

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER	
		3. SCHEDULE NUMBER	
<i>Read the Privacy Act Statement on the back of this form.</i>		5. PAID BY	
4. CLAIMANT	a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.
	b. 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	C O D E	Show appropriate code in col. (b): A--Local travel B--Telephone or telegraph, or C--Other Expenses (itemized)		MILEAGE RATE 36.5¢	AMOUNT CLAIMED				
					MILEAGE	FARE OR TOLL	ADD PER-SONS	TIPS AND MISCEL-LANCOUS	
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)	
	C	Professional Liability Insurance			\$0.00			\$125.00	
					\$0.00				
		PURPOSE Authorized reimbursement for Professional Liability Insurance			\$0.00				
		not to exceed 50% of the total costs for the period of April 1, 20001 through			\$0.00				
		March 31, 2002							
		Total Cost (from receipt).	\$250.00 x50%		\$0.00				
			\$125.00		\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK	0.0	\$0.00	\$0.00	0 \$0.00	
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$ 125.00					TOTALS	0.0	\$0.00	\$0.00	0 \$125.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)
Sign Original Only

10. 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.
Sign Original Only

APPROVING OFFICIAL SIGN HERE } DATE

9. This claim is certified correct and proper for payment.
Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE } DATE

CLAIMANT SIGN HERE } DATE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT \$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

APPROPRIATION

ALLOWANCE

OBJECT CLASSIFICATION

