

SAMPLE

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT	a. NAME <i>(Last, first, middle initial)</i> DOE, JOHN J	b. SOCIAL SECURITY NO. 123-45-6789
	c. MAILING ADDRESS <i>(Include ZIP Code)</i> CMR 987, Box 654 APO AE 09000-0001	d. OFFICE TELEPHONE NUMBER DSN 123-4567

5. PAID BY	
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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 (a)	C O D E (b)	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other expenses <i>(itemized)</i> (Explain expenditures in specific detail.) (c) FROM (d) TO		MILEAGE RATE (e)	AMOUNT CLAIMED			
		MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)			
2003								
5 Jan		Round trip student transportation Home/School						
30 Jan		18 school days X 36 miles round trip		648	\$233.28			
1 Feb		Round trip student transportation Home/School						
28 Feb		15 school days X 36 miles round trip		540	\$194.40			
1 Mar		Round trip student transportation Home/School						
22 Mar		16 school days X 36 miles round trip		576	\$207.36			

If additional space is required continue on the back.	SUBTOTALS CARRIED FORWARD FROM THE BACK	-0-	-0-				
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7. AMOUNT CLAIMED <i>(Total of cols. (f), (g) and (i).)</i> \$ 635.04	TOTALS 1764 \$635.04
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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).)*

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

<i>Sign Original Only</i> UNIT COMMANDER OR Schools Officer	DATE	CLAIMANT SIGN HERE	DATE
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APPROVING OFFICIAL SIGN HERE	CASH PAYMENT RECEIPT	
	a. PAYEE <i>(Signature)</i>	b. DATE RECEIVED

9. This claim is certified correct and proper for payment.	12. PAYMENT MADE BY CHECK NO.
<i>Sign Original Only</i>	
AUTHORIZED CERTIFYING OFFICER SIGN HERE	

ACCOUNTING CLASSIFICATION