



Claim for Reimbursement for Expenditures on Official Business

(Read the Privacy Act Statement on the back of this form.)

Department, Division or Office	Office Telephone Number
Payee Name (First, M.I., Last)	Social Security Number
Name and Address of Official Duty Station	

Expenditures

(If fare claimed exceeds charge for one person, show under "Tips and Miscellaneous" to number of additional persons who accompanied the claimant.)

Date	(Explain expenditures in specific detail.)		Mileage Rate ¢	Amount Claimed			
	From	To	No. of Miles	Mileage	Fare or Toll	Tips and Miscellaneous	Other
<i>If additional space is required, continue on reverse.</i>			Subtotals carried forward from the back				

Amount Claimed ▶ \$	Totals					
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<p style="text-align: center;"><i>Sign Original Only</i></p> <p>Approving Official Sign Here ▶</p> <p>Date</p>	<p>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.</p> <p>Payment Desired</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Cash <i>Sign Original Only</i></p> <p>Claimant Sign Here ▶</p> <p>Date</p>
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Cash Payment Receipt	Reason for Travel		
Payee (Signature)	Date Received		
	Amount		
Payment Made by Check No.	Date	Finance Number	Account Number

Expenditures -- Continued

Date	<i>(Explain expenditures in specific detail.)</i>		Mileage Rate	Amount Claimed			
			¢	Mileage	Fare or Toll	Tips and Miscellaneous	Other
From	To	No. of Miles					
<i>Total each column and enter on the front, subtotal line</i>				▶			

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 prosecutorial 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.