

CLAIM FOR REIMBURSEMENT OF EDUCATIONAL ALLOWANCES

(Submit a Standard Form 1164 for Reimbursement of POV Mileage)

FROM (Unit Assigned): _____

SPONSOR NAME (Last, First, Middle Initial): _____

<u>Date (s) of Service</u>	<u>Student First Name</u>	<u>Code</u>	<u>Description of Service (s)</u>	<u>Local Currency Amount</u>	<u>Exchange Rate **</u>	<u>U.S. \$ Amount</u>

- Code Key:**
- 1 = Tuition
 - 2 = Registration Fee
 - 3 = Books
 - 4 = Home Study Materials

- 5 = Student Commute (other than POV milage)
- 6 = Tutor
- 7 = Student Tax
- 8 = Assessment/Examination

Total Amount Claimed:

**** Exchange Rate On The Date Invoice was Paid**

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.

Sponsor Signature & Date: _____

Commander / Unit POC Name, Title, Phone: _____

Commander / Unit POC Signature & Date: _____

The information requested on this form is required under provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.