

1) NAME: YOUR NAME SSN: 123-456-7890  
 ADDR: YOUR ADDRESS PHONE: 301 555-6089  
 MAIL CD:  
 ORG: FAA15  
 TITLE:  
 DUTY: GODDARD SPACE FLIGHT CEN TZ: 6 SEC CLR:  
 RES: SILVER SPRING, MD CARD: CARD HOLDER  
 HOURS: 0  
 Prepared By Location

2) FROM TO TA NUMBER TA DATE TRIP PURPOSE TRIP TYPE  
 08/01/2003  
 08/04/2003  
 06/29/2003  
 OTHER (see below) SINGLE

3) GTR/TICKET NO VALUE CR CLS DATE FROM TO

4) ACCOUNTING CLASS CODE TRIP 3 TRIP 2 TRIP 1 5) FINANCE OFFICE  
 NO ACCT CODE 969.43

6)NON-REIMBURSABLE EXPENSES  
 TOTAL AMOUNT CLAIMED 969.43  
 ADVANCE OUTSTANDING 0.00  
 ADVANCE APPLIED 0.00  
 NET TO TRAVELER (GOVT) 969.43

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I certify that this Voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. I hereby assign the United States any right I may have against any parties in connection, with reimbursable transportation charges described above, purchased under cash payment procedures (41 CFR Part 301-10).

7)TRAVELER SIGNATURE DATE DATE:

This Voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (Note: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a)).

8)  
 VOUCHER NO:  
 SCHEDULE NO:  
 CERTIFIED BY:  
 DATE:  
 10)  
 CASH RECEIPT DATE  
 AMOUNT \$  
 SIGNATURE

9)APPROVED, DATE

(11) ITINERARY AND TRANSPORTATION EXPENSES - TRIP NO

1

DATE	TIME	DEPARTED/ARRIVED	LOCATIONS	MODE	COST	DESCRIPTION
08/01/2003		D-KSC				
08/01/2003		A-CHARLOTTE, NC				
08/01/2003				1POC	540.00	POV Mileage: 1500 Rate: .36
08/02/2003		D-CHARLOTTE, NC				
08/02/2003		A-RICHMOND, VA				
08/03/2003		D-RICHMOND, VA				
08/03/2003		A-*NASA HEADQUARTERS, DC				
08/04/2003		D-*NASA HEADQUARTERS, DC				
08/04/2003		A NASA HQ				
TOTAL TRANSPORTATION EXPENSES					540.00	

(12) SUBSISTENCE AND OTHER REIMBURSABLE EXPENSES

DATE	ACTUAL LODGING	LODGING ALLOWED	MEALS B L D	M&IE ALLOW	P-DIEM RATE	OTHER EXPENSES	AMOUNT
08/01	81.00	81.00		31.50	81/42		0.00
08/01						LODGING TAX	7.50
08/02	82.00	80.00		42.00	#80/42		0.00
08/02						LODGING TAX	5.43
08/03	82.00	82.00		50.00	#150/50		0.00
08/04	0.00	0.00		50.00	#150/50		0.00
		243.00		173.50			12.93

=== (13) COMMENTS: =====  
 Enroute Trip

VERCIV=RATE TBL DATE=07/01/03=Copyright 1998 Gelco Information Network GSD, Inc.

# M&IE calculation altered.

Exception to SF 1012

NOTE: Falsification of an item in an expense account works a forfeiture of

claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

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 (41 CFR 301-304), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of Nov. 22, 1943 and 26 U.S.C. 6011(b) 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(b) and 6109) and E.O. 9397, Nov. 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.

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ACCOUNTING CLASS CODE			TRIP 1
LODGING-			243.00
LODGING TAX-			12.93
M&IE-			173.50
MILEAGE-			540.00
NO ACCT CODE	0.00	0.00	969.43

Organization:

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		969.43
NON-REIMBURSABLE EXPENSES -----		0.00
		=====
TOTAL AMOUNT CLAIMED -----		969.43
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		969.43
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
		=====
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD-----		0.00
PAY TO TRAVELER -----		969.43

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	DATE	DESCRIPTION	COST
[ ]	1. 08/01/2003	POV	540.00
[ ]	2. 08/02/2003	LODGING TAX	5.43
[ ]	3. 08/01/2003	LODGING TAX	7.50
[ ]	4. 08/01/2003 08/04/2003	Lodging Expenses	243.00

03/08/04

DOCUMENT HISTORY

Copyright 1998 Gelco Information Network GSD, Inc.

Voucher: FTA 08-01-03HQ  
YOUR NAME 123-456-7890

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STATUS	DATE	TIME	SIGNATURE NAME
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CREATED	06/29/2003	11:09AM	

I certify that the electronic signatures listed above are valid and on file.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE