## TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

US Arctic Research Commission
2. TYPE OF TRAVEL
$\checkmark$ TEMPORARY DUTY


PERMANENT CHANGE OF STATION
b. SOCIAL SECURITY NO.

123-45-6789
d. OFFICE TELEPHONE NO
(555) 555-5555
e. PRESENT DUTY STATION

Washington, DC
8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government
(Attached: $\square$ Check $\square$ Cash)
d. Balance outstanding

## 12. GOVERNMENT

 TRANSPORTATION REQUESTS OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)|  |
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I hereby assign to the United States any right I may have against any parties in connection with reimbursable
Traveler's Initials transportation charges described below, purchased under cash payment procedures (FPMR 101-7)
3. VOUCHER NO.
4. SCHEDULE NO.

| AGENT'S VALUATION OF TICKET <br> (a) | ISSUING CARRIER (Initials) (b) | MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c) | DATE ISSUED <br> (d) | POINTS OF TRAVEL |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | FROM <br> (e) | TO (f) |
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13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.


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. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING
OFFICIAL SIGN HERE
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

| a. VOUCHER NO. | b. D.O. SYMBOL | $\text { c. } \quad \text { MONTH \& }$ |  |
| :---: | :---: | :---: | :---: |
| 16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT |  |  |  |
| AUTHORIZED CERTIFYING OFFICIAL SIGN HERE |  | DATE |  |

## 18. ACCOUNTING CLASSIFICATION

## SCHEDULE <br> OF <br> EXPENSES <br> AND <br> AMOUNTS CLAIMED



If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.
In compliance with the Privacy Act of 1974 , the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 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, E.O. 9397 of November 22, 1943 , and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to
eligible individuals for allowable travel and/or relocation expenses incurred eligible individuals for allowable travel and/or relocation expenses incurred
under appropriate administrative authorization and to record and maintain costs under appropriate administrative authorization and to record and maintain costs
of such reimbursements to the Government. The information will be used by of such reimbursements to the Government. The information will be used by
officers and employees who have a need for the information in the performance state duties. The information may be disclosed to per diem allowances for pembers of empes for members of employee's mmediate family, show member's names, ages, and relationship to employee and marital status plete thru (g) meal cost. for
actual expense travel
appropriate Federal, State, local, or foreign agencies, when relevant to civil,

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)
Col. (c) If the voucher includes Com- Col. (d) Show amount incurred for each meal, including tax and tips, and daily total

| plete | thru (g) |
| :--- | ---: | :--- |
| only | (h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, | porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.
(j) Show Total subsistence expense incurred for actual expense travel.
(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
(n) Show expenses, such as taxi/limousine fares, airfare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.
ITEMIZED SUBSISTENCE EXPENSES
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,
the issuance of a security clearance, or investigations of the performace of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal 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 of your SSN and other requested information is voluntary in all other instances; support the claim may result in delay or loss of reimbursement.

Complete this information
if this is a
if this is a
continuation continuation
sheet.

2 PAGES
TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME
Doe, John

| AMOUNT CLAIMED |  |  |
| ---: | ---: | ---: |
| MILEAGE | SUBSISTENCE | OTHER |
| (I) | $(\mathrm{m})$ | $(\mathrm{n})$ |
| $\$ 10.10$ | $\$ 0.00$ |  |
| $\$ 0.00$ | $\$ 0.00$ | $\$ 36.00$ |
| $\$ 0.00$ | $\$ 82.00$ | $\$ 5.00$ |
| $\$ 0.00$ | $\$ 100.00$ | $\$ 93.76$ |
| $\$ 0.00$ | $\$ 100.00$ | $\$ 17.93$ |
| $\$ 0.00$ | $\$ 100.00$ | $\$ 305.00$ |
| $\$ 0.00$ | $\$ 110.00$ | $\$ 7.50$ |
| $\$ 0.00$ | $\$ 75.00$ | $\$ 18.00$ |
| $\$ 0.00$ | $\$ 0.00$ | $\$ 0.00$ |

Enter grand total of columns (I), (m) and ( $n$ ), below and in item 13 on the front of this form.

## total

AMOUNT
CLAIMED

