| CLAIM FOR REIMBURSEMENT<br>FOR EXPENDITURES                |                   |                      |   | DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE     |   |               | VOUCHER NUMBER     SCHEDULE NUMBER |                |                     |           |  |
|--|-------------------|----------------------|---|---|---|---------------|------------------------------------|----------------|---------------------|-----------|--|
|  |                   |                      | FICIAL BUSINESS   |   |   |               | 3. SCHEDULE N                      | IUMBER         |                     |           |  |
|  |                   |                      | Read the Privacy Act S  | tatement on the back of th                                  | nis form.                                   |               | 5. PAID BY                         |                |                     |           |  |
|  | a. NAM            | E (Last,             | first, middle initial)  |   | b. SOCIAL SECURITY                          | Y NO.         |                                    |                |                     |           |  |
| CLAIMANT   |                   |                      |   |   |   |               |                                    |                |                     |           |  |
| ₹  | c. MAIL           | ING AD               | DRESS (Include ZIP Code)  |   | d. OFFICE TELEPHON                          | NE NUMBER     |                                    |                |                     |           |  |
| J  | ]                 |                      |   |   |   |               |                                    |                |                     |           |  |
| 4.   |                   |                      |   |   |   |               |                                    |                |                     |           |  |
| 6.   | EXPEN             | DITUF                | RES (If fare claimed in col. (g) the claimant.)   | exceeds charge for one pe                                   | erson, show in col. (                       | (h) the numb  | er of addition                     | al persons w   | hich ac             | companied |  |
| DATE Show appropriate code in col. (b): C A - Local travel |                   |                      |   | D - Funeral Honors Detail                                   |   | MILEAGE       | AMOUNT CLAIMED                     |                |                     |           |  |
|  |                   | O<br>D<br>E          | B - Telephone or telegraph, o<br>C - Other expenses (itemized   | s Detail  | RATE <b>ć</b>                               | MILEAGE       | FARE                               | ADD<br>PER-    | TIPS AND<br>MISCEL- |           |  |
|  |                   | -                    | (Explain ex   | NO. OF MILES  |   |               | OR TOLL                            | SONS           | LANEOUS             |           |  |
| (a)  |                   | (b)                  | (c) FROM  | (d)   | ТО  | (e)           | (f)                                | (g)            | (h)                 | (i)       |  |
|  |                   |                      |   |   |   |               |                                    |                |                     |           |  |
|  |                   |                      |   |   |   |               |                                    |                |                     |           |  |
|  |                   |                      |   |   |   |               |                                    |                |                     |           |  |
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|  |                   | -                    |   |   |   |               |                                    |                |                     |           |  |
|  |                   |                      |   |   |   |               |                                    |                |                     |           |  |
|  |                   |                      |   |   |   |               |                                    |                |                     |           |  |
|  |                   |                      |   |   |   |               |                                    |                |                     |           |  |
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|  |                   |                      |   |   |   |               |                                    |                |                     |           |  |
|  |                   |                      |   |   |   |               |                                    |                |                     |           |  |
|  |                   |                      |   |   |   |               |                                    |                |                     | i         |  |
| If á   | additional        | space                | is required continue on the back.   | SUBTOTALS CARRIED BACK                                      | FORWARD FROM THE                            |               |                                    |                |                     |           |  |
| 7.   | AMOU              | NT CL                | AIMED (Total of cols. (f), (g)  | and (i).) >\$   | TOTALS                                      |               |                                    |                |                     |           |  |
| 8.   | as neces          | ssary ir<br>Ided, ti | oproved. Long distance telephone<br>in the interest of the Government.<br>The approving official must have be<br>be department or agency to so cert | (Note: If long distance calls een authorized in writing, by | 10. I certify that thi<br>belief and that p | payment or cr |                                    | en received by |                     | edge and  |  |
|  |                   |                      | Sign Original Only  |   | CLAIMANT                                    |               |                                    | ,              | DATE                |           |  |
|  |                   |                      |   | DATE  | SIGN HERE                                   | // /          | CASH PAYMENT                       | RECEIDT        |                     |           |  |
| ДРІ  | PROVING           |                      |   | SAIL  | a. PAYEE (Signature)                        | $\mathcal{U}$ | CASH PATIVIENI                     |                | TE RECEIV           | /ED       |  |
| OF   | FICIAL<br>IN HERE |                      |   |   |   |               |                                    |                |                     |           |  |
|  |                   | m is ce              | ertified correct and proper for payı  | ment.   | 1   |               |                                    | c. AM          | OUNT                |           |  |
| ΑU   | THORIZED          |                      | Sign Original Only  | ,   |   |               |                                    | \$             |                     |           |  |
| AUTHORIZED CERTIFYING OFFICER                              |                   |                      |   | DATE  | 12. PAYMENT MADE<br>BY CHECK NO.            |               |                                    |                |                     |           |  |

SIGN HERE

ACCOUNTING CLASSIFICATION

## 6. EXPENDITURES - Continued

| DATE | С           | Show appropriate code in col. (b):  A - Local travel  B - Telephone or telegraph, or  C - Other expenses (itemized)  (Explain expenditures in specific detail.) |   | MILEAGE<br>RATE<br>Ć | AMOUNT CLAIMED |         |                     |          |  |
|------|-------------|---|---|----------------------|----------------|---------|---------------------|----------|--|
| 9    | O<br>D<br>E |   |   |                      | MILEAGE        | FARE    | ADD<br>PER-<br>SONS | TIPS AND |  |
|      | _ c         |   |   | NO. OF<br>MILES      |                | OR TOLL |                     | LANEOU   |  |
| (a)  | (b)         | (c) FROM  | (d) TO                                    | (e)                  | (f)            | (g)     | (h)                 | (i)      |  |
|      |             |   |   |                      |                |         |                     |          |  |
|      |             |   |   |                      |                |         |                     |          |  |
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|      | -           |   |   |                      |                |         |                     |          |  |
|      |             | Total and a selection   | nn and enter on the front, subtotal line. |                      |                |         |                     |          |  |

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (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 reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such 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 employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) 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.