Fish and Wildlife Service Claim for Reimbursement for Volunteer Expenses

Office Name

Voucher No.

Schedule No

Date

Soc Sec # (last 4 digits only)

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

Address (Street, City, State, Zip)								
Date Expenses	Amounts Claimed							
Incurred MM/DD/YYYY	Local Transportation	Mileage	Meals	Lodging	Other Expenses	Explanation of Expense		
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

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*).