COURT SECURITY OFFICER (CSO) TRAVEL AUTHORIZATION

1. VOUCHER

VOUCHER DATE	VOUCHER TYPE	CONTRACTOR'S NAME
____/____/____	☐ Original ☐ Reclaim	

2. TRAVELER

NAME: _____
FIRST M LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SSN: _____ DISTRICT LOCATION: _____

3. ITINARY

TRIP BEGINS ON:
(MM/DD/YY):

____/____/____

TRIP ENDS ON:
(MM/DD/YY)

____/____/____

4. ESTIMATED COST

Lodging and M&IE $_____

Transportation $_____

Other $_____

TOTAL $_____

5. PURPOSE OF TRAVEL

☐ CSO ORIENTATION (PHASE II) ☐ TEMPORARY POST ASSIGNMENT ☐ SPECIAL SECURITY ASSIGNMENT ☐ OTHER*

TRAVEL A UTHORIZATION: _____

* *A written detailed justification is required.*

TRAVEL CONDITIONS OR LIMITATIONS

MODE OF TRANSPORTATION AUTHORIZED:

☐ Use of common carrier transportation
☐ Use of a rental car
☐ Use of a Government furnished vehicle
☐ Use of a privately owned vehicle. Mileage rate authorized: $_____

Other *(Use of any type of transportation method (i.e., train, bus) that does not exceed the cost of common carrier.)*

. MODE OF SUBSISTENCE AUTHORIZED

NOTE: PER DIEM WILL BE BASED ON LODGING PLUS M&IE NOT TO EXCEED GSA LOCATION RATES.

8. PLANNED ITINERARY

(MM/DD/YY)

FROM: _____

TO: _____

TO: _____

TO: _____

TO: _____

YOU ARE AUTHORIZED TO TRAVEL AT GOVERNMENT EXPENSE IN ACCORDANCE WITH DEPARTMENT OF JUSTICE REGULATIONS UNDER THE CONDITIONS OUTLINED IN THIS AUTHORIZATION AS NECESSARY FOR THE CONDUCT OF BUSINESS RELATIVE TO THE APPLICABLE UNITED STATES MARSHALS SERVICE COURT SECURITY SERVICE CONTRACT.

9. CONTRACTOR'S REVIEWING AND APPROVING OFFICIAL

NAME *(Print)* _____ APPROVAL DATE _____

SIGNATURE _____ TITLE _____

10. CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE'S APPROVAL

NAME *(Print)* _____ APPROVAL DATE _____

SIGNATURE _____ TITLE _____

CSO FORM 010 (EST. 09/05)
Section J - Attachment 3(C)