

Claim for Reimbursement for Expenditures on Official Business

| POST | AL SERVICE TM | | (Rea | nd the Privacy | Act Staten | ment on the ba | ack of this form.) | | | |
|---|-----------------------------|--|--|---|------------|----------------|--------------------|--|--|--|
| Department, Divisi | on or Office | | Office Telephone Number | | | | | | | |
| Payee Name (Firs | | Social Security Number | | | | | | | | |
| Name and Addres | s of Official Duty Station | | | | | | | | | |
| | | | | | | | | | | |
| (If fare claimed | exceeds charge for one pers | Exper on, show under "Tips and Miscell | | r of additional រុ | | | he claimant.) | | | |
| | (Explain expendi | ures in specific detail.) | Mileage Rate ¢ | Amount Claimed | | | | | | |
| Date - | From | То | No. of Miles | Fare or Tips and Mileage Toll Miscellaneous Other | | | | | | |
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| If additional space is required, continue on reverse. | | Subtotals carried forward fro | m the back | | | | | | | |
| Amount Claimed \$ | | | Totals | į Į | <u> </u> | İ | İ | | | |
| Sign Original Only Approving Official Sign Here | | Date | 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 Check Cash Sign Original Only Claimant | | | | | | | |
| P | | | Sign Here | - | | | | | | |
| Cash Payment Receipt Payee (Signature) | | Date Received | Reason for Tra | Reason for Travel | | | | | | |
| | | Amount | - | | | | | | | |
| Payment Made by Check No. | | Date | Finance Number | Finance Number Account Number | | | | | | |

| | Continued | | Mileage Rate | Amount Claimed | | | | |
|------|--|-------------------------------|--------------|--|--|--|------|--|
| | (Explain expenditures in specific detail.) | | ¢ | | Fare or | Tips and Miscellaneous | | |
| Date | From | То | No. of Miles | Mileage | Toll | Miscellaneous | Othe | |
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| | Total and a selection | and enter on the front, subto | | ! | 1 ! | 1 ! ! | | |

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