

****You cannot save the uploaded form, once filled, you will have to manual right in the amounts and sign the SF1164****

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE | 2. VOUCHER NUMBER

Fill out the Blocks 4 a, b, c, d. You only require your last 4 for your SSN.

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

a. NAME (Last, first, middle initial)

b. SOCIAL SECURITY NO.

c. HOME ADDRESS (Include ZIP Code)

d. OFFICE TELEPHONE NUMBER

Place the appropriate dates in Column A, if there is values through date (i.e 8/5/2013-8/10/2013) ensure you are making that annotation.

Column B, you will have to apply the codes that reflect the expense you are claiming. Each Code represents a different expense.

EXPENSES (If fare claimed in col. (g) exceeds the claimant.)

e. NUMBER OF ADDITIONAL PERSONS WHICH ACCOMPANIED

C O D E	Show appropriate code in col. (b):		MILEAGE RATE	AMOUNT CLAIMED			
	A - Local travel	B - Telephone or telegraph		MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCELLANEOUS
	C - Other expenses (itemized)						
	E - Specialty Care						
	(Explain expenditures in specific detail.)						
(a)	(b)	(c) FROM	(d) TO	(e) NO. OF MILES	(f)	(g)	(h) (i)
8/5/2013	A	Camp Pendleton, CA	San Diego, CA	40	22.60		
8/5/2013	A	San Diego, CA	Camp Pendleton, CA	40	22.60		
8/5/2013	C	Conference Fees					45.00
8/5/2013	C	Registration Fees					20.00
8/5/2013	A	Taxi Fare CPEN	San diego, CA			16.22	
8/5/2013	C	GTCC Expedite Fee					20.00

Column C and D, will be your expenses, or locations if you are claiming Mileage. You can type the locations and expenses on the form, however you will need to manually fill in the number of miles or amount claimed.

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i.) \$

TOTALS 80 45.20 16.22 85.00

8. This claim is approved. Long as necessary in the interest of the Government, the approving official must sign and date this claim at the head of the department or agency to so certify (31 U.S.C. 680a.)

Complete block 7 with the total amount.

10. 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

CLAIMANT SIGN HERE

Wardog M. Devilpup

DATE

2013 08 16

APPROVING OFFICIAL SIGN HERE

9. This claim is certified correct and

Sign Original

AUTHORIZED CERTIFYING OFFICER SIGN HERE

Block 10, needs to be signed by the traveler. Just like the DD Form 1351-2 it must be manually, Units cannot sign on behalf of travelers.

11. CASH PAYMENT RECEIPT

a. PAYEE (signature)

b. DATE RECEIVED

c. AMOUNT \$

ACCOUNTING CLASSIFICATION