

Fish and Wildlife Service
Claim for Reimbursement for Volunteer Expenses

Office Name _____ Voucher No. _____ Schedule No _____ Soc Sec # (last 4 digits only) _____

 Name of Claimant (Last Name, First Name, Middle Initial)

 Address (Street, City, State, Zip)

Date Expenses Incurred MM/DD/YYYY	Amounts Claimed					Explanation of Expense
	Local Transportation	Mileage	Meals	Lodging	Other Expenses	
Subtotals:						Total:

Attach all supporting receipts and documentation to the back of this form.

The form must be signed by the volunteer and by the volunteer's Approving Official and entered into the Federal Financial System (FFS) by the Program's administrative professional. Once the claims have been entered into FFS, follow your current Regional payment approval guidance and procedures.

I certify that this claim is correct and proper, and that payment or credit has not been received.

 Signature of Volunteer making this claim Date

Approved, as advantageous to the government, for \$ _____

 Volunteer Coordinator or Designee Date

Accounting Classification Organization Code	Pursuant to the authority vested in me, I certify that this voucher is correct and proper for the payment in the amount of \$ _____ _____ Authorized Certifying and Paying Officer Date
Paid by check no. _____	_____ Signature of Volunteer Date

Privacy Act Statement

Disclosure of this information is voluntary; failure to furnish information may delay payment. Collection and use are covered under *Privacy Act System of Records INTERIOR/DOI-05* and is consistent with the provisions of 5 USC 552a (*Privacy Act of 1974*).