(Rev. 7-11 previous version obsolete)
(Exception to SF-1012; Approved GSA 2-82)

FORM CD-370
(Rev. 7-11)

U.S. DEPARTMENT OF COMMERCE

TRAVEL VOUCHER

SECTION A — IDENTIFICATION

SOCIAL SECURITY NUMBER	NAME *(Last)*	*(First)*	*(Middle Initial)*
XXX XX	Massion, Eugene		

BUREAU CODE	CD-29 TRAVEL ORDER	DATES FOR TRAVEL EXPENSES FROM MO	DAY	YEAR	THRU MO	DAY	YEAR	TYPE CODE	*(Indicate One Type Only)*	RECLAIM AMOUNT INCLUDED
14	14062099	05	15	24	05	17	24	4	1 –DOMESTIC TRAVEL 2 –FOREIGN TRAVEL 3 –RELOCATION/HOUSEHUNT 4 –RELOCATION/OTHER	$
	PURPOSE CODE									

ORGANIZATION	OFFICIAL DUTY STATION *(City and State)*
NOAA/OAR/PMEL	Seattle, WA

SECTION B— TICKET COSTS BILLED DIRECTLY TO GOVERNMENT (Air, Rail, Bus, Ship)

AMOUNT	VENDOR	NUMBER OF TRAVELERS	CLASS	EXPLANATION OF TRAVEL FROM	TO
1. $					
2. $					
3. $					
4. $					
$	← 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: Gene Massion

DATE: 2024 Jun 14

BUSINESS PHONE *(Area Code and Number)*: 831 7751922

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.

❑ CD-29 ATTACHED ❑ CD-29 SUBMITTED WITH PREVIOUS VOUCHER

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE *(Type or Print)*: Virgillio Olanday, Admin Officer

DATE

BUSINESS PHONE *(Area Code and Number)*: 206-526-6236

SPECIAL PAYMENT INSTRUCTIONS ❑

SECTION D — CLAIMS

SECTION D — CLAIMS		AMOUNT	FINANCE USE
1. PER DIEM NO. DAYS	[ ]	$	
2. MILEAGE TOTAL MILES	[ ]		
3. OTHER TRAVEL			
4. CAR RENTAL *(Paid by Traveler)*			
5. COMMON CARRIER TRANSPORTATION			
6. ACTUAL SUBSISTENCE NO. DAYS	[ ]		
7. MISCELLANEOUS EXPENSES			
8. REAL ESTATE EXPENSE *(Form CD-371)*			
9. TEMPORARY QUARTERS *(Form CD-372)*			
10. RELOCATION INCOME TAX ALLOWANCE	[ ]		
11. **TOTAL CLAIM** *(Lines 1 thru 10)*		$ 1112.74	
12. TRAVEL ADVANCE AMOUNT OUTSTANDING			
13. AMOUNT OF VOUCHER *(Line 11)* TO BE APPLIED TO OUTSTANDING ADVANCE *(Line 12)*			
14. ADDITIONAL ADVANCE AMOUNT REPAID *(Check or money order attached)*			
15. REMAINING ADVANCE BALANCE *(Line 12 minus Line 13 minus Line 14)*			
16. NET TO TRAVELER *(Line 11 minus Line 13)*		$ 917.02	
AUDITED BY *(Examiner's Initials)*		**TOTAL DIFFERENCE**	