TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OR OFFICE

2. TYPE OF TRAVEL
- ☐ TEMPORARY DUTY
- ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NUMBER

4. SCHEDULE NUMBER

5. TRAVELER (PAYEE)

a. NAME *(Last, First, Middle Initial)*

b. SOCIAL SECURITY NUMBER

c. MAILING ADDRESS *(Include ZIP Code)*

d. OFFICE TELEPHONE NUMBER

e. PRESENT DUTY STATION

f. RESIDENCE *(City and State)*

6. PERIOD OF TRAVEL

a. FROM	b. TO

7. TRAVEL AUTHORIZATION

a. NUMBER(S)	b. DATE(S)

10. CHECK NUMBER

8. TRAVEL ADVANCE

a. Outstanding	
b. Amount to be applied	
c. Amount due Government *Attached:* ☐ *Check* ☐ *Cash*	
d. Balance outstanding	

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED	b. AMOUNT RECEIVED

c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH
(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below. ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER *(Initials)* (b)	MODE, CLASS OF SERVICE, AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ DATE **AMOUNT CLAIMED** ▶

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. ***(NOTE: If long distance telephone 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).)***

APPROVING OFFICIAL SIGN HERE ▶ **DATE**

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NUMBER	b. DISBURSING OFFICE SYMBOL	c. MONTH AND YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ **DATE**

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a.

DIFFERENCES, IF ANY *(Explain and show amount)*

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION

Certifier's Initials:

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*:

NET TO TRAVELER ▶

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)*

Column (c): If the voucher includes per diem allowances for members of employee's immediate family, show member's names, ages, and relationship to employee and marital status of children *(unless information is shown on the travel authorization.)*

Complete only for actual expense travel

Column (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. *(other than for meals)*.

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from column (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare *(if purchased with cash)*, local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE OF PAGES

TRAVEL AUTHORIZATION NUMBER

TRAVELER'S LAST NAME

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: ¢	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NUMBER OF MILES	MILEAGE	SUBSISTENCE	OTHER
			BREAKFAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
/													
/													
/													
/													
/													
/													
/													
/													
/													
/													
/													
/													
If additional space is required, continue on another Optional Form 1012 BACK, leaving the front blank.									**TOTALS** ▶				

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to proved the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter the total of columns (l), (m), and (n) below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶