1. TYPE OF 2. TYPE OF ADVANCE OF ADVANCE FUNDS APPLICATION CASH RAF	1PO- 3. NAME (Last	, first, middle initial)		6. SOCIAL SECUR	4. ACCOUNT NO.			
AND ACCOUNT	MA-	: NOIVIBEN(3)		6. SOCIAL SECON	TY ACCOUNT NO.			
In compliance with Privacy Act of 1974 the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22,	7. DEPARTMENT OR ESTABLISHMENT 8. BUREAU, DIVISION OR OFFICE							
1971, E.O. 11012 of March 27, 1962, and E.O.	9. APPLICATION (For completion by applicant)							
9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting, and advancement of funds for travel and certain relocation allowance expenses to	An advance of funds is expenses to be incurred	hereby requested for d by me.	e. BALANCE DUE U.S. FROM PREVIOUS	\$				
be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance			b.DATE OF AUTHORI- ZATION	f. AMOUNT HEREIN APPLIED FOR	\$			
of their official duties. The information will be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil criminal or	c. TRAVEL PERIOD	From  OFFICE	To  RESIDENCE	g. TOTAL	\$			
regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, security clearances, or other investations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary; however, failure to provide the information required may result in delay or suspension of your advance of funds request.	(Give address numb	a advances not fully deductions from buchers must be When travel is tely postponed, the outstanding advance ediately.						
	APPLICANT SIGN HERE				DATE			
10. APPROVAL SIGNATURE AND TITLE OF	APPROVING OFFICIAL	DATE A	APPROVED 11. APPR	OPRIATION TO BE (	CHARGED			
12. REMARKS			13. CASH RECEIVED	I PAYMENT	DATE			
			Pro	STANDARD FORM escribed by GSA, FP	1038 (REV. 10-77) MR (41 CFR) 101-7			

13. RECORD OF ACCOUNT			NAME	ACCOUNT NO.				
TRANS- ACTION DATE	TRAVEL PERIOD		REFERENCE (Schedule or	(Opti		ADVANCE ACCOUNT		
	FROM	то	voucher number)	VOUCHER TOTAL	AMOUNT PAID EMPLOYEE	ADVANCED	REPAID	BALANCE DUE
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REMARKS		ı	l	•	,			