OMB Number: 3064-0122 EXPIRATION DATE: 05/31/2010

## Federal Deposit Insurance Corporation

## FIRM TRAVEL VOUCHER

SECTION I	- TRAVELER INFORMATION									
		2. HOME OFFICE	. HOME OFFICE		3. FEDERAL TAX ID NUMBER			4. INVOICE NUMBER		
5. RESIDENCE (Include City, State, and ZIP Code) 6. F		6. FIRM NAME					7. MATTER NUMBER			
			AMOUNTS CLAIMED							
9. NATURE OF EXPENSE 8. DATE (Departure/Arrival Times are Required for Per Di				11. Per 13			. Air 14. Car			
		Per Diem Payment)	10. Mileage	Diem	12. Lodging	Fa	are	Rental	15. Other	
16. CONTINUATION SHEET (Subtotals brought forward)										
17. <b>TOTALS</b>										
18. CERTIFIED CORRECT (Traveler's Signature)			19. DATE SIGNED 20. T				OTAL REIMBURSEMENT			
NOTE: If addit	tional space is needed, complete and att	tach form FDIC 5210	0/12A, Firm	Fravel Vouche	er (Continuatio	on Sheet	t).			
SECTION II	- CERTIFICATION									
	have examined this travel voucher and togulations. Costs claimed here have not						ole in a	accordanc	e with	
NAME/TITLE OF FDIC OVERSIGHT ATTORNEY SIGNAT							D.	DATE		

## PRIVACY ACT STATEMENT

The Financial Institutions Reform, Recovery and Enforcement Act of 1989, 12 U.S.C. Sec. 1441a, provides the authority to solicit the requested information, except for Social Security Number which is solicited under the authority of Executive Order 9397. The primary use of this information is to examine and approve reimbursement for expenses incurred on authorized travel by FDIC contractors. The information on this form may be disclosed to the General Accounting Office in connection with periodic audits, to Federal or State agencies charged with enforcing or implementing a statute, rule or regulation when it appears there may have been a violation of that statute, rule or regulation. Information on this form may also be disclosed as set forth in the routine uses in the FDIC's Financial Information System of records. Providing the information is voluntary; however, failure to provide all the requested information may result in suspension or disallowance of your travel expense claim.

## PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, DC 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0122), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number