

JUN 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Name of Employee	Travel Authorization Number
------------------	-----------------------------

DO NOT ROUND OFF DOLLARS - REPORT ACTUAL EXPENSES INCLUDING CENTS

Date	COST OF MEALS					Misc	Ldry & Dry Cl.	Lodging	TOTAL FOR DAY
	Breakfast	Lunch	Dinner	Groceries	Total Meals				
a	b	c	d	e	f	g	h	i	j
1					\$0.00				\$0.00
2					\$0.00				\$0.00
3					\$0.00				\$0.00
4					\$0.00				\$0.00
5					\$0.00				\$0.00
6					\$0.00				\$0.00
7					\$0.00				\$0.00
8					\$0.00				\$0.00
9					\$0.00				\$0.00
10					\$0.00				\$0.00
11					\$0.00				\$0.00
12					\$0.00				\$0.00
13					\$0.00				\$0.00
14					\$0.00				\$0.00
15					\$0.00				\$0.00
16					\$0.00				\$0.00
17					\$0.00				\$0.00
18					\$0.00				\$0.00
19					\$0.00				\$0.00
20					\$0.00				\$0.00
TOTAL COST OF MEALS					\$0.00	1st 30 DAYS ACTUAL TOTAL			\$0.00
									\$
									\$

Columns b-d: Show actual amount incurred for each meal, including tax and tips.
 Column f: Show total of columns b-e. Reimbursement for total cost of meals is limited to 50% of total subsistence expenses allowable.
 Column g: Show any tips to bellboys, porters, etc (other than for meals). This expense must be identified.
 Column h: Attach receipts for lodging, laundry and drycleaning except when coin-operated laundry or drycleaning facilities are used. If coin-operated laundry has been used, make appropriate notation by amount claimed.

DO NOT ROUND OFF DOLLARS - REPORT ACTUAL EXPENSES INCLUDING CENTS

Date	COST OF MEALS					Misc	Ldry & Dry Cl.	Lodging	TOTAL FOR DAY
	Breakfast	Lunch	Dinner	Groceries	Total Meals				
a	b	c	d	e	f	g	h	i	j
1					\$0.00				\$0.00
2					\$0.00				\$0.00
3					\$0.00				\$0.00
4					\$0.00				\$0.00
5					\$0.00				\$0.00
6					\$0.00				\$0.00
7					\$0.00				\$0.00
8					\$0.00				\$0.00
9					\$0.00				\$0.00
10					\$0.00				\$0.00
11					\$0.00				\$0.00
12					\$0.00				\$0.00
13					\$0.00				\$0.00
14					\$0.00				\$0.00
15					\$0.00				\$0.00
16					\$0.00				\$0.00
17					\$0.00				\$0.00
18					\$0.00				\$0.00
19					\$0.00				\$0.00
20					\$0.00				\$0.00
TOTAL COST OF MEALS					\$0.00	2nd 30 DAYS ACTUAL TOTAL			\$0.00
						TOTAL ALLOWABLE			\$
						TOTAL ALLOWABLE FOR MEALS			\$

I certify that the subsistence expenses itemized above and herein claimed were incurred during occupancy of temporary quarters by myself, my family or both, and that the time spent in such temporary quarters was the minimum needed to enable me to obtain and occupy permanent quarters.

SIGNED: _____
(Signature of Employee)

(This form shall be prepared by the employee for the period of temporary quarters and attached to the settlement voucher.)