



| For Period |          |
|------------|----------|
| Start Date | End Date |

Dept. Div.

THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS. TYPE OR PREPARE IN INK

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

Distribution: *Original-Div. of Accounts / Duplicate-File Triplicate-Claimant*

70FA-0080  
Rev: 08/86



## Claim for Travel Expenses

## Totals

Gross Total

Name:

**Additional Explanation:**

Less Temp. Travel Advance

SSN:

Signature

Date

Address:

### # Claim is True and Correct

Official Station

Date

Date of Previous Claim:

Approved

Date

Approved

Date



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