CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS Read the Privacy Act Sta				1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER						
							3. SCHEDULE N	IUMBER				
				tement on the back of this form.			5. PAID BY					
4.	a. NAME (Last, first, middle initial)				b. SOCIAL SECU		TY NO.					
CLAIMANT	c. MAIL	ING ADI	DRESS (Include ZIP Code)		d. OFFICE TELEPH	IONE NUMBER						
ರ												
6. E	XPENDI	TURE	S (If fare claimed in col. (g) exce the claimant.)	reds charge for one persor	n, show in col. (h) th	e number of	additional pe	ersons whi	ch accor	npanied		
DATE Show appropriate code in col. (b):						AMOUNT CLAIMED						
20		COD	 A — Local travel B — Telephone or telegraph, or C — Other Expenses (itemized) 	ephone or telegraph, or				FARE	ADD		TIPS AND MISCEL- LANEOUS	
		Е	(Explain ex	res in specific detail.) NO. OF MILES (e)		MILEAGE	OR TOLI	PER- SONS				
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Sign Original Only					CLAIMANT				DATE			
				DATE	SIGN HERE 11. CASH PAYMENT RECEIPT							
APPROVING OFFICIAL					a. PAYEE (Signature)				. DATE REC	CEIVED		
9. This claim is certified correct and proper for pa				ayment.					c. AMOUNT			
Sign Original Only				DATE					\$			
SERTIFYING OFFICER					12. PAYMENT MADE BY CHECK NO.							

SIGN HERE

ACCOUNTING CLASSIFICATION

	TURE	S—Continued							
DATE	C	Show appropriate code in col. (b):			AMOUNT CLAIMED				
	C	 A — Local travel B — Telephone or telegraph, or C — Other Expenses (itemized) 		MILEAGE RATE					
20	D E	C — Other Expenses (itemized)			MILEAGE	FARE OR TOLL	ADD PER-	TIPS AND MISCEL-	
	_	(Explain expenditure		NO. OF MILES	WIILLAGE	OR TOLL	SONS	LANEOUS	
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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 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 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 or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to 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. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.