CLAIM FOR REIMBURSEMENT			DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NUMBER				
	_	EXPENDITURES FICIAL BUSINESS		3. SCHEDULE NUMBER						
		Read the Privacy Act Staten	nent on the back of this fo	orm.		5. PAID BY				
4. a. NAME (Last, first, middle initial) C L A C. MAILING ADDRESS (Include ZIP Code) M A N			b. EMPLOYEE ID NUI		MBER					
				d. OFFICE TELEPHONE NUMBER						
T   6. EXPENDI	ITURE	(If fare or toll claimed in column accompanied the claimant.)	(g) exceeds charge for one	e person, show in colu	umn (h) the	number of add	ditional pers	ons which	'n	
DATE	Гс	Show appropriate code in column (b):			MILEAGE RATE		AMOUNT C	LAIMED		
	O D	<ul><li>A - Local Travel</li><li>B - Telephone or Telegraph</li><li>C - Other expenses (itemized)</li></ul>	one or Telegraph E. Specialty Care				FARE			
	E	(Explain e.	xpenditures in specific detail.)		NUMBER OF	MILEACE	OR TOLL	ADD	TIPS AND	
(a)	(b)	(c) FROM	(d	) ТО	MILES (e)				MISCELLANEOU (i)	
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If additional	space	is required continue on the back.		ED FORWARD FROM THE						
7. AMOUN	IT CLA	AIMED (Total of columns (f), (g) ar	nd (i).) \$	TOTALS						
necessary ir included, the	n the in e <i>appro</i>	ved. Long distance telephone calls, if sterest of the Government. (Note: If Ionoving official must have been authorized or agency to so certify (31 U.S.C. 680a)	g distance calls are I in writing, by the head	10. I certify that this o	t or credit has		red by me.	nowledge a	and belief	
Sign Original Only				CLAIMANT SIGN HERE				DATE		
APPROVING OFFICIAL SIGN HERE	<b>&gt;</b>		DATE	a. PAYEE (Signature)	CASI	H PAYMENT RECI		b. DATE RE	CEIVED	
9. This claim is	s certifi	ed correct and proper for payment.  Sign Original Only	IDATE				\$	c. AMOUNT		
OFFICER SIGN HERE	•		DATE	12. PAYMENT MADE BY CHECK NUMBER	2					

ACCOUNTING CLASSIFICATION

DATE		Show appropriate code in column (b):			AMOUNT CLAIMED			
		Show appropriate code in column (b):  A - Local Travel  B - Telephone or Telegraph  C - Other expenses (itemized)	MILEAGE RATE	AWOUNT CLAUVIED				
	Ϊ́	A - Local Travel  B - Telephone or Telegraph  D. Funeral Honors Detail  E. Specialty Care					1	
	D E	C - Other expenses (itemized)		¢		FARE		
	-	(Explain expenditures	s in specific detail.)	NUMBER OF MILES	MILEAGE	OR TOLL	ADD	TIPS AND MISCELLANEOU
(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.					

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.