

## Statement in Lieu of Miscellaneous Expenses

I certify that I incurred the expenses claimed on this form and that I was unable to obtain the receipt. I understand that the information supplied may be investigated for validity.

Rank/Rate: \_\_\_\_\_ Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

**Transportation expense:**

**Expense type:** \_\_\_\_\_

Point of departure: \_\_\_\_\_ Point of arrival: \_\_\_\_\_ check if roundtrip

Inclusive date(s) of expense, from: \_\_\_\_\_ to: \_\_\_\_\_

Amount I paid and requesting reimbursement for \$ \_\_\_\_\_

Name of merchant/business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Other miscellaneous expenses:**

**Expense type:** \_\_\_\_\_

Expense was incurred: \_\_\_\_\_ to \_\_\_\_\_

Amount I paid and requesting reimbursement for \$ \_\_\_\_\_

Name of merchant/business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Sign/date: \_\_\_\_\_

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).