UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

TRAVEL FUNDING AUTHORIZATION

OFFICIAL TRAVEL ORDERS MUST BE PROCESSED.

DATE REQUESTED:_____ TA:_____

NAME/GRADE/RANK:_____ SSN:_____

ADDRESS:_____ PHONE/OFFICE:_____

_____ PHONE/FAX:_____
(INCLUDE AREA CODE)

_____
(INCLUDE STREET, CITY, STATE, AND ZIP CODE)

TRAVEL DATES:
FROM:_____

(ITINERARY): TO:_____

FROM:_____

TO:_____
CITY/MILITARY BASE/STATE

_____ Registration fees authorized-Y/N _____ Nights Lodging included _____ Meals included- Y/N

PURPOSE:_____

_____

USUHS POC:_____ **POC's TELEPHONE #:**_____

****

ACCOUNT CODE:_____ (FINANCE APPROVAL) _____

ACCOUNTING CLASSIFICATION:_____

FUNDS HAVE BEEN: ☒ APPROVED ☐ DISAPPROVED

PER DIEM	TRAVEL	OTHER	TOTAL
			$0.00

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A. VARIATIONS IN ITINERARY ARE: ☐ AUTHORIZED ☐ NOT AUTHORIZED

B. SPECIAL AUTHORIZATIONS (WILL BE CHECKED IF APPROVED):

_____ Rental car within the TDY area.

_____ Rental car from permanent duty station to TDY station.

_____ Use if taxis in and around TDY station.

_____ Use of public transportation (buses, subways, streetcars) in and around TDY station.

Traveler ☐ IS ☐ IS NOT a government charge card holder

_____ Patricia A. Burke Director, ASD
REQUESTING OFFICIAL/DATE/TEL# ORDER AUTHORIZING OFFICIAL/DATE

USUHS FORM 7006
(REVISED 11/99)

THIS INFORMATION IS PROTECTED UNDER THE PRIVACY ACT OF 1974.

ADDITIONAL INFORMATION/INSTRUCTIONS:

PAYMENT AND TICKETING INSTRUCTIONS:

1. GENERAL. PAYMENTS SOLELY FUNDED BY USUHS WILL BE SETTLED BY OUR FINANCE OFFICE TRAVEL BRANCH AND TICKETS OBTAINED FROM OUR GOVERNMENT CONTRACT TRAVEL AGENT, IF THE TRAVEL TICKETS ARE NOT CHARGED TO THE INDIVIDUAL TRAVELER'S GOVERNMENT SPONSORED CHARGE CARD. TRAVEL CLAIMS INVOLVING MIXED FUNDING ARE TO BE PROCESSED BY THE FINANCE OFFICE SERVICING THE HOLDER OF THE NON-USUHS FINDS.

2. SEND YOUR CLAIMS TO:

   A. MAIL TO: USUHS/FMG/TRAVEL BRANCH
   4301 JONES BRIDGE ROAD
   BETHESDA, MD 20814-4799

   B. FAX TO: COMMERCIAL/DSN (301) 295-3691

3. TRAVEL BRANCH TELEPHONE NUMBERS:

   A. COMMERCIAL/DSN: (301) 295-3496/3089

4. DOCUMENTS TO BE SUBMITTED:
   A. DD FORM 1351-2 (TRAVEL VOUCHER)
   B. DD FORM 1351-2c (CONTINUATION VOUCHER) IF NECESSARY
   C. ONE COPY OF THE COMPLETED TRAVEL ORDER (BOTH SIDES, IF APPLICABLE)
   D. ONE COPY OF ANY ACCOMPANYING AMENDMENT (S)
   E. ONE COPY OF THE TRAVEL FUNDING AUTHORIZATION, IF APPLICABLE
   F. ONE COPY OF EACH LODGING RECEIPT (MUST DETAIL CHARGES)
   G. ONE COPY OF RENTAL CAR RECEIPTS, WITH CONTRACT (IF APPLICABLE)
   H. ONE COPY OF ALL RECEIPTS FOR CLAIMED REIMBURSABLE EXPENSE OF $75 OR MORE
   I. SINCE ALL PAYMENTS WILL BE MADE BY ELECTRONIC FUND TRANSFER, ENCLOSE ONE OF THE FOLLOWING:
      1. SF 1199A, DIRECT DEPOSIT SIGN-UP FORM
      2. A VOIDED CHECK, WITH ENCLOSED BANK ACCOUNT AND ROUTING NUMBERS (NO DEPOSIT SLIPS PLEASE)

5. ASSURE THAT YOUR TRAVEL CLAIM SHOWS YOUR DUTY TELEPHONE NUMBER.

6. COPIES OF ALL DOCUMENTS MUST BE LEGIBLE.

7. FOR TICKETING, CALL CARLSON-WAGONLIT TRAVEL AT (800) 383-6732 OR (202) 882-0305. IF CALLING BEFORE 0830 HOURS OR AFTER 1700 HOURS (MON-FRI) OR ON WEEKENDS/HOLIDAYS, MENTION UNIFORMED SERVICES UNIVERSITY.