## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT HUD-25 (11-65)TRAVEL ORDER - REQUEST AND AUTHORIZATION (Submit to Travel Section at least five working days in advance of proposed travel) 4. STATUS OF TRAVELER: 1. NAME 2. OFFICIAL STATION 3. ROOM & BLDG. JII N Atlanta, Ga. Allen, Ivan EMPLOYEE XK OTHER DIVISION OR OFFICE S. TITLE 7. PHONE 21584 Consultant 8. ITINERARY (Include place of departure, all stopovers or places to be visited, and place of return) FROM: Atlanta, Ga. to Washington, D.C. and other cities within the continental limits of the United States as directed by the Secretary Atlanta, Ga. KKXXXXXXXXX AND RETURN TO 9. PURPOSE OF TRAVEL to meet with various city officials and urban specialists on problems affecting urban areas 10. MODE OF TRAVEL A. Common carrier except extra fare. B. Privately-owned automobile on a mileage basis at a rate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. Limited to not exceed the cost of travel by common carrier including per diem. 2. Provided it has been administratively determined in advance that because of the nature of your duties travel by private conveyance is necessary and more advantageous to the Government than the use of common carrier. ☐ 3. Travel wholly within limits of official station. ☐ C. Other (Specify) 11. REMARKS: 12. EFFECTIVE ON OR ABOUT: REQUESTED BY 11/1/66 16. SIGNATURE 13. TERMINATING ON OR ABOUT: 6/30/67 14. NUMBER OF DAYS IN TRAVEL STATUS: RECOMMENDED BY 45 days 15. PROGRAM: trative Officer GDS DO NOT WRITE BELOW THIS LINE - FOR USE BY TRAVEL SECTION AND AUTHORIZING OFFICER TRAVEL ORDER NO. APPROPRIATION SYMBOL 8670100 S&E HUD-OS 1967 11/10/66 0212 ESTIMATED COST PER DIEM RATE MILEAGE 80 HOUSEHOLD EFFECTS A or B-l in order stated. MODE OF TRAVEL IS AUTHORIZED AS INDICATED IN ITEM 10. You are hereby authorized to travel at Government expense, to be paid from available appropriations, in accordance with Standardized Government Travel Regulations as amended, Regulations of the Pepartment, and the conditions noted on this order. Executive Officer Grace M. Callinan Office of General Services (TITLE OF AUTHORIZING OFFICER) (SIGNATURE)

THE NUMBER AND DATE ON THIS ORDER MUST BE REFERRED TO ON YOUR VOUCHER