CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS					DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE      Member's Unit Name			2. VOUCHER NUMBER PCS TONO 3. SCHEDULE NUMBER				
												_
4. C	a. NAME (Last, first, middle initial)					b. EMPLOYEE ID NUMBER						
LA	Member's Name					EMPLID						
1	c MAILING ADDRESS (Include ZIP Code)					d, OFFICE TELEPHONE NUMBER		1				
M A N T	Spouse	Но	me Address			Member's wo	ork#	(*)				
_	EXPENDI	TURI	ES (If fare or toll claimed in column accompanied the claimant.)	n (g) exc	ceeds charge for one	person, show in colu	umn (h) the i	number of add	itional pers	ons which	,	
	DATE C Show appropriate code in column (b)				neral Honors Detail		MILEAGE RATE AMOUNT CLAIMED					
2		O D E	A - Local Travel B - Telephone or Telegraph C - Other expenses (itemized)		ecialty Care		(Enter Whole Numbers Only)		FARE			
		-		expenditure	es in specific detail )		NUMBER OF MILES	MILEAGE	OR TOLL	ADD PERSONS	TIPS AND MISCELLANEOI	
_	(a)	(b)	(c) FROM  License Reimbursement Fee for		(d)	ТО	(e)	(f)	(g)	(h)	(0)	
_			(Full Name of Spouse)								\$0.00	
_			**LIST EACH ITEM SEPARATE	LY**							12	
_												
_												
_												
								(4)				
_		:										
						20						
						9						
If additional space is required continue on the back.						O FORWARD FROM THE ACK						
7,	AMOUN	r CL	AIMED (Total of columns (f), (g) a	nd (i).)	<b>\$</b>	TOTALS						
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						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.						
o	of the depart	ment	or agency to so certify (31 U.S.C. 680a	)-)			Sig	n Original Onl	У			
Sign Original Only						CLAIMANT SIGN HERE						
DATE						11.	CASH PAYMENT RECEIPT					
O	PROVING FFICIAL SN HERE					a PAYEE (Signature)				DATE REC	CEIVED	
9 7	This claim is	certi	fied correct and proper for payment.	_					Ī	AMOUNT		
CEF	THORIZED RTIFYING		Sign Original Only	T	DATE	12 DAYMENT MADE			\$	<u> </u>		
	FFICER SN HERE	8				12. PAYMENT MADE BY CHECK NUMBER						

ACCOUNTING CLASSIFICATION

Pick one from the Procedures page for Fiscal Year of the PCS relocation.