

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 <i>(Last, first, middle initial)</i> DOE, JOHN M.	b. SOCIAL SECURITY NUMBER 123-45-6789
	c. MAILING ADDRESS <i>(Include ZIP Code)</i> 123 ABC STREET	d. OFFICE TELEPHONE NUMBER (999) 999-9999
	SAN ANTONIO, TX 12345	

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.)*

DATE	CODE	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other Expenses <i>(itemized)</i>		MILEAGE RATE	AMOUNT CLAIMED			
		<i>(Explain expenditures in specific detail.)</i>		\$0.0000	MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCELLANEOUS
<i>(a)</i>	<i>(b)</i>	<i>(c) FROM</i>	<i>(d) TO</i>	NO. OF MILES <i>(e)</i>	<i>(f)</i>	<i>(g)</i>	<i>(h)</i>	<i>(i)</i>
08/12/03	C	FAA PHYSICAL			\$0.0000			\$80.00
08/15/03	C	WRITTEN EXAM			\$0.0000			\$90.00
08/24/03	C	CHECKRIDE			\$0.0000			\$250.00
					\$0.0000			
					\$0.0000			
					\$0.0000			
					\$0.0000			
					\$0.0000			
					\$0.0000			
					\$0.0000			
					\$0.0000			
					\$0.0000			
<i>If additional space is required continue on the back.</i>				SUBTOTALS CARRIED FORWARD FROM THE BACK		\$0.0000		

7. AMOUNT CLAIMED <i>(Total of cols (f), (g) and (i).)</i>	\$	420.0000	TOTALS	\$0.0000			\$420.0000
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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 _____

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.

PAYMENT DESIRED *Sign Original Only*

CHECK CASH

CLAIMANT SIGN HERE _____ DATE _____

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE _____ DATE _____

11. CASH PAYMENT RECEIPT

a. PAYEE <i>(Signature)</i>	b. DATE
c. AMOUNT	
\$	

12. PAYMENT MADE BY CHECK NO. _____

ACCOUNTING CLASSIFICATION

