

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

REQUEST FOR ACTUAL PER DIEM ALLOWANCES

TRAVELER'S NAME:

CHECK - IN DATE:

CHECK - OUT DATE:

TEMPORARY DUTY LOCATION:

MAXIMUM PER DIEM RATE
IN ACCORDANCE WITH
ATR/FTR

LODGING
RATES

x

NUMBER
OF
NIGHTS

=

MAXIMUM
LODGING
RATE

JUSTIFICATION FOR TRAVEL:

JUSTIFICATION FOR LODGING OVERAGE: *(Please list each night separate if lodging fluctuated.)*

SELECTED HOTEL / TELEPHONE NO.	ROOMS AVAILABLE (Y/N)	NUMBER OF NIGHTS	QUOTED LODGING RATE (Exclude Taxes)	TOTAL COST

TOTAL

DIFFERENCE

COMPARISON HOTEL

OFFSETTING COST: *(taxi, rental car, public transportation, etc.)*

SUPERVISOR SIGNATURE:

☐

Approve

☐

Disapprove

OCFO SIGNATURE

☐

Approve

☐

Disapprove

FSIS ADMINISTRATIVE SIGNATURE