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CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	HMENT, BUREAU, DIVISION	VOUCHER NUMBER SCHEDULE NUMBER					
Read the Privacy Act Statement	t on the back of this f			5. PAID BY			
4. a. NAME (Last, first, middle initial) C L A		d. OFFICE TELEPHO					
T EXPENDITURES (If favo or tall alaimed in column (c))	avanada abayya far an	na naraan ahaw in aal	unan (h) tha	aumhar of ada	ditional nava	ana which	
6. EXPENDITURES (If fare or toll claimed in column (g) accompanied the claimant.)	exceeds charge for on	ie person, snow in con	ımın (n) me i				
O B - Telephone or Telegraph E.	A - Local Travel D. Fulleral Hollors Detail			AMOUNT CLAIMED			
C - Other expenses (itemized)	ditures in specific detail.)				FARE OR	ADD	TIPS AND
(a) (b) (c) FROM	()	(d) TO MILES (e)		MILEAGE (f)	TOLL (g)	PERSONS (h)	MISCELLANEO (i)
If additional space is required continue on the back.		ED FORWARD FROM THE BACK					
7. AMOUNT CLAIMED (Total of columns (f), (g) and (i)).) 🕨 \$	TOTALS					
8. This claim is approved. Long distance telephone calls, if show necessary in the interest of the Government. (Note: If long distincluded, the approving official must have been authorized in wo of the department or agency to so certify (31 U.S.C. 680a).)	tance calls are	10. I certify that this of and that paymen	t or credit has		ed by me.	nowledge a	nd belief
Sign Original Only		CLAIMANT SIGN HERE			DATE	DATE	
APPROVING OFFICIAL SIGN HERE	DATE	a. PAYEE (Signature)	CASH	I PAYMENT RECE		b. DATE REG	CEIVED
This claim is certified correct and proper for payment.	1	┪			-	c. AMOUNT	
AUTHORIZED Sign Original Only					s	;	
CERTIFYING OFFICER	DATE	12. PAYMENT MADE					

ACCOUNTING CLASSIFICATION

CUI when filled in

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DATE C	С	Show appropriate code in column (b): A - Local Travel B - Telephone or Telegraph D. Funeral Honors Detail E. Specialty Care			AMOUNT CLAIMED			
	Ŏ	B - Telephone or Telegraph E. Spe	ecialty Care	MILEAGE RATE				
	ט ן	C - Other expenses (itemized)		¢		FARE		
	E	(Explain expenditure	s in specific detail.)	NUMBER OF MILES	MILEAGE	OR TOLL	ADD	TIPS ANI MISCELLANE
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)
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		Total each column	and enter on the front, subtotal line.					1
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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.