✎AO 1012 (Rev. 05/15) **Open Instructions**

# TRAVEL VOUCHER

1. OFFICE OR COURT UNIT

2. TYPE OF TRAVEL
☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NUMBER

**4. TRAVELER (PAYEE)**

a. NAME (Last, first, middle initial)

b. EMPLOYEE ID.

5. PERIOD OF TRAVEL
a. FROM
b. TO

c. MAILING ADDRESS (Include ZIP Code)

d. OFFICE TELEPHONE NO.

6. TRAVEL AUTHORIZATION
a. NUMBER(S)
b. DATE(S)

e. PRESENT DUTY STATION

f. RESIDENCE (City and State)

## 7. TRAVEL ADVANCE

| | |
|---|---|
| a. Total of all Outstanding Advances | |
| b. Amount to be applied for this trip | |
| c. Amount Repaid Government<br>Attached: ☐ Check ☐ Cash | |
| d. Balance Outstanding | $0.00 |

e. What are the numbers of the travel advances being repaid at this time?

Travel Advance Numbers
This information will be provided by the finance office.

8. OPTIONAL USE

## 9. TRANSPORTATION TICKETS

*List by number below and attach passenger coupon.*

*If paid by the traveler show claim on the reverse side.*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7).

| DATE ISSUED a. | TOTAL COST b. | AMOUNT PAID BY TRAVELER c. | AMOUNT CHARGED TO GTA (Centrally Billed Account) d. | POINTS OF TRAVEL FROM e. | POINTS OF TRAVEL TO f. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

10. I certify that the purpose of this trip was official business and, further, that this claim for reimbursement of travel expenses is true and correct to the best of my knowledge and belief; further, I have not received any other payment or credit for the travel expenses claimed on this voucher.

TRAVELER SIGN HERE ▶ DATE

AMOUNT CLAIMED ▶ $ 0.00

NOTE: Falsification of an item on an expense account causes 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).

11. I have reviewed this travel voucher and the expenses claimed appear reasonable and in compliance with the judiciary supporting personnel travel policies.

VOUCHER REVIEWER SIGN HERE ▶ DATE

13. FOR FINANCE OFFICE USE ONLY

a. DIFFERENCES IF ANY (Explain and show amount) 0.00

12. I approve the business purpose of this trip(s) and reimbursement for the amount claimed appears reasonable.

APPROVING OFFICIAL SIGN HERE ▶ DATE

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 0.00

c. APPLIED TO TRAVEL ADVANCES

d. NET TO TRAVELER ▶ $ 0.00

14. ACCOUNTING CLASSIFICATION:

| FY | FUND | BUD ORG | COST ORG | PROGRAM | BOC | SUB 02 | SUB 03 | SUB 04 | SUB 05 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 0.00 | 0.00 | 0.00 | 0.00 |

# 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 martial status of children *(unless information is shown on the travel authorization.)* See *Guide*, Vol 19, CH 4 for more information.

**Complete only for actual expense travel**

Col. (d-f) Show amount incurred for each meal, including taxes and tips, relating to the meal being itemized.

(g) By calendar day, total the daily cost of meals.

(h) By calendar day, show the daily cost of incidentals, such as tips for maid services, forgotten items (eg., toothbrush), etc.

(i) Show the daily lodging cost excluding taxes for claims under actual expense method or per diem method.

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

(m) Show locality per deim amount or total of lodging plus M & IE rate if required by authorization, or total of actual expenses not to exceed the applicable maximum rates.

(n) Show other expenses such as local transportation (fares for bus, taxi, limousine, or subway, etc.) offical telephone calls, baggage handling, car rental, or relocation expenses other than subsistence.

Complete information if this is a continuation sheet.

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OF 1

PAGES

**TRAVEL AUTHORIZATION NO.**

**TRAVELER'S LAST NAME**

| DATE (a) | TIME (Hour and am/pm) (b) | DESCRIPTION (Departure/Arrival city, per diem computation, or other explanations of expense) (c) | ITEMIZED SUBSISTENCE EXPENSES | | | | | | | MILEAGE RATE: 0.725 | AMOUNT CLAIMED | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | MEALS | | | | MISC. SUBSIS-TENCE (h) | LODGING (i) | TOTAL SUBSISTENCE EXPENSE (j) | NO. OF MILES (k) | MILEAGE (l) | SUBSISTENCE (m) | OTHER (n) |
| | | | BREAK-FAST (d) | LUNCH (e) | DINNER (f) | TOTAL (g) | | | | | | | |
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| | | | | | | | | | | SUBTOTALS ▶ | 0.00 | 0.00 | 0.00 |
| | | | | | | | | | | TOTALS ▶ | 0.00 | 0.00 | 0.00 |

If additional space is required, continue on another AO 1012-A, BACK, leaving the front blank.

Enter grand total of columns (l), (m), and (n), below and in Item 10 on the front of this form.

**TOTAL AMOUNT CLAIMED ▶** 0.00

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