## SF 1164

## Claim for Expenditures on Official Business

Use: The SF 1164 Claim for Expenditures on Official Business is a payment mechanism used to reimburse employees for official expenses.

The **original**, completed and approved SF 1164 should be mailed to:

USDA, APHIS, FMD, APT 100 N. 6<sup>th</sup> Street Butler Square, Suite 510C Minneapolis, MN 55403-1505

## When completing the SF 1164, note the following instructions:

Failure to provide required information will result in reimbursement delays and possible returned forms.

- 1. The original SF 1164 form is required. Copies and faxes will be returned to employee.
- 2. ALL receipts for reimbursements over \$25.00 are required and should be attached.
- 3. Block 1 Complete name and address of office handling SF 1164 for the employee (1164 contact).
- 4. Block 4 Individual requesting the reimbursement **MUST** provide full legal name (as it appears on your salary payment), the **last four digits of the social security number**, complete home mailing address, and office phone number of 1164 contact.
- 5. Block 6 Must contain dates of service, *detailed* description, and amount of expenditures in appropriate columns (In general, services **cannot** be paid in advance).
- 6. Block 8 & 10 Approving official and claimant must provide signatures and dates in appropriate boxes. Please print the approving official name below the signature if difficult to read.
- 7. Accounting Classification Block at the bottom of the form Must provide valid 10-digit for APHIS, 9-digit for AMS, and 7-digit for GIPSA accounting code(s) and Budget Object Code(s) (BOC) for each accounting code (with breakdown of BOC amounts, if applicable).

Note: SF 1164 standard processing time is three (3) working days from receipt given that ALL required information is provided. It will be paid to you on average of 7-10 days from the date of receipt by APT.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS			1_DEPARTMENT OR	DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NUMBER				
							3. SCHEDULE NUMBER				
		Read the Privacy Act Sta	tement on the h	ack of this	form		5. PAID BY				
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APPROVING OFFICIAL SIGN HERE					a. PAYEE (Signature)			b.	DATE RE	ECEIVED	
	m is cer	tified correct and proper for p	ayment.					c.	AMOUNT	-	
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AUTHORIZED CERTIFYING OFFICER	}		DATE		12. PAYMENT MADE						



6. I	EXPENDITURESContinue
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DATE	С	Show appropriate code in col. (b):	MILEAGE RATE	AMOUNT CLAIMED				
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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 6109 397, 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.

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