	CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMEN OFFICE	2. VOUCHER NUMBER 3. SCHEDULE NUMBER			
	Read the Privacy Act	Statement page 2 of this form.		5. PAID BY		
4. C L	a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.			
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER			

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 Show appropriate code in col. (b):			MILEAGE	AMOUNT CLAIMED							
	0	A - Local travel B - Telephone or telegraph, or C - Other Expenses <i>(itemized)</i> <i>(Explain expenditure</i>)	es in specific detail.)	in specific detail.)		MILEAGE		FARE OR TOLL (g)		TIPS AND MISCEL- LANEOUS	
(a)	(b)	(c) FROM	(<i>d</i>) TO		MILES (e)	(f)	(g,			(i)	
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It additional snace is required continue on nade 2			SUBTOTALS CARRIED	FORWARD FROM							
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).			•	TOTALS							
 This claim is approved. Long distance telephone calls, if shown, an necessary in the interest of the Government. (Note: il long dista included, the approving official must have been authorized in writing of the department or agency to so certify (31 U.S.C 680a).) 			ance calls are	10. I certify that this claim is true and correct to the best of my knowledge and belief a payment or credit has not been received by me. Sign Original Only PAYMENT DESIRED CHECK CASH						belief an	d that
		Sign Original Only	DATE						DATE		
APPROVING OFFICIAL			DATE 11. a. PAYEE (Signature)		CASH PAYMENT RECEIPT				b. DATE RECEIVED		
SIGN HERE											
9. This claim is certified correct and proper for payment. Sign Original Only AUTHORIZED CERTIFYING			DATE					c. AM	TNUC		
				12. PAYMENT MADE BY CHECK NO.							

ACCOUNTING CLASSIFICATION

ATE	C O	Show appropriate code in col. (b): A - Local travel		MILEAGE		AMOUNT	CLA			
	O D E	C - Other Expenses (itemized)		RATE ¢	MILEAGE		FARE OR TOLL		TIPS AN MISCE	
	-	(Explain expenditure	es in specific detail.)	NO. OF MILES		ORIC		SONS	LANE	
(a)	(b)	(c) FROM	<i>(d)</i> TO	(e)	(f)	(g)		(h)	(i)	
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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 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.