

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER																																																																																																																																																																																																													
				3. SCHEDULE NUMBER																																																																																																																																																																																																													
Read the Privacy Act Statement on the back of this form.				5. PAID BY																																																																																																																																																																																																													
4. CLAIMANT	a. NAME (Last, first, middle initial)		b. EMPLOYEE ID NUMBER																																																																																																																																																																																																														
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER																																																																																																																																																																																																														
6. EXPENDITURES (If fare or toll claimed in column (g) exceeds charge for one person, show in column (h) the number of additional persons which accompanied the claimant.)																																																																																																																																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 10%;">DATE</th> <th rowspan="2" style="width: 5%;">CODE</th> <th colspan="2" style="width: 45%;">Show appropriate code in column (b):</th> <th rowspan="2" style="width: 10%;">MILEAGE RATE (Enter Whole Numbers Only)</th> <th colspan="4" style="width: 30%;">AMOUNT CLAIMED</th> </tr> <tr> <th style="width: 20%;">A - Local Travel B - Telephone or Telegraph C - Other expenses (itemized)</th> <th style="width: 25%;">D. Funeral Honors Detail E. Specialty Care</th> <th rowspan="2" style="width: 10%;">NUMBER OF MILES (e)</th> <th rowspan="2" style="width: 10%;">MILEAGE (f)</th> <th rowspan="2" style="width: 10%;">FARE OR TOLL (g)</th> <th rowspan="2" style="width: 10%;">ADD PERSONS (h)</th> <th rowspan="2" style="width: 10%;">TIPS AND MISCELLANEOUS (i)</th> </tr> <tr> <th>(a)</th> <th>(b)</th> <th>(c) FROM</th> <th>(d) TO</th> <th colspan="4"></th> </tr> </thead> <tbody> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="4" style="text-align: left;">If additional space is required continue on the back.</td> <td style="text-align: center;">SUBTOTALS CARRIED FORWARD FROM THE BACK</td> <td></td><td></td><td></td><td></td> </tr> </tbody> </table>						DATE	CODE	Show appropriate code in column (b):		MILEAGE RATE (Enter Whole Numbers Only)	AMOUNT CLAIMED				A - Local Travel B - Telephone or Telegraph C - Other expenses (itemized)	D. Funeral Honors Detail E. Specialty Care	NUMBER OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)	(a)	(b)	(c) FROM	(d) TO																																																																																																																																																																																If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
DATE	CODE	Show appropriate code in column (b):		MILEAGE RATE (Enter Whole Numbers Only)	AMOUNT CLAIMED																																																																																																																																																																																																												
		A - Local Travel B - Telephone or Telegraph C - Other expenses (itemized)	D. Funeral Honors Detail E. Specialty Care		NUMBER OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)																																																																																																																																																																																																								
(a)	(b)	(c) FROM	(d) TO																																																																																																																																																																																																														
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK																																																																																																																																																																																																													
7. AMOUNT CLAIMED (Total of columns (f), (g) and (i).) \$				TOTALS																																																																																																																																																																																																													
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.																																																																																																																																																																																																													
Sign Original Only				Sign Original Only																																																																																																																																																																																																													
APPROVING OFFICIAL SIGN HERE		DATE		CLAIMANT SIGN HERE																																																																																																																																																																																																													
9. This claim is certified correct and proper for payment.				11. CASH PAYMENT RECEIPT																																																																																																																																																																																																													
AUTHORIZED CERTIFYING OFFICER SIGN HERE		DATE		a. PAYEE (Signature)																																																																																																																																																																																																													
				b. DATE RECEIVED																																																																																																																																																																																																													
				c. AMOUNT \$																																																																																																																																																																																																													
				12. PAYMENT MADE BY CHECK NUMBER																																																																																																																																																																																																													

[illegible]

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by Executive Order 11609 of July 22, 1971, Executive Order 11012 of March 27, 1962, Executive Order 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment of reimbursements from the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, Local, or Foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. An Employee Identification (ID) Number is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and Executive Order 9397, November 22, 1943, for use as a taxpayer and/or identification number. Disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your ID Number and other requested information is voluntary in all other instances. Failure to provide the information (other than ID Number) required to support the claim may result in delay or loss of reimbursement.