

# TRAVEL VOUCHER (Relocation)

## SECTION A -- IDENTIFICATION

1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.	3. NAME (Last) (First) (Middle Initial)			4. AGENCY CODE
5. AGENCY ORIGINATING OFFICE NUMBER	6. TRAVELER ORIGINATING OFFICE NUMBER	7. DATES OF TRAVEL EXPENSES FROM: Month Day Year    THRU: Month Day Year			8. TYPE CLAIM (Indicate one type only) HH = Hse hunting    SR = Supp RIT TS = Trans Stn    OT = Outside RC = Relo Contr    Cont. U.S. RI = RIT    Transfer
9. RECLAIM AMOUNT INCLUDED	10. DATE REPORTED AT NEW OFFICIAL DUTY STATION Month Day Year		11. LEAVE TAKEN Y = Yes    N = No		12. OFFICIAL DUTY STATION CITY AND STATE
13. RESIDENT CITY AND STATE (If other than official station)		14. TOTAL NIGHTS LODGING		15. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDAR DS	

## SECTION B -- TRAVEL VOUCHER MAILING ADDRESS OPTIONS

## SECTION D -- CLAIMS

16. SALARY ADDRESS	17. T&A CONTACT POINT	18. SPECIAL ADDRESS	19. TRAVEL LEFT ACCOUNT	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 Claim RC Only, Invoice Attached)	
2. (35)				a. APPRAISED VALUE SALES FEE \$	
3. City (20) State (2) Zip Code (9)				b. AMENDED VALUE SALES FEE \$	
				c. CANCELLATION FEES \$	
				<b>EXPENSES CLAIMED BY EMPLOYEE</b>	
				29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)	

## SECTION C -- TRANSPORTATION COSTS

20. METHOD OF PAYMENT	21. VENDOR/CARRIER	22. IDENTIFICATION NUMBER	23. CAR RENTAL		24. AMOUNT	LOCATION		NO. OF DAYS	AMOUNT
			MILES	DAYS		CITY	ST		
					\$				\$
If payment was made by traveler, complete Section G on reverse.					<b>TOTALS</b>	\$			
							<b>TOTAL OUTSIDE CONT. U.S. SUBSISTENCE</b>		\$

25. AIRLINE ACCOMMODATIONS	<input type="checkbox"/>	Excess fare (Check if applicable)	<input type="checkbox"/>	Non-contract (Insert Code)	
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## SECTION E -- ACCOUNTING CLASSIFICATION

50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total voucher claim.)				REAL ESTATE (Paid by Employee)	AMOUNT	NFC USE
51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to the applicable Accounting Classification line.)				a. SALES EXPENSE (AD-424 Attached)	\$	
PURPOSE CODE	ACCOUNTING CLASSIFICATION		PERCENTAGE	b. PURCHASE EXPENSE (AD-424 Attached)		
			%	c. LEASE TERMINATION EXPENSE		
				31. PER DIEM		
				No. of Days [ ] LODGING & IE		
				No. of Travelers [ ] MEALS		
				32. MILEAGE		
				Rate [ ¢ ] Miles [ ]		
				Rate [ ¢ ] Miles [ ]		
				Rate [ ¢ ] Miles [ ]		
				Rate [ ¢ ] Miles [ ]		
				33. PARKING, TOLLS, ETC.		
				34. PLANE, BUS, TRAIN (Paid by Traveler)		
				35. UNACCOMPANIED BAGGAGE		
				36. LOCAL TRANSPORTATION		
				37. MISCELLANEOUS EXPENSES/ALLOWANCE		
				38. CAR RENTAL		
				39. SHIPMENT OF HOUSEHOLD GOODS		
				Total Weight [ ]		
				40. STORAGE OF HOUSEHOLD GOODS		
				Total Weight [ ]	1ST 30 DAYS	
				No. Days [ ]	OVER 30 DAYS	
				41. TEMPORARY QUARTERS (AD-569 attached)		
				No. of Days [ ]		
				No. Occupants [ ]		
				42. RELOCATION INCOME TAX (AD-1000 Attached)		
				43. TOTAL CLAIM (Block 29 thru 42)	\$	
				44. TRAVEL ADVANCE AMOUNT OUTSTANDING		
				45. AMT. OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 44)		
				46. AMT. OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION		
				BILL NO.		
				47. ADDITIONAL ADVANCE AMOUNT REPAID (Check or Money Order Attached)		
				48. REMAINING ADVANCE BALANCE (Block 43 minus Blocks 45 and 47)		
				49. NET TO TRAVELER (Block 43 minus Blocks 45 and 46)	\$	
				AUDITED BY		TOTAL DIFFERENCE

## SECTION F -- CERTIFICATION

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

**CLAIMANT'S RESPONSIBILITIES AND SIGNATURE.** I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by FPMR 101-7 and other regulations. I have reviewed this voucher and certify it to be correct.

52. CLAIMANT'S SIGNATURE	53. DATE Month Day Year	54. FINAL VOUCHER INDICATOR Y = Yes    N = No	
<b>APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE.</b> In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only; (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage; and (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. <b>Note:</b> To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348).			
55. APPROVING OFFICER'S SIGNATURE	56. SOCIAL SECURITY NO.		
57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)			
58. DATE APPROVED Month Day Year		59. PHONE (Area Code and No.)	
60. CONTACT PERSON		61. PHONE (Area Code and No.)	

**Upon completion and approval, submit original voucher to:**  
 U.S. Department of Agriculture  
 National Finance Center  
 P.O. Box 60000  
 New Orleans, LA 70160

SOCIAL SECURITY NO.	TRAVELER'S NAME
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**SECTION G -- SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

ITINERARY FROM										TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
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										\$
MISCELLANEOUS EXPENSES/ ALLOWANCE										TOTAL MISCELLANEOUS
										\$
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required										TOTAL CAR RENTAL
RENTAL EXPENSE										
GASOLINE EXPENSE										\$

**SHIPMENT OF HOUSEHOLD GOODS PAID BY TRAVELER (Weight Certificate or 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 USC, Chapter 57 (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 required will result in delay or suspension of the employee's claim for reimbursement.