

# Travel – Policy Highlights and Instructions (@ Jan 2016)

## Travel Request and Authorization (TRA)

### Line-By-Line Instructions for Form ACC-TRA001:

**“TA No.”** is the Department or Agency Control Number

#### Line 1 – To

This must always be indicated as the Department of Administration.

#### Line 2 – From

This must indicate the Department or Agency submitting the Travel Request.

#### Line 3 – Date of Request

This must indicate the date the TRA is prepared.

#### Line 4 – Traveler Information

TSA requires the following:

- A. Full name, Date of Birth Sex (gender) of the traveler;
- B. Vendor Number of traveler; if none, attached Form ACC-VNA;
- C. Complete Address of Traveler, preferably mailing address;
- D. Social Security Number.

#### Line 5 – Title of Traveler

Indicate the title of the Traveler.

#### Line 6 – Charge Account Number

Type the account number or job order number being charged.

#### Line 7 – Places of Travel

Please type the origin (*FROM*) of travel, the destination (*TO*), and if the traveler is returning to point of origin.

#### Line 8 – Approx Length of Travel (In Days)

Please indicate how many days the travel requires.

#### Line 9 – Approx Date Travel Commences

Please indicate the effective date travel will begin.

#### Line 10 (A) – Describe Modes of Travel Desired

Always by AIR and economy class (ECONO-CLASS).

#### Line 10 (B) – Travel Agency Desired

Indicate approved agent.

#### Line 11 – If Dependents are authorized for Travel, give names, ages, and relationships

Not Applicable.

#### Line 12 – Fully Describe Purpose of Travel

Please type in the purpose of travel whether it is off-island training, conference etc. and attach supporting documents.

#### Line 13 – Enter Number of TRs Issued

N/A Please leave blank.

#### Line 14 – If Travel Advance is Desired, Give Amount Requested

Indicate the amount of travel advance being requested.

#### Line 15 – Household Effects

N/A, Please leave blank.

#### Line 16 – Signature

Need original signature with the name and title of person requesting for travel authorization.

#### Line 17 – Estimated Cost of Travel

Please fill in line per line estimated cost of travel for certification of funds. Indicate

the signature and Contact Number(s) of Cost Estimator (Preparer).

#### Line 18 – Signature (Name and Title of Authorizing Official):

Need original signature and title of person authorizing this travel request from Department/Agency.

#### Line 19 – For Certification of Availability of Funds:

Certifying Officer for the Department to certify that funds are available to cover cost of this travel voucher and indicate date that funds are certified.

#### Line 20 – To Traveler:

Please leave blank (For DOA Directors signature only).

#### Line 21 – I certify that I have received the material of Item 17.

Traveler must sign receipt of the amounts on item 17.

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## Travel Itinerary Summary (Clearing)

### Line-By-Line Instructions for form ACC-TRC001:

#### Line 1 – Date:

Indicate date that the travel itinerary summary is being submitted.

#### Line 2 – Traveler’s Name:

Type or print the name of traveler covered by the summary.

#### Line 3 – Department/Agency:

Type or print the name of the Department or Agency for which the traveler represents.

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## Line 4 – TA Number:

Type or print the official Travel Authorization number assigned by the Division of Accounts.

## Line 5 – Departure Date:

Indicate the date of departure from Guam.

## Line 6 – Departure Time:

Indicate the scheduled time of departure from Guam.

## Line 7 – Arrival Date:

Indicate the date of arrival into Guam.

## Line 8 – Arrival Time:

Indicate the scheduled time of arrival into Guam.

## Line 9 – Traveler's/Employee Signature:

Signature of Traveler or Employee.

## Line 10 – Social Security No.:

Indicate complete social security number of traveler.

## Line 11 – Contact Number:

Indicate work phone number and extension if any.

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## Travel Voucher (Clearing and Reimbursement)

### Line-By-Line Instructions for Form ACC-TRD001:

*“TV No.” is the DOA-assigned Travel Authorization Number found on the Advanced Per Diem Memo.*

## Line 1 – To

This must always be indicated as the *Department of Administration*.

## Line 2 – From

This must indicate the Department or Agency submitting the Travel Voucher.

## Line 3 – Date of Request

This must indicate the date the TV is prepared.

## Travel Status Information

DOA requires the following:

- A. **Departure Hour and Date** the traveler left the island;
- B. **Arrival Hour and Date** the traveler returned to the island.

## Line 4 – Full Name of Traveler

Indicate the full legal name of the Traveler.

## Line 5 – Department to be charged

Indicate the sponsoring agency.

## Line 6 – Charge Account Number

Type the account number or job order number being charged.

## Line 7 – Places of Travel

Please type the origin (*FROM*) of travel, the destination (*TO*), and if the traveler is returning to point of origin.

## Line 8 – Approx Length of Travel (In Days)

Please indicate how many days the travel requires.

## Line 9 – Approx Date Travel Commences

Please indicate the effective date travel will begin.

## Line 10 (A) – Describe Modes of Travel Desired

Always by AIR and economy class (ECONO-CLASS).

## Line 10 (B) – Travel Agency Desired

Indicate approved agent.

## Line 11 – If Dependents are authorized for Travel, give names, ages, and relationships

Not Applicable.

## Line 12 – Fully Describe Purpose of Travel

Please type in the purpose of travel whether it is off-island training, conference etc. and attach supporting documents.

## Line 13 – Enter Number of TRs Issued

N/A Please leave blank.

## Line 14 – If Travel Advance is Desired, Give Amount Requested

*Indicate the amount of travel advance being requested.*

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## Travel Mileage Waiver

### Line-By-Line Instructions for form ACC-TRG001:

**Public Law 32-19 Supercedes Public Law 31-117 which mandates the surrender of mileage. Only those Executive Branch travelers before April 11, 2013 are still mandated to donate any mileage earned. Those on or after April 11, 2013 are now only voluntary.**

## Line 1 – Traveler's Name:

Type or print the name of traveler covered by the summary.

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**Line 2 – Department/Agency:**

Type or print the name of the Department or Agency for which the traveler represents.

**Line 3 – Transfer****Confirmation Number:**

Type or print the confirmation number provided by the airline.

**Line 4 – Departure****Date:**

Indicate the scheduled date of departure from Guam.

**Time:**

Indicate the scheduled time of departure from Guam.

**Line 5 – Arrival****Date:**

Indicate the date of arrival into Guam.

**Time:**

Indicate the time of arrival into Guam.

**Line 6 – Traveler's/ Employee****Signature:**

Signature of Traveler or Employee.

**Line 7 – Signature Date:**

Date of signature.

**Line 8 – Traveler's Identification Type / Number:**

Type or print the Identification Type and Number.

**Line 9 – Contact Numbers:**

Type or print the traveler's contact numbers available.

**Line 10 – Email Address:**

Type or print the traveler's valid email address.