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

Federal Deposit Insurance Corporation

LAW FIRM TRAVEL VOUCHER

(Continuation Sheet)

Page _____ of _____

1. NAME OF TRAVELER *(Last, First, MI)*	2. HOME OFFICE	3. FEDERAL TAX ID NUMBER	4. INVOICE NUMBER

5. DATE	6. NATURE OF EXPENSE *(Departure/Arrival Times are Required for Per Diem Payment)*	AMOUNTS CLAIMED					
		7. Mileage	8. Per Diem	9. Lodging	10. Air Fare	11. Car Rental	12. Other
13. **CONTINUATION TOTALS** *(This page only)*							

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

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