Red Areas are REQUIRED; Blue Areas are OPTIONAL

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

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)*

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS *(Include ZIP Code)*

d. OFFICE TELEPHONE NUMBER

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)

When entering the mileage rate, you MUST use the "decimal point" before the numbers (ex: .32 for 32 cents)

MILEAGE RATE ¢

(Explain expenditures in specific detail.)

DATE 20 (a)	CODE (b)	(c) FROM	(d) TO	NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			

This SF 1164 form located on RABP's Mass Trans page, does not use the "back" page. The USAPA Electronic Forms site has both pages for your use.

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $ 0.00

TOTALS	0	$0.00	$0.00	0	$0.00

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 do 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.

Sign Original Only

BE SURE TO DATE & SIGN

CLAIMANT SIGN HERE ▶

11. **CASH PAYMENT RECEIPT**

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION