

TRAVEL AUTHORIZATION

1. No. _____
2. _____
(Date)

3. _____
(Bureau or Office)

4. NAME _____ 5. OFFICIAL STATION _____

6. TITLE _____ 7. ACCOUNTING OFFICE _____

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM:

9. TO:

10. PURPOSE AND REMARKS:

11. PER DIEM ALLOWANCE:

12. PERIOD OF TRAVEL: Beginning on or about _____ Ending on or about _____

MODE OF TRAVEL

- 13. Common carrier
- 14. Extra fare
- 15. Government-owned conveyance
- 16. Privately owned at a mileage rate of _____ cents, subject to:
 - (a) Administratively determined to be to the advantage of the Government
 - (b) A showing of advantage to the Government
 - (c) Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

- 17. Transportation immediate family
- 18. Other (specify) _____
- 19. Shipment household goods and personal effects

ESTIMATED COST:

20. Transportation _____ \$ _____

21. Per Diem _____ \$ _____

22. Other _____ \$ _____

23. TOTAL _____ \$ _____

24. CHARGED TO:

25. _____
(Fiscal officer's signature)

26. _____
(Requester's signature)

27. _____
(Title)

28. _____
(Authorizing officer's signature)

29. _____
(Title)