



Approved for Release
Fred Fanning
Acting Director, Office of Administrative Services

11/27/06
Date

DEPARTMENT OF COMMERCE (DOC)
CHIEF FINANCIAL OFFICER AND ASSISTANT SECRETARY FOR ADMINISTRATION
OFFICE OF ADMINISTRATIVE SERVICES

TRAVEL BULLETIN # 03, FY07

SUBJECT: New CD Form 29 (Rev. 11-06)

EFFECTIVE DATE: November 28, 2006

EXPIRATION DATE: Effective until canceled or superseded

SUPERSEDES: Not Applicable

BACKGROUND: The old CD Form 29 did not have a location for the Requesting/Approving Official in block 16 and the Authorizing Official in block 17 to print their name. This led to some confusion when trying to figure out who signed the form to ensure they were authorized.

PURPOSE: This travel bulletin presents the new CD Form 29 which adds a location in both block 16 and 17 for the officials to print their name.

PROCEDURES:

1. The new form is approved and located on the Department Forms website at <http://www.osec.doc.gov/forms/pdf/cd29fl.pdf>. The use of this form is required effective the date of this bulletin.
2. Employees are encouraged to recycle other version of this form and use only the new version.
3. Bureau travel coordinators are encouraged to changed older versions of this form on bureau web sites to this new current version.
4. Versions prior to the 11/06 version will not be accepted for processing travel requests after December 31, 2006. A copy of the new form is attached.

REFERENCES:

Department of Commerce, Travel Management Handbook, March 1995

OFFICE OF ADMINISTRATIVE OPERATIONS: Rhonda Jackson, Director, rhjackson@doc.gov, (202) 482-2242.

PROGRAM MANAGER CONTACT INFORMATION: Theresa Hollowell, thollowell@doc.gov, (202) 482-0519.

FORM CD-29 U.S. DEPARTMENT OF COMMERCE (Rev. 11-06) <h2 style="text-align:center;">TRAVEL ORDER</h2>		1. TYPE OF AUTHORIZATION <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> RELOCATION — A signed CD-150, Request for Authorization of Travel and Moving Expenses, must be attached.		2. TRAVEL ORDER NO.	
3A. BUREAU NAME/ORGANIZATIONAL UNIT			3B. PRESENT OFFICIAL STATION		
4A. TRAVELER'S NAME		4B. TRAVELER'S TITLE		4C. SOCIAL SECURITY NO.	
5. PURPOSE AND JUSTIFICATION STATEMENT				6A. TYPE OF TRAVEL CODE	
				6B. PURPOSE OF TRIP CODE	
				6C. BUREAU CODE NO.	
7. ITINERARY					
8. PERIOD OF TRAVEL		8A. BEGIN ON OR ABOUT	8B. END ON OR ABOUT	9. REQUISITION NUMBER	
10. ACCOUNTING CLASSIFICATION CODE				12. ESTIMATED COST	
FCFY (xxxx)	PROJECT-TASK (xxxxxxx-xxx)	ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)	OBJECT CLASS (xx-xx-xx-xx)	A. TRANSPORTATION <i>(Billed directly to Government)</i>	\$
11. MODE OF TRANSPORTATION <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> BUS <input type="checkbox"/> RAIL <input type="checkbox"/> EXTRA FARE <i>(Justify in Item 15)</i> <input type="checkbox"/> AIR-COACH <input type="checkbox"/> AIR-EXTRA FARE <i>(Attach CD-334)</i> <input type="checkbox"/> PRIVATELY-OWNED VEHICLE <input type="checkbox"/> AUTO <input type="checkbox"/> PLANE <input type="checkbox"/> RATE PER MILE _____ CENTS <i>(See FTR 301-10.303 OR 302-4.300)</i> <input type="checkbox"/> DETERMINED MORE ADVANTAGEOUS TO THE GOVERNMENT <input type="checkbox"/> FOR CONVENIENCE OF TRAVELER <i>(See FTR 301-10.309 AND 301-10.310)</i> <input type="checkbox"/> RENTED MOTOR VEHICLE <i>(See FTR 301-10.450)</i> <input type="checkbox"/> OTHER MEANS <i>(Specify)</i>				B. OTHER TRANSPORTATION INCLUDING POV MILEAGE	\$
				SUBSISTENCE EXPENSE <i>(Per Diem/ Actual)</i>	\$
				OTHER EXPENSES <i>(Item 14)</i>	\$
				TEMPORARY QUARTERS SUBSISTENCE EXPENSE	\$
				RELOCATION EXPENSES <i>(Other than listed above)</i>	\$
				SUB-TOTAL B	\$
				TOTAL A & B	\$
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:			
TRAVELER'S POTENTIAL LIABILITY NOTICE — Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are cancelled or itineraries changed after tickets 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.					
13. SUBSISTENCE EXPENSE In accordance with the DOC Travel Handbook or as specifically approved by an authorizing official under unusual circumstances. See FTR 301-11.			RATES AUTHORIZED		
14. 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 <i>(Justify in Item 15)</i> <i>(See FTR 301-12.2)</i> <input type="checkbox"/> OTHER <i>(Specify and Justify in Item 15)</i>		15. SPECIAL PROVISIONS/REMARKS EVERYONE TRAVELING OVERSEAS prior to travel, you must complete the Defensive Travel Briefing; access it via http://www.osec.doc.gov/osy/ If you require a country-specific counterintelligence briefing, contact Diplomatic Security at (571) 345-3959 or your DOC servicing security officer Anyone holding SCI access are required to complete a pre- and post-travel briefing; for more information contact OSY CE Division at (202) 482-1833			
Travel voucher must be submitted within 5 days after completion of travel, and travel advance balance must be refunded at that time.					
16. PRINTED NAME & SIGNATURE OF REQUESTING/APPROVING OFFICIAL			TITLE		DATE
17. PRINTED NAME & SIGNATURE OF AUTHORIZING OFFICER			TITLE		DATE
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 57 as implemented by the Federal Travel Regulations (41 CFR CHAPTER 300-304), E.O. 11609 of July 22, 1971, and E.O. 11012 of March 27, 1962. 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 travel systems. 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.	

Instructions for Filing Out the Travel Order Form (CD29)

Block 1 - Type of Authorization

Check the appropriate block for temporary duty (includes TDY and long-term) or relocation.

Block 2 - Travel Order No.

Fill in the new 9-character travel document number from the series of numbers assigned to your bureau. For relocation, leave this space blank. It will be filled in by the NIST Travel Office.

Block 3A - Bureau Name/Organizational Unit

Fill with name or initials of bureau. Regional office or other organizational information may be included.

Block 3B - Present Official Station

City and state of present duty station of traveler.

Block 4A - Traveler's Name

First and last name of traveler.

Block 4B - Traveler's Title

Official position held by the traveler. If the traveler is not an employee, the word "invitational" should be used.

Block 4C - Social Security Number

Social security number of traveler.

Block 5 - Purpose and Justification Statement

Provide a complete description of why the travel is taking place and/or what the traveler expects to accomplish while on travel. This also serves as an area to explain how the travel supports the mission of the organization.

Block 6A - Type of Travel Code

Fill in the appropriate code number according to the following list:

- 1 - Domestic
- 2 - Foreign
- 3 - Relocation/Househunting
- 4 - Relocation/Other

Block 6B - Purpose of Trip Code

Fill in the appropriate code number according to the following list:

- 1 - Site Visit
- 2 - Information Meeting
- 3 - Training
- 4 - Speech or presentation
- 5 - Conference attendance
- 6 - Relocation
- 7 - Entitlement
- 8 - Special Mission
- 9 - Other
- 0 - Emergency

Block 6C - Bureau Code No.

Fill in the appropriate code according to the following list:

- 33 - Technology Administration
- 51 - Office of the Secretary
- 52 - Economic Development Agency
- 53 - Bureau of Economic Analysis
- 57 - National Institute of Standards and Technology
- 59 - Minority Business Development Agency
- 61 - National Telecommunication and Information Administration
- 64 - Office of the Inspector General
- 65 - Economic and Statistical Administration

Block 7 - Itinerary

List all points where official duty is being performed.

Block 8A - Begin on or About

List departure date Block

8B - End on or About

List return date

Block 9 - Requisition Number

Bureau internal tracking number. MUST be present if advance is authorized.

Block 10 - Accounting Classification Code

Fill in all sections with complete accounting information. Object class may be left blank.

Block 11 - Mode of Transportation

Check each applicable block and fill in appropriate mileage rate if POV is used. Mileage rates may change on an annual basis. Check with the Travel Office for the current rate.

Block 12 - Estimated Cost

A - Transportation - This space should only be used for the cost of tickets purchased on the Centrally Billed Account (tickets purchased through the Travel Management Center).

B - Other Transportation - Cost of any POV mileage.

B - Subsistence Expense - Cost of meals, incidental expenses, and lodging (NOT including lodging tax)

B - Other Expenses - Any expenses not listed above, including lodging tax.

B - Temporary Quarters - applies to relocation orders only.

B - Relocation Expenses - other expenses related to relocation not listed above.

Fill in the appropriate totals.

Accounting Office Address:

National Institute of Standards and Technology
100 Bureau Drive, MS 3732
Gaithersburg, MD 20899

Block 13 - Rates Authorized

Fill in current lodging and per diem rates.

Block 14 - Other Expenses Authorized

Check each box appropriate for this trip. "Other" should be checked if additional information is to be listed in block 15.

Block 16 - PRINTED NAME & SIGNATURE OF REQUESTING/APPROVING OFFICIAL

Fill in Printed Name & Signature of Requesting/Approving Official

Block 17 - PRINTED NAME & SIGNATURE OF AUTHORIZING OFFICER

Fill in Printed Name & Singnture of Authorizing Officer