	TRAVEL VOUCHE	R	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE					TYPE OF TRAVEL	3.	VOUCHER NO		
	(Read the Privacy Ac Statement on the back						TEMPORARY DUTY PERMANENT CHANGE OF STATION	4.	4. SCHEDULE NO.			
5. a. NAME (Last, first, middle initial)								SOCIAL SECURITY NO.	6.	PERIOD OF TH	RAVEL	
	, , , , ,							a.	FROM	b. TO		
Ĥ												
ΑYE	c. MAILING ADDRESS	(Include Z	IP Code))			d.	OFFICE TELEPHONE NO.	7.	TRAVEL AUTH	IORIZATION	
TRAVELER (PAYEE)								a. NUMBER(S)		b. DATE(S)		
IRA	e. PRESENT DUTY STA			f. RESIDEN	ICE (City and Stat	te)						
•									10.	CHECK NO.		
8.	TRAVEL ADVANCE				9. CASH PAYMENT RECEIPT				11. PAID BY			
а.	Outstanding				a. DATE RE	CEIVED	AMOUNT RECEIVED					
b.	Amount to be applied					0100107005						
c.	Amount due Government		- (-)		c. PAYEE'S	SIGNATURE						
	(Attached: Check	Ca	sh)									
	Balance outstanding . GOVERNMENT										Traveler's Initials	
12	TRANSPORTATION							parties in connection with reim nt procedures (FPMR 101-7)	burs	able	Traveler's Initials	
	REQUESTS, OR TRANSPORTATION				MODE					OF TRAVEL		
	TICKETS, IF PUR- CHASED WITH CASH	VALU	ENT'S JATION	ISSUING CAR-	MODE, CLASS OF	DATE ISSUED		P0		OF IRAVEL		
	(List by number below and attach passenger	OF T	ICKET	RIER	SERVICE AND ACCOM-			FROM			TO (f)	
	coupon; if cash is used show claim on reverse		(-)	(Initials)	MODATIONS			(e)				
	side.)		(a)	(b)	(c)	(d)		(0)			(-)	
13	. I certify that this voucher i							ment or credit has not been rred during the period covere	ad by			
	this voucher.					ge cost of lodging	mea	DATE				
	GN HERE							DATE			\$	
NOTE: Falsification of an item in an expense account works a forfeiture of 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).												
14	. This voucher is approved necessary in the interest							17. FOR FINANCE OFFIC				
	are included, the approv	ving offic	ial must	have been au	thorized in writ			a. DIFFER-		•	\$	
	head of the department	or agenc	y to so c	ertify (31 U.S.	C. 680a).)			ENCES,			+	
								(Explain				
APPROVING OFFICIAL						DATE		and show amount)				
SI	GN HERE							,				
	LAST PRECEDING VOU	-	-			-		 b. TOTAL VERIFIED CO CHARGE TO APPROI 				
a.	VOUCHER NO.	b.	D.O. S	SYMBOL		c. MONTH & YEAR					\$	
16	. THIS VOUCHER IS CER								יחע		₩	
	JTHORIZED		UNLUI			••	c. APPLIED TO TRAVEL (Appropriation symbol)				\$	
CE						DATE						
	GN HERE							NET TO TR	AVE		\$	

	18.	ACCOUNTING	CLASSIFICATION
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		INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)									Complete this PAGE				
SCHEDULE OF EXPENSES AND		Col. (c) If the voucher includes	$\begin{array}{c c} Com- & \hline Col. & (d) \\ plete & \hline thru & (g) \end{array} $ Show amount incurred for each meal, including tax and tips, and daily total meal cost.								information				
		per diem allowances for									if this is a continuation OF				
		members of employee's	only (h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys,									sheet.	PAGES		
		immediate family, show	for	(1)	•	etc. (other tha			TRAVEL AUTHORIZA						
		member's names, ages,	actual (i) Complete for per diem and actual expense travel. expense (j) Show Total subsistence expense incurred for actual expense travel.												
		and relationship to em- ployee and marital status	expense travel	(j) (m			expense, show								
AMOUN	г		llavei	(11)											
CLAIMED		of children (unless infor-	 the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other the second secon									TRAVELER'S LAST N	AME		
		mation is shown on the													
		travel authorization.)			subsister	nce, etc.									
DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES MILEAGE									AMOUNT CLAIMED			
	(Hour	(Departure/arrival city, per diem	MEALS MISCEL-							RATE: ¢					
	and	computation, or other explanations	DDEAK				LANEOUS	LODGING	TOTAL	· · · ·	MILEA	GE SUBSISTENCE	OTHER		
	am/pm)	of expense)	BREAK- FAST	LUNCH	DINNER	TOTAL	SUBSIS TENCE	LODOING	SUBSISTENCE	NO. OF MILES			OTTER		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	<i>(i)</i>	EXPENSE (j)	(k)	(1)	(m)	(n)		
(u)		(0)	(4)	(0)	(1)	(9/	(1)	(1)	0/	(11)	(1)	(///)			
													+		
													1		
													+		
													<u> </u>		
													1		
													+		
If additiona	l space is real	uired, continue on another SF 1012-A BACK, I	leavina the f	ront blank.						TALS					
provided: \$ Chap. 57 E.O. 1160 November	Solicitation of as impleme 9 of July 22 22, 1943, a	ne Privacy Act of 1974, the following f the information on this form is authorize nted by the Federal Travel Regulations 2, 1971, E.O. 11012 of March 27, 1962, and 26 U.S.C. 6011(b) and 6109. The p	ed by 5 U.S.C. requirement by this agency in connection with the hiri (FPMR 101.7), the issuance of a security clearance, or i 2, E.O. 9397 of formace of official duty while in Government se					ring or firing of an employee, investigations of the per- ervice. Your Social Security this for			grand total of columns (I), (m) and low and in item 13 on the front of m.				
of the requested information is to determine payment or reimbursemer eligible individuals for allowable travel and/or relocation expenses incu under appropriate administrative authorization and to record and maintain of such reimbursements to the Government. The information will be use officers and employees who have a need for the information in performance of their official duties. The information may be disclosed appropriate Federal, State, local, or foreign agencies, when relevant to				t to urred costs d by the d to	Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397. November 22 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure o your SSN and other requested information is voluntary in all other instances however, failure to proved the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.						TOTAL AMOUNT CLAIMED				