

ORIGINAL RECEIPTS FOR REIMBURSABLE EXPENSES OF \$75 OR OVER

For lost receipts, sign a statement as below in block 29 of DD-1351-2:

I will not make another claim against the government for this item on Travel Order
Number _____ and travel dates _____ to _____.

I understand that there are severe criminal and civil penalties for knowingly submitting a
false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and
Title 31, Section 3729)

Signature _____
Printed Full Name, Signature & Emplid

Signature _____
Printed Full Name, Signature & Emplid
Authorized Certifying Official

NOTE: Please itemize your costs (i.e. how much spent for each item).
For hotel receipts it is necessary to provide the name of the hotel, phone number
including area code, address and a point of contact at the hotel for verification.