



Claim for Reimbursement for Expenditures on Official Business

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

Department, Division or Office	Office Telephone Number
Payee Name <i>(First, M.I., Last)</i>	Social Security Number

Name and Address of Official Duty Station

Expenditures

(If fare claimed exceeds charge for one person, show under "Tips and Miscellaneous" to number of additional persons who accompanied the claimant.)

Date	(Explain expenditures in specific detail.)		Mileage Rate ¢	Amount Claimed				
	From	To	No. of Miles	Mileage	Fare or Toll	Tips and Miscellaneous	Other	
<i>If additional space is required, continue on reverse.</i>	Subtotals carried forward from the back							
Amount Claimed ▶ \$	Totals							

<p style="text-align: center;"><i>Sign Original Only</i></p> <p>Approving Official Sign Here ▶</p>	<p>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.</p> <p>Payment Desired <input type="checkbox"/> Check <input type="checkbox"/> Cash <i>Sign Original Only</i></p>
Date	Date
▶	Claimant Sign Here ▶


Cash Payment Receipt		Reason for Travel	
Payee <i>(Signature)</i>	Date Received		
	Amount		
Payment Made by Check No.	Date	Finance Number	Account Number

Expenditures – Continued

Date	(Explain expenditures in specific detail.)		Mileage Rate ¢	Amount Claimed			
	From	To	No. of Miles	Mileage	Fare or Toll	Tips and Miscellaneous	Other
Total each column and enter on the front, subtotal line ▶							

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 prosecutorial 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



Claim for Reimbursement for Expenditures on Official Business
(Read the Privacy Act Statement on the back of this form.)

Department, Division or Office a

Payee Name (First, M.I., Last) c

Name and Address of Official Duty Station e

Office Telephone Number b

Social Security Number d

Expenditures

(If fare claimed exceeds charge for one person, show under "Tips and Miscellaneous" to number of additional persons who accompanied the claimant.)

Date	(Explain expenditures in specific detail.)		Rate Per Mile	Amount Claimed			
				Mileage	Fare or Toll	Tips and Miscellaneous	Other
f	From g	To h	i	k	l	m	n
If additional space is required, continue on reverse.			Subtotals carried forward from the back				
Amount Claimed ▶ s o			Totals p				

Sign Original Only

Approving Official Sign Here q Date r

I certify that this claim is true and correct to the best of my knowledge and belief and that payment credit has not been received by me.

Payment Desired s

Check Cash *Sign Original Only*

Claimant Sign Here t Date u

Cash Payment Receipt

Payee (Signature) v

Payment Made by Check No. y

Date Received w

Amount x

Date z

Reason for Travel aa

Finance Number: bb Account Number cc

PS Form 1164, October 1990

This Blank...	Is For This Information...
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.
Expenditures	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.
Amount Claimed	
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.