

**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

CLAIMANT

a. NAME (Last, first, middle initial)

b. SOCIAL SECURITY NO.

SMITH, DAVID R.

230-57-3211

c. MAILING ADDRESS (Include ZIP Code)

32 COOK STREET  
HARRISBURG, PA

d. OFFICE TELEPHONE NUMBER

XXX-XX-3750

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): A — Local travel B — Telephone or telegraph, or C — Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED					
		(Explain expenditures in specific detail.)			NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)	
(a)	(b)	(c) FROM	(d) TO	(f)						(g)
2001 4/1	C	TRANSIT SUBSIDY, ABC BUS SERVICE					55.00			
6/30							55.00			
							55.00			
Appropriate Statement/Certification										
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK						

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i))

▶ \$

TOTALS

\$165.00

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

DATE

APPROVING  
OFFICIAL  
SIGN HERE

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

Sign Original Only

DATE

AUTHORIZED  
CERTIFYING  
OFFICER  
SIGN HERE

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

CLAIMANT  
SIGN HERE

▶ David R. Smith DATE June 4, 2001

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

\$

12. PAYMENT MADE  
BY CHECK NO.

ACCOUNTING CLASSIFICATION