TRAVEL VOUCHER (Relocation)

SECTION	N A – IDE	ENTIFIC	CATION		_																
1. TRAVEL AL	JTHORIZATIO	N NO.	2. SOCIA	3. NAME (Last)						(First)					(Middle Initial)		4. AGENCY CODE				
5. AGENCY ORIGINATING OFFICE NUMBER				6. TRAVELER ORIGINATING OFFICE NUMBER			S OF TE FROI Day	RAVEL EX	XPENS ear	SES Month	TH Da		Year	8. TY	18	LAIM (Iı Hseh Trans	Stn	ne type only SR = SI OT = OL	ibp tside	9. RECLA AMOUI INCLUI	NT
10. DATE REP	PORTED AT N	IEW	11. LEAVE	11. LEAVE TAKEN				12. OFFICIAL DUTY STATION CI					RI = RIT					U. AND STATE		r than officia	l station)
OFFICIAL DUTY STATION Y = Yes N = No																					
Month Day Year 14. TOTAL NIGHTS LODGING 15. NUMBER OF NIGHTS IN APF											PROV	ED ACCO	MMOE	OATIO	NS PEF	THE F	IRE SAFET	Y ACT S	STANDARD)S	
SECTION B – TRAVEL VOUCHER MAILING ADDRESS OPTIONS														SE	CTIC	N D	– CLA	IMS			
											SECTION D – CLAIMS 26. TOTAL SALES PRICE OF FORMER RESIDENCE \$										
											27. TOTAL PURCHASE PRICE OF NEW RESIDENCE \$										
1. (35)											28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (For Type Claime RC Only, Invoice Attached)										
2 (25)											a. APPRAISED VALÜE SALES FEE \$ b. AMENDED VALUE SALES FEE \$										
2. (35)										c. CANCELLATION FEES \$											
3. City (20) State (2) Zip Code (9)										EXPENSES CLAIMED BY EMPLOYEE											
SECTION C - TRANSPORTATION COSTS											29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)										
20. 21. METHOD OF VENDOR/		22. IDENTIFICATION		23. CAR RENTAL			AMOUNT			LOCATION						NO. OF					
PAYMENT	MENT CARRIER		NUMBER		MILES D		AYS	\$			CITY				ST	DAYS	YS AI		<u> </u>		
								Ψ											Ψ		
																					_
	If payme	ent was mad	e by traveler,					\$													+
25. AIRLINE A	comple	ete Section G		TOTALS				Ψ										SISTENCE	\$		
				cess fare (Check If A)	• N	lon-contra	act (Ins	sert Code)			REAL ESTA					\$ A	MOUNT	ī	
				LASSIFICAT									IRCHASE		•					++	
50. A	50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total youcher claim.)											b. PURCHASE EXPENSE (AD-424 Attached) c. LEASE TERMINATION EXPENSE									
				G (Check this blounting Classific			ibute to	otal clai	m fro	m		31. PER DIEM No. of Days [] LODGING & IE									
PURPOSE CO		ше аррі		OUNTING CLASSIFI		ine.)			PE	RCENTA	GE		o. Traveler	-	-	MEALS					
											.,		/ILEAGE								
											%		ate [ate [¢ Mile	-]			
													ate [¢ Mil	-]			
												Rate [& Miles []] — 33. PARKING TOLLS, ETC.									
											34. PLANE, BUS, TRAIN (Paid by Traveler)										
												35. UNACCOMPANIED BAGGAGE							$\perp \perp$		
												36. LOCAL TRANSPORTATION 37. MISCELLANEOUS EXPENSES/							++		
												ALLOWANCE							$\perp \perp$		
												38. CAR RENTAL 39. SHIPMENT OF HOUSEHOLD GOODS							++		
					THESE	PERC	ENTAG	GES MU	ST EC	QUAL 1	00%	Total Weight [] 40. STORAGE OF HOUSEHOLD GOODS					1				
SECTION					:11		CC:	C 4h	-1-: <i>(</i>	20 LICC	2514)						1ST 30 I	1ST 30 DAYS			
and may result	t in a fine of n	ot more tha	ın \$10,000 or	n an expense accour imprisonment for n	ot more t	hana 5 y	ears or l	both (181	USC 2	87; i.d. 1	001).										
other parties in	n connection v	with any re	imbursable ca	ATURE. I hereby as	charges	describe	ed herein	ı. I have ı	receive	ed no pay	ment	Tota	ıl Weight [OVER 30	0 DAYS		
Government.	All tickets, co	upons, pro	motional iter	sable claims were ns and credits receit -7 and other regular	ved in co	nnectio	n with to	ravel clai	imed o	n this vo	ucher	41 T	No. Days [EMPORAI	RY OU	ARTE	RS (AD	-569			+++	
correct.	ounted for as	required by	y FPIVIK 101	- / and other regula	HOHS. I H	ave levi	ewed till	is vouciie	er and	certify it	to be	At	ttached No.	of Day	/s [ı			
52. CLAIMANT	Γ'S SIGNATUF	RE			, 53. D.	ATE n Day	,	54. FII	NAL V	OUCHER	<u> </u>		No. of Oc	cupant	ts [++	
					Month	Day	Year	r INI	DICAT ' = Yes	OR	No		RELOCATION AT AD-1000 A			TAX					
				ND SIGNATURE								43.		OTAL		IM					
reimbursemen	nt is claimed i	s to the Go	overnment's	y; (2)Use of rental advantage; and (3)	Long dis	tance pl	none cal	ls and su	ıpplies	or equip	ment		(Block				!)	\$		$\perp \perp$	
				overnment. Note: To his/her designee			instance	pnone ca	iiis, apj	proving c	псег		RAVEL A		CE AM	OUNT					
55. APPROVING OFFICER'S SIGNATURE 56. SOCIAL SECURITY NO.										NO.	OUTSTANDING 45. AMOUNT OF VOUCHER (Block 43) TO)		++				
E7 NIANAT AND	D TITLE a	Dient 35' 15'	Initial OF	on Deine						405	ICY	BE APPLIED TO OUTSTANDING BILL ADVANCE (Block 44)									
57. NAME AND	ווע (Last,	r ırst, Mıddle	: іпіпаі) (Туре	oi Print)						AGEN CODE	IC Y	46. AMOUNT OF VOUCHER (Block 43 TO									
58. DATE APPROVED Month Day Year 59. PHONE (Area Code and No.)										BE APPLIED TO OUTSTANDING BILL FOR COLLECTION											
Month Day Year											BILL NO. 47. ADDITIONAL ADVANCE AMOUNT						++				
60. CONTACT	PERSON	_	_		_		61. PH	ONE (Are	ea Code	and No.)		R	ADDITIONA REPAID (C Attached)								
		_	_					_						G ADV	ANCE	BAI AN	ICE			++	
Upon completion and approval, submit original voucher to: U. S. Department of Agriculture National Finance Center											48. REMAINING ADVANCE BALANCE (Block 43 Minus Blocks 45 and 47) 49. NET TO TRAVELER						$\perp \perp$				
P. O. Box 60000										(Block 43 Minus Blocks 45 and 46) AUDITED BY			\$ TOTAL [JIEEEDI	ENCE						
New Orleans, LA 70160										AUDITED DT			TOTALL	JIFFEKE	-INCE						
																				(UODA) (D	

SOCIAL SECURITY NO.	TRAVELER'S NAI	ME								
SECTION C. SCI	JEDIJI E OE	EVDENCE	C AND AM	OUNTS OL	AIMED					
SECTION G - SCH	TEDULE OF	EXPENSE		OUNTS CL	AIMIED					
FROM									Transfer	
DATE (Month/Day)									these totals	
CITY	<u> </u>	+	-	+	+_	+			_ Section D o	
STATE									Voucher Fro	
TIME									If additiona	al
то									days are	
DATE (Month/Day)									required, us	se
CITY	<u> </u>	+	- +	+	+	+			continuatio	n
COUNTY									sheet	
STATE									_	
PER DIEM						+			TOTAL NO. DAYS	
NO. OF DAYS										
LODGING & INCIDENTAL EXPENSES (Receipt Required for Lodging)		1		1	I I	I I	[j i	TOTAL LODGING & IE	
	I I	1			I I	I I	! ! !		TOTAL MEALS	
MEALS MILEAGE		1			1		1	1	TOTAL MILES	
MILES										
RATE PER MILE		¢	¢	¢	¢	¢	¢		<i>‡</i>	
MILEAGE AMOUNT	i	i		i i	i	i I	i		TOTAL MILEAGE	
PARKING, TOLLS, ETC.		1 1		 	 	 	 	 	TOTAL PARKING \$	1
PLANE, BUS, TRAIN (Paid By Traveler)				1	1				TOTAL PLANE, BUS, TRAIN \$	1
UNACCOMPANIED BAGGAGE	i	i			İ	; [i !	; 	TOTAL UNACCOMPAN BAGGAGE \$	NIED
LOCAL TRANSPORTATION NO. TRIPS							·		TOTAL LOCAL TRANSPORTATION	
DAILY EXPENSE				1		I]		\$	
MISCELLANEOUS EXPENSES/ ALLOWANCES	i					i !	; !	- -	TOTAL MISCELLANEOUS \$	ı
CAR RENTAL (Paid by Traveler) Receipt and Car Rental		1			i I	i I	1 1		TOTAL CAR RENTAL	
RENTAL EXPENSE	1			1	1		I 1			
GASOLINE EXPENSE		1		1		1	1	1	\$	1
SHIPMENT OF HO				AVELER (W	eight Certi	ficate of	Bill of Ladio	ng Require		OLINIT
TOTAL WEIGHT OF GOODS SHIPPED	COMMUTED RATE	:	TOTAL =			+	NAL ALLOWANCES		TOTAL SHIPMENT AMO	JUNI
STORAGE OF HO	ISEHOLD (\$			\$			 \$	
		NUMBER OF DAYS CLAIMED	UMBER OF TOTAL ACTUAL WEIGHT			CLAIM LE DISTRIBU OF STOR	ESSER AMOUNT AN JTE TO APPLICABLE PAGE	1ST 30 DAYS AMOUN	Т	
TEMPORARY STO	RAGE				CHARGES			OVER 30 DAYS AMOU	JNT	
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 ryforeign 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 hirring 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.