

**OFFICIAL TRAVEL AUTHORIZATION**  
(Note: See Privacy Act Statement on reverse)

1. AUTHORIZATION NUMBER

2. TRAVELER (first name, middle initial, last name)	3. TITLE	4. PEGASYS VENDOR CODE
5. CURRENT RESIDENCE ADDRESS	6A. OFFICE/SERVICE AND DIVISION	6B. CORRESPONDENCE SYMBOL
	7. OFFICIAL DUTY STATION (City, State)	8. CONTACT TELEPHONE NUMBER
	9. TYPE <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	10. PEGASYS DOCUMENT NUMBER (If Applicable)
11. TRAVEL PURPOSE (Check only one) <input type="checkbox"/> Conference - Other than Training <input type="checkbox"/> Training <input type="checkbox"/> Mission (Operational) <input type="checkbox"/> Special Agency Mission <input type="checkbox"/> Employee Emergency <input type="checkbox"/> Relocation <input type="checkbox"/> Educational Travel <input type="checkbox"/> Tour Renewal		
12. BRIEF DESCRIPTION OF REASON FOR TRAVEL		

13. TRANSPORTATION AUTHORIZED (check all that apply)

Air     Rail     Bus     Rental Car     Government Owned Vehicle (GOV)     Taxi     Other (Specify)

Personally Owned Vehicle (POV) (Check One)     Advantageous to the Government     For personal convenience. Mileage and per diem limited to constructive cost of common carrier (air/rail).

Rate per mile \$ \_\_\_\_\_  
<https://www.gsa.gov/mileage>

**14. AUTHORIZED OFFICIAL ITINERARY**

NOTE: DO NOT include any personal/leisure travel. See Item 15.

DATE (MM/DD/YYYY) (a)	ITINERARY POINT (b) CITY STATE		PER DIEM RATE		TOTAL (e)	ACTUAL EXPENSE RATE (f)
			MAXIMUM LODGING (c)	MEAL & INCIDENTAL EXPENSES (M&IE) RATE (d)		
FROM:						
TO:						
TO:						
TO:						

15. IS TRAVELER MAKING ANY DEVIATIONS FROM OFFICIAL ITINERARY FOR PERSONAL CONVENIENCE, (e.g. TAKING OF LEAVE, OR USING A MODE OF TRANSPORTATION NOT ADVANTAGEOUS? (If "Yes", explain in Item 22.) (Note: deviations from the official itinerary requires a comparative cost statement on the travel voucher.)	YES	NO
16. IF AIR TRANSPORTATION IS AUTHORIZED, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ITINERARY LOCATIONS? (If "No", justify in Item 22.)	<input type="checkbox"/>	<input type="checkbox"/>
17. IS OTHER-THAN-COACH (first, business) OR ACELA AUTHORIZED? (If "Yes", justify in Item 22.)	<input type="checkbox"/>	<input type="checkbox"/>
18. IS ACTUAL EXPENSE (not to exceed 300% per diem) AUTHORIZED? (If "Yes", justify in Item 22.)	<input type="checkbox"/>	<input type="checkbox"/>
19. DOES TRAVELER HAVE A GOVERNMENT TRAVEL CHARGE CARD? (If "No", justify in Item 22.)	<input type="checkbox"/>	<input type="checkbox"/>

20. ESTIMATED COST    AIR/RAIL \$ \_\_\_\_\_    PER DIEM \$ \_\_\_\_\_    OTHER \$ \_\_\_\_\_    TOTAL \$ \_\_\_\_\_

21. TRAVEL ADVANCE OBTAINED BY:  ATM/TRAVEL CARD     STANDARD FORM (SF) 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT    AMOUNT AUTHORIZED \$ \_\_\_\_\_

22. REMARKS/JUSTIFICATIONS

**23. Pegasys ACCOUNT CLASS (Fields marked with "\*" are required)**

BEGINNING BUDGET FISCAL YEAR (BBFY)*	ENDING BUDGET FISCAL YEAR (EBFY)	FUND*	REGION*	PROGRAM*	ORGANIZATION CODE*	ACTIVITY*	SUB-OBJECT CLASS*	PROJECT CODE	BUILDING NUMBER	WORK ITEM	SYSTEM	AGREEMENT NUMBER	AGREEMENT LINE NUMBER	CONTRACT NUMBER

24A. TRAVELER/ARRANGER SIGNATURE \_\_\_\_\_

24B. DATE \_\_\_\_\_

25A. AUTHORIZING OFFICIAL SIGNATURE \_\_\_\_\_

25B. DATE \_\_\_\_\_

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## PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in United States Code (USC) 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting the data is to determine the amount to reimburse an employee for expenses incurred in connection with temporary duty travel. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.

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## INSTRUCTIONS FOR PREPARATION OF GSA 87 OFFICIAL TRAVEL AUTHORIZATION

- Block 1.** Format: Region/YY/MM/DD/First three letters of traveler's last name and initial of first name. Example: Fred Smith, Region 2 begins travel on 02/18/2015. Authorization number = 02150218SMIF.
- Block 2.** Name must match traveler's ID that would be presented at the airport upon check-in.
- Block 3.** Enter traveler's job title. Example: Division Director
- Block 4.** Enter Pegasys vendor code. (*Begins with "E" and is followed by 8 or 9 digits.*) Click [here](#) for instructions on obtaining or verifying your vendor code.
- Block 5.** Enter mailing address where any reimbursement checks are to be mailed.
- Block 6a.** Enter name of traveler's office/service and division. If invitational travel enter "INVITATIONAL"
- Block 6b.** Enter traveler's correspondence symbol, if applicable.
- Block 7.** Enter city and state of traveler's official duty station location/residence.
- Block 8.** Enter contact number where traveler may be reached.
- Block 9.** Enter Pegasys document number, if applicable.
- Block 10.** Check whether this is the original authorization or an amendment to the original. Travel amendments are necessary when original travel plans change after the original GSA 87 is signed. Pen and ink changes, erasures and alterations to the original and copies of the GSA 87 are not permitted. Amendments should be issued as soon as a change in the travel plans is known. An amendment may not be used to change an employee name when the employee originally scheduled to take the trip is replaced by another employee; instead, a new set of travel orders must be prepared.
- Block 11.** Check one purpose for which travel is performed. If travel requires more than one purpose, select the one most important.
- Block 12.** Describe brief description for reason travel is required, e.g., "To attend the Association of Government Accountant's Professional Development Conference". Generalizations such as "Official Business" or similar phrases are not acceptable.
- Block 13.** Select all methods of transportation authorized. If selecting POV, select whether POV use is advantageous to the government or for personal convenience, along with authorized mileage rate.
- Block 14.** Enter authorized official itinerary in this block. The authorized itinerary starts at the traveler's official duty station (or residence), continues with all points where official business will be conducted and ends with the traveler's return to the official duty station/residence. DO NOT include personal/leisure itinerary locations. Annotate with the words "see attached itinerary" when space is insufficient and continue the itinerary on bond paper. Complete columns as follows: (a) Enter month, day and year (MM/DD/YYYY); (b) Enter city and state for each itinerary point where official business will be performed; (c) Enter daily lodging rate; (d) Enter daily M&IE rate; (e) Enter total per diem rate; (f) Enter actual expense rate. If a special rate (e.g., reduced per diem or actual expense subsistence) has been established for a particular travel assignment, explain in block 22.
- Blocks 15 thru 19.** Check "yes" or "no" and provide justification, as applicable.
- Block 20.** Enter estimated cost for air/rail, per diem (lodging and meals), other expenses and total trip.
- Block 21.** Select method on how travel advance will be obtained and enter amount authorized.
- Block 22.** Enter any remarks or required justifications.
- Block 23.** Enter the Pegasys accounting classification. Required fields are marked with "\*\*"
- Blocks 24a and b.** The traveler or travel arranger (invitational travel only) will sign and date these blocks.
- Blocks 25a and b.** The travel authorizing official will sign and date these blocks.
- Electronic signature should be used to the maximum extent possible. Paper copies may be signed and dated when it is not possible to electronically sign the form.