CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS					DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NUMBER				
									3. SCHEDULE NUMBER			
			Read the Privacy Act St	tatement	t on the back of this t	orm.	5. PAID BY					
_	a. NAME (Last, first, middle initial)					b. SOCIAL SECURITY NO.						
MAN												
4. CLAIMANT	c. MAILI	MAILING ADDRESS (Include ZIP Code)				d. OFFICE TELEPHON	NE NUMBER					
6.	EXPEND	ITURE	S (If fare claimed in col. (g) exceed the claimant.)	s charge i	for one person, show in	col. (h) the number of a	additional pers					
	DATE	C	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or D - Funeral Hono E - Specialty Cal			s Detail	MILEAGE RATE NO. OF	, A		UNT CLAIMED ADD TIPE		
20		D E	C - Other expenses (itemized	,	res in specific detail.)			MILEAGE	FARE OR TOLL	PER- SONS	MISCEL- LANEOUS	
(a)		(b)	(c) FROM	nporranta.	(d) TO		MILES (e)	(f)	(g)	(h)	<i>(i)</i>	
		-										
If additional space is required continue on the back. SUBTOTALS CARRIED BACK						FORWARD FROM THE						
7. AMOUNT CLAIMED (Total of cols. (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).)							laim is true ar	nd correct to the	best of my know	vledge a	nd	
						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						CLAIMANT SIGN HERE						
APPROVING OFFICIAL						a. PAYEE (Signature)						
SIG	N HERE	<u> </u>	4:f-ad compat and f									
This claim is certified correct and proper for payment. Sign Original Only									c. AMC	UNT		
APPROVING OFFICIAL SIGN HERE						12. PAYMENT MADE BY CHECK NO.						
					I .							

ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued Show appropriate code in col. (b): MILEAGE DATE AMOUNT CLAIMED RATE A - Local travel D - Funeral Honors Detail 0 ADD PER-TIPS AND MISCEL-B - Telephone or telegraph, or E - Specialty Care FARE D MILEAGE OR TOLL C - Other expenses (itemized) Ε SONS LANEOUS (Explain expenditures in specific detail.) NO. OF (b) MILES (f) (g) (c) FROM (d) TO (a) (e)

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorize by the 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulation (FPMR 101-7), E.O. 11609 of July 22 1971, E.O. 11012 of March 27, 1962, E.O. 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 or reimbursements to 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 employe, the issuance or a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SNN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Total each column and enter on the front, subtotal line.