please send this completed form to jerica.e.lovett.ctr@us.army.mil

OPERATION READY FAMILIES ★ PROGRAM ★
10620 Mather Blvd.
Mather, California 95655
(800) 449-9662

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. B

OFFICE RAL /BOX

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

5. PAID BY

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

4. CLAIMANT

a. NAME (Last, first, middle initial)

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code)

d. OFFICE TELEPHONE NUMBER

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)	CODE (b)	FROM (c)	TO (d)	MILEAGE RATE (e)	NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
		Livescan Receipt							

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other expenses (itemized)
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail:)

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $

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

APPROVING OFFICIAL SIGN HERE: Lalley.Kim,LtCol,Dir.Fam Prog

DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: Lalley.Kim,LtColDir.Fam Prog

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

CLAIMANT SIGN HERE

DATE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

"OPERATION READY FAMILIES PROGRAM"
2102065 18-1004 131G2019 A0 21T1/T2C11 W8AYAA QACS EA0649 004376