

SEE "Guidelines" FOR HELP

CLAIM FOR REIMBURSEMENT
FOR EXPENDITURES
ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
Department of Homeland Security
U. S. Coast Guard **I.**

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement page 2 of this form.

5. PAID BY

4. a. NAME (Last, first, middle initial) **III.**
Doe, John X.
b. SOCIAL SECURITY NO. 123-45-6789
c. MAILING ADDRESS (Include ZIP Code)
123 Main Street
Anytown, CA 12345
d. OFFICE TELEPHONE NUMBER
(000) 000-0000

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	Show appropriate code in col. (b): C A - Local travel O B - Telephone or telegraph, or D C - Other Expenses (itemized) E	MILEAGE RATE \$	AMOUNT CLAIMED					
			MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCEL- LANEOUS (i)		
2007 III. (a)	(b)							
	(c) FROM							
	(d) TO							
JAN 01	Novato, CA IV.			110.00				
JAN 31	Alameda, CA							
	And Return IV. (VANPOOL/AMTRAK/BUS)							
V. Hamilton Vanpool: J. Doe Paid \$150 for the month of <u>JAN 2007</u> As a member of the Hamilton Vanpool VPC: Ethan L. Anderson <i>EdA</i>								
VII.								
SUBTOTALS CARRIED FORWARD FROM THE BACK		0	0.00	0.00	0	0.00		
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).)		110.00	TOTALS	0	0.00	110.00	0	0.00

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

DATE

APPROVING OFFICIAL SIGN HERE

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

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

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

PAYMENT DESIRED

CHECK CASH Direct Deposit

CLAIMANT SIGN HERE

John X. Doe

DATE

1/10/2007

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2/6/801/133/30/0/ZN/47500/121T/17/08/3186/ZN
2/6/801/133/30/0/ZN/47500/122Z/17/08/3186/ZN

- Civilian
- Military

OR

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