

SECTION A — IDENTIFICATION						FORM CD-370 (Rev. 6-08)	U.S. DEPARTMENT OF COMMERCE		
SOCIAL SECURITY NUMBER		NAME (Last) (First) (Middle Initial)				TRAVEL VOUCHER			
BUREAU CODE	CD-29 TRAVEL ORDER	DATES FOR TRAVEL EXPENSES		TYPE CODE	(Indicate One Type Only)	RECLAIM AMOUNT INCLUDED		MAILING ADDRESS OF CHECK	
		FROM	THRU		1 - DOMESTIC TRAVEL — 48			SALARY CHECK ADDRESS <input type="checkbox"/>	
	PURPOSE CODE	MO DAY YEAR	MO DAY YEAR		2 - FOREIGN TRAVEL			SPECIAL ADDRESS (Non-Government Traveler or New Hire)	
					3 - TRANSFER HOUSEHUNT				
					4 - TRANSFER OTHER				
					6 - DOMESTIC TRVL — OTHER				
ORGANIZATION			OFFICIAL DUTY STATION (City and State)			RESIDENT CITY AND STATE (If other than Official Duty Station)			
SECTION B — TICKET COSTS BILLED DIRECTLY TO GOVERNMENT (Air, Rail, Bus, Ship)									
AMOUNT	VENDOR	NUMBER OF TRAVELERS	CLASS	FROM	EXPLANATION OF TRAVEL TO		SECTION D — CLAIMS		FINANCE USE
1. \$							1. PER DIEM	[]	\$
2. \$							NO. DAYS		
3. \$							2. MILEAGE	[]	
4. \$							TOTAL MILES		
\$	← TOTAL — SECTION B			IMPORTANT: Return unused tickets to your travel services provider.					
SECTION C — ACCOUNTING CLASSIFICATION CODE (Reimbursable Expenses) (Distribute Total Claim Amount from Section D to the Applicable Accounting Classification Code(s) as Indicated on the Travel Order)									
FCFY (xxxx)	PROJECT-TASK (xxxxxxx-xxx)	ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)	OBJECT CLASS (xx-xx-xx-xx)	CLAIM AMOUNT					
1.				\$					
2.									
3.									
4.									
5.									
6.									
7.									
TOTAL CLAIM AMOUNT (This Amount Must Agree with Block 11) →				\$					
SECTION E — CERTIFICATIONS									
FRAUDULENT CLAIM — Falsification of an item in an expense account works a forfeiture of the 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; id. 1001).									
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE									
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 (41 CFR 101-41.203-2) 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.				CLAIMANT'S SIGNATURE					
				DATE	PHONE (Area Code and Number)				
PRIVACY ACT NOTICE. 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) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR, Chapters 300-304). The information contained in this form will be used by 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 or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.									
APPROVING OFFICERS' RESPONSIBILITIES AND SIGNATURE									
In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only. (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage. (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. <input type="checkbox"/> CD-29 ATTACHED <input type="checkbox"/> CD-29 SUBMITTED WITH PREVIOUS VOUCHER				APPROVING OFFICER'S SIGNATURE					
				NAME AND TITLE (Type or Print)					
				DATE	PHONE (Area Code and Number)				
AUDITED BY (Examiner's Initials)							TOTAL DIFFERENCE		
15. REMAINING ADVANCE BALANCE (Line 12 minus Line 13 minus Line 14)									
16. NET TO TRAVELER (Line 11 minus Line 13)							\$		

TRAVELER'S NAME			FORM CD-370 (Rev. 6-08) SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED														U.S. DEPARTMENT OF COMMERCE			
DATES →			MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	TOTALS	
I T I N E R A R Y	F R O M	CITY AND STATE																	TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM CD-370A)	
		TIME (a.m. or p.m.)																		
		CARRIER																		
	T O	CITY AND STATE																		
		TIME (a.m. or p.m.)																		
1. P E R D I E M	M&IE																	1. TOTAL NO. DAYS		
	LODGING AMOUNT																	TOTAL PER DIEM CLAIM		
	TOTAL																	\$		
2. P O V	MILEAGE																	2. TOTAL NO. MILES		
	CENTS PER MILE																	TOTAL MILEAGE AMOUNT		
	AMOUNT																	\$		
3. O T H E R T R A V E L	PARKING, TOLLS, ETC.																	3. TOTAL OTHER TRAVEL		
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS	ACTUAL CHARGES		COMMUTED RATE		CLAIM LESSER AMOUNT										\$		
4. C A R R E N T A L	<i>(Receipt and Car Rental Agreement Required)</i>																	4. TOTAL CAR RENTAL		
																		\$		
5. C O M M O N C A R R I E R	PLANE, BUS, TRAIN <i>(Paid by Traveler)</i>	AMOUNT <i>(Receipt Required)</i>																5. TOTAL COMMON CARRIER		
		NO. OF TRIPS																		
	TAXI, LIMO, LOCAL BUS, SUBWAY	DAILY EXPENSE																		
		TRANSPORTATION OF HOUSEHOLD GOODS — PAID BY TRAVELER <i>(Weight Cert. or Bill of Lading Required)</i>		TOTAL WEIGHT OF GOODS SHIPPED	COMMUTED RATE		TOTAL		ADDITIONAL ALLOWANCES		TOTAL TRANSPORTATION OF HOUSEHOLD GOODS								\$	
6. A C T U A L S U B S I S T E N C E	BREAKFAST <i>(Include Tips)</i>																	6. TOTAL NO. DAYS		
	LUNCH <i>(Include Tips)</i>																			
	DINNER <i>(Include Tips)</i>																			
	LODGING <i>(Receipt Required)</i>																			
	TIPS <i>(Porter, etc.)</i>																			
	OTHER <i>(Laundry, etc.)</i>																			
	TOTAL <i>(Cannot exceed amount authorized. See DOC Travel Handbook.)</i>																		TOTAL ACTUAL SUBSISTENCE	
7. M I S C E L L A N E O U S E X P E N S E S	<i>(Supplies, Telephone, Lodging Taxes, Laundry, etc.)</i>																	7. TOTAL MISC.		
																		\$		
8. INTERNATIONAL CLEARANCE <i>(To be completed for all International travel covered by this travel voucher)</i> <input type="checkbox"/> Laptop <i>(returned)</i> <input type="checkbox"/> Blackberry <i>(AutoBerry Post-travel Scan)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <small>CIO (signature)</small> </div> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <small>CIO (signature)</small> </div> </div>										REMARKS/ EXPLANATION/CERTIFICATION STATEMENTS										