CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: AEV201000000

2. VOUCHER NUMBER: N6832209RV-------

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)*: Smith, John R.

b. SOCIAL SECURITY NUMBER: 123-45-6789

c. MAILING ADDRESS *(Include ZIP Code)*: 123 Park Place, Nowhere, US 77777

d. OFFICE TELEPHONE NUMBER: 999-123-456

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 19 (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)
Mar 20 2004	C	Title of Textbook						75.00
Mar 22 2004	C	Type of Fee						85.00
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS					160.00

7. AMOUNT CLAIMED *(Total of cols (f), (g) and (i).)* ▶ $ 160.00

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 ▶ DATE

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

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

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

AA 1791804 22M7 250 68322 0 68566 2D V--------- 68322028Q2_Q

STANDARD FORM 1164 (REV. 11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

6. EXPENDITURES - *Continued*

DATE 19 (a)	CODE (b)	*Show appropriate code in col. (b):* **A** - Local travel; **B** - Telephone or telegraph, or; **C** - Other Expenses *(itemized)* — *(Explain expenditures in specific detail.)* (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)