

Claim for Reimbursement for Expenditures on Official Business

POST	AL SERVICE TM		(Rea	nd the Privacy	Act Staten	ment on the ba	ack of this form.)			
Department, Divisi	on or Office		Office Telephone Number							
Payee Name (Firs		Social Security Number								
Name and Addres	s of Official Duty Station									
(If fare claimed	exceeds charge for one pers	Exper on, show under "Tips and Miscell		r of additional រុ			he claimant.)			
	(Explain expendi	ures in specific detail.)	Mileage Rate ¢	Amount Claimed						
Date -	From	То	No. of Miles	Fare or Tips and Mileage Toll Miscellaneous Other						
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If additional space is required, continue on reverse.		Subtotals carried forward fro	m the back							
Amount Claimed \$			Totals	į Į	<u> </u>	İ	İ			
Sign Original Only Approving Official Sign Here		Date	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 Check Cash Sign Original Only Claimant							
P			Sign Here	-						
Cash Payment Receipt Payee (Signature)		Date Received	Reason for Tra	Reason for Travel						
		Amount	-							
Payment Made by Check No.		Date	Finance Number	Finance Number Account Number						

	Continued		Mileage Rate	Amount Claimed				
	(Explain expenditures in specific detail.)		¢		Fare or	Tips and Miscellaneous		
Date	From	То	No. of Miles	Mileage	Toll	Miscellaneous	Othe	
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	Total and a selection	and enter on the front, subto		!	1 !	1 ! !		

Privacy Act Statement: The collection of this information is authorized by 39 USC 1001 and 2008. This information will be used to account for your official duty travel and relocation expenses. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutional purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert consultant under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed against the USPS under 29 CFR 1613; to an independent Certified Public Accountant during an official audit of USPS finances; and to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. The completion of this form is voluntary, however, if this information is not provided, you may not be reimbursed for your travel and relocation expenses.