TRAVEL VOUCHER (Relocation)

SECTION A -- IDENTIFICATION

1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.	3. NAME (Last) (First) (Middle Initial)	4. AGENCY CODE
3CS9200044220	123-45-6789	JONES Ann	16

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)	9. RECLAIM AMOUNT INCLUDED
AG16169200		5/17/03	12/31/03	RI (HH = Hsehunting, TS = Trans Stn, RC = Relo Contr, RI = RIT, SR = Supp RIT, OT = Outside Cont. U.S. Transfer)	

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)
5/17/03			

14. TOTAL NIGHTS LODGING	15. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARD

SECTION B -- TRAVEL VOUCHER MAILING ADDRESS OPTIONS

✔ 16. SALARY ADDRESS | 17. T&A CONTACT POINT | 18. SPECIAL ADDRESS | 19. TRAVEL EFT ACCOUNT

1. (35)

2. (35)

3. City (20) State (2) Zip Code (9)

SECTION C -- TRANSPORTATION COSTS

20. METHOD OF PAYMENT	21. VENDOR/ CARRIER	22. IDENTIFICATION NUMBER	23. CAR RENTAL MILES	23. CAR RENTAL DAYS	24. AMOUNT
					$
If payment was made by traveler, complete Section G on reverse.		TOTALS			$

LOCATION CITY	LOCATION ST	NO. OF DAYS	AMOUNT
			$
TOTAL OUTSIDE CONT. U.S. SUBSISTENCE			$

25. AIRLINE ACCOMMODATIONS ☐ Excess fare (Check if applicable) ☐ Non-contract (Insert Code)

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	$
EXPENSES CLAIMED BY EMPLOYEE	
29. OUTSIDE CONT. U.S. SUBSISTENCE *(Type Claim OT Only)*	

30. REAL ESTATE (Paid by Employee)	AMOUNT	NFC USE
a. SALES EXPENSE (AD-424 Attached)		
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 E -- ACCOUNTING CLASSIFICATION

☐ **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
06	0301T92	100.00 %
	THESE PERCENTAGES MUST EQUAL	100%

SAMPLE

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)
Ann Jones	5/15/04	N

APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. 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. **Note:** 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.
Mark Smith	

57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)	AGENCY CODE
Mark Smith, Budget Officer	16

58. DATE APPROVED (Month Day Year)	59. PHONE (Area Code and No.)
5/15/04	(817) 555-1234

60. CONTACT PERSON	61. PHONE (Area Code and No.)
Mark Smith	(817) 555-1234

Upon completion and approval, submit original voucher to:

U.S. Department of Agriculture
National Finance Center
P.O. Box 60000
New Orleans, LA 70160

FORM AD - 616R (USDA) (Rev. 11/96)
This form was electronically produced by National Production Services Staff
Exception to SF 1012 approved by GSA 11/20/96

Clear Form

SOCIAL SECURITY NO.	TRAVELER'S NAME
123-45-6789	JONES Ann

SECTION G -- SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY FROM DATE (Month/Day)								**TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet**
CITY								
STATE								
TIME								
TO DATE (Month/Day)								
CITY								
COUNTY								
STATE								
TIME								
PER DIEM NO. OF DAYS								TOTAL NO. DAYS
LODGING & INCIDENTAL EXPENSES (Receipt Required for Lodging)								TOTAL LODGING & IE $
MEALS								TOTAL MEALS $
MILEAGE MILES								TOTAL 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 NO. TRIPS								TOTAL LOCAL TRANSPORTATION
DAILY EXPENSE								$
MISCELLANEOUS EXPENSES/ ALLOWANCE								TOTAL MISCELLANEOUS $
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required RENTAL EXPENSE								TOTAL CAR RENTAL
GASOLINE EXPENSE								$

SHIPMENT OF HOUSEHOLD GOODS PAID BY TRAVELER (Weight Certificate or Bill of Lading Required)

TOTAL WEIGHT OF GOODS SHIPPED		COMMUTED RATE		TOTAL		ADDITIONAL ALLOWANCES		TOTAL SHIPMENT AMOUNT
	X		=		0.00 +		=	$

STORAGE OF HOUSEHOLD GOODS

	NUMBER OF DAYS CLAIMED	TOTAL WEIGHT OF GOODS	ACTUAL CHARGES	COMMUTED RATE CHARGES	CLAIM LESSER AMOUNT AND DISTRIBUTE TO APPLICABLE PERIOD OF STORAGE	
TEMPORARY STORAGE			$	$	$	1ST 30 DAYS AMOUNT $
						OVER 30 DAYS AMOUNT $

REMARKS

PURPOSE - RIT Claim

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.