

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

Col. (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.)

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

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

Col. (f) Complete for per diem and actual expense travel.

Col. (g) Show Total subsistence expense incurred for actual expense travel.

Col. (h) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (f) or maximum rate.

Col. (i) Show expenses, such as taxifilmousine 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 2** OF **2** PAGES

TRAVEL AUTHORIZATION NO. **Personnel Order Number**

TRAVELER'S LAST NAME **Doe**

DATE	TIME (Hour and amp/m)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 19¢	MILEAGE (i)	AMOUNT CLAIMED			
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (j)			TOTAL SUBSISTENCE EXPENSE (k)	SUBSISTENCE (m)	OTHER (n)	
5/1		Official Travel Day 1							109					
5/2		" "							109					
5/3		" "							109					
5/4		" "							109			436		
		Privately Owned Vehicle (POV)								1500	285			
		Temporary Lodging Expense											540	
		Dislocation Allowance												2095
<b>SUBTOTALS</b>											285	436	2635	86
<b>TOTALS</b>											285	436	2635	86

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 28 U.S.C. 6011(d) 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 Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(d) 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 provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

**TOTAL AMOUNT CLAIMED** **3356.86**