

# TRAVEL VOUCHER (Relocation)

|   |                                       |
|---|---------------------------------------|
| <b>SECTION A -- IDENTIFICATION</b>  |                                       |
| 1. TRAVEL AUTHORIZATION NO.   | 2. SOCIAL SECURITY NO.                |
| 3. NAME (Last) (First) (Middle Initial)   |                                       |
| 4. AGENCY CODE  | 9. RECLAIM AMOUNT INCLUDED            |
| 5. AGENCY ORIGINATING OFFICE NUMBER   | 6. TRAVELER ORIGINATING OFFICE NUMBER |
| 7. DATES OF TRAVEL EXPENSES<br>FROM: Month Day Year THRU: Month Day Year  |                                       |
| 8. TYPE CLAIM (Indicate one type only)<br>HH = Hse hunting SR = Supp RIT<br>TS = Trans Stn OT = Outside<br>RC = Relo Contr RI = RIT Cont. U.S. Transfer |                                       |
| 10. DATE REPORTED AT NEW OFFICIAL DUTY STATION<br>Month Day Year  | 11. LEAVE TAKEN<br>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

|                    |                       |                     |                         |
|--------------------|-----------------------|---------------------|-------------------------|
| 16. SALARY ADDRESS | 17. T&A CONTACT POINT | 18. SPECIAL ADDRESS | 19. TRAVEL LEFT ACCOUNT |
| 1. (35)            |                       |                     |                         |
| 2. (35)            |                       |                     |                         |
| 3. City (20)       |                       | State (2)           | Zip Code (9)            |

## SECTION D -- CLAIMS

|  |    |
|--|----|
| 26. TOTAL SALES PRICE OF FORMER RESIDENCE  | \$ |
| 27. TOTAL PURCHASE PRICE OF NEW RESIDENCE  | \$ |
| 28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (For Type Claim RC Only, Invoice Attached) |    |
| a. APPRAISED VALUE SALES FEE   | \$ |
| 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> |             |        | \$ |

## SECTION E -- ACCOUNTING CLASSIFICATION

| 25. AIRLINE ACCOMMODATIONS  |                           | 30. REAL ESTATE (Paid by Employee) |  | AMOUNT           | NFC USE                      |  |
|---|---------------------------|------------------------------------|--|------------------|------------------------------|--|
| Excess fare (Check if applicable)   |                           | Non-contract (Insert Code)         |  |                  |                              |  |
| 50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total voucher claim.)     |                           |                                    |  |                  |                              |  |
| 51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to the applicable Accounting Classification line.) |                           |                                    |  |                  |                              |  |
| PURPOSE CODE  | ACCOUNTING CLASSIFICATION |                                    |  | PERCENTAGE       | 31. PER DIEM                 |  |
|   |                           |                                    |  | %                | No. of Days [ ] LODGING & IE |  |
|   |                           |                                    |  |                  | No. of Travelers [ ] MEALS   |  |
|   |                           |                                    |  |                  | 32. MILEAGE                  |  |
|   |                           |                                    |  |                  | Rate [ ¢] Miles [ ]          |  |
|   |                           |                                    |  |                  | Rate [ ¢] Miles [ ]          |  |
|   |                           |                                    |  |                  | Rate [ ¢] Miles [ ]          |  |
|   |                           |                                    |  |                  | Rate [ ¢] Miles [ ]          |  |
| <b>THESE PERCENTAGES MUST EQUAL 100%</b>  |                           |                                    |  |                  |                              |  |
| 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  |                           |                                    |  |                  |                              |  |
| 1ST 30 DAYS   |                           |                                    |  |                  |                              |  |
| Total Weight [ ]  |                           |                                    |  |                  |                              |  |
| OVER 30 DAYS  |                           |                                    |  |                  |                              |  |
| No. 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<br>Month Day Year    | 54. FINAL VOUCHER INDICATOR<br>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)  |                               |   |
| AGENCY CODE   |                               |   |
| 58. DATE APPROVED<br>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

