NUMBER		
*8. TRAVEL ADVANCE STATUS			
A. Old Balance	*9. OFFICIAL STATION (State Only)		
B. Applied This Voucher			
C. New Balance			

*10. STATEMENT OF GOVERNMENT-FURNISHED TRANSPORTATION				E. Point-to-Point Travel	
A. GTR or Vou. No	B. Valuation	C. Carrier*	D. Class	(1) from	(2) to

*11. PAYEE CERTIFICATE: Certified Correct. Payment or credit has not been received.**		12. PAYMENT CALCULATION
A. Date *(mm-dd-yyyy)*	B. Signature	*A. Amount Claimed (See Item 18.)
13. ADMINISTRATIVE APPROVAL:		B. Differences, if any
A. Date *(mm-dd-yyyy)*	B. Signature (See Item 8B.) Name: Title:	C. Amount Allowed (Verified correct to Appropriation
*14. PREVIOUS PAYMENTS: The next previous Vou. paid under same travel auth. was:		
A. D.O. Vou. No. / B. Paid *(mm-yyyy)* / C.D.O. Name and Symbol		D. Applied to Advance (See Item 8B.)
15. CERTIFIED FOR PAYMENT: *Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:*		
A. Date *(mm-dd-yyyy)*	B. Authorized Certifying Officer's Signature Name: Title:	E. Net to Payee

16. METHOD OF PAYMENT *(For Paying Office Use Only)*

A. Cash or Dep. Check Amt.	B. Exchange Rate	C. U.S. $ Equivalent	*D. Date *(mm-dd-yyyy)*
E. Treasury or Depository Check No. and Name of Depository			*F. Payment Received (Payee's Signature)

17. ACCOUNTING CLASSIFICATION			D. Organization, Subcost, etc.	E. Function	F. Object, Resource, etc	G.Paying Office	H. Paying Date *(mm-dd-yyyy)*	I.Amount (State)
A. Fund	B. Allotment	C. Oblig. (T/A) No.						

* Item 10C - If carrier was foreign ship registry, attach certificate of readiness.

** FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

*18. CLAIM (Show complete itinerary and/or transportation expenses for persons and things for which reimbursement is claimed; on effects, show weights/measures and attach all receipts.)

REMARKS (Names of dependents including date of birth (DOB) of dependent children, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates *(mm-dd-yyyy)* (A)	Local Time (B)	Itinerary and Description	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
GRAND TOTAL TO ITEM 12A ON FACE OF VOUCHER (Subtotals To Be Carried Forward)						

PRIVACY ACT STATEMENT Authority: E.O. 9397, dated November 22, 1943 and 5 U.S.C. 5705
Use of your social security number (SSN) is mandatory to process your application or claim. It is used in the mechanized travel advance data system, in addition to your name, as an identifier to assure crediting advances and reimbursements to the right person. Your providing your number will facilitate faster, more accurate processing. If you do not provide your SSN at this time, it must be researched manually with attendant delay, and with the possibility of errors if your claim is confused with that of another person having a similar name. Completed forms are subject to audit by the U.S. Department of State and General Accounting Office.