

# TRAVEL ADVANCE

PLEASE PRINT OR TYPE EXCEPT IN SIGNATURE BLOCKS

### PRIVACY ACT NOTIFICATION

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended). Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of facilitating the request and advance of funds for travel and other expenses to be incurred under administrative authorization. The information contained in this form will be used by the Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations, or prosecutions. Failure to provide the information required will result in the suspension of the employee's application for advance of funds.

APPLICANT'S NAME	EOD DATE FOR NEW EMPLOYEE		
	MONTH	DAY	YEAR

APPLICANT'S BUSINESS ADDRESS (complete only when check is mailed to "address Specified.")

1ST LINE ADDRESS		
2ND LINE ADDRESS		
CITY	STATE	ZIP CODE

DOC BUREAU NAME
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NOTICE OF INTENT—Under provisions of 5 U.S.C. Chapter 57, outstanding travel advance amounts that are not repaid or accounted for within five (5) days after completion of travel may be collected by an administrative offset from your salary payment(s). Should such collection action become necessary a \$15 ADMINISTRATIVE CHARGE may be assessed by the Department

APPLICANT'S SIGNATURE	BUSINESS PHONE (Area code and number)	MONTH	DAY	YEAR
	FTS COMM			

APPROVAL  
Approving officer is responsible for ensuring that advances are not requested until needed and that the amount requested is commensurate with the travel to be performed. Under normal circumstances, the amount of the TOTAL travel advances shall be limited to the amount prescribed in the DOC Travel Handbook.

Applicant has or has been offered a Contractor-Issued Government Travel Charge Card.

APPROVING OFFICER'S NAME AND TITLE (Print or type only)	DATE APPROVED
	MONTH DAY YEAR
APPROVING OFFICER'S SIGNATURE	PHONE (Area code number) FTS COMM

FOR CONVENIENCE CHECK PAYMENTS ONLY

MONTH	DAY	YEAR	CASHIER'S SOCIAL SECURITY NUMBER	AMOUNT
			X X X X X X X X X X	\$

CASH ADVANCE RECEIVED

APPLICANT'S/DESIGNATED REPRESENTATIVE'S SIGNATURE	DATE RECEIVED
	MONTH DAY YEAR

PURPOSE OF ADVANCE (Check one)		
TEMPORARY DUTY DOMESTIC	FOREIGN	RELOCATION
1		2

MAIL CHECK TO: (Check one)		
ADDRESS SPECIFIED	PAYROLL CHECK ADDRESS	CONTACT POINT
1	2	3

METHOD OF REQUEST (Check one)		
TREASURY CHECK	CONVENIENCE CHECK	ELECTRONIC FUND TRANSFER (EFT)
2	0	1

DOC EMPLOYEE	APPLICANT'S SOCIAL SECURITY NUMBER
YES NO	X X X X X
1	2

BUREAU CODE
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ATTACH TRAVEL ORDER  
TRAVEL ORDER NO.

BALANCE FROM PREVIOUS ADVANCE \$

AMOUNT HEREIN APPLIED FOR \$

**TOTAL** \$