

<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.*

<b>4. CLAIMANT</b>	a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.
	c. MAILING ADDRESS (Include ZIP Code)	d. OFFICE TELEPHONE NUMBER

<b>5. PAID BY</b>
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**6. EXPENDITURES** (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE	C	O	D	E	Show appropriate code in col. (b):		MILEAGE RATE	AMOUNT CLAIMED			
					A - Local travel	D - Funeral Honors Detail		MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCELLANEOUS
					B - Telephone or telegraph, or	E - Specialty Care					
20__					<i>(Explain expenditures in specific detail.)</i>		NO. OF MILES (e)	(f)	(g)	(h)	(i)
(a)	(b)	(c) FROM	(d) TO								
<i>If additional space is required continue on the back.</i>							<b>SUBTOTALS CARRIED FORWARD FROM THE BACK</b>				

<b>7. AMOUNT CLAIMED</b> (Total of cols. (f), (g) and (i).) ▶ \$	<b>TOTALS</b>				
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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).)

*Sign Original Only*

	DATE
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**APPROVING OFFICIAL SIGN HERE** ▶

9. This claim is certified correct and proper for payment.

*Sign Original Only*

	DATE
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**APPROVING OFFICIAL SIGN HERE** ▶

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*

	DATE
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**CLAIMANT SIGN HERE** ▶

**11. CASH PAYMENT RECEIPT**

a. PAYEE (Signature)	b. DATE RECEIVED
c. AMOUNT \$	

**12. PAYMENT MADE BY CHECK NO.**

**ACCOUNTING CLASSIFICATION**

