CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

USCG/Department of Homeland Security

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 NUMBER

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)*

(Explain expenditures in specific detail.)

DATE 2008 (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)
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
					$0.00			
If additional space is required continue on the back.			**SUBTOTALS CARRIED FORWARD FROM THE BACK**		$0.00			
7. AMOUNT CLAIMED *(Total of cols (f), (g) and (i).)* ▶			$ $0.00	**TOTALS** 0.00	$0.00	$0.00		$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 ▶

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶

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 ☒ DIRECT DEPOSIT

CLAIMANT SIGN HERE ▶

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION