TRAVEL VOUCHER (Temporary Duty Travel)

SECTION A - IDENTIFICATION

1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.	3. NAME (Last) (First) (Middle Initial)	4. AGENCY CODE

5. AGENCY ORIGINATING OFFICE NUMBER	6. TRAVELER ORIGINATING OFFICE NUMBER	7. DATES OF TRAVEL EXPENSES FROM Month Day Year THRU Month Day Year	8. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign TDY OC = Outside Cont. U.S. GR = Escorted Group	9. RECLAIM AMOUNT INCLUDED

10. LEAVE TAKEN Y = Yes N = No	11. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)	12. OFFICIAL DUTY STATION CITY AND STATE	13. RESIDENT CITY AND STATE (If other than official station)

14. POST APPROVAL INDICATOR Y = Yes N = No	15. TOTAL NIGHTS LODGING	16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS

SECTION B - TRAVEL VOUCHER MAILING ADDRESS OPTIONS

☐ 17. SALARY ADDRESS
☐ 18. T&A CONTACT POINT
☐ 19. SPECIAL ADDRESS
☐ 20. FOREIGN ADDRESS
☐ 21. TRAVEL EFT ACCOUNT

1. (35) ▶
2. (35) ▶
3. City (20) ▶ State (2) ▶ Zip Code (9) ▶

SECTION C - TRANSPORTATION COSTS

22. METHOD OF PAYMENT	23. VENDOR/ CARRIER	24. IDENTIFICATION NUMBER	25. CAR RENTAL MILES	25. CAR RENTAL DAYS	26. AMOUNT
					$ 0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
If payment was made by traveler, complete Section G on reverse			TOTALS ▶	0	0.00 $ 0.00

27. AIRLINE ACCOMMODATIONS: ☐ ◀ Excess Fare (Check if Applicable) ☐ ◀ Non-contract (Insert Code)

SECTION D - CLAIMS

28. SUMMARY OF SUBSISTENCE

TDY LOCATION CNTRY CODE	CITY CODE	CITY or COUNTY	STATE	NO. OF DAYS	AMOUNT
					$

		NFC USE
29. PER DIEM No. of Days [0.00]	$ 0.00	
30. ACTUAL SUBSISTENCE No. of Days [0.00]	0.00	
31. MILEAGE Rate [¢] Miles [ ] Rate [¢] Miles [ ] Rate [¢] Miles [ ] Rate [¢] Miles [ ]	0.00	
32. PARKING, TOLLS, ETC.	0.00	
33. PLANE, BUS, TRAIN (Paid by Traveler)	0.00	
34. UNACCOMPANIED BAGGAGE	0.00	
35. LOCAL TRANSPORTATION	0.00	
36. MISCELLANEOUS EXPENSES	0.00	
37. CAR RENTAL	0.00	
38. TOTAL CLAIM (Blocks 29 thru 37)	$ 0.00	
39. TRAVEL ADVANCE AMOUNT OUTSTANDING		
40. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 39)	0.00	
41. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION		
BILL NO. ▶		
42. ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)		
43. REMAINING ADVANCE BALANCE (Block 39 minus Block 40 and Block 42)	0.00	
44. NET TO TRAVELER (Block 38 minus Block 40 and Block 41)	$ 0.00	
AUDITED BY (Examiner's initials)	TOTAL DIFFERENCE	

SECTION E - ACCOUNTING CLASSIFICATION

☐ 45. AUTHORIZATION ACCOUNTING (Check this block if accounting and purpose of travel code(s) from travel authorization are to be charged for the total voucher claim.)

☐ 46. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)

PURPOSE OF TRAVEL CODES

1 = Site visit
2 = Information meeting
3 = Training attendance
4 = Speech or presentation
5 = Conference attendance
7 = Entitlement/home leave
8 = Special mission travel
9 = Emergency travel
10 = Other travel
11 = Pre-employment travel
13 = Rest and Recuperation
14. = Education
15 = Informal training

PURPOSE CODE	ACCOUNTING CLASSIFICATION	PERCENTAGE
1		%
1		
1		
1		
1		
1		
1		

THESE PERCENTAGES MUST EQUAL 100%

SECTION F - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account will result in a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 USC 287; i.d. 1001).

CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by 41CFR 301- 304 and other regulations. I have reviewed this voucher and certify it to be correct.

47. CLAIMANT'S SIGNATURE	48. DATE Month Day Year	49. FINAL VOUCHER INDICATOR Y = Yes N = No

APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this voucher, I have determined that (1) Reimbursement is claimed for official travel only; (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage; and (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. Note: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348).

50. APPROVING OFFICER'S SIGNATURE	51. SOCIAL SECURITY NO.	52. DATE APPROVED Month Day Year	53. PHONE (Area Code and No.)

54. NAME AND TITLE (Last, First, Middle Initial)(Type or Print)	AGENCY CODE	55. CONTACT PERSON'S NAME	56. PHONE (Area Code and No.)

FORM AD - 616 (USDA) (Rev. 11/96)

Upon completion and approval, submit original voucher to:

USDA - National Finance Center, P.O.Box 60000, New Orleans, LA 70160

Exception to SF 1012 approved by GSA 11/20/96

Clear Form

SOCIAL SECURITY NO.	TRAVELER'S NAME

SECTION G – SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY FROM DATE (Month/Day)								**TOTALS** Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
CITY								
STATE								
TIME								
TO TDY LOCATION DATE (Month/Day)								
CITY								
COUNTY								
STATE								
TIME								
PER DIEM NO. OF DAYS								TOTAL NO. DAYS 0.00
LODGING (Receipt Required)								
MEALS AND INCIDENTAL EXPENSES								
LESS MEALS AT GOVERNMENT EXPENSE								
PER DIEM AMOUNT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TOTAL PER DIEM $ 0.00
ACTUAL SUBSISTENCE NO. OF DAYS								TOTAL NO. DAYS 0.00
LODGING (Receipt Required)								
BREAKFAST								
LUNCH								
DINNER								
M&IE/OTHER								
ACTUAL SUBSISTENCE AMOUNT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TOTAL ACTUAL SUBSISTENCE $ 0.00
MILEAGE MILES								TOTAL MILES 0.00
RATE PER MILE	¢	¢	¢	¢	¢	¢	¢	
MILEAGE AMOUNT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TOTAL MILEAGE $ 0.00
PARKING, TOLLS, ETC.								TOTAL PARKING $ 0.00
PLANE, BUS, TRAIN (Paid By Traveler)								TOTAL PLANE, BUS, TR $ 0.00
UNACCOMPANIED BAGGAGE								TOTAL UNACCOMPANIED BA $ 0.00
LOCAL TRANSPORTATION NO. TRIPS								TOTAL LOCAL TRANSPORTATION
DAILY EXPENSE								$ 0.00
MISCELLANEOUS EXPENSES TELEPHONE CALLS								TOTAL MISCELLANEOUS
SUPPLIES, ETC.								$ 0.00
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required RENTAL EXPENSE								TOTAL CAR RENTAL
GASOLINE EXPENSE								$ 0.00

REMARKS

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 301-304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigations of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.