

Claim for Reimbursement for Expenditures on Official Business

Department, Division or Office				Office Telephone Number					
Payee Name (First, M.I., Last)				Social Security Number					
Name and Address of	Official Duty Station								
(If fare claimed exce	eeds charge for one pers	Ex on, show under "Tips and Misc		r of additional _l				laimant.)	
	(Explain expendi	ures in specific detail.)	Mileage Rate ¢	Amount Claimed					
Date	From	То	No. of Miles	Mileage !	Toll	Fare or Tips and Miscellaneo		ous Other	
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If additional space is requ	ired, continue on reverse.	Subtotals carried forward	from the back		į				
Amount Claimed \$			Totals					-+	
Sign Original			belief and that	is claim is true payment or cre	and corrected an	et to the best been receive	of my ked by me	nowledge a	
Approving Official Sign Here		Date	Payment Desire Check Claimant Sign Here	ed ☐ Cash	Sign Or	riginal Only	Date		
Cash Payment Recei	pt		Reason for Tra	vel					
Payee (Signature)		Date Received							
		Amount							
Payment Made by Che	eck No.	Date	Finance Number	Finance Number Account Number					

	Continued (Explain expenditures in specific detail.)		Mileage Rate			nt Claimed	
Date	From	To	% No. of Miles	Mileage	Fare or Toll	Tips and Miscellaneous	Othe
Date	FIOH	10	No. of Miles	Mileage	1011	Wiscellarieous	Othe
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Privacy Act Statement: The collection of this information is authorized by 39 USC 1001 and 2008. This information will be used to account for your official duty travel and relocation expenses. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutional purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert consultant under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed against the USPS under 29 CFR 1613; to an independent Certified Public Accountant during an official audit of USPS finances; and to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. The completion of this form is voluntary, however, if this information is not provided, you may not be reimbursed for your travel and relocation expenses.

B-5.2.1 Front of PS Form 1164, Claim for Reimbursement for Expenditures on Official Business

UNITED STATES POSTAL SERVICE		Claim for Reimb				n Official ent on the back			
Department, Division or Office		a) Office Telephone Number (b)							
Payee Name (First, I	M.I., Last)	(0)		Social Security	Number	(d)			
Name and Address of	of Official Duty Station								
e		Expanditu	ures						
(If fare claimed ex			neous" to numbe	er of additional persons who accompanied the claimant.) Amount Claimed					
		es in specific detail,)	(i)_c	Fare		Tips and	-		
Date	From	То	Miles	Mileage	Toll	Miscellaneous	Other		
(f)	(g)	(h)	(i)	(k)		(m)	(n)		
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If additional space is i	required, continue on reverse.	Subtotals carried forwar	rd from the back	1	l i		1		
Amount Claimed	» (O)		Totals	(p)		1			
Sign C	riginal Only		Payment Des	t payr ired S cr	edit has not b	the best of my een received by			
Sign Here	<u>a</u>	Date (r)	Check Claimant Sign Here		Sign Origi	Dat Dat	te U		
Payee (Signature)	eipt	Date Received	Reason for 1	ravel	_	- ∞			
V		Amount (X)		(aa)					
Payment Made by C	theck No. (y)	Date (Z)	Finance Nun	nber (bb)	A	count Number	(cc)		

September 2015

This Blank		Is For This Information				
	partment, Division Office	The telephone number of the unit of the Postal				
	ce Telephone nber	The telephone number of the unit of the Postal Service to which you belong.				
c. Pay	ee Name	Your full name: first name, middle initial, and last name				
d. Soc	ial Security No.	Your Social Security number,				
	ne and Address of cial Duty Station	The complete mailing address of the station to which you are permanently assigned.				
Expenditures		List chronologically each expense for which you want to be reimbursed and the details associated with it.				
f. Date	е	The date on which you incurred the expense on this row.				
g. From		Your point of departure and return. Itemize "Other" expenses (see line n) related to this trip on the rows that follow.				
h. To		Your destination.				
i. Mile	eage Rate	The mileage rate applicable for using your POV. See Appendix \underline{A} for this rate.				
j. No.	of Miles	The number of official business miles that you drove or flew in your POV.				
Amoun	nt Claimed					
k. Mile	eage	The dollar amount you are claiming for any official business miles that you drove or flew. To calculate this amount, multiply the number you wrote on "No. of Miles" (line j) by the number you wrote on "Mileage Rate" (line i).				
fees; bridge, ro parking, landing		Expenses associated with your POV — such as ferry fees; bridge, road, and tunnel tolls; and airplane parking, landing, and tiedown fees — or associated with public transportation, such as subway fares.				
m. Tips Mis	s and scellaneous	The dollar amount you are claiming for any tips or miscellaneous expenses, including any registration fees that you paid to go to a meeting. See sections 8-1.4, Tips, and 8-1.10, Miscellaneous Expenses, for allowable expenses.				
allowable expenses related to official provided for elsewhere on this form		The dollar amount you are claiming for any other allowable expenses related to official travel and not provided for elsewhere on this form. Be sure to explain these expenses on the lines "From" and "To" (lines g and h).				
o. Am	Amount Claimed The total amount of the expenses for which you are be reimbursed. Before filling this in, go to "Totals" (line p).					
p. Tot	otals The total for each column under the <i>heading</i> "Amou Claimed" (lines k—n). The sum of these totals goes on the <i>line</i> "Amount Claimed" (line o).					
	proving Official In Here	The signature of your approving official. The approving official will sign after he or she reviews this voucher.				

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