Form RD 2036-3
(Rev. 9-00)

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVEOPMENT

REQUEST FOR TRAVEL AUTHORIZATION ☐ **OR AMENDMENT** ☐

1. No. *(For use by issuing office only)*

2. Date *(For use by issuing office only)*

3. Name	4. Government Employee ☐ Yes ☐ No	5. Official Station
6. Title	7. Social Security No.	8. Residence City

9. Government Credit Card Holder:
☐ Yes ☐ No.

10. Itinerary:

Dates

11. Travel Purpose Code: State Purpose:

12. Common Carrier   ☐ Government   ☐ Privately-Owned   ☐ Special
☐ Airplane   or   Airplane   Conveyance
☐ Train   ☐ Privately-Owned   *(State reason)*
☐ Bus   Vehicle (POV)

Note: Cost comparison for personal preference to use POV instead of common carrier must b completed by traveler
and attached to this form.

13. Authority for Use of Noncontract Airline: Number _____ .   State reason:

14. Rental Car: ☐ *Yes No ☐ *(* Requires detailed justification for need.)*

15. Authority to Use Annual/Sick Leave While in Travel Status:
Dates: _____ # of Hours: _____

16. Accounting Classification Code: _____

FUNDS CONTROL

_____ FUNDS AVAILABLE
_____ FUNDS NOT AVAILABLE

17. Estimated Costs: *Per Diem: Lodging $ _____ x _____ Nights $_____
M&IE $ _____ x _____ Days $_____
POV Mileage _____ # x _____ Cents/Mile $_____
Miscellaneous *(Parking, taxi, telephone calls, etc.)* $_____
Common Carrier $_____
Car Rental $_____
Total $_____

* If requesting actual subsistence, attach request or actual subsistence form justifying why actual subsistence is needed.
 (Must be approved by Deputy Administrator or above or other designated official.)

18. Total Overnight Accommodations for _____ # Nights: _____ (#) Do _____ Do Not _____
Meet Hotel/Motel Fire Safety Act Requirements Act of 1990.

19. Signature of Traveler: Date: Concurrence of Supervisor: Date:

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