C	F	OR E	XPEN	BURSEN DITURES BUSINES	MENT	ARTMENT OR EST	ABLIS	SHMENT, BUREAU, DIVIS	SION OR OFFICE	2. VOUGHER N					
Read the Privacy Act Statemer						nt on the back of this form.				5. PAID BY					
4.	a. NAME (Last, first, middle initial)  4.					b. SOCIAL SECURI			RITY NO.						
CLAIMANT	c. MAILING ADDRESS (Include ZIP Code)			•)	ICE TELEPHONE NUMBER										
6. E	XPEND	ITUR	ES (If fare	claimed in	col. (g) exceeds	charge for one	e per	son, show in col. (h)	the number o	 of additional p	ersons whic	h accon	npanied		
	DATE			priate code in	col. (b):				1	AMOUNT CLAIMED					
11	9	OD	A-Local B-Telep C-Othe	il travel ohone or telegraph, or er Expenses ( <i>itemized</i> )					MILEAGE RATE ¢		FARE	ADD	D TIPS AN		
			<del></del>			enditures in specific detail.)			NO OF MILES	OR TO		PER	LANEOL		
	(a)	(b)		(c) FF	IOM			(d) TO	(e)	(f)	(g)	(h)	(0)		
											<u> </u>	+	-		
												-			
											<u> </u>		<u> </u>		
										į					
										İ			1		
											i	+	!		
											<u> </u>	ļ			
												<del> </del>	+ +		
					· · · · · · · · · · · · · · · · · · ·							ļ			
If add	ditional	space	is requir	ed continu	e on the back.	SUBTOTALS C BACK	ARRII	ED FORWARD FROM TH	E						
			2. 2		f), (g) and (i).) \$			TOTAL	S	i .					
cei dis aut	rtitied a tance c thorizec	s nec alls ai l, in w	essary in re include	the interes ed, the appi	ce telephone call t of the Governm roving official mu f the department	nent. (Note: If Id Ist have been	ong	10. I certify that t and belief an	d that payme	ue and correct nt or credit ha n Original On	is not been	t of my l receive	knowled d by me		
	Sign Original Only							CLAIMANT SIGN HERE				DATE			
APPROVING.						DATE		11.	CASH	PAYMENT RECE					
OFFICIAL SIGN HERE								a. PAYEE (Signature)			b. D	ATE RECE	IVED		
9. This claim is certified correct and proper for payment  Sign Original Only						t.						MOUNT			
CERTI	AUTHORIZED CERTIFYING OFFICER SIGN HERE				nai Omy	DATE 12. PAYMENT MADE BY CHECK NO.									
					ACCO	UNTING CLAS	SSIF	ICATION (REVISEI	D 7-65)						
				BUREAU CONT. AND SUBALLOT. NO.	AUTH. ACCTG. ACTIVITY	T Y P E	PROPERTY ACCTG. ACTIVITY	COST CODE	E AMOUNT						
1164-21	0 S/N 0	104-LF-	800-0077		STD FORM 11 TITLE 7, GAO	64, AUG. 1970 MAN. 1164-209		EXCEPTION TO SF APPROVED BY NA	1164 RS 4-81	STANDARI Prescribed	D FORM 1164 by GSA, FPMF	(Rev. 11-7	77) .101-7		

DATE	co	Show appropriate code in col. (b):	MILEAGE RATE	AMOUNT CLAIMED							
19	ODE	A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)		MILEAGE		FARE OR TOLL	- A.C	D.	TIPS AN		
	-	(Explain expenditu		MILEA	GE	OFITO	So So	D. R. NS	TIPS AN MISCEL LANEOU		
(a)	(6)	(c) FROM	(d) TO	NO. OF MILES (e)	<i>(f</i> )		(9)	0	y L	(0)	
	4									-	
	╁				,	<del> </del>	<del> </del>	-	$\dashv$		
	1										
	İ			†		<del>i</del>	<del>                                     </del>		$\dashv$		
						<u> </u>					
	4	·							- 1		
	+					┼-	<del> </del>		-		
	1	:							-		
							<b>†</b>		7		
	<u> </u>				_	<u> </u>					
	4										
	+					├		<del>                                     </del>			
	1										
									$\top$		
									_		
	4										
	-		-			├-	<del> </del>		+		
	1										
							†		$\top$		
						_	ļ		_		
	4										
	-					├	<del> </del>	-	+		
	1								-		
									1		
	<u> </u>			ļ		<u> </u>	<u> </u>		_		
	1					-					
	<del>                                     </del>			<del> </del>		<del> </del>	<del> </del>		+	-	
	1								-		
	]	·							$\Box$		
	<del> </del>				· · · ·	<u> </u>	<u> </u>		$\perp$	<u> </u>	
	1						1				
						-	<del> </del>		十	-+	
	-			<del>  </del>		-	-		+		
	1										
									+	-	
	L								$\perp$		
		Total ea	ach column and enter on the front, subtotal line								
		Total ea	ch column and enter on the front, subtotal line								

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. 9387 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The prima purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropria 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 had 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, crimin 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, 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 (if 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 provid the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.