ADVANCE OF FUNDS APPLICATION AND ACCOUNT	1. TYPE OF ADVANCE ☐ CASH ☐ CHECK	2. TYPE OF TRAVEL ☐ TEMPORARY ☐ PERMANENT	3. NAME *(Last, first, middle initial)*	4. ACCOUNT NO.
			5. TELEPHONE NUMBER(S)	6. SOCIAL SECURITY ACCOUNT NO.

In compliance with Privacy Act of 1974 the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, and E.O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting and advancement of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will 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, security clearances, or other investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary; however, failure to provide the information required may result in delay or suspension of your advance of funds request.

7. DEPARTMENT OR ESTABLISHMENT	8. BUREAU, DIVISION OR OFFICE		
9. **APPLICATION --** *(For completion by applicant)*			
An advance of funds is hereby requested for travel and other expenses to be incurred by me.		e. BALANCE DUE U.S. FROM PREVIOUS	$
a. UNDER AUTHORIZATION NUMBER	b. DATE OF AUTHORIZATION	f. AMOUNT HEREIN APPLIED FOR	$
c. TRAVEL PERIOD *From*	*To*	g. TOTAL	$
d. MAIL CHECK TO: ☐ OFFICE ☐ RESIDENCE *(Give address -- number, street, city, State and ZIP code)*		*Note: Outstanding advances not fully recovered by deductions from reimbursement vouchers must be promptly repaid. When travel is canceled or indefinitely postponed, the full amount of any outstanding advance shall be repaid immediately.*	
APPLICANT SIGN HERE ▶			DATE

SIGNATURE AND TITLE OF APPROVING OFFICIAL	DATE APPROVED	11. APPROPRIATION TO BE CHARGED	
10. APPROVAL ▶			
12. REMARKS		13. CASH PAYMENT RECEIVED	DATE

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Prescribed by GSA, FPMR (41 CFR) 101-7

13. RECORD OF ACCOUNT	NAME	ACCOUNT NO.

TRANS-ACTION DATE	TRAVEL PERIOD		**REFERENCE** *(Schedule or voucher number)*	*(Optional)* MEMO OF APPROVED EXPENSE VOUCHER		**ADVANCE ACCOUNT**		
	FROM	TO		VOUCHER TOTAL	AMOUNT PAID EMPLOYEE	ADVANCED	REPAID	BALANCE DUE

REMARKS

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