

TRAVEL ORDER

Original Amendment No. _____ Cancellation
(See HHS Travel Manual, Part 3, for Detailed Instructions)

4. NAME AND POSITION OR RANK	5. SSAN
6. CONSTITUENT/BUREAU/DIVISION/REGION	
7. PRESENT OFFICIAL STATION	
10. ITINERARY AND PURPOSE OF TRAVEL (Show city, state or country, dates and reasons - use continuation sheet if necessary)	

1. TRAVEL ORDER NO.		
2. APPROPRIATION NO.		
3. ESTIMATED COSTS*		
	TO DHHS	TO OTHERS
TRAVEL	\$ _____	\$ _____
PER DIEM	_____	_____
OTHER	_____	_____
TOTAL	\$ _____	\$ _____
8. APPROX. DATE OF DEPARTURE		
9. APPROX. DATE OF RETURN		

NOTICE: TRAVELERS ARE RESPONSIBLE AND LIABLE FOR UNUSED GTR'S - TICKETS RECEIVED UNTIL THEY HAVE BEEN PROPERLY ACCOUNTED FOR ON A TRAVEL VOUCHER OR RETURNED TO THE AGENCY.

11. SPECIAL AUTHZTN	TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR:	EMPLOYEE AND/OR	DEPENDENTS	11A. CHANGE OF STATION	TRANSPORTATION OF	DEPENDENTS H/H GOODS & PERS. EFFECTS
	_____¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT	_____¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS	_____¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO		TEMPORARY QTRS	RESIDENCE TRANSACTIONS
	GSA AUTO	AUTO RENTAL UNDER GSA CONTR	OTHER (Specify below)	HOUSE HUNTING TRIP	MISC. EXP. ALLOWANCE	OTHER (Specify)
	EXCESS BAGGAGE	REGISTRATION FEE		HHS-355: SIGNED	NOT REQUIRED	
12. TRAVEL & PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND:				13. FOREIGN TRAVEL	TO BE PERFORMED FOR (DHHS, UN, etc.)	
FTRs	JTR's	OTHER (Specify)			EXPENSES TO BE PAID BY	
PER DIEM:	NONE	IN U.S.	OUTSIDE U.S.	SECURITY APPROVAL GRANTED FOR TRAVEL OF		
RATE \$ _____		LODGINGS PLUS	ACTUAL EXPENSE	<input type="checkbox"/> 90 DAYS OR LESS <input type="checkbox"/> OVER 90 DAYS DATE _____		
14. ACCOUNTING DATA (See HHS Acct'g Manual & Acct'g Code Book)				RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY		

RECORD TYPE	1	2-7	8-10	11	12	ORIGINAL OBLIGATION		OTHER DOCUMENTS		39	40	41-47	48-51	52-63	64	65-79	95-100	101-108		109
						13-15	16-25	26-28	29-38									101-106	107-108	
		EFF. DATE	TRANSACTION CODE	REVERSE CODE	MODIFIER	DOC. REF. CODE	DOCUMENT NO.	DOC. REF. CODE	DOCUMENT NO.	GEO CODE	FISCAL YEAR	COMMON ACCOUNTING NO	OBJ. CLASS CODE	AMOUNT DOLLARS & CENTS	FED/NON FED	VENDOR/CUSTOMER CODE (PRIMARY RECIPIENT)	PAYMENT COLLECTION DOC	CATE-GORY	ACTIV-ITIES	CASE II
						130						*	*	*	1	*				2

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL _____

AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE

AUTHORIZED BY _____ TITLE _____
DATE _____