	CLAIM FOR REINBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1.DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE U.S. Navy Bureau of Medicine and Surgery (BUMED); Accessions Department; 8955 Wood Road, Suite 13132; Bethesda, MD 20889-5628		2. VOUCHER NUMBER				
	Read the Privacy Act St	tatement on the back of this for	m.	5. PAID BY				
4.	a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO $N/A$					
CLAIMANT	c. MAILEING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER					

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE			Show appropriate code in col. (b):				AMOUNT CLAIMED						
		С	A - Local travel B - telephone or telegraph, or			RATE					ADD	TIPS AND	
YR	2016	O D	<b>C</b> - Other expenses (Itemized)			¢ NO OF	MILEAGE F		FA	RE	PER-	MISCI	
		Е	(Explain expenditu	(Explain expenditures in specific detail.)			OR		OR T	OLL	SONS	LANE	ous
	(a)	(b)	(c) FROM	(d)	(e)	(f)		(g)		(h)		(i)	
		-											
		-											
		-											
	If additio	nalsna	ice is required continue on the back		IED FORWARD FROM THE								
If additional space is required continue on the back BAC		BACK	1										
7. AMOUNT CLAIMED (Total of cols. (f), (g), and (i).)			TOTALS										
0	This slair			and and find	10. I certify that this claim is true and correct to								
<ol> <li>This claim is approved. Long distance telephone calls, if shown, as necessary in the interest of the Government. (Note. If long d are included, the approving official must have been authorized in the head of the department or agency to so certify (31 U.S.C. 68</li> </ol>		distance calls	is claim is true and correct to the best of my knowledge and payment or credit has not been received by me.										
				al Only	Only								
Sign Original Only								.	DATE				
orgin original only									JATE				
					SIGN HERE								
		DATE	11. CASH PAYMENT RECEIPT										
			a. PAYEE (signature)						E RECE	IVED			
SIG	FICIAL SN HERE												
9. This claim is certified correct and proper for payment.			d correct and proper for payment.		c. AMOUNT				DUNT	Г			
CERT	IORIZED IFYING		Sign Original Only	1	\$								
OFFICER SIGN HERE				DATE									
		1.0			BY CHECK NO.								

ACCOUNTING CLASSIFICATION (TO BE COMPLETED BY APPROVING OFFICIAL ALONG WITH BLOCK 2)

6. EXPENDIT	6. EXPENDITURES - Continued										
DATE		Show appropriate code in col. (b):	MILEAGE	AMOUNT CLAIMED							
	C O	<ul> <li>A - Local travel</li> <li>B - telephone or telegraph, or</li> <li>C - Other expenses (<i>Itemized</i>)</li> </ul>		RATE					ADD	TIPS A	
YR	D	C - Other expenses (Itemized)		¢	MILEAG	Ε	FAF		PER-		
	E		res in specific detail.)	NO OF MILES			OR T		SONS	LANEOUS	
(a)	(b)	(c) FROM	<i>(d)</i> TO	(e)	(f,	)	(g	)	(h)	(	(i)
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		Total each column and	enter on the front, subtotal line								

In compliance with the Privacy act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 17 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 601(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943 for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.