	TRAVEL VOUCHE		OR ESTABLISH		2.	2. TYPE OF TRAVEL TEMPORARY DUTY		3. VOUCHER NO.			
	(Read the Privacy Ac Statement on the back					PERMANENT CHANGE OF STATION	4.	SCHEDULE NO).		
5.	a. NAME (Last, first, mid	ddle initial)				b.	SOCIAL SECURITY NO.		PERIOD OF TR	AVEL	
<u>(</u>								a.	FROM	b. TO	
٩YE	c. MAILING ADDRESS	(Include ZIP C	Code)			d.	OFFICE TELEPHONE NO.	7.	TRAVEL AUTH	ORIZATION	
TRAVELER (PAYEE)								a.	NUMBER(S)	b. DATE(S)	
TRA	e. PRESENT DUTY STA	ATION		f. RESIDE	NCE (City and Sta	ite)		10.	CHECK NO.		
8.	TRAVEL ADVANCE			9. CASH F	PAYMENT RECEIF	т		11.	PAID BY		
<u>а.</u>	Outstanding				ECEIVED	b.	AMOUNT RECEIVED	' '			
b.	Amount to be applied										
С.	Amount due Government (Attached: Check			c. PAYEE'	S SIGNATURE	ı					
d.		Т									
12.	. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION						parties in connection with reiment procedures (FPMR 101-7)				
	TICKETS, IF PUR- CHASED WITH CASH (List by number below	AGENT			DATE		РО		S OF TRAVEL		
		VALUATI OF TICK		SERVICE			FROM			ТО	
	and attach passenger coupon; if cash is used		(Initial	AND ACCOM MODATION			(e)				
	show claim on reverse side.)	(a)	(b)	(c)	(d)					(f)	
13							ment or credit has not been				
	this voucher. AVELER GN HERE	oplicable, per d	liem claimed is l	pased on the aver	age cost of lodging	Incu	rred during the period covere DATE	ΑN	MOUNT AIMED	\$	
		•			,	,	nd may result in a fine of not r		-		
14	. This voucher is approved						17. FOR FINANCE OFFIC				
	necessary in the interest are included, the appro head of the department	ving official n	nust ĥave been	authorized in w	n writing by the a.		a. DIFFER- ENCES, IF ANY			\$	
OF	PPROVING FFICIAL GN HERE						(Explain and show amount)				
	. LAST PRECEDING VOU	CHEB BYID I	INDED SAME T	DAVEL ALITHOR	IZATION		b. TOTAL VERIFIED CO	CT FOR			
	VOUCHER NO.		O. SYMBOL	NAVEL AUTHUR	c. MONTH &		CHARGE TO APPROF				
			-		YEAR		Certifier's initials:			\$	
16	. THIS VOUCHER IS CER	TIFIED CORR	ECT AND PRO	PER FOR PAYMI	ENT	c. APPLIED TO TRAVEL ADVANCE			VANCE		
CE	JTHORIZED ERTIFYING FFICIAL GN HERE		DATE		(Appropriation symbol) NET TO TR	\$					

18. ACCOUNTING CLASSIFICATION

		INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory) Complete this PAGE													
SCHEDULE OF EXPENSES AND		Col. (c) If the voucher includes	Com- Col. (d) Show amount incurred for each meal, including tax and tips, and daily total									information if this is a			
		per diem allowances for	plete thru (g) meal cost.										ns is a ——— tinuation 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			•	an for meals).					TR	AVEL AUTHORIZATI		
		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.									'''	AVEL AOTHORIZATI	ON NO.	
		and relationship to em- ployee and marital status													
AMOUN	ITC	pioyee and mantal status	liavei	travel (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show											
		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	TRA	AVELER'S LAST NA	ME	
CLAIME	ED	mation is shown on the		()					ess, car rental, rel	* *					
		travel authorization.)			subsister	nce, etc.									
DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES								AMOUNT CLAIMED				
	(Hour	(Departure/arrival city, per diem	MEALS MISCEL-							RATE:					
	and	computation, or other explanations	BREAK-	T			LANEOUS	LODGING	TOTAL		MILEAGE	GE	SUBSISTENCE	OTHER	
	am/pm)	of expense)	FAST	LUNCH	DINNER	TOTAL	SUBSIS	2020	SUBSISTENCE EXPENSE	NO. OF MILES	"""		CODOICTEROL	OTTLET	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)	(1)		(m)	(n)	
	(-)	(5)	(-/	(-)	(-)	(3)	(1.7)	(7	0/	(1)	(-)		()	()	
						•			SUBTO	TALS					
If additional	space is requ	uired, continue on another SF 1012-A BACK, I	eaving the f	ront blank.					ТО	TALS					
In compliance with the Privacy Act of 1974, the following information provided: Solicitation of the information on this form is authorized by 5 U.S Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101. E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpor				S.C. 1.7), 7 of	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							Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form.			
of the receipible incumer approf such recofficers are performance.	quested infor dividuals for copriate admi dimbursement and employe e of their	mation is to determine payment or rei allowable travel and/or relocation exp nistrative authorization and to record and s to the Government. The information we es who have a need for the infor official duties. The information may be tate, local, or foreign agencies, when re	mbursemen enses incu maintain c ill be used mation in e disclosed	t to urred costs I by the I to	Revenue (1943, for this MANDA expense royour SSN however,	Code (26` Uuse as a ta ATORY on eimbursemer and other failure to p	.S.C. 6011(b) x payer and/vouchers cont which is, requested inforoved the	and 6109) are or employee id laiming travel or may be, to ormation is vol	nd E.O. 9397, Nentification numb and/or relocatic axable income. luntary in all oth her than SSN)	lovember 22, er; disclosure on allowance Disclosure of ner instances;	TOTAL AMOUN CLAIME	NT .	•		