

| | |
|---------------------|-----------------|
| SOCIAL SECURITY NO. | TRAVELER'S NAME |
|---------------------|-----------------|

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 | | | | | | | | | | TOTAL MISCELLANEOUS \$ | | | |
| MISCELLANEOUS EXPENSES/ ALLOWANCES | | | | | | | | | | | | | |
| CAR RENTAL (Paid by Traveler) Receipt and Car Rental Arrangement Required | | | | | | | | | | TOTAL CAR RENTAL | | | |
| 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.