

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 members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization)

Complete only for actual expense travel

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

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

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

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

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

TRAVEL AUTHORIZATION NO.

0

TRAVELER'S LAST NAME

DATE 2002 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES						TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE 36.5 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCEL- LANEOUS SUBSISTENCE (h)	LODGING (i)			MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK- FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
		From home to airport							0	\$0.00			
		From airport to home							0	\$0.00			
		Transportation										\$0.00	
		Transportation										\$0.00	
		Dry Cleaning										\$0.00	
		Dial up Connection										\$0.00	
		Personal Phone calls										\$0.00	
		Parking										\$0.00	
		Parking										\$0.00	
		Rental Car										\$0.00	
		Hotel / Lodging						\$0.00	\$0.00		\$0.00		
		Business Phone calls										\$0.00	
		ATM Fees										\$0.00	
		Per Diem (day 1)						\$0.00	\$0.00		\$0.00		
		Per Diem (day 2)						\$0.00	\$0.00		\$0.00		
		Per Diem (day 3)						\$0.00	\$0.00		\$0.00		
		Per Diem (day 4)						\$0.00	\$0.00		\$0.00		
		Per Diem (day 5)						\$0.00	\$0.00		\$0.00		
additional space is required, continue on another SF 1023 BACK, leaving the front blank.									SUBTOTALS ▶		\$0.00	\$0.00	\$0.00
									TOTALS ▶			\$0.00	

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, 1952, E.O. 9397 of November 23, 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 the 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 126 U.S.C. 6011(b) 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 (l), (m), and (n), below and in item 13 on the front of this form.

TOTAL ▶
AMOUNT \$0.00
CLAIMED