# 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 Statement on the back of this form.*

**5. PAID BY**

4. CLAIMANT

a. NAME *(Last, first, middle initial)*

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS *(Include ZIP Code)*

d. OFFICE TELEPHONE NUMBER

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

*Show appropriate code in col. (b):*
**A** - Local travel
**B** - Telephone or telegraph, or
**C** - Other expenses *(itemized)*
**D** - Funeral Honors Detail
**E** - Specialty Care

*(Explain expenditures in specific detail.)*

| DATE 2011 (a) | CODE (b) | (c) FROM | (d) TO | MILEAGE RATE ¢ NO. OF MILES (e) | AMOUNT CLAIMED MILEAGE (f) | FARE OR TOLL (g) | ADD PERSONS (h) | TIPS AND MISCELLANEOUS (i) |
|---|---|---|---|---|---|---|---|---|
| | C | | | | | | | 0.00 |
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"I certify this claim is true, correct and proper. There was an urgent and unforeseen public necessity for the expenditure of my personal funds; and that payment or credit has not been received".
SIGN HERE_____

*If additional space is required continue on the back.*

**SUBTOTALS CARRIED FORWARD FROM THE BACK**

**7. AMOUNT CLAIMED** *(Total of cols. (f), (g) and (i).)* ▶ $ 0.00

**TOTALS** 0.00

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 of the department or agency to so certify (31 U.S.C. 680a).)*

*Sign Original Only*

**APPROVING OFFICIAL SIGN HERE** ▶ DATE

9. This claim is certified correct and proper for payment.

*Sign Original Only*

**AUTHORIZED CERTIFYING OFFICER SIGN HERE** ▶ DATE

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.

*Sign Original Only*

**CLAIMANT SIGN HERE** ▶ DATE

**11. CASH PAYMENT RECEIPT**

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

**12. PAYMENT MADE BY CHECK NO.**

*ACCOUNTING CLASSIFICATION*