

**NOAA TRAVEL REGULATION**  
**Chapter 302-RELOCATION ALLOWANCES**

**EXHIBIT 302-2C**

FORM CD-29 (REV. 4-99) LF DAG 204-1		U.S. DEPARTMENT OF COMMERCE		1. TYPE OF AUTHORIZATION <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> RELOCATION—A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached.		2. TRAVEL ORDER NO. 4XXX0002	
<b>TRAVEL ORDER</b>							
3A. BUREAU NAME/ORGANIZATIONAL UNIT NOAA, NWS, Meteorological Services Division				3B. PRESENT OFFICIAL STATION San Antonio, TX			
4A. TRAVELER'S NAME Joseph I. Traveler / First Duty				4B. TRAVELER'S TITLE Chief, Meteorological Svc. Div.(MSD)		4C. SOCIAL SECURITY NO. 987-65-4321	
5. PURPOSE AND JUSTIFICATION STATEMENT Relocation; Service Agreement and Relocation Worksheet signed 2/5/04.  Family: Spouse - Suzy Q. Child - Joseph Jr. - Date of Birth 9/9/99				6A. TYPE OF TRAVEL CODE 4		6B. PURPOSE OF TRIP CODE 6	
				6C. BUREAU CODE NO. 14			
7. ITINERARY San Antonio, TX, to Kansas City, MO  Contact: Mary Sunshine (816) 891-XXXX							
8. PERIOD OF TRAVEL		8A. BEGIN ON OR ABOUT 4/1/04		8B. END ON OR ABOUT 4/2/04		9. ACCOUNTING CLASSIFICATION CODE	
10. MODE OF TRANSPORTATION <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> BUS <input type="checkbox"/> RAIL <input type="checkbox"/> AIR-COACH <input type="checkbox"/> EXTRA FARE (Justify in Item 14) <input type="checkbox"/> AIR-EXTRA FARE (Attach CD-334) <input checked="" type="checkbox"/> PRIVATELY-OWNED VEHICLE <input type="checkbox"/> AUTO <input type="checkbox"/> PLANE <input checked="" type="checkbox"/> RATE PER MILE 19 CENTS (See FTR 301-4 or FTR 302-2.3) <input type="checkbox"/> DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT <input type="checkbox"/> FOR CONVENIENCE OF TRAVELER (See FTR 301-4.3 and 301-4.4) <input type="checkbox"/> RENTED MOTOR VEHICLE (See FTR 301-2.2a) and 301-3.2 <input type="checkbox"/> OTHER MEANS (Specify)				11. ESTIMATED COST 2211 \$ 5,481.58 A. TRANSPORTATION 2528 \$ 2,703.49 (Billed directly to Government) B. OTHER TRANSPORTATION INCLUDING POV MILEAGE 2149 \$ 165.00 SUBSISTENCE EXPENSE 2140 \$ 102.00 (Per: Diem/Actual) OTHER EXPENSES (Item 13) \$ -0- TEMPORARY QUARTERS SUBSISTENCE EXPENSE \$ -0- RELOCATION EXPENSES (Other than listed above) \$ -0- SUB-TOTAL B \$ 267.00 TOTAL A & B \$ 8,452.07			
COMMON CARRIER REFUNDS When a ticket is exchanged for one of lesser value, the carrier should issue a receipt or a ticket refund application and is required to make refund directly to the appropriate accounting office.				ACCOUNTING OFFICE ADDRESS: CASC 601 East 12th Street Kansas City, MO 64106			
TRAVELER'S POTENTIAL LIABILITY NOTICE—Travelers are accountable for all transportation tickets, Government Transportation Requests (GTRs), or other transportation procurement documents required by them in connection with their official travel. If slips are cancelled or itineraries changed after tickets for GTRs are issued to the traveler, the traveler is liable for the value of the tickets issued until all coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for on the travel voucher.							
12. SUBSISTENCE EXPENSE In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-7.3 and 301-8.1c.				RATES AUTHORIZED: \$55 lodging/\$31 M&IE - employee only			
13. OTHER EXPENSES AUTHORIZED <input type="checkbox"/> MEETING REGISTRATION FEES <input type="checkbox"/> HIRE OF TAXIS BETWEEN LODGING AND/OR PLACE(S) OF BUSINESS <input type="checkbox"/> EXCESS BAGGAGE (Justify in Item 14) (See CTR 301-4.2) <input type="checkbox"/> CASH <input type="checkbox"/> GEBAT <input type="checkbox"/> OTHER (Specify and Justify in Item 14)				14. SPECIAL PROVISIONS/REMARKS The following expenses are authorized in accordance with Federal Travel Regulation 302; Shipment of Household Goods via CBL estimated @ 10,000 lbs. with load date of 3/30/04; Storage of Household Goods via CBL not to exceed 90 days.			
Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time unless another trip will be made within 30 days.							
15. SIGNATURE OF REQUESTING/APPROVING OFFICIAL Sky B. Blue				TITLE Deputy Director, MSD		DATE 2/15/04	
16. SIGNATURE OF AUTHORIZING OFFICER Rough R. Oceans				TITLE Director, MSD		DATE 2/15/04	
PRIVACY ACT NOTIFICATION The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 87 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, and E.O. 11912 of March 27, 1982. The Social Security Number (SSN) on the CD-29 is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce centralized travel system. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and the procurement of common carrier transportation.				CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER You are hereby authorized to travel at Government expense under and in accordance with the Federal Travel Regulations. The number of this order must appear on each voucher claiming reimbursement for expenses incurred consequent to this order.			

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