CLAIM FOR REIMBURSEMENT				DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NUMBER								
FOR EXPENDITURES ON OFFICIAL BUSINESS							3. SCHEE	DULE	NUMBER						
			Read the Privacy Act	t Statement page 2 of this	form.		5. PAIC	) B	Y						
4. C	a. NAME	E (Last,	first, middle initial)	, ,	b. SOCIAL SECURITY NO.										
L A c. MAILING ADDRESS (Include ZIP Code) M A N T			DRESS (Include ZIP Code)		d. OFFICE TELE NUMBER	d. OFFICE TELEPHONE NUMBER									
6. EX	KPENDI		S (If fare claimed in col. (g) exc which accompanied the Clain		on, show in col. (h) the	number of ac	dditional pe	erso	ns						
[	DATE		Show appropriate code in col. (b):		MILEAGE			AMOUNT CLAIMED							
C A - Local travel O B - Telephone or telegraph, or D C - Other Expenses (itemized)			<b>B</b> - Telephone or telegraph, or			RATE ¢	MILEAGE		FARE OR TOLL		ADD PER-	TIPS AND MISCEL-			
				penditures in specific detail.)	NO. OF MILES					SONS	LANEOUS				
	(a)	(b)	(c) FROM	(	d) TO	(e)	(f)		(g)		(h)	(i)	Γ		
										+			H		
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If additional space is required continue on page 2.			required continue on page 2.	SUBTOTALS CARRIE	ED FORWARD FROM										
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).					TOTALS										
ne ind	cessary i	n the e <i>appro</i>	oved. Long distance telephone calls, if interest of the Government. (Note: il I oving official must have been authorized or agency to so certify (31 U.S.C 680a).)	ong distance calls are I in writing, by the head	10. I certify that this c payment or credit  PAYMENT DESIRE  CHECK CAS	has not been re Sign On ED		ıe.	est of my k	nowle	Ū	belief an	d tha		
			Sign Original Only	DATE	CLAIMANT SIGN HERE						DATE				
OFFIC		<b>—</b>			a. PAYEE (Signature)	CASH	PAYMENT F	RECE		b. DA	TE RECE	IVED			
9. This claim is certified correct and proper for payment. Sign Original Only				DATE					}	c. AM	TNUC				
AUTHORIZED CERTIFYING OFFICER SIGN HERE				DATE	12. PAYMENT MADE BY CHECK NO.										

ACCOUNTING CLASSIFICATION

DATE	l c l	Show appropriate code in col. (b):  A - Local travel			AMOUNT CLAIMED					
	CODE	C - Other Expenses (itemized)			MILEAGE	FARE OR TOLL	ADD PER-	TIPS AND MISCEL-		
		(Explain expenditur	NO. OF MILES			SONS	LANEOUS			
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hirring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.