

CLAIM FOR FEES AND MILEAGE OF WITNESS

Sheet No. -----

Case No. -----

(ATTACH TO STANDARD FORM NO. 1156)

U.S. -----
Department, Bureau, or Establishment

Name ----- Address -----

Dates of travel ----- Dates of attendance -----

Date and hour discharged from further attendance -----

For travel from ----- to ----- and return

Via *(mode of travel must be specified)* -----

----- miles traveled at ----- cents per mile *(number of round trips -----)*
 ----- days in attendance and time necessarily occupied in going to and returning from place
 of attendance at \$ ----- per day
 ----- days in attendance and time necessarily occupied in going to and returning from place
 of attendance at \$ ----- per day in lieu of subsistence

	DOLLARS	CENTS	NOTATIONS
AMOUNT CLAIMED			
Less: Amount previously advanced			
NET AMOUNT DUE			
<i>(Payee will NOT use this space)</i>			
Differences -----			
Account verified; correct for			
Signature or initials -----	Paid by Check No. -----		

Less: Amount previously advanced -----

*I certify that the amounts claimed above are correct and just;
 that payment has not been received; and that at time of travel and
 attendance I was NOT a salaried employee of the Government or a
 detained witness.*

SIGN
ORIGINAL
ONLY

(Payee's signature)

Approved for \$ -----

By -----

Date -----

Title -----