

CUI (when filled in)

TRAVEL VOUCHER <i>(See Privacy Act Statement on back.)</i>				1. BUREAU VOUCHER NUMBER	2. D.O. VOUCHER NO.
3. PAYMENT FOR				4. PAID BY	
<input type="checkbox"/> a. ADVANCE OF TRAVEL ALLOWANCES <i>(TDY/TAD)</i>		<input type="checkbox"/> f. TRANSPORTATION OF DEPENDENTS			
<input type="checkbox"/> b. ADVANCE OF TRAVEL ALLOWANCES <i>(PCS)</i>		<input type="checkbox"/> g. DISLOCATION ALLOWANCE			
<input type="checkbox"/> c. ACCRUED PER DIEM FOR TDY/TAD		<input type="checkbox"/> h. TRAILER ALLOWANCE			
<input type="checkbox"/> d. SETTLEMENT OF TDY/TAD TRAVEL		<input type="checkbox"/> i.			
<input type="checkbox"/> e. SETTLEMENT OF PCS TRAVEL		<input type="checkbox"/> j.			
5. INDIVIDUAL PAYMENT					
a. PAYEE <i>(Last Name, First, Middle Initial)</i>			b. RANK OR GRADE		c. SOCIAL SECURITY NUMBER
d. ORGANIZATION AND STATION					
e. TRAVEL ORDER					
f. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:					
g. CHECK NUMBER		h. CHECK DATE <i>(YYYYMMDD)</i>	i. AMOUNT PAID	j. DATE PAID <i>(YYYYMMDD)</i>	k. RECEIVED IN CASH <i>(Signature of payee)</i>
6. PAYMENTS CONSOLIDATED					
a. PER SUBVOUCHER NO. _____ THROUGH _____ ATTACHED			b. PER _____ TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED		
7. APPROVED FOR PAYMENT <i>(When required by individual service regulations)</i>					
a. TYPED NAME <i>(Last, First, Middle Initial)</i>		b. TITLE		c. SIGNATURE	
8. REMARKS <i>(Continue on back if more space is needed)</i>					
9. ACCOUNTING CLASSIFICATION(S)					
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
10. COMPUTED BY		11. AUDITED BY	12. POSTED TO TRAVEL RECORD BY	13. DATE ENTERED <i>(YYYYMMDD)</i>	14. AMOUNT PAID

PRIVACY ACT STATEMENT

(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. 5701, 5702; 37 U.S.C. 404; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used to substantiate claims for payment of advance funds and reimbursement for travel and transportation expenses incurred in an official travel status. When submitted by the same traveler, the Travel Voucher may be used as the payment voucher to cover more than one reimbursement voucher.

ROUTINE USE(S): The information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, Members of Congress, State and local government, and U.S. and State courts.

DISCLOSURE: Voluntary; however, the information requested is considered necessary for the accurate tracking of TDY/PCS travel and/or transportation payments. Failure to furnish information requested may delay the processing of the claim and could result in inaccurate payment of the total or partial amount claimed.

8. REMARKS *(Continued)*