

FSA-232
(Proposal 4)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

1. State where TAAF application was submitted.

2. County where TAAF application was submitted.

**TRADE ADJUSTMENT ASSISTANCE FOR FARMERS (TAAF)
TRAVEL AND EXPENSE CLAIM FORM**

Note: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5) or eligibility for the Trade Adjustment Assistance for Farmers Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for participation in the Trade Adjustment assistance for Farmers Program. RETURN THIS COMPLETED FORM TO YOUR TAAF TRAINER.*

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-XXXX. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR TAAF TRAINER.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

3A. Producer's Name

3B. Producer's Address (Including the 9-Digit Zip Code if known)

3C. Producer's Tax ID Number (Last 4 digits)

INSTRUCTIONS: Attach all receipts for claimed lodging and travel other than by personal automobile. Meals and incidental expenses (M&IE) are reimbursable if travel time exceeds 12 hours per day the first travel day. M&IE is paid at ¾ of daily rate for first and last travel dates. Submit claim to instructor; payment to be approved and disbursed by Farm Service Agency.

4. Following are the maximum travel reimbursement rates for: (a) City/State _____ during scheduled TAAF training for : (b) Maximum lodging per night \$ _____ ; (c) First and last day maximum M&IE \$ _____ ; and (d) M&IE all other days \$ _____ .

5. Itinerary		Date:	Date:	Date:	
a.	FROM: City/State				
b.	Total of hours spent in travel and at training location	hours	hours	hours	
c.	TO: City/State				
6. Per Diem: Lesser of Actual or Rates in Instructions above		Per Diem	Per Diem	Per Diem	Total
a.	Per Diem Days: Enter ¾ of daily rate for first and last travel days	days	days	days	days
b.	Meals and Expenses: Max for first and last travel days	\$	\$	\$	\$
c.	Lodging Paid (attach receipt)	\$	\$	\$	\$
d.	Total Per Diem (Total of 6B & 6C)	\$	\$	\$	\$
7. Other		Expenses	Expenses	Expenses	Total Expenses
a.	Transportation (Air, Bus, etc.)	\$	\$	\$	\$
b.	Miscellaneous	\$	\$	\$	\$
c.	Telephone, Parking, Toll	\$	\$	\$	\$
d.	Mileage: Mileage Rate: \$0.55/mile for vehicle or \$0.52/mile for motorcycle. (Total Claim Amt. = Miles times Rate)	Miles: Rate: Claim: \$	Miles: Rate: Claim: \$	Miles: Rate: Claim: \$	Claim: \$
8A. Remarks:					8B. Total Claim \$

9. **Producer's Certification:** I certify that this claim for reimbursement is based on the lower of a) actual expenses or b) rates shown in Instructions above.

9A. Producer's Signature

9B. Date (MM-DD-YYYY)

10. **CSREES Instructor's Certification:** I attest that this travel expense claim was submitted following the Claimant's attendance at the initial TAAF program training.

10A. CSREES Instructor's Signature

10B. Date (MM-DD-YYYY)

11A. FSA Approval Official's Signature

11B. FSA's Payment Approval: Approved Disapproved

11C. Date (MM-DD-YYYY)

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