| CLAIM FOR REIMBURSEMENT | | | DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE | | | 2. VOUCHER NUMBER | | | | |
|--|-------------|--|---|---|-------------------------------|-------------------|---------------|----------------|---------------------|--|
| | _ | EXPENDITURES FICIAL BUSINESS | | | | 3. SCHEDULE N | 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 | | | b. EMPLOYEE ID NUI | | MBER | | | | | |
| M A N | ADDRE | ESS (Include ZIP Code) | | d. OFFICE TELEPHONE NUMBER | | | | | | |
| T 6. EXPENDI | TURE | S (If fare or toll claimed in column accompanied the claimant.) | (g) exceeds charge for one | person, show in colu | umn (h) the | number of add | ditional pers | ons which | h | |
| DATE | С | Show appropriate code in column (b): | D. Francis III. and D. Adill | | MILEAGE RATE | AMOUNT CLAIMED | | | | |
| | O D | A - Local TravelB - Telephone or TelegraphC - Other expenses (itemized) | D. Funeral Honors Detail E. Specialty Care | | (Enter Whole Numbers Only) | | FARE | | | |
| | E | (Explain ex | xpenditures in specific detail.) | | NUMBER OF MILES | MILEACE | OR | ADD | TIPS AND | |
| (a) | (b) | (c) FROM | (d) | (d) TO | | MILEAGE (f) | TOLL (g) | PERSONS (h) | MISCELLANEOU (i) | |
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| If additional | space | e is required continue on the back. | | D FORWARD FROM THE | | | | | | |
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| necessary ir included, the | n the in | oved. Long distance telephone calls, if soluterest 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 cand that payment | t or credit has | | red by me. | nowledge a | and belief | |
| Sign Original Only | | | | CLAIMANT SIGN HERE | | | | DATE | | |
| APPROVING OFFICIAL SIGN HERE | > | | DATE | 11. a. PAYEE (Signature) | CASI | I PAYMENT RECI | | b. DATE RE | CEIVED | |
| | s certifi | ied correct and proper for payment. | 1 | 1 | | | ŀ | c. AMOUNT | | |
| AUTHORIZED CERTIFYING OFFICER SIGN HERE | • | Sign Original Only | DATE | 12. PAYMENT MADE BY CHECK NUMBER | <u> </u> | | \$ | 3 | | |

ACCOUNTING CLASSIFICATION

| DATE | \Box | Show appropriate code in column (b): | | | AMOUNT CLAIMED | | | |
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| | CO | Show appropriate code in column (b): A - Local Travel B - Telephone or Telegraph C - Other expenses (itemized) | MILEAGE RATE | ANIOUNI CLAIMED | | | | |
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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.