CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS			1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2, VOUCHER NUMBER			
					16	3. SCHĒĎULĒ NUMBER			
	_	Read the Privacy Act Statemen	nt on the back of this f	orm.		5. PAID BY			
C L A		t, middle initial)	b. SOCIAL SECURITY NUMBER						
I C. MAILING M A N T	ADDRE	ESS (Include ZIP Code)		d. OFFICE TELEPHO	NE NUMBER				
		S (If fare or toll claimed in column (g, accompanied the claimant.)	exceeds charge for on	e person, show in col	umn (h) the i	number of add	litional per	sons whici	7
DATE	0	B - Telephone or Telegraph E.	Funeral Honors Detail Specialty Care		MILEAGE RATE (Enter Whole Numbers Only)	AMOUNT CLAIMED			
(a)	E	C - Other expenses (itemized) (Explain exper	NUMBER OF MILES		MILEAGE	FARE OR TOLL		TIPS AND	
(a)	(b)	(c) FROM		d) TO	(e)	(7)	(g)	(h)	()
		2							
									- [
If additional	space	is required continue on the back.	IED FORWARD FROM THE BACK						
		AIMED (Total of columns (f), (g) and		TOTALS					
necessary i included, th	in the in ne appn	oved. Long distance telephone calls, if short terest of the Government. (Note: If long di poving official must have been authorized in	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.						
or the depar	nunen.	or agency to so certify (31 U.S.C. 680a))			SK	gn Original On	iy	le .ee	
		Sign Original Only	DATE	CLAIMANT SIGN HERE				DATE	
APPROVING OFFICIAL SIGN HERE				a. PAYEE (Signature)	CASH PAYMENT RECEIPT 'AYEE (Signature) b. DATE RECEIVED				
	is certif	ied correct and proper for payment. Sign Original Only		1			,	c. AMOUNT	
CERTIFYING OFFICER SIGN HERE			DATE	12. PAYMENT MADE BY CHECK NUMBER					
ACCOUNT! Functional Cost Cente Fund: WBS:	Area	LASSIFICATION							