UNITED STATES DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
WASHINGTON, DC

FSIS DIRECTIVE	3810.3 REVISION 1	10/11/88

TRAVEL VOUCHERS

I. PURPOSE

This directive:

A. Provides a guide for preparing and submitting travel vouchers.

+[B. Sets forth responsibilities of reviewing and approving officers for review and approval of travel vouchers.

II. CANCELLATION

Cancels FSIS Directive 3810.3, 9/25/80.

III. REASON FOR REISSUANCE

Revised to update changes in forms and regulations.

IV. REFERENCES

FSIS Directive 3800.1, Allowances for Temporary Duty Travel
FSIS Directive 3800.8, Foreign Travel
FSIS Directive 3805.1, Travel Authorizations
FSIS Directive 3820.1, Employee Relocation Allowances

Department Manual 2300-1, Agriculture Travel Regulations (**NOTE:** This issuance is not distributed below area offices.)

V. FORMS AND ABBREVIATIONS

The following will appear in this directive in their shortened form:

ATR	Agriculture Travel Regulations
CONUS	Conterminous United States
GTR	Government Transportation Requests**]+**

DISTRIBUTION: All Washington Offices; All Field Employees

OPI: BFD – Fiscal Services and Reviews Branch

+[GSA	General Services Administration
GVTS	Government Transportation System
M&IE	Meals and Incidental Expenses
MPIO	Meat and Poultry Inspection Operations
NFC	National Finance Center
POV	Privately Owned Vehicle
SATO	Scheduled Airline Traffic Offices
T&A	Time and Attendance (Report)
TMC	Travel Management Center
AD-202	Travel Authorization
AD-206	Authorization - Amendment (Travel)
AD-616	Travel Voucher
AD-617	Travel Voucher Continuation Sheet
SF-1164	Claim for Reimbursement for Expenditures on Official Business

VI. COVERAGE

This directive contains instructions for preparing and submitting travel vouchers for most types of temporary duty travel. **EXCEPTION:** This directive does **NOT** cover travel vouchers prepared for relocation allowances. See FSIS Directive 3820.1 for these instructions.

VII. TRAVELER'S RESPONSIBILITIES

A. All travel is to be covered by a properly written and prepared AD-202, as prescribed in FSIS Directive 3805.1. All relocation travel and travel of employees for work as labor organization representatives must always have an AD-202 before travel is performed. **EXCEPTION:** Emergency travel for program purposes may be performed before the issuance of the required AD-202 when time does not permit advance preparation.

B. All travelers are required to maintain appropriate records of their travel, including mileage, receipts, and details of the cost of meals consumed if actual subsistence expenses are to be claimed.

1. **Travelers on an unlimited** travel authorization must send an AD-202 annually to NFC either at beginning of each fiscal year or after the first voucher is completed for the fiscal year. In addition, send vouchers to NFC monthly or at the end of the trip if no further travel is planned during the month.]+

+[2. **Travelers on limited open** travel authorization must send NFC an:

a. AD-202 with the first voucher for the first quarter of the fiscal year.

b. AD-206 to revalidate the AD-202 with the first voucher submitted for the second, third, and fourth quarters.

3. **All other travelers** should send vouchers at the end of each trip to NFC.

C. Travelers submitting AD-616's must verify that the claim is correct and just in all respects. Falsification of any item may result in forfeiture of the claim. (Falsification is a deliberate attempt to defraud the Government.) Penalties may range from reprimand and/or suspension fines and imprisonment as prescribed by law.

VIII. PREPARATION AND SUBMISSION

A. **Preparation.**

1. **AD-616.** Prepare an original and one copy. If additional pages are needed, use AD-617. Use carbon paper or an FSIS controlled copier for additional copies. Follow instructions in Attachments 1 through 10.

2. **Receipts.** Attach receipts for items listed below to the original AD-616. (See FSIS Directive 3800.1 for a partial list of items requiring receipts.)

a. Lodging (per diem or actual subsistence).

b. Expenditures in excess of $25.

3. **Combined Official and Personal Travel.** Always indicate, actual travel performed and show comparative travel computation. An employee is responsible for all travel expenses in excess of those officially authorized.

B. **Submission.** Traveler submits AD-616 (with attached AD-617 if one is required) promptly upon completion to the immediate supervisor for initial approval. If the supervisor is not the designated approving official, he/she initials the AD-616 and forwards to the appropriate official. **NOTE:** An AD-616 with an attached AD-617(s) is considered one voucher.

1. **Leave Taken While in Travel Status.** Write the word **"LEAVE"** on the top of the AD-616. Show the exact hour of departure and return to duty status in the "Remarks" section of the AD-616. After approval, forward the AD-616 directly to the NFC Travel Unit in an envelope marked **"Special Handling."]+**

+[2. **Miscellaneous Claims.** Miscellaneous expenditures unrelated to travel may be claimed on an AD-616 when travel is claimed. When no travel is to be claimed, expenses should be claimed on SF-1164 or through imprest fund. Send the properly approved SF-1164 voucher not paid by imprest fund to:

USDA, FSIS, Budget and Finance Division
Accounting Operations and Systems Branch
Room 0313-South Building
14th & Independence Avenue, SW
Washington, DC 20250

IX. REVIEW AND APPROVAL RESPONSIBILITIES

Travel vouchers are to be reviewed and approved by program designated officials. The officials designated to review and/or approve travel vouchers need not be the official who signed the written travel authorization. However, designations should be made at as high a level as is consistent with the responsibilities of supervising the direction of travel and/or day-to-day supervision. The reviewing/approving official:

A. Reviews AD-616's to determine if:

1. Travel as claimed was directed and authorized, and that items recorded on AD-616 (authorization number, management code, and items requiring special approval) are correct.

2. Attendance at meetings outside USDA was properly authorized and approved.

3. Receipts required in subparagraph VII. A. are attached.

4. Leave taken during travel has been properly documented. (See subparagraph VII. B.)

5. Travel advances have been properly liquidated.

6. Unused or partially used tickets/coupons are properly processed. (See ATR paragraph 1-1.6.a for potential employee liability for value of tickets/coupons issued.)

B. Does not review the AD-616 to:

1. Verify mathematical computations.

2. Verify Social Security numbers.

3. Determine if the travelers have claimed all expenses to which they are entitled.]+

+[X. PROCESSING TRAVEL VOUCHERS

A. **Approved AD-616's.** After review is completed, the approving official indicates approval by signing the AD-616. Send the approved original travel vouchers to NFC. **NOTE:** MPIO regional employees should send a copy of the approved travel voucher to the regional office.

B. **Unapproved AD-616's.** If an AD-616 requires correction or explanation, the approving official returns AD-616 to the employee for explanation. If the explanation is not satisfactory, a memorandum must be attached to the AD-616 explaining the exception and stating that the approving official approves the AD-616 subject to the exception.]+

Joseph A. Powers
Deputy Administrator
Administrative Management

Attachments

1 Guide For Pre Paring Form AD-616 Showing Entries Normally Required On All Vouchers
2 Reimbursement For Per Diem Claimed
3 Actual Subsistence Expenses Due To Unusual Circumstances
4 Per Diem Computation And Use Of Privately Owned Vehicles In Lieu Of Government-Furnished Vehicle
5 Employee's Choice Of Using Privately Owned Vehicles In Lieu Of Travel By Common Carrier
6 Employee Uses Leave While In Travel Status
7 Foreign Travel
8 MPI Mileage Reimbursement For Travel Expected To Average Less Than 1,200 Miles Per Month
9 Domestic Travel (Other)-Type Claim 6
10 Reimbursement For Occasional Travel To Other Duty Points Within The Metropolitan Area Of Official Station

GUIDE FOR PREPARING FORM AD-616
SHOWING ENTRIES NORMALLY REQUIRED ON ALL VOUCHERS

FRONT OF AD-616	Pages 8-11
Section A - Identification	8
Section B - Transportation Costs	9
Section C - Accounting Classification	10
Section D - Claims	11
REVERSE OF AD-616 (Schedule of Expenses and Amounts Claimed)	Pages 12-16
Itinerary	12
Per Diem	12
POV, Other Travel, Car Rental, and Common Carrier	13
Actual Subsistence, Miscellaneous Expenses, Remarks/Explanation/Certification Statements	14

SECTION A - IDENTIFICATION

SECTION A – IDENTIFICATION

SOCIAL SECURITY NUMBER (1) | NAME (Last) (2) (First) (Middle Initial)

AGENCY NUMBER | PURPOSE OF TRAVEL CODE (4) | AD-202 NUMBER (5)

DATES FOR TRAVEL EXPENSES — FROM: MO / DAY / YEAR — THRU: MO / DAY / YEAR (6)

TYPE CLAIM (7) (Indicate one type only)
1 – DOMESTIC TRAVEL – 48
2 – FOREIGN TRAVEL
3 – TRANSFER–HOUSEHUNT.
4 – TRANSFER–OTHER
5 – MULTIPLE-PERSON TR.
6 – DOMESTIC TR. – OTHER

RECLAIM AMT. INCLUDED $ (8)

ORGANIZATION (9) | OFFICIAL DUTY STATION (City and State) (10) | RESIDENT CITY AND STATE (If other than Official Duty Station) (11)

TRAVEL VOUCHER

MAILING ADDRESS OF CHECK (12)

☐ SALARY CHECK ADDRESS ☐ T&A CONTACT POINT ADDRESS

NON-GOVERNMENT TRAVELER OR NEW HIRE
T&A CONTACT POINT | ACCOUNTING STATION

☐ SPECIAL ADDRESS (For use by non–USDA travelers or travelers on extended detail.)

☐ STATE OR REGION NUMBER ☐ OTHER UNIT NUMBER

(1) Enter traveler's Social Security Number. If traveler has none, enter the temporary identification number assigned to the individual by the FSIS Personnel Division.

(2) Enter traveler's last name, first name, and middle initial.

(3) Enter "37".

(4) Enter purpose of travel code. (See ATR, paragraph 1-1, Appendix 1-B.)

(5) Enter primary AD-202 number.

(6) Enter date travel started and ended, as 01-01-85. If voucher is for "Reclaim" only enter original dates of travel for which amounts are being reclaimed.

(7) Enter the appropriate number (1, 2, 3, 4, or 6) as indicated below. (Note the two different categories of "Domestic Travel".) Submit a separate voucher for each type of claim.
NOTE: For type 5 Multiple Person Travel, consult Fiscal Services and Reviews Branch, BFD.

1 Domestic Travel-48 is travel within and between the 48 contiguous States, and the District of Columbia (conterminous U.S.).

2 Foreign Travel is travel outside the 50 States, the District of Columbia or territories and possessions of the U.S., and travel within the United States directly connected with such travel. It does not include local travel of employees stationed abroad.

3 Transfer-Househunt is authorized travel to find residence quarters before transfer of station.

4 Transfer-Other is authorized travel to relocate to a new official duty station.

6 Domestic Travel-Other is travel in any of the following geographical locations:

Alaska	Canal Zone	Virgin Islands
Hawaii	Guam	American Samoa
Puerto Rico	Midway Islands	

(8) Enter here, as well as in Sections C and D, the amount suspended from a previous voucher that is being reclaimed.

(9) Enter "FSIS".

(10) Enter city and State of official duty station.

(11) If same as duty station, leave blank; otherwise, enter city and State of employee's residence.

(12) Place an "X" in appropriate box to select mailing address of check. New hires and non-USDA travelers must show contact point, accounting station and a complete mailing address where check should be sent. Non-USDA travelers should use contact point and accounting station of agency official approving their travel.

SECTION B - TRANSPORTATION COSTS BILLED DIRECTLY TO GOVERNMENT

SECTION B – TRANSPORTATION COSTS						
GTR NUMBER	AMOUNT	VENDOR	NO. TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1 (13)	$ (14)	(15)	(16)	(17)	(18)	
2						
3						
4						
TOTAL – SECTION B	$ (19)	IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER				

(13) Enter serial number(s) of GTR's used. If GVTS is used for tickets, enter "GVTS Account". If a GTR was used for a charter group, contact BFD for specifics. If a GTR was used for an employee's dependent, report the GTR number on the employee's voucher. For travel procured with an authorized charge card, enter "CHARGE CARD" in the GTR number column. DO NOT show card number. Return unused tickets issued through SATO or a contract travel agency to the office from which received. Attach unused tickets procured with a GTR to the front of the AD-616.

(14) Enter costs for transportation included on this voucher only. Include this figure on the reverse of this form under Item 5 "Common Carrier" ONLY when transportation is procured with an authorized charge card. (See page 13, circled number 30.)

(15) Enter name of vendor, generally. Make the following entries when required:

"GEBA" (Government Excess Baggage Allowance) on the line used to report excess baggage charges.

"Charter" if travel voucher is submitted by the employee who signed the GTR ordering chartered transportation, or who has been designated to report the GTR.

"Teleticket" if ticket was purchased by Teleticket Service.

"Bill Carrier" if ticket ordered by GTR is not used, service is less value than specified, or travel is terminated short of destination.

DO NOT use for tickets issued under GVTS. DO NOT SEND unused GVTS tickets to NFC.

(16) Enter "1" when traveler reports transportation for only himself/herself. If GTR purchased chartered transportation, enter number of persons transported. If GTR purchased transportation for employee and dependents, or for employee and authorized non-USDA travelers who will not submit travel vouchers, enter number of people who received tickets.

(17) For each GTR or ticket issued under GVTS account reported on the travel voucher, enter one of the following codes:

"X" for first class air travel and all other extra fare travel.

"A" for coach, tourist, or non-premium air travel.

"O" for all other regular fare travel.

"YDG" for contract service between city pairs.

(18) Enter locations where travel began and ended. Include "and return" for a round trip.

(19) Enter the total of the transportation amounts.

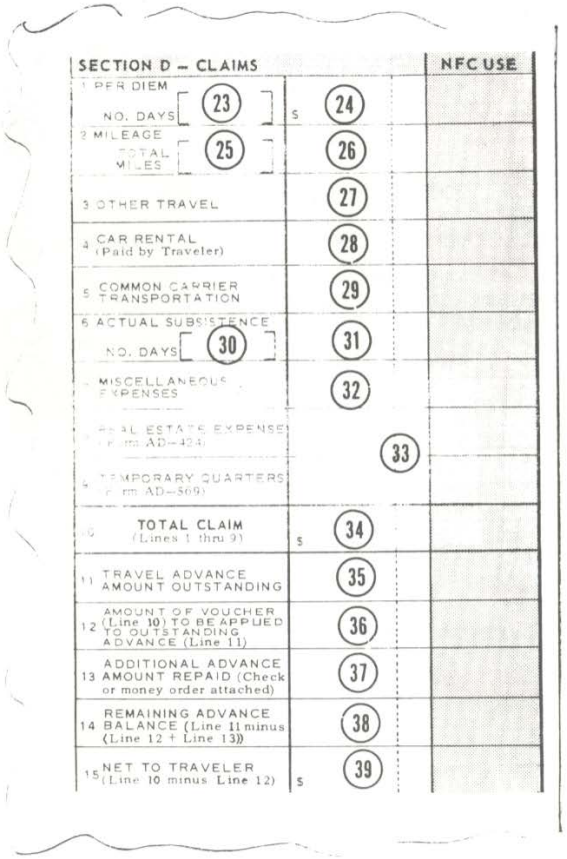
SECTION C - ACCOUNTING CLASSIFICATION

SECTION C – ACCOUNTING CLASSIFICATION	A	B	C	D	E/MANAGEMENT CODE	CLAIM AMOUNT
	5	10	5 3	4	1 4 1 2	$
DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE					20	21
					5 1234 5 6	
	(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM)				TOTAL CLAIM AMOUNT ▶	$ 22

20 Enter 7-Digit Management Code(s) in column E. (Leave columns A, B, C, and D blank.) NOTE: Seventh digit indicates current or prior fiscal year.

21 List amounts charged to each Management Code.

22 Enter the total claim amount in this space. This amount must agree with amount claimed in Section D, block 10 (Total Claim).



SECTION D – CLAIMS			NFC USE
1 PER DIEM NO. DAYS [23]	$ 24		
2 MILEAGE TOTAL MILES [25]	26		
3 OTHER TRAVEL	27		
4 CAR RENTAL (Paid by Traveler)	28		
5 COMMON CARRIER TRANSPORTATION	29		
6 ACTUAL SUBSISTENCE NO. DAYS [30]	31		
7 MISCELLANEOUS EXPENSES	32		
8 REAL ESTATE EXPENSES (Form AD-424)		33	
9 TEMPORARY QUARTERS (Form AD-569)			
10 TOTAL CLAIM (Lines 1 thru 9)	$ 34		
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	35		
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 11)	36		
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)	37		
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 + Line 13))	38		
15 NET TO TRAVELER (Line 10 minus Line 12)	$ 39		

SECTION D – CLAIMS

23 Enter the number of days in per diem status; See "Total No. Days" under the "Totals" column of "Schedule of Expenses and Amounts Claimed" on reverse of AD-616 or from AD-617.

24 Enter the amount claimed; See "Total Per Diem Claim" under the "Totals" column on the reverse of AD-616 or from AD-617.

25 Enter the number of miles; See "Total Miles" under the "Totals" column on the reverse of AD-616 or from AD-617.

26 Enter the amount of the mileage claim; See "Total Mileage Amount" under the "Totals" column on the reverse of AD-616 or from AD-617.

27 Enter the amount claimed for other travel; See "Total Other Travel" under the "Totals" column on the reverse of AD-616 or from AD-617.

28 Enter the amount claimed for car rental; See "Total Car Rental" under the "Totals" column on the reverse of AD-616 or from AD-617.

29 Enter the amount claimed in item 5, "Total Common Carrier" under the "Totals" column on the reverse of AD-616 or from AD-617.

30 Enter the number of calendar days on actual subsistence in item 6, "Total No. Days" under the "Totals" column on the reverse of AD-616 or from AD-617.

31 Enter the amount claimed in item 6, "Total Actual Subsistence" under the "Totals" column on the reverse of AD-616 or from AD-617.

32 Enter the amount claimed in item 7, "Total Misc." under the "Totals" column on the reverse of AD-616 or from AD-617.

33 SEE FSIS DIRECTIVE 3820.1.

34 Enter the total of the amounts claimed in lines 1 through 9.

35 Enter travel advance balance outstanding before the trip being reported.

36 Enter all or any portion of the amount shown on line 10, "Total Claim", that is to be applied to the "Amount Outstanding" shown on line 11.

37 Enter the amount of the check or money order attached for repayment of the advance. Make check payable to "USDA National Finance Center" and securely attach it to the front of the voucher. DO NOT SEND CASH.

38 Enter the balance of the advance remaining. Compute this by adding the amounts entered on lines 12 and 13 and subtracting this total from the amount entered on line 11.

39 Subtract line 12 from line 10 and enter here.

REVERSE OF AD-616 -- ITINERARY

TRAVELER'S NAME (1)

UNITED STATES DEPARTMENT OF AGRICULTURE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

		DATES (2)	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	TOTALS
ITINERARY	FROM	CITY AND STATE (3)																					TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD-617).
		TIME (AM or PM) (4)																					
		CARRIER (5)																					
		FLIGHT NUMBER (6)																					
	TO	CITY AND STATE (7)																					
		TIME (AM or PM) (8)																					
1 PER DIEM		PER DIEM DAYS (9)																					1 TOTAL NO. DAYS
		LODGING AMOUNT																					
		COMPUTATION	TOTAL LODGING COST		LODGING NIGHTS		AVERAGE COST		ROUND TO NEXT $		FIXED RATE		PER DIEM RATE		PER DIEM DAYS		TOTAL PER DIEM		LESS MEALS FURNISHED BY GOVERNMENT				TOTAL PER DIEM CLAIM
					=		=				+				×								=$

(1) Enter traveler's name.

(2) Enter each day separately, showing month and date for each day. EXCEPTION: For temporary duty at one location that lasts more than one day, enter date of arrival and departure separtely. Enter days in between inclusively, inserting the word "THRU" above the "MO DAY" headings. EXAMPLE: Traveler arrives at temporary duty point on 10/06 and departs on 10/17. Show 10/07 thru 10/16 as an inclusive entry. This saves preparation time. NOTE: Inspectors, enter establishments visited by number in the "Remarks/Explanation" section.

(3) Enter the city and State of departure. If more than one departure show other departure in applicable day.

(4) Enter time of departure and "AM" or "PM" as applicable. Enter time of departure from employee's residence or office when departure is from his/her official station. Also show departure time from exit point and arrival time at point of entry to the United States when traveling outside conterminous United States.

(5) Enter common carrier initials.

(6) If travel is by airplane, enter flight number.

(7) Enter the city and State of arrival, show first city and State when arriving from trip outside conterminous United States.

(8) Enter time of arrival and "AM" or "PM" as applicable. Enter time of arrival at residence or office on return to employee's official station.

(9) Does not apply, use CONUS standards.

(10)-(20) RESERVED

POV, OTHER TRAVEL, CAR RENTAL, AND COMMON CARRIER

2 POV	MILEAGE (21)										2 TOTAL MILES (24)
	CENTS PER MILE (22)										TOTAL MILEAGE AMOUNT $ (25)
	AMOUNT (23)										
3 OTHER TRAVEL	PARKING, TOLLS, ETC. (26)										3 TOTAL OTHER TRAVEL $ (28)
	STORAGE OF HOUSEHOLD GOODS	TOTAL WEIGHT OF GOODS	ACTUAL CHARGES $	COMMUTED RATE $			CLAIM LESSER AMOUNT (27)				
4 CAR RENTAL (Receipt and Car Rental Agreement Required)											4 TOTAL CAR RENTAL $ (29)
5 COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required) (30)									
	TAXI, LIMO, LOCAL BUS, SUBWAY	NO. TRIPS (31)									
		DAILY EXPENSE (32)									5 TOTAL COMMON CARRIER $ (33)
	TRANSPORTATION OF HOUSEHOLD GOODS PAID BY TRAVELER (Weight Certificate or Bill of Lading Required)	TOTAL WEIGHT OF GOODS SHIPPED	COMMUTED RATE $	(27) TOTAL $			ADDITIONAL ALLOWANCES +		TOTAL TRANSPORTATN OF HOUSEHOLD GOODS = $		

(21) Enter the mileage in whole miles determined from the beginning and ending odometer reading each day, or enter mileage from Standard Highway Mileage Guide.

(22) Enter the authorized mileage reimbursement rate.

(23) Multiply (21) (mileage) times (22) (cents per mile) and enter amount under each day applicable.

(24) Enter total miles traveled.

(25) Enter total mileage amount claimed.

(26) Enter amounts paid for parking, tolls, etc. by each day.

(27) See FSIS Directive 3820.1.

(28) Enter the total of other travel.

(29) Enter total car rental.

(30) Enter amounts paid by employee or through an authorized GSA contract charge card for airplane, bus, or train fares under the day travel began.

(31) Enter number of trips via local bus, subway, taxicab, etc., and circle the applicable means of transportation.

(32) Enter amounts paid each day for local travel via taxicab, limousine, local bus, subway, etc.

(33) Enter total common carrier amount paid by employee.

ACTUAL SUBSISTENCE, MISCELLANEOUS EXPENSES, REMARKS/EXPLANATION/CERTIFICATION STATEMENTS 1/

6 ACTUAL SUBSISTENCE													
BREAKFAST (Include Tips)	34												
LUNCH (Include Tips)		35											
DINNER (Include Tips)	36												
LODGING (Receipt Required)		37											6 TOTAL NO. DAYS 41
TIPS (Porter, etc.)	38												
OTHER (Laundry, etc., please specify)		39											TOTAL ACTUAL SUBSISTENCE
TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1–A.)	40												$ 42
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)	43												7 TOTAL MISC. $ 44

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

45

34 Enter amounts paid for breakfast (including tips) under each day.

35 Enter amounts paid for lunch (including tips) under each day.

36 Enter amounts paid for dinner (including tips) under each day.

37 Enter amounts paid for lodging under each day. (Also used for per diem claims.)

38 Enter tips paid to porters, etc. (Do not repeat tips paid with meals.)

39 Enter other amounts paid (laundry or M&IE for per diem claims in CONUS).

40 Enter total amount of actual subsistence not to exceed maximum amount authorized for the area each day.

41 Enter total number of days in actual subsistence (count each day in which any portion is actual subsistence as one day).

42 Enter total actual subsistence claimed.

43 Enter allowable miscellaneous expenses paid by employee. Itemize each expense and amount.

44 Enter total miscellaneous amount.

45 Enter any remark, explanation applicable certification statements, and multiple per-diem rates.
NOTE: Between meal snacks and alcoholic beverages are not an allowable expense.

Until the AD-616 is revised, this portion will be used to record certain per diem expenses. (See Attachments 2 and 9 for examples of per diem claims.)

TRAVEL VOUCHER

SECTION A - IDENTIFICATION

SOCIAL SECURITY NUMBER	NAME (Last)	(First)	(Middle Initial)
335 36 3889	SIMS	KARL	

AGENCY NUMBER	PURPOSE OF TRAVEL CODE	AD - 202 NUMBER	DATES FOR TRAVEL EXPENSES FROM MONTH	DAY	YEAR	THRU MONTH	DAY	YEAR	TYPE CLAIM (Indicate one type only)	1-DOMESTIC TRAVEL - 48 2-FOREIGN TRAVEL 3-TRANSFER - HOUSEHUNT. 4-TRANSFER - OTHER 5-MULTIPLE-PERSON TRAVEL 6-DOMESTIC TRAVEL - OTHER	RECLAIM AMOUNT INCLUDED
37	1	7-C-37-871005	11	14	XX	11	17	XX	1		$

ORGANIZATION	OFFICIAL DUTY STATION (City and State)	RESIDENT CITY AND STATE (If other than Official Duty Station)
FSIS-Science	St. Louis, MO	

SECTION B - TRANSPORTATION COSTS

	GTR NUMBER	AMOUNT	VENDOR	NUMBER OF TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1	GVTS Acct.	$ 360 00	Delta	1	A	St. Louis, MO	Ashland, KY
2						Ashland, KY	Washington, DC
3						Washington, DC	St. Louis, MO
4							

TOTAL - SECTION B $ 360 00 **IMPORTANT:** ATTACH UNUSED TICKETS TO FRONT OF VOUCHER

SECTION C - ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A	B	C	D	E	CLAIM AMOUNT
5	10	5 3	4	8 7112 9 9	$ 340 50

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) **TOTAL CLAIM AMOUNT** ▶ $ 340 50

SECTION E - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account works 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; LD. 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. I have reviewed this voucher and certify it to be correct.
Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the travel voucher.

CLAIMANT'S SIGNATURE AND DATE

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 101—7). 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 investigation 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.

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.
(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 designee (31 USC 680a).

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or Print)
John Doe, Director

DATE	PHONE (Area Code and Number)	FTS	COMM
11/20/XX	314-567-8900	X	

TRAVEL AUTHORIZATION. Check One:
[X] AD - 202 Attached [ ] AD - 202 Submitted Previously

NOTICE: Upon completion and approval, submit original voucher to: ▶ USDA, National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

MAILING ADDRESS OF CHECK

[X] SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS

NON-GOVERNMENT TRAVELER OR NEW HIRE
T&A CONTACT POINT ACCOUNTING STATION

[ ] SPECIAL ADDRESS (For use by supplemental travelers, new hires, or travelers on extended detail.)

[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION D - CLAIMS

			NFC USE
1 PER DIEM NO. DAYS 3.50	$ 302	50	
2 MILEAGE TOTAL MILES			
3 OTHER TRAVEL			
4 CAR RENTAL (Paid by Traveler)			
5 COMMON CARRIER TRANSPORTATION	38	00	
6 ACTUAL SUBSISTENCE NO. DAYS			
7 MISCELLANEOUS EXPENSES			
8 REAL ESTATE EXPENSE (Form AD - 424)			
9 TEMPORARY QUARTERS (Form AD - 569)			
10 **TOTAL CLAIM** (Lines 1 through 9)	$ 340	50	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	200	00	
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 11)	200	00	
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)			
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 × Line 13))			
15 **NET TO TRAVELER** (Line 10 minus Line 12)	$ 140	50	
TOTAL DIFFERENCE			

AUDITED BY ((Examiner's Initials)

FORM AD - 616 USDA (Rev. 4/84) (Approved Comp. Gen. 9/72)
EXCEPTION TO SF 1012 APPROVED BY OIRM 5-83

REIMBURSEMENT FOR PER DIEM CLAIMED

TRAVELER'S NAME: KARL SIMS

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

		DATES ▶	MO 11 DAY 14	MO 11 DAY 15	MO 11 DAY 16	MO 11 DAY 17	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY			TOTALS
ITINERARY	FROM	CITY AND STATE	St Louis MO	Ashland KY		Wash. DC													TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD - 617)
		TIME (AM or PM)	7:00 AM	4:00 PM		3:00 PM													
		CARRIER	Delta	Delta	in	Delta													
		FLIGHT NUMBER	711	414	WASH	517													
	TO	CITY AND STATE	Ashland KY	Wash. DC	DC	St Louis MO													
		TIME (AM or PM)	9:00 AM	5:35 PM		5:30 PM													
1 PER DIEM		PER DIEM DAYS	.75	1.00	1.00	.75													1 TOTAL NO. DAYS 3.50
		LODGING AMOUNT																	
		COMPUTATION	TOTAL LODGING COST ÷	LODGING NIGHTS =	AVERAGE COST /	ROUND TO NEXT $ +	FIXED RATE =	PER DIEM RATE ×	PER DIEM DAYS =	TOTAL PER DIEM —	LESS MEALS FURNISHED BY GOVERNMENT								TOTAL PER DIEM CLAIM =$ 302 50
2 POV		MILEAGE																	2 TOTAL # MILES
		CENTS PER MILE																	TOTAL MILEAGE AMOUNT $
		AMOUNT																	
3 OTHER TRAVEL		PARKING, TOLLS, ETC.																	3 TOTAL OTHER TRAVEL $
		STORAGE OF HOUSEHOLD GOODS	TOTAL WEIGHT O																
4 CAR RENTAL (Receipt and Car Rental Agreement Required)																			4 TOTAL CAR RENTAL $
5 COMMON CARRIER		PLANE, BUS, TRAIN (Paid by Traveler) / AMOUNT (Receipt Required)																	
		TAXI, LIMO, LOCAL BUS, SUBWAY — NO. TRIPS	2	2		2													
		TAXI, LIMO, LOCAL BUS, SUBWAY — DAILY EXPENSE	10.00	15.00		13.00													5 TOTAL COMMON CARRIER $ 38 00
		TRANSPORTATION OF HOUSEHOLD GOODS - PAID BY TRAVELER (Weight Certificate or Bill of Lading Required)	TOTAL WEIGHT OF GOODS SHIPPED × $		COMMUTED RATE		TOTAL = $		ADDITIONAL ALLOWANCES +		TOTAL TRANSPORTATION OF HOUSEHOLD GOODS = $								
6 ACTUAL SUBSISTENCE		BREAKFAST (Include Tips)																	
		LUNCH (Include Tips)																	
		DINNER (Include Tips)																	
		LODGING (Receipt Required)	25.00	84.00*	84.00*	--													6 TOTAL NO. DAYS
		TIPS (Porter, etc.)																	
		OTHER (Laundry, etc. (Please Specify))	18.75	33.00	33.00	24.75													TOTAL ACTUAL SUBSISTENCE $
		TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1-A.)	43.75	117.00	117.00	24.75													
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)																			7 TOTAL MISC. $

EXPLANATION: When the travel involves two different per diem localities, use the M&IE rate for locality where lodgings are obtained for the night. On the last day of travel, use the M&IE rate for the previous day of travel.

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

* Actual Lodging Cost was $85.75
Maximum Lodging amount authorized for Washington, DC is $84; Maximum per diem is $117.00

M&IE: 11/14 .75 @ $25 = $18.75
11/17 .75 @ $33 = $24.75

ACTUAL SUBSISTENCE EXPENSES DUE TO UNUSUAL CIRCUMSTANCES

TRAVEL VOUCHER

SECTION A – IDENTIFICATION

SOCIAL SECURITY NUMBER: 689 12 3456
NAME (Last): Post (First): Samantha (Middle Initial): J
AGENCY NUMBER: 37
PURPOSE OF TRAVEL CODE: 1
AD-202 NUMBER: 7-C-37-871006
DATES FOR TRAVEL EXPENSES FROM: MO 11 DAY 12 YEAR 86 THRU: MO 11 DAY 14 YEAR 86
TYPE CLAIM: 1 (1-DOMESTIC TRAVEL – 48; 2-FOREIGN TRAVEL; 3-TRANSFER-HOUSEHUNT.; 4-TRANSFER-OTHER; 5-MULTIPLE-PERSON TR.; 6-DOMESTIC TR. – OTHER)
RECLAIM AMT. INCLUDED: $
ORGANIZATION: FSIS-Science
OFFICIAL DUTY STATION (City and State): Athens, GA
RESIDENT CITY AND STATE (If other than Official Duty Station):

SECTION B – TRANSPORTATION COSTS

	GTR NUMBER	AMOUNT	VENDOR	NO. TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1	GVTS Acct.	$ 208 00	Delta	1	A	Athens, GA	Ashland, KY and Return
2							
3							
4							
TOTAL – SECTION B		$ 208 00	IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER				

SECTION C – ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE	A	B	C	D	E/MANAGEMENT CODE	CLAIM AMOUNT
	5	10	5 3	4	8 7100 1 27	$ 188.10
(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM)					TOTAL CLAIM AMOUNT ▶	$ 188.10

SECTION E – CERTIFICATIONS

FRAUDULENT CLAIM – Falsification of an item in an expense account works 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; LD. 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. I have reviewed this voucher and certify it to be correct.

CLAIMANT'S SIGNATURE AND DATE

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 U.S.C. 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 101-7). 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 investigation 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.

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.

(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 designee (31 USC 680a).

CHECK ONE: [X] AD-202 ATTACHED [ ] AD-202 SUBMITTED PREVIOUSLY

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or print): Wallace Nowill, Circuit Supervisor

DATE: XX/XX/XX

PHONE (Area Code and number): 000-111-XXXX FTS [X] COMM [ ]

NOTICE: Upon completion and approval submit original voucher to: USDA, National Finance Center, P. O. Box 60000, New Orleans, Louisiana 70160

MAILING ADDRESS OF CHECK

[X] SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS

NON-GOVERNMENT TRAVELER OR NEW HIRE T&A CONTACT POINT / ACCOUNTING STATION

[ ] SPECIAL ADDRESS (For use by non-USDA travelers or travelers on extended detail.)

[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION D – CLAIMS

		NFC USE
1 PER DIEM NO. DAYS [ ]	$	
2 MILEAGE TOTAL MILES [ ]		
3 OTHER TRAVEL		
4 CAR RENTAL (Paid by Traveler)		
5 COMMON CARRIER TRANSPORTATION	60 00	
6 ACTUAL SUBSISTENCE NO. DAYS [2.75]	128 10	
7 MISCELLANEOUS EXPENSES		
8 REAL ESTATE EXPENSE (Form AD-424)		
9 TEMPORARY QUARTERS (Form AD-569)		
10 TOTAL CLAIM (Lines 1 thru 9)	$ 188 10	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	140 00	
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 11)	140 00	
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)	- 0 00	
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 + Line 13))	- 0 00	
15 NET TO TRAVELER (Line 10 minus Line 12)	48 10	
TOTAL DIFFERENCE		

AUDITED BY (Examiner's initials)

Exception to SF 1012 approved by OIRM 5/83

U. S. DEPARTMENT OF AGRICULTURE FORM AD-616 (Approved Comp. Gen. 9/72) (REV. 4/84)

TRAVELER'S NAME: Samantha J. Post

UNITED STATES DEPARTMENT OF AGRICULTURE
SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

		DATES ▶	MO 11 DAY 12	MO 11 DAY 13	MO 11 DAY 14	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	MO DAY	TOTALS
ITINERARY	FROM	CITY AND STATE	Athens GA	IN	Ashland KY								TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD-617).
		TIME (AM or PM)	6:30 AM		4:00 PM								
		CARRIER	Delta	Ashland	Delta								
		FLIGHT NUMBER	019		020								
	TO	CITY AND STATE	Ashland KY	KY	Athens GA								
		TIME (AM or PM)	10:00 AM		6:45 PM								
1 PER DIEM		PER DIEM DAYS											
		LODGING AMOUNT											
		COMPUTATION	TOTAL LODGING COST	LODGING NIGHTS									
2 POV		MILEAGE											
		CENTS PER MILE											
		AMOUNT											
3 OTHER TRAVEL		PARKING, TOLLS, ETC.											
		STORAGE OF HOUSEHOLD GOODS	TOTAL WEIGHT OF GOODS		$								
4 CAR RENTAL (Receipt and Car Rental Agreement Required)													
5 COMMON CARRIER		PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)										
		TAXI, LIMO, LOCAL BUS, SUBWAY	NO. TRIPS		2								
			DAILY EXPENSE		30.00								
		TRANSPORTATION OF HOUSEHOLD GOODS – PAID BY TRAVELER (Weight Cert. or Bill of Lading Required)	TOTAL WEIGHT OF GOODS SHIPPED		COMMUTED RATE $	TOTAL $		ADDITIONAL ALLOWANCES		TOTAL TRANSPORTATN OF HOUSEHOLD GOODS $			5 TOTAL COMMON CARRIER $ 60.00
6 ACTUAL SUBSISTENCE		BREAKFAST (Include Tips)	--	5.20	5.50								
		LUNCH (Include Tips)	6.30	6.50	7.50								
		DINNER (Include Tips)	10.20	11.30	--								
		LODGING (Receipt Required)	35.80	35.80	--								6 TOTAL NO. DAYS 3
		TIPS (Porter, etc.)	2.00	--	2.00								
		OTHER (Laundry, etc., please specify)											TOTAL ACTUAL SUBSISTENCE
		TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1–A.)	54.30	58.80	15.00								$ 128.00
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)													7 TOTAL MISC. $

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

Actual subsistence expenses may be authorized only when there are unusual circumstances which cause subsistence expenses to be higher than the per diem rate authorized for the temporary duty location. The maximum rate authorized may not exceed 150 percent of the authorized per diem rate. Actual subsistence and per diem MAY NOT be used for the same calendar day (12:01 AM to 12 midnight). If the unusual circumstances were not anticipated, amend the original Form AD-202 after the trip is over. Actual subsistence expenses MAY NOT be authorized for non-specific trips on a limited or unlimited open travel authorization. See FSIS Directive 3800.1 for details.

TRAVEL VOUCHER

SECTION A - IDENTIFICATION

SOCIAL SECURITY NUMBER: 987 65 4321

NAME (Last): DAVIS (First): LEW (Middle Initial): N.

AGENCY NUMBER: 37

PURPOSE OF TRAVEL CODE: 1

AD - 202 NUMBER: 7-B-980001

DATES FOR TRAVEL EXPENSES — FROM: MONTH 11, DAY 05, YEAR XX — THRU: MONTH 11, DAY 07, YEAR XX

TYPE CLAIM (Indicate one type only): 1

1-DOMESTIC TRAVEL - 48
2-FOREIGN TRAVEL
3-TRANSFER - HOUSEHUNT.
4-TRANSFER - OTHER
5-MULTIPLE-PERSON TRAVEL
6-DOMESTIC TRAVEL - OTHER

RECLAIM AMOUNT INCLUDED: $

ORGANIZATION: FSIS-MPIO

OFFICIAL DUTY STATION (City and State): Lawrence, KS

RESIDENT CITY AND STATE (If other than Official Duty Station):

MAILING ADDRESS OF CHECK

[X] SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS

NON-GOVERNMENT TRAVELER OR NEW HIRE
T&A CONTACT POINT | ACCOUNTING STATION

[ ] SPECIAL ADDRESS (For use by supplemental travelers, new hires, or travelers on extended detail.)

[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION B - TRANSPORTATION COSTS

GTR NUMBER	AMOUNT	VENDOR	NUMBER OF TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1	$					
2						
3						
4						
TOTAL - SECTION B	$	IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER				

SECTION C - ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A	B	C	D	E	CLAIM AMOUNT
5	10	5 3	4	9' 8065 4' 7	$ 229 83

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) **TOTAL CLAIM AMOUNT** ▶ $ 229 83

SECTION D - CLAIMS

			NFC USE
1 PER DIEM — NO. DAYS 2.75	$ 125	25	
2 MILEAGE — TOTAL MILES 581	104	58	
3 OTHER TRAVEL			
4 CAR RENTAL (Paid by Traveler)			
5 COMMON CARRIER TRANSPORTATION			
6 ACTUAL SUBSISTENCE — NO. DAYS			
7 MISCELLANEOUS EXPENSES			
8 REAL ESTATE EXPENSE (Form AD - 424)			
9 TEMPORARY QUARTERS (Form AD - 569)			
10 TOTAL CLAIM (Lines 1 through 9)	$ 229	83	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	100	00	
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUT-STANDING ADVANCE (Line 11)	0	00	
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)	0	00	
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 + Line 13))	100	00	
15 NET TO TRAVELER (Line 10 minus Line 12)	$ 229	83	
TOTAL DIFFERENCE			

SECTION E - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account works 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; LD. 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. I have reviewed this voucher and certify it to be correct. Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the travel voucher.

CLAIMANT'S SIGNATURE AND DATE

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 101—7). 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 investigation 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.

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.

(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 designee (31 USC 680a).

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or Print): Will Mackson, Circuit Supervisor

DATE: 11/19/XX | PHONE (Area Code and Number): 316-752-5914 | FTS: X | COMM:

TRAVEL AUTHORIZATION. Check One:

[X] AD - 202 Attached [ ] AD - 202 Submitted Previously

AUDITED BY ((Examiner's Initials)

NOTICE: Upon completion and approval, submit original voucher to: ▶ USDA, National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

FORM AD - 616 USDA (Rev. 4/84) (Approved Comp. Gen. 9/72)
EXCEPTION TO SF 1012 APPROVED BY OIRM 5-83

PER DIEM COMPUTATION AND USE OF PRIVATELY OWNED VEHICLES IN LIEU OF GOVERNMENT-FURNISHED VEHICLE

Per Diem Computation

When traveler is committed to use a POV in lieu of a Government furnished automobile, the traveler is reimbursed 18.0 cents per mile.

1. Report travel as performed; show times of departure and arrival at each duty point.
2. Show number of days of travel; show decimal if fractional days are involved.
3. Show mileage for official vicinity travel each day. Show distances for point-to-point travel from odometer readings or as shown in standard mileage guides. Explain any substantial deviation from mileage in the "Remarks" section for a usually traveled route.
4. Show per diem as illustrated. Enter total in Section 1's block "Total Per Diem Claimed."

Reimbursement for Use of POV Instead of Common Carrier

A. When a traveler elects to use a POV instead of a common carrier when a common carrier is to the advantage of the Government reimbursement is limited to the lesser of the following two constructive costs:

1. POV. Determine the mileage driven (at 22.5 cents per mile) plus any allowable per diem for the actual travel time.

a. To calculate per diem, exclude travel time during normal working hours which would exceed travel time by common carrier.

b. Annual leave is charged for such added travel time. Record the annual leave on both the AD-616 and the T&A Report.

2. Common Carrier. Determine the total estimated transportation costs plus per diem for the method of travel. When determining air fares and per diem:

a. Disregard arrivals and departures scheduled at unreasonable hours, i.e. departures before 6:00 a.m. or arrivals after 8:00 p.m.

b. Use available contract air fares (or unrestricted coach fares if there is no contract air fare).

B. When preparing the AD-616:

1. Report travel as performed, showing departure and arrival times together with starting and ending points visited. Obtain distances from odometer readings or from standard highway mileage guides. Any substantial deviation from the highway mileage guide must be explained.

2. Always show the total constructive cost for the travel by common carrier as determined in subparagraph A.2.

TRAVELER'S NAME: LEW N. DAVIS

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

		DATES ▶	MO 11	DAY 05	MO 11	DAY 05	MO 11	DAY 06	MO 11	DAY 07	MO 11	DAY 07	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	TOTALS
ITINERARY	FROM	CITY AND STATE (1)	Lawrence KS								Red Oak IA												TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD-617)
		TIME (AM or PM)	8:00 AM								5:00 PM												
		CARRIER																					
		FLIGHT NUMBER																					
	TO	CITY AND STATE	Red Oak IA	Local Travel	Local Travel	Local Travel	Lawrence KS																
		TIME (AM or PM)	1:00 PM				8:00 PM																
1 PER DIEM	PER DIEM DAYS		.75		1.00		1.00																1 TOTAL NO. DAYS 2.75 (2)
	LODGING AMOUNT																						
	COMPUTATION		TOTAL LODGING COST	LODGING NIGHTS	AVERAGE COST	ROUND TO NEXT $	FIXED RATE	PER DIEM RATE	PER DIEM DAYS	TOTAL PER DIEM	LESS MEALS FURNISHED BY GOVERNMENT												TOTAL PER DIEM CLAIM (4) $ 125.25
			÷		=	/	+	=	×	=	—												
2 POV	MILEAGE (3)		173	38	120	77	173																2 TOTAL # MILES 581
	CENTS PER MILE		18.0	18.0	18.0	18.0	18.0																TOTAL MILEAGE AMOUNT $ 104.58
	AMOUNT		31.14	6.84	21.60	13.86	31.14																
3 OTHER TRAVEL	PARKING, TOLLS, ETC.																						3 TOTAL OTHER TRAVEL $
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS		ACTUAL CHARGES $		COMMUTED RATE $		CLAIM LESSER AMOUNT														
4 CAR RENTAL (Receipt and Car Rental Agreement Required)																							4 TOTAL CAR RENTAL $
5 COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)																					
	TAXI, LIMO, LOCAL BUS, SUBWAY	NO. TRIPS																					5 TOTAL COMMON CARRIER $
		DAILY EXPENSE																					
	TRANSPORTATION OF HOUSEHOLD GOODS - PAID BY TRAVELER (Weight Certificate or Bill of Lading Required)		TOTAL WEIGHT OF GOODS SHIPPED		COMMUTED RATE × $		TOTAL = $		ADDITIONAL ALLOWANCES +		TOTAL TRANSPORTATION OF HOUSEHOLD GOODS = $												
6 ACTUAL SUBSISTENCE	BREAKFAST (Include Tips)																						
	LUNCH (Include Tips)				(4)																		
	DINNER (Include Tips)																						6 TOTAL NO. DAYS
	LODGING (Receipt Required)			28.25	28.25		--																
	TIPS (Porter, etc.)																						
	OTHER (Laundry, etc. (Please Specify))			18.75	25.00		25.00																TOTAL ACTUAL SUBSISTENCE $
	TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1-A.)			47.00	53.25		25.00																
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)																							7 TOTAL MISC. $

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

Point-to-point mileage claimed according to standard highway mileage guide. I have not made a commitment to use a Government-furnished automobile and reimbursement is not limited to partial rate when a Government furnished automobile is available.

M&IE Rate: 11/05 .75 day @ $25 = $18.75
11/07 1.00 day @ $25 = $25.00

EMPLOYEE'S CHOICE OF USING PRIVATELY OWNED VEHICLES
IN LIEU OF TRAVEL BY COMMON CARRIER

TRAVEL VOUCHER

SECTION A – IDENTIFICATION

SOCIAL SECURITY NUMBER: 123 45 6789
NAME (Last): Axelrod (First): John (Middle Initial): A.
AGENCY NUMBER: 37
PURPOSE OF TRAVEL CODE: 1
AD-202 NUMBER: 7-C-37-715008
DATES FOR TRAVEL EXPENSES — FROM: MO 11, DAY 01, YEAR XX — THRU: MO 11, DAY 15, YEAR XX
TYPE CLAIM (Indicate one type only): 1 – DOMESTIC TRAVEL 48; 2 – FOREIGN TRAVEL; 3 – TRANSFER-HOUSEHUNT.; 4 – TRANSFER-OTHER; 5 – MULTIPLE-PERSON TR.; 6 – DOMESTIC TR. – OTHER: 1
RECLAIM AMT. INCLUDED: $
ORGANIZATION: Food Safety & Inspection Serv.
OFFICIAL DUTY STATION (City and State): Washington, DC
RESIDENT CITY AND STATE (If other than Official Duty Station): Takoma Park, MD

MAILING ADDRESS OF CHECK

[X] SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS
NON-GOVERNMENT TRAVELER OR NEW HIRE
T&A CONTACT POINT | ACCOUNTING STATION
[ ] SPECIAL ADDRESS (For use by non-USDA travelers or travelers on extended detail.)
[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION B – TRANSPORTATION COSTS

GTR NUMBER	AMOUNT	VENDOR	NO. TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1	$					
2						
3						
4						

TOTAL – SECTION B $ IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER

SECTION C – ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A	B	C	D	E/MANAGEMENT CODE	CLAIM AMOUNT
5	10	5 3	4	7 1500 1 2 7	$ 873.91

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) TOTAL CLAIM AMOUNT ▶ $ 873.91

SECTION D – CLAIMS

		NFC USE
1 PER DIEM NO. DAYS [ ]	$	
2 MILEAGE TOTAL MILES [ ]		
3 OTHER TRAVEL	873.91	
4 CAR RENTAL (Paid by Traveler)		
5 COMMON CARRIER TRANSPORTATION		
6 ACTUAL SUBSISTENCE NO. DAYS [ ]		
7 MISCELLANEOUS EXPENSES		
8 REAL ESTATE EXPENSE (Form AD-424)		
9 TEMPORARY QUARTERS (Form AD-569)		
10 TOTAL CLAIM (Lines 1 thru 9)	$ 873.91	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	640.00	
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 11)	640.00	
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)		
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 + Line 13))	00.00	
15 NET TO TRAVELER (Line 10 minus Line 12)	233.91	
TOTAL DIFFERENCE		

AUDITED BY (Examiner's initials)

SECTION E – CERTIFICATIONS

FRAUDULENT CLAIM – Falsification of an item in an expense account works 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; LD. 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. I have reviewed this voucher and certify it to be correct.

CLAIMANT'S SIGNATURE AND DATE

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 U.S.C. 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 101-7). 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 investigation 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.

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.

(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 designee (31 USC 680a).

CHECK ONE: [X] AD-202 ATTACHED [ ] AD-202 SUBMITTED PREVIOUSLY

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or print): Willard W. East, Director
Budget and Finance Division

DATE: 11/20/XX PHONE (Area Code and number): 202-380-9000 FTS [X] COMM [ ]

NOTICE: Upon completion and approval submit original voucher to: USDA, National Finance Center, P. O. Box 60000, New Orleans, Louisiana 70160

Exception to SF 1012 approved by OIRM 5/83

U. S. DEPARTMENT OF AGRICULTURE FORM AD-616 (Approved Comp. Gen. 9/72) (REV. 4/84)

TRAVELER'S NAME: Axelrod John A.

UNITED STATES DEPARTMENT OF AGRICULTURE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

		DATES ▶	MO 11	DAY 01	MO 11	DAY 02	MO 11	DAY 03	MO 11	DAY 13	MO 11	DAY 14	MO 11	DAY 15	MO	DAY	MO	DAY	MO	DAY	MO	DAY
ITINERARY	FROM	CITY AND STATE	Wash. DC								Cairo IL											
		TIME (AM or PM)	7:30 am				IN		Cairo		8:00 am											
		CARRIER					IL 11/3-11/13															
		FLIGHT NUMBER																				
	TO	CITY AND STATE			Cairo IL								Wash. DC									
		TIME (AM or PM)			12:30 pm								9:00 pm									
1 PER DIEM		PER DIEM DAYS																				
		LODGING AMOUNT																				
		COMPUTATION	TOTAL LODGING COST		LODGING NIGHTS		AVERAGE COST		ROUND TO NEXT $		FIXED RATE		PER DIEM RATE		PER DIEM DAYS		TOTAL PER DIEM		LESS MEALS FURNISHED BY GOVERNMENT			
2 POV		MILEAGE																				
		CENTS PER MILE																				
		AMOUNT																				
3 OTHER TRAVEL		PARKING TOLLS ETC.																				
		STORAGE OF HOUSEHOLD GOODS	TOTAL WEIGHT OF GOODS				ACTUAL CHARGES $				COMMUTED RATE $				CLAIM LESSER AMOUNT							
4 CAR RENTAL (Receipt and Car Rental Agreement Required)																						
5 COMMON CARRIER		PLANE, BUS, TRAIN (Paid by Traveler) — AMOUNT (Receipt Required)																				
		TAXI, LIMO, LOCAL BUS, SUBWAY — NO. TRIPS																				
		DAILY EXPENSE																				
		TRANSPORTATION OF HOUSEHOLD GOODS - PAID BY TRAVELER (Weight Cert. or Bill of Lading Required)	TOTAL WEIGHT OF GOODS SHIPPED				COMMUTED RATE $				TOTAL $				ADDITIONAL ALLOWANCES				TOTAL TRANSPORTATN OF HOUSEHOLD GOODS $			
6 ACTUAL SUBSISTENCE		BREAKFAST (Include Tips)																				
		LUNCH (Include Tips)																				
		DINNER (Include Tips)																				
		LODGING (Receipt Required)																				
		TIPS (Porter, etc.)																				
		OTHER (Laundry, etc., please specify)																				
		TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1-A.)																				
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)																						

TOTALS

TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD-617).

1 TOTAL NO. DAYS

TOTAL PER DIEM CLAIM =$

2 TOTAL # MILES

TOTAL MILEAGE AMOUNT $

3 TOTAL OTHER TRAVEL $ 873 91

4 TOTAL CAR RENTAL $

5 TOTAL COMMON CARRIER $

6 TOTAL NO. DAYS

TOTAL ACTUAL SUBSISTENCE $

7 TOTAL MISC. $

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

1/ Constructive Costs Claimed. Total based on attached cost comparison sheet. Mileage based on standard highway guide. Traveler could have left residence at 8:00 am on 11/2/XX-departed National Airport via flight TWA-104 at 9:15 am arriving in Cairo, IL at 12:25 pm. Could have left Cairo via flight TWA-741 arriving at National Airport at 6:15 pm on 11/14. Traveler was scheduled to report for duty in Cairo, IL at 8:00 am on 11/3. The excess travel time took place on non-work days and therefore no annual leave was charged.

COMPARATIVE TRAVEL COMPUTATION - NOV 1 THRU 15, 19XX

Actual Travel

Round trip mileage claimed 1,604 (Mileage rate-22.5 cents per mile)	$ 360.90

Per Diem Computation-Actual Travel And Whole Days	Amount	
1st day: 75% of $25 M&IE + $19.68 lodgings	38.43	
13 whole days: $25 M&IE + lodging of $19.68 = $44.68 x 13	= 580.84	
Last day: 100% of $25 M&IE	= 25.00	
Total Per Diem (15 days), Actual Travel		$ 644.27

Days in Per Diem Status, Whole And Partial	No. Days
11/1 - Lv residence at 7:30 am	= .75
11/2 to 11/14: 13 whole days	13.00
11/15 Last Day	= 1.00
Total days, Whole and Partial	14.75

Total Actual Travel Expenses	$ 1,005.17

Constructive Costs

11/2 taxi to airport, Washington, DC	12.00
11/2 taxi fare from airport, Cairo	10.00
11/2 air fare	275.00
11/14 taxi to airport, Cairo	10.00
11/14 taxi to residence	12.00

Per Diem Computation, Whole And Partial Days	Amount	
1st day: 75% of $25 M&IE + lodging of $19.68	38.43	
11 whole days in travel status: $25 M&IE + lodging of $19.68 = $44.68 x 11	= 491.48	
Last Day: 100% of $25 M&IE	= 25.00	
Total Per Diem (11 days)		$ 554.91

Days in Per Diem Status, Whole And Partial	No. Days
11/2 - 1st day Lv residence at 8:00 am	= .75
11/3 to 11/13: 11 whole days	11.00
11/14: Day of Return	1.00
Total Number of Days Travel Status, Whole and Partial	12.75

Total Constructive Costs	$ 873.91

NOTE: Days charged to annual leave because of excess official time used due to use of POV or indirect routing of travel may not be used to compute actual travel expenses even though, the total actual travel expenses is less than the constructive costs.

EMPLOYEE USES LEAVE WHILE IN TRAVEL STATUS

LEAVE 1/

TRAVEL VOUCHER

SECTION A – IDENTIFICATION

SOCIAL SECURITY NUMBER: 921 45 6789
NAME (Last): James (First): Frank (Middle Initial): R.
AGENCY NUMBER: 37
PURPOSE OF TRAVEL CODE: 5
AD-202 NUMBER: 7-C-37-976001
DATES FOR TRAVEL EXPENSES FROM: MO 11 DAY 09 YEAR XX THRU: MO 11 DAY 15 YEAR XX
TYPE CLAIM (Indicate one type only): 1 – DOMESTIC TRAVEL – 48; 2 – FOREIGN TRAVEL; 3 – TRANSFER–HOUSEHUNT.; 4 – TRANSFER–OTHER; 5 – MULTIPLE-PERSON TR.; 6 – DOMESTIC TR. – OTHER: 1
RECLAIM AMT. INCLUDED: $
ORGANIZATION: FSIS-Technology Staff
OFFICIAL DUTY STATION (City and State): Chicago, IL
RESIDENT CITY AND STATE (If other than Official Duty Station):

MAILING ADDRESS OF CHECK

[X] SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS
NON-GOVERNMENT TRAVELER OR NEW HIRE
T&A CONTACT POINT: ACCOUNTING STATION:
[ ] SPECIAL ADDRESS (For use by non-USDA travelers or travelers on extended detail.)
[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION B – TRANSPORTATION COSTS

	GTR NUMBER	AMOUNT	VENDOR	NO. TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1	GVTS Acct.	$ 244.00	Northwest	1	A	Chicago, IL	Boise, ID and return
2							
3							
4							
TOTAL – SECTION B		$ 244.00					

IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER

SECTION C – ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A (5)	B (10)	C (5)	(3)	D (4)	E/MANAGEMENT CODE (1 2)	CLAIM AMOUNT
					9 7600 1 7	$ 348.70

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) TOTAL CLAIM AMOUNT ▶ $ 348.70

SECTION D – CLAIMS

		NFC USE
1 PER DIEM NO. DAYS 6	$ 324.00	
2 MILEAGE TOTAL MILES		
3 OTHER TRAVEL		
4 CAR RENTAL (Paid by Traveler)		
5 COMMON CARRIER TRANSPORTATION	24.70	
6 ACTUAL SUBSISTENCE NO. DAYS		
7 MISCELLANEOUS EXPENSES		
8 REAL ESTATE EXPENSE (Form AD-424)		
9 TEMPORARY QUARTERS (Form AD-569)		
10 TOTAL CLAIM (Lines 1 thru 9)	$ 348.70	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	250.00	
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 11)	250.00	
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)		
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 + Line 13))		
15 NET TO TRAVELER (Line 10 minus Line 12)	98.70	
TOTAL DIFFERENCE		

AUDITED BY (Examiner's initials)

SECTION E – CERTIFICATIONS

FRAUDULENT CLAIM – Falsification of an item in an expense account works 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; L.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. I have reviewed this voucher and certify it to be correct.

CLAIMANT'S SIGNATURE AND DATE

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 U.S.C. 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 101–7). 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 investigation 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.

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.

(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 designee (31 USC 680a).

CHECK ONE: [X] AD-202 ATTACHED [ ] AD-202 SUBMITTED PREVIOUSLY

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or print): Donald Doe, Director

DATE: 11/19/XX PHONE (Area Code and number): 202-382-9850 FTS X COMM

NOTICE: Upon completion and approval submit original voucher to: USDA, National Finance Center, P. O. Box 60000, New Orleans, Louisiana 70160

Exception to SF 1012 approved by OIRM 5/83

U. S. DEPARTMENT OF AGRICULTURE FORM AD-616 (Approved Comp. Gen. 9/72) (REV. 4/84)

1/ Enter word "LEAVE" at top of voucher and send directly to the NFC Travel Unit marked "Special Handling".

TRAVELER'S NAME: James, Frank R.

UNITED STATES DEPARTMENT OF AGRICULTURE
SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

		DATES ▶	MO 11	DAY 09	MO 11	DAY 10	MO 11	DAY 11	MO 11	DAY 12	MO 11	DAY 13	MO 11	DAY 14	MO 11	DAY 15	MO	DAY	MO	DAY	MO	DAY	TOTALS
ITINERARY	FROM	CITY AND STATE	Chicago IL												Boise ID								TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD-617).
		TIME (AM or PM)	7:30 pm												8:10 pm								
		CARRIER	NW												NW								
		FLIGHT NUMBER	265												266								
	TO	CITY AND STATE	Boise ID		IN BOISE		IN BOISE		IN BOISE		IN BOISE		IN BOISE		Chicago IL								
		TIME (AM or PM)	9:45 pm												2:15 pm								
1 PER DIEM	PER DIEM DAYS		.25		1.00		1.00		1.00		1.00		1.00		.75								1 TOTAL NO. DAYS 6
	LODGING AMOUNT																						
			TOTAL LODGING COST		LODGING NIGHTS																		TOTAL PER DIEM CLAIM
	COMPUTATION																						=$ 324.00
2 POV	MILEAGE																						2 TOTAL MILES
	CENTS PER MILE																						TOTAL MILEAGE AMOUNT
	AMOUNT																						$
3 OTHER TRAVEL	PARKING TOLLS, ETC.																						3 TOTAL OTHER TRAVEL
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS																				$
4 CAR RENTAL (Receipt and Car Rental Agreement Required)																							4 TOTAL CAR RENTAL $
5 COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)																					
	TAXI, LIMO, LOCAL BUS, SUBWAY	NO. TRIPS	2												2								
		DAILY EXPENSE	12.35												12.35								5 TOTAL COMMON CARRIER
	TRANSPORTATION OF HOUSEHOLD GOODS – PAID BY TRAVELER (Weight Cert. or Bill of Lading Required)		TOTAL WEIGHT OF GOODS SHIPPED				COMMUTED RATE $				TOTAL $				ADDITIONAL ALLOWANCES		TOTAL TRANSPORTATN OF HOUSEHOLD GOODS $						$ 24.70
6 ACTUAL SUBSISTENCE	BREAKFAST (Include Tips)																						
	LUNCH (Include Tips)																						
	DINNER (Include Tips)																						
	LODGING (Receipt Required)		29.00		29.00		29.00		29.00		29.00		29.00										6 TOTAL NO. DAYS
	TIPS (Porter, etc.)																						
	OTHER (Laundry, etc., please specify)		6.25		25.00		25.00		25.00		25.00		25.00		18.75								TOTAL ACTUAL SUBSISTENCE
	TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1-A.)		35.25		54.00		54.00		54.00		54.00		54.00		18.75								$
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)																							7 TOTAL MISC. $

When leave of any kind is taken for an incapacitating illness or injury not caused by the traveler's misconduct, per diem (not to exceed 14 calendar days) requires the approval of the Deputy Administrator, Administrative Management. (See ATR, Chapter 1, Part 12 for longer periods.) Per diem is paid when leave is half or less of prescribed work day. Per diem is NOT paid when leave is more than half a day.

Show type of leave and duration. Add certification statement that such leave was not caused by any misconduct. Show time of departure and return to duty.

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

11/10-Returned to Duty 8:00 am 11/11-On Annual Leave 12:30-4:30 pm/4 Hours

11/13-Sick leave 8 hours-I was incapacited from illness (flu) requiring confinement to my hotel room.

11/14-Returned to Duty 8:00 am-Worked all day could not return to official station before 10 pm, therefore stayed overnight.

M&IE: 11/09 .25 @ $25 = $6.25
11/15 .75 @ $25 = $18.75

FOREIGN TRAVEL

TRAVEL VOUCHER

SECTION A – IDENTIFICATION

SOCIAL SECURITY NUMBER: 331 99 8765
NAME (Last): Nomad (First): Marco (Middle Initial): P
AGENCY NUMBER: 37
PURPOSE OF TRAVEL CODE: 1
AD-202 NUMBER: 7-C-37-541025
DATES FOR TRAVEL EXPENSES — FROM: MO 10, DAY 13, YEAR XX; THRU: MO 10, DAY 22, YEAR XX
TYPE CLAIM (Indicate one type only): 1 – DOMESTIC TRAVEL – 48; 2 – FOREIGN TRAVEL; 3 – TRANSFER-HOUSEHUNT.; 4 – TRANSFER-OTHER; 5 – MULTIPLE-PERSON TR.; 6 – DOMESTIC TR. – OTHER: 1
RECLAIM AMT. INCLUDED: $
ORGANIZATION: FSIS-MPI
OFFICIAL DUTY STATION (City and State): Washington, DC
RESIDENT CITY AND STATE (If other than Official Duty Station): Arlington, VA

MAILING ADDRESS OF CHECK

[X] SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS
NON-GOVERNMENT TRAVELER OR NEW HIRE
T&A CONTACT POINT
ACCOUNTING STATION
[ ] SPECIAL ADDRESS (For use by non-USDA travelers or travelers on extended detail.)
[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION B – TRANSPORTATION COSTS

	GTR NUMBER	AMOUNT	VENDOR	NO. TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1	GVTS ACCOUNT	$ 680 00	TW	1	A	Washington, DC	Rome, Italy
2						Madrid, Spain and return.	

If GTR is issued, use its number. If Diner's Club card is used, enter "Diner's Club" or local TMC or SATO if used.

USED TICKETS TO FRONT OF VOUCHER

SECTION C – ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A	B	C	D	E/MANAGEMENT CODE	CLAIM AMOUNT
5	10	5 3	4	5 4130 0 7	$ 773.00

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) TOTAL CLAIM AMOUNT ▶ $ 773.00

SECTION D – CLAIMS

			NFC USE
1 PER DIEM	NO. DAYS 9.50	$ 724 00	
2 MILEAGE	TOTAL MILES 40	9 00	
3 OTHER TRAVEL		10 00	
4 CAR RENTAL (Paid by Traveler)			
5 COMMON CARRIER TRANSPORTATION		22 00	
6 ACTUAL SUBSISTENCE	NO. DAYS		
7 MISCELLANEOUS EXPENSES		8 00	
8 REAL ESTATE EXPENSE (Form AD-424)			
9 TEMPORARY QUARTERS (Form AD-569)			
10 TOTAL CLAIM (Lines 1 thru 9)		$ 773 00	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING		640 00	
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 11)		640 00	
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)			
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 + Line 13))			
15 NET TO TRAVELER (Line 10 minus Line 12)		133 00	
TOTAL DIFFERENCE			

AUDITED BY (Examiner's initials)

SECTION E – CERTIFICATIONS

FRAUDULENT CLAIM – Falsification of an item in an expense account works 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; LD. 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. I have reviewed this voucher and certify it to be correct.

CLAIMANT'S SIGNATURE AND DATE

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 U.S.C. 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 101-7). 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 investigation 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.

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.
(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 designee (31 USC 680a).

CHECK ONE: [X] AD-202 ATTACHED [ ] AD-202 SUBMITTED PREVIOUSLY

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or print): Jay A. Okay, Deputy Administrator

DATE: 11/04/XX PHONE (Area Code and number): 202-447-5XXX FTS [X] COMM [ ]

NOTICE: Upon completion and approval submit original voucher to: USDA, National Finance Center, P. O. Box 60000, New Orleans, Louisiana 70160

Exception to SF 1012 approved by OIRM 5/83

U. S. DEPARTMENT OF AGRICULTURE FORM AD-616 (Approved Comp. Gen. 9/72) (REV. 4/84)

TRAVELER'S NAME: NOMAD, MARCO P.

UNITED STATES DEPARTMENT OF AGRICULTURE
SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

DATES ▶			MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	TOTALS
			10	13	10	13	10	13	10	14	10 THRU	18	10	19	10 THRU	21	10	22	10	22	10	22		
ITINERARY	FROM	CITY AND STATE	Arling. VA		Wash. DC		NY NY						Rome Italy				Madrid Spain		NY NY		Wash. DC			TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD-617).
		TIME (AM or PM)	4:00 pm		5:00 pm		6:30 pm						8:45 am				11:45am		4:05 pm		6:45 pm			
		CARRIER	POV		TW		TW						IB				TW		TW					
		FLIGHT NUMBER			890		890						203				404		356					
	TO	CITY AND STATE	Airport Wash. DC		JFK, Air NY				Rome Italy		Rome Italy		Madrid Spain		Madrid Spain		JFK, Air NY		Wash. DC		Arling. VA			
		TIME (AM or PM)	4:30 pm		6:00 pm				2:55 pm				11:00am				3:15 pm		5:50pm		7:20 pm			
1 PER DIEM	PER DIEM DAYS						.50				5				3						1		1 TOTAL NO. DAYS 9.50	
	LODGING AMOUNT																							
	COMPUTATION		TOTAL LODGING COST		LODGING NIGHTS		AVERAGE COST		ROUND TO NEXT $		FIXED RATE		PER DIEM RATE		PER DIEM DAYS		TOTAL PER DIEM		LESS MEALS FURNISHED BY GOVERNMENT				TOTAL PER DIEM CLAIM =$ 724 00	
2 POV	MILEAGE		20																		20		2 TOTAL MILES 40	
	CENTS PER MILE		22.5																		22.5		TOTAL MILEAGE AMOUNT	
	AMOUNT		4.50																		4.50		$ 9 00	
3 OTHER TRAVEL	PARKING TOLLS, ETC.																				10.00		3 TOTAL OTHER TRAVEL $ 10 00	
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS				ACTUAL CHARGES $				COMMUTED RATE $				CLAIM LESSER AMOUNT									
4 CAR RENTAL (Receipt and Car Rental Agreement Required)																							4 TOTAL CAR RENTAL $	
5 COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)																						
	TAXI, LIMO, LOCAL BUS, SUBWAY	NO. TRIPS								1				2				1						
		DAILY EXPENSE								1/ 6.00				2/ 11.00				3/ 5.00					5 TOTAL COMMON CARRIER $ 22 00	
	TRANSPORTATION OF HOUSEHOLD GOODS – PAID BY TRAVELER (Weight Cert. or Bill of Lading Required)		TOTAL WEIGHT OF GOODS SHIPPED				COMMUTED RATE $				TOTAL				ADDITIONAL				TOTAL TRANSPORTATN OF HOUSEHOLD GOODS					
6 ACTUAL SUBSISTENCE	BREAKFAST (Include Tips)																							
	LUNCH (Include Tips)																							
	DINNER (Include Tips)																							
	LODGING (Receipt Required)																						6 TOTAL NO. DAYS	
	TIPS (Porter, etc.)																							
	OTHER (Laundry, etc., please specify)																							
	TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1–A.)																						TOTAL ACTUAL SUBSISTENCE $	
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)			Traveler's checks $5.00 Airport taxes-International Air Transportation Taxes $3.00																				7 TOTAL MISC. $ 8 00	

Travel by POV including parking fees is not in excess of taxi fares to and from airport. (If costs exceed estimated taxi fares, then only the estimated taxi fares may be paid.)

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

1/ Taxi airport hotel-Rome (4800 lira)
2/ Taxi hotel to airport-Rome (4800 lira)
Taxi airport to hotel-Madrid (325 Pesetas)
3/ Taxi hotel to airport-Madrid (325 Pesetas)
(lira = 800 to $1.00)
(pesetas = 65 to $1.00)

PER DIEM:

10/13	.50 day @ $25*=$12.50	
10/14	.75 day @ 6 = 4.50	
10/14(Rome)	.25 day @ 91 = 22.75	
10/15-18	4.00 days@ 91 =364.00	
10/19 (Rome)	.50 day @ $91 =$45.50	
10/19 (Madrid)	.50 day @ 89 = 44.50	
10/20-21	2.00 day @ 89 =178.00	
10/22	.50 day @ 89 = 44.50	
10/22	.25 day @ 6 = 1.50	
10/22	.25 day @ 25*= 6.25	

*Per diem in U.S. is standard CONUS rate of $50 or $25 if no lodging incurred)

FOREIGN TRAVEL - EXPLANATION OF PER DIEM AND CERTAIN OTHER ITEMS

A. Per Diem Rates. Per diem rates for areas outside CONUS are established by the Department of Defense for non-foreign areas and by the Department of State for foreign areas.

B. Travel Of 24 Hours or Less. The travel period is divided into 6-hour periods, starting when travel actually begins. For each 6-hour period or fractional period, allow one-fourth of the applicable per diem rate for a calendar day.

C. Travel of More Than 24 Hours. The calendar day (midnight to midnight) is the unit. It is divided into four 6-hour periods (quarter days).

1. The per diem rate in effect at the beginning of a quarter day continues to end of the quarter. When a per diem rate changes during a calendar day, the new rate starts at the beginning of the quarter day following the quarter day in which the change in per diem rate takes place.

2. For partial days at the start or end of a trip, use one-fourth of the applicable per diem rate for each quarter day, or fraction thereof that the employee is in travel status.

D. En Route Travel. The term "Duty Point" is the exit or entry point in CONUS, or places outside the CONUS where duty is performed.

1. Within Conus. Per diem for en route travel within CONUS in connection with travel outside CONUS is the standard CONUS rate (i.e. $35 for lodging and $25 for M&IE). Only M&IE portion may be paid when no lodging costs are incurred. EXAMPLE: See day of departure for Mr. Nomad's trip.

2. Between Duty Points Outside CONUS.

a. For en route travel of LESS than 6 hours, the maximum per diem allowable between duty points shall be the destination duty point.

b. For en route travel of MORE than 6 hours, the per diem rate is $6.00. This is based on the actual elapsed time, rather than clock hours; quarter days are computed on the times in effect at the points of departure or arrival. EXAMPLE: Mr. Nomad departed at 11:45 a.m. Madrid time and arrived at JFK airport at 3:15 p.m. Eastern Daylight Time. The elapsed time is 9 hours and 30 minutes, but only one quarter day's per diem is applied. The per diem rate of $6 will continue until the beginning of the next quarter day, at 6:00 p.m. as required in subparagraph C.1.

E. Use of Certified American Air Carriers (U.S. Flag Carriers). Travelers must use certified American air carriers as required by ATR paragraph 1-3.6 unless authorized by the exceptions stated therein. See FSIS Directive 3800.8. Travelers using foreign carriers without proper justification and authorization will be required to PAY AN AMOUNT BASED ON LOST REVENUES TO THE AMERICAN FLAG CARRIER.

F. Reporting Expenses. Report expenses in the money of the country involved. Convert the total spent by the rate of exchange used when the currencies were obtained. Show the exchange rates and commission fees, if any, on the voucher.

MPI MILEAGE REIMBURSEMENT FOR TRAVELER EXPECTED TO AVERAGE LESS THAN 1,200 MILES PER MONTH

TRAVEL VOUCHER

SECTION A - IDENTIFICATION

SOCIAL SECURITY NUMBER	NAME (Last)	(First)	(Middle Initial)
411 10 1101	SAMPSON	SUE	S.

AGENCY NUMBER	PURPOSE OF TRAVEL CODE	AD - 202 NUMBER	DATES FOR TRAVEL EXPENSES FROM MONTH	DAY	YEAR	THRU MONTH	DAY	YEAR	TYPE CLAIM (Indicate one type only)	RECLAIM AMOUNT INCLUDED
37	1	7-B-37-598002	11	01	XX	11	10	XX	1	$

1-DOMESTIC TRAVEL - 48
2-FOREIGN TRAVEL
3-TRANSFER - HOUSEHUNT
4-TRANSFER - OTHER
5-MULTIPLE-PERSON TRAVEL
6-DOMESTIC TRAVEL - OTHER

ORGANIZATION: ESIS-MPI
OFFICIAL DUTY STATION (City and State): New York, NY
RESIDENT CITY AND STATE (If other than Official Duty Station):

SECTION B - TRANSPORTATION COSTS

GTR NUMBER	AMOUNT	VENDOR	NUMBER OF TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1	$					
2						
3						
4						

TOTAL - SECTION B $

IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER

SECTION C - ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A (5)	B (10)	C (5) (3)	D (4)	E	CLAIM AMOUNT
				5 9811 1 9	$ 154 45

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) **TOTAL CLAIM AMOUNT** ▶ $ 154 45

SECTION E - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account works 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; LD. 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. I have reviewed this voucher and certify it to be correct. Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the travel voucher.

CLAIMANT'S SIGNATURE AND DATE

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 101—7). 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 investigation 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.

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.

(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 designee (31 USC 680a).

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or Print): A. H. Van Buskirk, Circuit Supervisor

DATE	PHONE (Area Code and Number)	FTS	COMM
11/20/XX	212-414-0940	X	

TRAVEL AUTHORIZATION. Check One:

[ ] AD - 202 Attached [X] AD - 202 Submitted Previously

NOTICE: Upon completion and approval, submit original voucher to: ▶ USDA, National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

MAILING ADDRESS OF CHECK

[X] SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS

NON-GOVERNMENT TRAVELER OR NEW HIRE
T&A CONTACT POINT | ACCOUNTING STATION

[ ] SPECIAL ADDRESS (For use by supplemental travelers, new hires, or travelers on extended detail.)

[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION D - CLAIMS

			NFC USE
1 PER DIEM — NO. DAYS	$		
2 MILEAGE — TOTAL MILES 601	135	25	
3 OTHER TRAVEL	19	20	
4 CAR RENTAL (Paid by Traveler)			
5 COMMON CARRIER TRANSPORTATION			
6 ACTUAL SUBSISTENCE — NO. DAYS			
7 MISCELLANEOUS EXPENSES			
8 REAL ESTATE EXPENSE (Form AD - 424)			
9 TEMPORARY QUARTERS (Form AD - 569)			
10 **TOTAL CLAIM** (Lines 1 through 9)	$ 154	45	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING			
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUT-STANDING ADVANCE (Line 11)			
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)			
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 + Line 13))			
15 **NET TO TRAVELER** (Line 10 minus Line 12)	$ 154	45	
TOTAL DIFFERENCE			

AUDITED BY (Examiner's Initials)

FORM AD - 616 USDA (Rev. 4/84) (Approved Comp. Gen. 9/72)
EXCEPTION TO SF 1012 APPROVED BY OIRM 5-83

TRAVELER'S NAME: SUE S. SAMPSON

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

		DATES ▶	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	TOTALS
			11	01	11	02	11	03	11	04	11	05	11	06	11	07	11	08	11	09	11	10	
ITINERARY	FROM	CITY AND STATE																					TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD - 617)
		TIME (AM or PM)																					
		CARRIER																					
		FLIGHT NUMBER																					
	TO	CITY AND STATE																					
		TIME (AM or PM)																					
1 PER DIEM		PER DIEM DAYS																					1 TOTAL NO. DAYS
		LODGING AMOUNT																					
		COMPUTATION	TOTAL LODGING COST	÷	LODGING NIGHTS	=	AVERAGE COST	/	ROUND TO NEXT $	+	FIXED RATE	=	PER DIEM RATE	×	PER DIEM DAYS	=	TOTAL PER DIEM	—	LESS MEALS FURNISHED BY GOVERNMENT				TOTAL PER DIEM CLAIM =$
2 POV		MILEAGE	1/ 58		2/ 59		3/ 89		4/ 73		5/ 74				1/ 58		2/ 59		4/ 73		1/ 58		2 TOTAL # MILES 601
		CENTS PER MILE	22.5		22.5		22.5		22.5		22.5				22.5		22.5		22.5		22.5		TOTAL MILEAGE AMOUNT
		AMOUNT	13.05		13.28		20.03		16.43		16.65				13.05		13.28		16.43		13.05		$ 135 25
3 OTHER TRAVEL		PARKING, TOLLS, ETC.	2.00		2.00		2.30		2.50		2.00				2.00		2.00		2.40		2.00		3 TOTAL OTHER TRAVEL
		STORAGE OF HOUSEHOLD GOODS	TOTAL WEIGHT OF GOODS				ACTUAL CHARGES $				COMMUTED RATE $				CLAIM LESSER AMOUNT								$ 19 20
4 CAR RENTAL (Receipt and Car Rental Agreement Required)																							4 TOTAL CAR RENTAL $
5 COMMON CARRIER		PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)																				
		TAXI, LIMO, LOCAL BUS, SUBWAY	NO. TRIPS																				
			DAILY EXPENSE																				5 TOTAL COMMON CARRIER $
		TRANSPORTATION OF HOUSEHOLD GOODS - PAID BY TRAVELER (Weight Certificate or Bill of Lading Required)	TOTAL WEIGHT OF GOODS SHIPPED				COMMUTED RATE × $				TOTAL = $				ADDITIONAL ALLOWANCES				TOTAL TRANSPORTATION OF HOUSEHOLD GOODS = $				
6 ACTUAL SUBSISTENCE		BREAKFAST (Include Tips)																					
		LUNCH (Include Tips)																					
		DINNER (Include Tips)																					
		LODGING (Receipt Required)																					6 TOTAL NO. DAYS
		TIPS (Porter, etc.)																					
		OTHER (Laundry, etc. (Please Specify))																					TOTAL ACTUAL SUBSISTENCE
		TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1-A.)																					$
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)																							7 TOTAL MISC. $

NOTE: When more than one plant is visited during the day, the plants must be listed in the actual order of visitation. This is required so that the sequence of plant visits will substantiate the amount of mileage claimed.

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

1/ Home to 4327, 4376, 4332, 4522, to Home
2/ Home to 4376, 4522, 4332, 4327, to Home
3/ Home to 4332, 4327, 4522, 4376, to Home
4/ Home to 4522, 4376, 4327, 4332, to Home
5/ Home to 4376, 4332, 4522, 4327, to Home

TDY Assignments
All mileage to plants outside official station

Average mileage is less than 1,200 per month

DOMESTIC TRAVEL (OTHER) - TYPE CLAIM 6

TRAVEL VOUCHER

SECTION A - IDENTIFICATION

SOCIAL SECURITY NUMBER	NAME (Last)	(First)	(Middle Initial)
541 01 2345	TRAVELER	JAMES	A.

AGENCY NUMBER	PURPOSE OF TRAVEL CODE	AD - 202 NUMBER	DATES FOR TRAVEL EXPENSES FROM MONTH	DAY	YEAR	THRU MONTH	DAY	YEAR	TYPE CLAIM (Indicate one type only)	RECLAIM AMOUNT INCLUDED
37	1	3-C-37-518099	02	10	XX	02	15	XX	6	$

1-DOMESTIC TRAVEL - 48
2-FOREIGN TRAVEL
3-TRANSFER - HOUSEHUNT.
4-TRANSFER - OTHER
5-MULTIPLE-PERSON TRAVEL
6-DOMESTIC TRAVEL - OTHER

ORGANIZATION	OFFICIAL DUTY STATION (City and State)	RESIDENT CITY AND STATE (If other than Official Duty Station)
FSIS	Hyattsville, MD	Alexandria, VA

SECTION B - TRANSPORTATION COSTS

	GTR NUMBER	AMOUNT	VENDOR	NUMBER OF TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1	GVTS Acct.	$ 393 00	AA	1	A	Washington, DC	St. Crox, VI
2						St. Crox, VI	St. Thomas, VI
3						St. Thomas, VI	San Juan, PR
4						San Juan, PR	Washington, DC

TOTAL - SECTION B $ 393 00 **IMPORTANT:** ATTACH UNUSED TICKETS TO FRONT OF VOUCHER

SECTION C - ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A	B	C		D	E				CLAIM AMOUNT
5	10	5	3	4	5	1800	9	8	$ 876 85

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) **TOTAL CLAIM AMOUNT** ▶ $ 876 85

SECTION E - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account works 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; LD. 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. I have reviewed this voucher and certify it to be correct.
Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the travel voucher.

CLAIMANT'S SIGNATURE AND DATE

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 101—7). 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 investigation 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.

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.
(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 designee (31 USC 680a).

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or Print): J. H. Jones, Director

DATE	PHONE (Area Code and Number)	FTS	COMM
2/16/XX	202-447-XXXX	X	

TRAVEL AUTHORIZATION. Check One:
[X] AD - 202 Attached [ ] AD - 202 Submitted Previously

NOTICE: Upon completion and approval, submit original voucher to: ▶ USDA, National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

MAILING ADDRESS OF CHECK

[X] SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS

T&A CONTACT POINT: NON-GOVERNMENT TRAVELER OR NEW HIRE ACCOUNTING STATION

[ ] SPECIAL ADDRESS (For use by supplemental travelers, new hires, or travelers on extended detail.)

[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION D - CLAIMS

			NFC USE
1 PER DIEM NO. DAYS 5.75	$ 770 25		
2 MILEAGE TOTAL MILES 12	2 70		
3 OTHER TRAVEL			
4 CAR RENTAL (Paid by Traveler)	76 90		
5 COMMON CARRIER TRANSPORTATION	27 00		
6 ACTUAL SUBSISTENCE NO. DAYS			
7 MISCELLANEOUS EXPENSES			
8 REAL ESTATE EXPENSE (Form AD - 424)			
9 TEMPORARY QUARTERS (Form AD - 569)			
10 **TOTAL CLAIM** (Lines 1 through 9)	$ 876 85		
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	500 00		
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 11)	500 00		
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)			
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 × Line 13))			
15 **NET TO TRAVELER** (Line 10 minus Line 12)	$ 376 85		
TOTAL DIFFERENCE			

AUDITED BY (Examiner's Initials)

FORM AD - 616 USDA (Rev. 4/84) (Approved Comp. Gen. 9/72)
EXCEPTION TO SF 1012 APPROVED BY OIRM 5-83

TRAVELER'S NAME: JAMES A. TRAVELER

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

DATES ▶		MO 02 DAY 10	MO 02 DAY 10	MO 02 DAY 10	MO 02 DAY 11	MO 02 DAY 12	MO 02 DAY 13	MO 02 DAY 14	MO 02 DAY 15	MO 02 DAY 15	MO DAY		TOTALS
ITINERARY	FROM CITY AND STATE	Alexand. VA	Wash. DC	Miami FL		St. Crox VI		St Thom. VI	San Juan PR	Miami FL			TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD - 617)
	TIME (AM or PM)	9:15 AM	10:40 AM	2:00 PM		8:30 PM		2:00 PM	3:00 PM	7:00 PM			
	CARRIER	POV	AA	PA	IN	AEROV	IN	AERO VI	PA	AA			
	FLIGHT NUMBER		621	240	ST.	32	ST.	57	241	622			
	TO CITY AND STATE	Wash. DC	Miami FL	St. Crox VI	CROX	St Thom. VI	THOMAS	San Juan PR	Miami FL	Wash. DC			
	TIME (AM or PM)		12:40 PM	4:00 PM		9:00 AM		4:00 PM	5:30 PM	9:30 PM			
1 PER DIEM	PER DIEM DAYS												1 TOTAL NO. DAYS 5.75
	LODGING AMOUNT												
	COMPUTATION	TOTAL LODGING COST ÷	LODGING NIGHTS =	AVERAGE COST /	ROUND TO NEXT $ +	FIXED RATE =	PER DIEM RATE ×	PER DIEM DAYS =	TOTAL PER DIEM —	LESS MEALS FURNISHED BY GOVERNMENT			TOTAL PER DIEM CLAIM =$ 770.25
2 POV	MILEAGE	6								6			2 TOTAL # MILES 12
	CENTS PER MILE	22.5								22.5			TOTAL MILEAGE AMOUNT $ 2.70
	AMOUNT	1.35								1.35			
3 OTHER TRAVEL	PARKING, TOLLS, ETC.												3 TOTAL OTHER TRAVEL $ 76.90
	STORAGE OF HOUSEHOLD GOODS	TOTAL WEIGHT OF GOODS		ACTUAL CHARGES $		COMMUTED RATE $		CLAIM LESSER AMOUNT					
4 CAR RENTAL (Receipt and Car Rental Agreement Required)													4 TOTAL CAR RENTAL $
5 COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler) — AMOUNT (Receipt Required)												
	TAXI, LIMO, LOCAL BUS, SUBWAY — NO. TRIPS			1				1	1				
	DAILY EXPENSE			8.00				12.00	7.00				
	TRANSPORTATION OF HOUSEHOLD GOODS - PAID BY TRAVELER (Weight Certificate or Bill of Lading Required)	TOTAL WEIGHT OF GOODS SHIPPED		COMMUTED RATE × $		TOTAL = $		ADDITIONAL ALLOWANCES +		TOTAL TRANSPORTATION OF HOUSEHOLD GOODS = $			5 TOTAL COMMON CARRIER $ 27.00
6 ACTUAL SUBSISTENCE	BREAKFAST (Include Tips)												
	LUNCH (Include Tips)												
	DINNER (Include Tips)												
	LODGING (Receipt Required)												6 TOTAL NO. DAYS
	TIPS (Porter, etc.)												
	OTHER (Laundry, etc. (Please Specify))												
	TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1-A.)												TOTAL ACTUAL SUBSISTENCE $
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)													7 TOTAL MISC. $

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

PER DIEM:
2/10 .50 days @ $ 60 = $ 30.00
2/10 .25 days @ $150 = $ 37.50
2/11-2/13 3.00 days @ $150 = $450.00
2/14 .75 days @ $150 = $112.50
2/14 .25 days @ $134 = $ 33.50
2/15 .75 days @ $134 = 100.50
2/15 .25 days @ $ 25 = 6.25

REIMBURSEMENT FOR OCCASIONAL TRAVEL TO OTHER DUTY STATIONS
WITHIN THE METROPOLITAN AREA OF OFFICIAL STATIONS

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
FSIS - Meat and Poultry Inspection
Operation - Southeastern Region
Miami, Florida Circuit 39

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY
Paying Office Completes

4. CLAIMANT
a. NAME *(Last, first, middle initial)*: Jones, James J.
b. SOCIAL SECURITY NO.: 123-45-6789
c. MAILING ADDRESS *(Include ZIP Code)*: 987 N.W. 54th Street, Miami, FL 33166
d. OFFICE TELEPHONE NUMBER: FTS 304-123-4567

6. **EXPENDITURES** *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or; C—Other Expenses *(itemized)*

DATE 1988 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE 22.5¢ NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
12 Nov.	A	Home	Est. 4521A and Return	26	5 85			
24 Nov.	A	Home	Est. 4604 and Return	13	2 93			
			NOTE: Mileage from home (residence) to regular duty point and return deducted.					
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS	39	8 78			

NOTE: Local mileage and taxi fares incurred within metropolitan area of official station (but NOT between cities) may be claimed by submission of SF-1164 to Accounting Operations and Systems Branch, BFD, FSIS, Washington, DC without AD-202.

7. **AMOUNT CLAIMED** *(Total of cols. (f), (g) and (i).)* $ 8.78

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance 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).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Horace J. Block, Circuit Supervisor — DATE: 11/28/XX

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE — DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

PAYMENT DESIRED ☐ CHECK ☐ CASH — *Sign Original Only*

CLAIMANT SIGN HERE: (Claimant's Signature) — DATE

11. CASH PAYMENT RECEIPT
a. PAYEE *(Signature)*
b. DATE RECEIVED
c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

581301 9

1164-210

STANDARD FORM 1164 (Rev.11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7