

# 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 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

19.  Shipment household goods and personal effects

18.  Other (specify)

## 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)