



Claim for Reimbursement for Expenditures on Official Business

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

| | |
|---|-------------------------|
| Department, Division or Office | Office Telephone Number |
| Payee Name <i>(First, M.I., Last)</i> | Social Security Number |
| Name and Address of Official Duty Station | |

Expenditures

(If fare claimed exceeds charge for one person, show under "Tips and Miscellaneous" to number of additional persons who accompanied the claimant.)

| Date | (Explain expenditures in specific detail.) | | Mileage Rate ¢ | Amount Claimed | | | | | |
|--|--|----|---|----------------|--------------|------------------------|-------|--|--|
| | From | To | No. of Miles | Mileage | Fare or Toll | Tips and Miscellaneous | Other | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <i>If additional space is required, continue on reverse.</i> | | | Subtotals carried forward from the back | | | | | | |
| Amount Claimed ▶ \$ | | | Totals | | | | | | |

| | |
|--|--|
| <p style="text-align: center;"><i>Sign Original Only</i></p> <p>Approving Official Sign Here ▶</p> <p style="text-align: right;">Date</p> | <p>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.</p> <p>Payment Desired <input type="checkbox"/> Check <input type="checkbox"/> Cash <i>Sign Original Only</i></p> <p style="text-align: right;">Date</p> <p>Claimant Sign Here ▶</p> |
| <p>Cash Payment Receipt</p> <p>Payee <i>(Signature)</i></p> | <p>Reason for Travel</p> |
| <p>Date Received</p> <p>Amount</p> | <p>Finance Number</p> |
| <p>Payment Made by Check No.</p> <p>Date</p> | <p>Account Number</p> |

