CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER 3. SCHEDULE NUMBER		
	Read the Privacy Act State	ment on the back of this form	5. PAID BY			
4.	a. NAME (Last, first, middle initial)		b. EMPLOYEE ID NUMBER			
C						
Ā						
Т	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER			
M						
A N						
т						

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.)

DATE	E Show appropriate code in column (b): A - Local Travel D. Funeral Honors Detai		neral Honors Detail		MILEAGE RATE	AMOUNT CLAIMED				
	0		ecialty Care		(Enter Whole Numbers Only)					
		C - Other expenses (itemized)			¢		FARE			
	-	(Explain expenditur		NUMBER OF MILES	MILEAGE	OR TOLL	ADD	TIPS AND MISCELLANEOUS		
(a)	(b)	(c) FROM	(d)	ТО	(e)	(f)	(g)	(h)	(i)	
									<u> </u>	
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	1									
	1									
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	1									
			D FORWARD FROM THE ACK							
7. AMOUN		IMED (Total of columns (f), (g) and (i).)	\$	TOTALS						
		,		TOTALS				L		
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				<ol> <li>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.</li> </ol>						
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).)			Sign Original Only							
					O/g		'y			
								DATE		
		Sign Original Only		SIGN HERE						
			DATE	11.	CASH	PAYMENT RECE				
APPROVING OFFICIAL	•			a. PAYEE (Signature)			r	). DATE RE	CEIVED	
SIGN HERE	cortifi	ed correct and proper for payment.		4				. AMOUNT		
	ceruii	ed correct and proper for payment. Sign Original Only					s			
			DATE	12. PAYMENT MADE			φ			
OFFICER SIGN HERE			12. PAYMENT MADE BY CHECK NUMBER							

ACCOUNTING CLASSIFICATION

DATE	C Show appropriate code in column (b): A - Local Travel D. Funeral Honors Detail			MILEAGE	AMOUNT CLAIMED				
		Show appropriate code in column (b):         A - Local Travel         B - Telephone or Telegraph         C - Other expenses (itemized)	ocal Travel     D. Funeral Honors Detail       Telephone or Telegraph     E. Specialty Care			FARE OR	ADD		
	D E	C - Other expenses (itemized) (Explain expenditures in specific detail.)		NUMBER OF				TIPS AND	
(0)		(c) FROM	(d) TO	MILES (e)	MILEAGE	TOLL	PERSONS	MISCELLANE	
(a)	(b)			(e)	(f)	(g)	(h)	(i)	
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		Total each column	n and enter on the front, subtotal lir	ne.					

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.