







<b>This Blank...</b>	<b>Is For This Information...</b>
a. Department, Division or Office	The unit of the Postal Service to which you belong.
b. Office Telephone Number	The telephone number of the unit of the Postal Service to which you belong.
c. Payee Name	Your full name: first name, middle initial, and last name
d. Social Security No.	Your Social Security number.
e. Name and Address of Official Duty Station	The complete mailing address of the station to which you are permanently assigned.
<b>Expenditures</b>	List chronologically each expense for which you want to be reimbursed and the details associated with it.
f. Date	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. Mileage Rate	The mileage rate applicable for using your POV. See Appendix A for this rate.
j. No. of Miles	The number of official business miles that you drove or flew in your POV.
<b>Amount Claimed</b>	
k. Mileage	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).
l. Fare or Toll	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 and Miscellaneous	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.
n. Other	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. Amount Claimed	The total amount of the expenses for which you are to be reimbursed. Before filling this in, go to "Totals" (line p).
p. Totals	The total for each column under the heading "Amount Claimed" (lines k–n). The sum of these totals goes on the line "Amount Claimed" (line o).
q. Approving Official Sign Here	The signature of your approving official. The approving official will sign after he or she reviews this voucher.