	CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER 3. SCHEDULE NUMBER
	Read the Privacy Act State	ment on the back of this form.		5. PAID BY
4.	a. NAME (Last, first, middle initial)		b. EMPLOYEE ID NUMBER	
C				
Ā				
Т	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER	
M				
N				
т				

6. EXPENDITURES (If fare or toll claimed in column (g) exceeds charge for one person, show in column (h) the number of additional persons which accompanied the claimant.)

DATE		C Show appropriate code in column (b): A - I ocal Travel D. Funeral Honors Detail				AMOUNT CLAIMED				
	0		ecialty Care		(Enter Whole Numbers Only)					
		C - Other expenses (itemized)	•		¢		FARE			
		(Explain expenditures in specific detail.)		NUMBER OF		OR	ADD	TIPS AND		
(a)	(b)	(c) FROM	(d)	ТО	MILES (e)	MILEAGE (f)	TOLL (g)	PERSONS (h)	MISCELLANEOUS (i)	
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If additional	space	is required continue on the back.		O FORWARD FROM THE						
	-1		B	ACK						
7. AMOUN	T CLA	AIMED (Total of columns (f), (g) and (i).)	\$							
		,		TOTALS						
		ved. Long distance telephone calls, if shown, a terest of the Government. (Note: If long distant		10. I certify that this of and that payment				nowledge a	and belief	
		oving official must have been authorized in writin	ng, by the head							
of the depart	tment	or agency to so certify (31 U.S.C. 680a).)			Sig	n Original On	IY			
								DATE		
		Sign Original Only		CLAIMANT SIGN HERE						
			DATE	11.	CASH	PAYMENT RECI	EIPT			
				a. PAYEE (Signature)			t	D. DATE RE	CEIVED	
OFFICIAL SIGN HERE										
9. This claim is	s certifi	ied correct and proper for payment.		1			c	. AMOUNT		
AUTHORIZED		Sign Original Only	DATE				\$			
CERTIFYING OFFICER			DATE	12. PAYMENT MADE						
SIGN HERE	,			BY CHECK NUMBER						

ACCOUNTING CLASSIFICATION

DATE	Show appropriate code in column (b): $C \stackrel{\text{Show appropriate code in column (b):}{\bullet}$ D. Funeral Honors Detail				AMOUNT CLAIMED				
		B - Telephone or Telegraph E. Specialty Care		MILEAGE RATE					
	0			RATE					
	100	C - Other expenses (itemized)		¢		FARE			
	E	(Explain expenditures in specific detail.)		NUMBER OF MILES (e)		OR	ADD	TIPS AND	
(2)	(b)	(c) FROM	<i>(d)</i> TO	MILES	MILEAGE	TOLL	PERSONS	MISCELLANEO	
(a)	(b)		(8) 10	(e)	(f)	(g)	(h)	(i)	
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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 Executive Order 11609 of July 22, 1971, Executive Order 11012 of March 27, 1962, Executive Order 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 of reimbursements from 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 hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. An Employee Identification (ID) Number is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and Executive Order 9397, November 22, 1943, for use as a taxpayer and/or identification number. Disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your ID Number and other requested information is voluntary in all other instances. Failure to provide the information (other than ID Number) required to support the claim may result in delay or loss of reimbursement.