CLAIN	1 FO	R REIMBURSEMENT	1. DEPARTMENT OR ESTABLISHM	FULL SSN		2. VOUCHER NUMBER					_		
FOR EXPENDITURES ON OFFICIAL BUSINESS						3. Se	CHEDULE N	NUMBER			_		
			tatement on the back of this	s form		5. I	1						
a. NAME	(Last,	first, middle initial)	b. SOCIAL SE MITY NO. When					computing the mileage use the					
≥		CHARGER , CH						ence to TAD mileage minus the					
C. MAILI		DRESS (Include ZIP Code)	d. OFFICE TELEPHONE NUMBER				esidence to PDS mileage. (45 miles						
	-	MARINE WAY USIDE, CA	760-123-4567 from r					residence to TAD minus 4 miles					
		RES (If fare claimed in col. (g)	erson, show in her of from					from residence to PDS = 41 miles.)					
DATE		the claimant.) Show appropriate code in col. (b):		///	т-	Input the total in block E. Refer to the							
	COD	A - Local travel B - Telephone or telegraph, C - Other expenses (itemize)	D - Funeral Horor E - Special		RATE	ć	examples listed in the JFTR U2805.E						
	Е	(Explain e		NO. OF MILES			OR TOL	L SON:	LANEOUS				
(a)	(b)	(c) FROM	(d)	0	(e)	7	(f)	(g)	(h)	(1)			
07/10		RESIDENCE 4	MIRAMAR		41	23	96		-				
07/10		MIRAMAR	RESIDENCE		41	93	96						
07/11		PENDLETON	MIRAMAR		45	95	s : 20						
07/11		MIRAMAR	PENDLETO	7	45	25	1.00						
			Insert the to	otals.									
						\dagger				† †			
										+			
If additional space is required continue on the back.				DRWARD FROM T				-	+-	+	—		
		AIMED (Total of cols. (f), (g)	TOTALS		Y -	+-			++				
		proved. Long distance telephone	TOTALS	170		32	the best o	f my know	dadas and				
as necess are includ	sary in ded, th	n the interest of the Government. The approving official must have be to department or agency to so cert	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										
		Sign Original Only		/	0		<i>-</i>	DATE					
			CLAIMANT JOING THE 20140713 11. CASH PAYMENT RECEIPT										
APPROVING OFFICIAL			a. PAYEE (Signature) b. DATE RECEIVED										
9. This clain	n is ce	ertified correct and proper for pay	c. AMOUNT							_			
AUTHORIZED CERTIFYING		Sign Original Only	DATE	\$ 12. PAYMENT MADE									
OFFICER SIGN HERE	ING C	CLASSIFICATION		BY CHECK NO.									