

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE SAMPLE COPY	2. VOUCHER NUMBER
	SAMPLE COPY SAMPLE COPY EFFECTIVE AS OF 1 JULY 2010	3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT	a. NAME (Last, first, middle initial) John A. Marine	b. SOCIAL SECURITY NO. 123-45-6789	5. PAID BY *EXAMPLE OF ONE EFM - LEV 3 & ONE AGE-TYPICAL SIBLING *CAL. IS ALWAYS BASED ON HIGHEST LEVEL EFM. *CAN NOT EXCEED 6 HRS IN ONE DAY. *CAN NOT EXCEED HR RATE.
	c. MAILING ADDRESS (Include ZIP Code) 1234 Anywhere Avenue Same City, SC 29905	d. OFFICE TELEPHONE NUMBER (843) 228-3188	

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.)

DATE	C O D E	Show appropriate code in col. (b):		MILEAGE RATE Hrs	AMOUNT CLAIMED			
		A - Local travel	D - Funeral Honors Detail		MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS
		B - Telephone or telegraph, or C - Other expenses (itemized)	E - Specialty Care					
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)
Example	E	List All EFMs, Siblings, & Ages	@ Rate Per Hour (Use Chart)	clock hr				Tot Cost
07/01/10	E	1 EFM & 1 Sibling, Ages 5 & 7	@ 8.75 per hr	3				26.25
07/06/10	E	1 EFM & 1 Sibling, Ages 5 & 7	@ 8.75 per hr	4				35.00
07/10/10	E	1 EFM & 1 Sibling, Ages 5 & 7	@ 8.75 per hr	6				52.50
07/13/10	E	1 EFM & 1 Sibling, Ages 5 & 7	@ 8.75 per hr	3				26.25
07/15/10	E	1 EFM & 1 Sibling, Ages 5 & 7	@ 8.75 per hr	4				35.00
07/17/10	E	1 EFM & 1 Sibling, Ages 5 & 7	@ 8.75 per hr	6				52.50
07/20/10	E	1 EFM & 1 Sibling, Ages 5 & 7	@ 8.75 per hr	4				35.00
07/22/10	E	1 EFM & 1 Sibling, Ages 5 & 7	@ 8.75 per hr	4				35.00
07/24/10	E	1 EFM & 1 Sibling, Ages 5 & 7	@ 8.75 per hr	6				52.50
<i>If additional space is required continue on the back.</i>				SUBTOTALS CARRIED FORWARD FROM THE BACK	0			
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$ 350.00					TOTALS	40 hrs		350.00

<p>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).)</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p>APPROVING OFFICIAL SIGN HERE _____ DATE _____</p> <p>9. This claim is certified correct and proper for payment.</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p>AUTHORIZED CERTIFYING OFFICER SIGN HERE _____ DATE _____</p>	<p>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.</p> <p style="text-align: right;"><i>Sign Original Only</i></p> <p>CLAIMANT SIGN HERE Orig "S" sponsor or spouse w/POA DATE W/I 60 Days</p> <p>11. CASH PAYMENT RECEIPT</p> <table style="width:100%;"> <tr> <td style="width:70%;">a. PAYEE (Signature)</td> <td style="width:30%;">b. DATE RECEIVED</td> </tr> <tr> <td colspan="2">c. AMOUNT \$ _____</td> </tr> </table> <p>12. PAYMENT MADE BY CHECK NO.</p>	a. PAYEE (Signature)	b. DATE RECEIVED	c. AMOUNT \$ _____	
a. PAYEE (Signature)	b. DATE RECEIVED				
c. AMOUNT \$ _____					

ACCOUNTING CLASSIFICATION