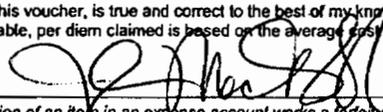


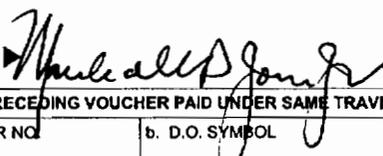
TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE Department of the Interior U.S. Fish and Wildlife Service	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. <i>21</i>
				4. SCHEDULE NO.
TRAVELER (PAYEE)	5. a. Name (Last, first, middle initial) MacDonald, Julie A.		b. SOCIAL SECURITY NO. Ex. 6	
	c. MAILING ADDRESS (Include ZIP Code) Ex. 6		d. OFFICE TELEPHONE NO. (202) 208-3928	
	e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Ex. 6	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		6. PERIOD OF TRAVEL
a. Outstanding		a. DATE RECEIVED		a. FROM 09-26-2005
b. Amount to be applied		b. AMOUNT RECEIVED \$		b. TO 10-02-2005
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		c. PAYEE'S SIGNATURE		7. TRAVEL AUTHORIZATION
d. Balance outstanding				a. NUMBER(S) 90100-5-1047
				b. DATE(S) 09-26-2005
				10. CHECK NO.
				11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <i>(List by number below and attach passenger coupon; if cash is used shown claim on reverse side.)</i>	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)				Traveler's Initials	
	AGENT'S VALUATION OF TICKET (e)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
				FROM (e)	TO (f)	
E-ticket	757.00	UA	Govt Contract	09-23-2005	Washington, DC and	Palm Springs, CA Sacramento, CA return

13. 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. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE  **DATE** 10/5/05 **AMOUNT CLAIMED** \$ 372.59

NOTE: Falsification of an item in an expense account works 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).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)			17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE  DATE 10/18/05			a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	Certifier's initials: \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE			d. NET TO TRAVELER \$ 372.59	
18. ACCOUNTING CLASSIFICATION 90100-1664-0029				

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, tips, and daily total meal cost.
- thru (g) 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: taxilimousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

MacDonald

2005	TIME (Hour and am/pm) (a)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 48.5 ¢ NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
09/26		POV to National Airport							10	4.85			
	7:00a 2:05p	Lv. National Airport Ar. Palm Springs, Ca				35.25	21.69	100.00			156.94		
09/27		Official Business Taxi to meeting site										15.00	
	4:47p 5:30p	Lv. Palm Springs, Ca Ar. Los Angeles, CA				47.00					47.00		
09/28		Taxi to airport										15.00	
	12:29p 1:49p	Lv. Los Angeles, CA Ar. Sacramento, CA											
09/29		Official Business				47.00					47.00		
09/30		Official Business				47.00					47.00		
10/01		Lieu Day											
10/02	8:27a 5:52p	Lv. Sacramento, Ca Ar. National Airport				35.25					35.25		
		Parking at National (Memo Item \$105.00)											
		POV to residence							10	4.85			
									SUBTOTALS	\$9.70	\$333.19	\$30.00	
									TOTALS	\$9.70	\$333.19	\$30.00	

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

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 Regulation (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 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 their official duties.

Investigations or prosecutions, or when pursuant to a requirement by this 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 (26 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 CLAIMED \$372.89

