CLAIM FOR REIMBURSEMENT FOR EXPENDITURES				DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE				2. VOUCHER NUMBER				
			Read the Privacy Act S	L Statement	on the back of the	his form.		5. PAID BY	7			
	a. NAME	E (Last	t, first, middle initial)			b. SOCIAL SECURI	TY NUMBER					
CLAIMANT												
₹	c. MAILING ADDRESS (Include ZIP Code)					d. OFFICE TELEPHO						
7						NUMBER						
4.												
6. E	EXPENDIT	TURES	(If fare claimed in col. (g) exceeds	s charge for	one person, show in co	ol. (h) the number of	additional pe	rsons which ac	companied th	ne claimant	.)	
Show appropriate code in col. (b):						MILEAGE	AMOUNT CLAIMED					
DATE 19		C O D E	A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized)			RATE ¢		FARE	ADD.	TIPS AND		
				s in specific detail.)		NO. OF	MILEAGE	OR TOL	PER- SONS	MISCE LANEO		
(a)		(b)	(b) (c) FROM		(d) 1	ГО	MILES (e)	(f)	(g)	(h)	(i)	
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If additional space is required continue on the back. SUBTOTALS CARR THE BACK					SUBTOTALS CARRIE THE BACK	D FORWARD FROM						
7.	AMOU (g) and (LAIMED (Total of cols (f),	\$		TOTALS						
n	ecessary	in the	pproved. Long distance telephone interest of the Government. (Not	e: If long di	stance calls are	10. I certify that the belief and that p					edge and	
			proving official must have been aut nt or agency to so certify (31 U.S.		vriting, by the head	PAYMENT DE	SIRED	Sign O	riginal Onl	У		
			Sign Original Only			CHECK	CASH			IDATE		
					DATE	CLAIMANT SIGN HERE				DATE		
APPROVING OFFICIAL						11. CASH PAYMENT RECEIPT						
SIGI	N HERE	<u> </u>	wified correct andf	-n+		a. PAYEE (Signature	e)			b. DATE		
9. This claim is certified correct and proper for payment.									-	c. AMOUN	T	
AUT	THORIZED		Sign Original Only	IDATE.						\$		
CER OFF	TIFYING ICER N HERE				DATE	12. PAYMENT MAI BY CHECK NO			J.			

OFFICER
SIGN HERE

ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued											
DATE		Show appropriate code in col. (b):			AMOUNT CLAIMED						
19	O D E	A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized)		RATE ¢	NAU E A OE	FARE OR TOLL	ADD.	TIPS AND MISCEL-			
		(Explain expenditures in specific detail.)			MILEAGE	OR TOLL	PER- SONS	LANEOUS			
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (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. 601(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 volumtary 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.