NCAWPD INTERN LOCAL TRAVEL REIMBURSEMENT AUTHORIZATION

FROM: NCAWPD FAX: (717) 605-1980 PHONE: (717) 605-	TO: COMMAND/CURRENT DUTY STATION: PHONE FAX

Authorization to travel is as stated below. Variations must be resubmitted. Upon receipt, host activity is authorized to prepare/process travel orders/advance IAW local procedures. Accounting line must be entered precisely as authorized below. The host activity is required to promptly settle claim and make collection of overadvanced funds. If offset is required, request to conduct the offset must be faxed to NCAWPD to process. **Processing fee for offset actions is currently $35, subject to change without notice and will be collected with the offset**. Fax or mail legible copy of the settlement to NCAWPD w/in 5 days of receipt.

1. _ X__ ORIGINAL _ __ AMENDMENT	2. **PURPOSE OF TRAVEL:**
3. **ITINERARY:** (CITY / STATE) FROM: TO: AND RETURN.	4. **TRAVEL PLAN:** DAYS BEGINNING DATE: ENDING DATE:
5. **PER DIEM:** **LODGING:** LOCAL TRAVEL -0- **M&IE:** LOCAL TRAVEL -0-	6. **OTHER/MISCELLANEOUS COSTS:**

AUTHORIZED FUNDING: POV mileage @ .485	**-0-**	**POV Travel Total**	**-0-**
Parking	**-0-**	**Parking Total**	**-0-**
Other (Rail/Bus, etc.)	**-0-**	**Other Total**	**-0-**
Other (Registration)	**-0-**	**TOTAL COSTS**	**-0-**

7. **SPECIAL REMARKS/ADDITIONAL INFORMATION:**

EMPLOYEE IS A GTCC HOLDER. ATM ADVANCE IS AUTHORIZED

NO LODGING REQUIRED. LOCAL AREA TRAVEL. CITE ACCOUNTING DATA ON SF 1164 AND SUBMIT CLAIM LOCALLY PROVIDING NCAWPD WITH COPIES OF ALL DOCUMENTS, INCLUDING THE TRAVEL VOUCHER SUMMARY WITHIN 5 DAYS OF RECEIPT.

ACCOUNTING DATA FOR SF 1164

APPROPRIATION & SUBHEAD	OBJ CLASS	BUREAU CONTROL	SUB AUTH	AUTH ACCT ACTIVITY	TYPE	TANGO NO	COST CODE

TRAVEL ORDER NUMBER: PREPARED BY: DATE FAXED:	NCAWPD AUTHORIZATION: M. J. METTS, DIRECTOR, NCAWPD