CLAIM FOR REIMBURSEMENT FOR EXPENDITURES			R REIMBURSEMENT	DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NUMBER					
			FICIAL BUSINESS					3. SCHEDULE N	JMBER			
			Read the Privacy Act Stat	tement	on the back of this	form.		5. PAID BY				
CLAIMANT +	a. NAME (Last, first, middle initial)					b. SOCIAL SECURITY NO. d. OFFICE TELEPHONE NUMBER						
b. MAILING ADDRESS (Include ZIP Code)			RESS (Include ZIP Code)									
6.	EXPENDI	TURE	S (If fare claimed in col. (g) exceed claimant.)	ds char	ge for one person, st	now in col. (h) the nu	mber of add	itional persons	which accon	npanie	d the	
DATE C Show appropriate code in col. (b):								AMOUNT CLAIMED				
2002 ALocal travel D BTelephone or telegraph, or COther Expenses (itemized)			ALocal travel BTelephone or telegraph, or COther Expenses (itemized)				MILEAGE RATE 36.5 ¢	MILEAGE	FARE	ADD PER-	TIPS AND MISCEL- LANEOUS	
			(Explain expenditures in specific detail.)				NO. OF MILES		OR TOLL	PER- SONS	LANEOUS	
(a)		(b)	(c) FROM		(d)	ТО	(e)	(f)	(g)	(h)	(i)	
		С	Professional Liability Insurance					\$0.00		ļ	\$125.00	
								\$0.00				
_		PURPOSE Authorized reimbursement for Professional Liability Insurance						\$0.00				
			not to exceed 50% of the total co for the period of April 1, 2000 to					\$0.00				
			March 31, 2002 Total Cost (from receipt).		\$250.00 x50%			\$0.00				
					\$125.00			\$0.00				
_								\$0.00				
	· · · · · · · · · · · · · · · · · · ·							\$0.00	· <u></u> ,			
						,		\$0.00				
								\$0.00				
If additional space is required continue on the back. SUBTOTALS CA			SUBTOTALS CARRIED F BACK	FORWARD FROM THE	0.0	\$0.00	\$0.00	0	\$0.00			
7. /	7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) } \$ 125.00					TOTALS	0.0	\$0.00	\$0.00		\$125.00	
1	certified a <i>distance</i>	s ne <i>calls</i>	approved. Long distance telept cassary in the interest of the Go are included, the approving of writing, by the head of the dep (31 Sign Original Only	vernme official partmen	nt. (Note: If long must have been	10. I certify that the knowledge and be received by me.	lief and tha	true and corre t payment or o n Original Oni	credit has n	st of r ot bee	ny n	
				1	DATE	GLAIMANT }				DATE		
OFFI	ROVING					11. a. PAYEE (Signature)	CASH	PAYMENT RECEI		ATE RE	CEIVED	
SIGN HERE J 9. This claim is certified correct and proper for payment. Sign Original Only									MOUNT			
CER	HORIZED TIFYING CER			. 1	DATE	12. PAYMENT MADÉ BY CHECK NO.			<u> \$</u>	_		
AC			ASSIFICATION	· ·								

APPROPRIATION

ALLOWANCE

OBJECT CLASSIFICATION 1164-210

6. EXPENDITURES-Continued

DATE	õ	Show appropriate code in col. (b): ALocal travel			A!	MOUNT CLA	IMED	
20 <u>02</u>	Ē	BTelephone or telegraph, or COther Expenses (itemized)		MILEAGE RATE 36.5 ¢	MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AN MISCEL LANEOL
(-)	<u></u>	(Explain expenditures in specific detail.)						
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)		(g)	(h)	(i)
					\$0.00			
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		Total each column an	d enter on the front, subtotal line	0.0	\$0.00	\$0.00	0	\$0.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal. State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number, disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.