

FOIA MARKER

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Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Sandra Thurman

Subseries:

OA/ID Number: 40014

FolderID:

Folder Title:

Admin - Forms - Expense Reimbursement

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Row:

66

Section:

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Shelf:

11

Position:

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[illegible]

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[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code)

d. OFFICE TELEPHONE NUMBER

DATE _____

Show appropriate code in col. (b):

A—Local travel

B—Telephone or telegraph, or

C—Other Expenses (itemized)MILEAGE
RATE

④

AMOUNT CLAIMED

.....

FARE

ADD.

TIPS AND

MISCEL.

(Explain expenditures in specific detail.)

NO. OF
MILES
(e)

(c) FROM

(d) TO

0

2

(b)

41

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$

TOTALS

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

10. 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.

Sign Original Only

CLAIMANT SIGN HERE

DATE

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

a.	b.	c.
		AMOUNT

§

12. PAYMENT MADE
BY CHECK NO.

**APPROVING
OFFICIAL
SIGN HERE**

9. This claim is certified correct and proper for payment.

Sign Original Only

**AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE**

ACCOUNTING CLASSIFICATION

[illegible]

*U.S. Government Printing Office: 1992 — 322-727/69059

3. SCHEDULE NUMBER

5. PAID BY

d. OFFICE TELEPHONE NUMBER

(i)

STANDARD FORM 1164 (Rev. 11-77)

[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code)

d. OFFICE TELEPHONE NUMBER

DATE _____

Show appropriate code in col. (b):

A—Local travel

B—Telephone or telegraph or

C—Other Expenses (itemized)

MILEAGE
RATE

\$

AMOUNT CLAIMED

MILEAGE

FARE

ADD.
SEP.

TIPS AND MISCELLANEOUS

(a)

(b)

(c) FROM

MILES

SONS

LANE

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$

TOTALS

6. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

10. 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.

Sign Original Only

| DATE

CLAIMANT SIGN HERE

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT	
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100	100

§

12. PAYMENT MADE
BY CHECK NO.

**APPROVING
OFFICIAL
SIGN HERE**

9. This claim is certified correct and proper for payment.

Sign Original Only

**AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE**

ACCOUNTING CLASSIFICATION

[illegible]

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[illegible]

*U.S. Government Printing Office: 1992 — 322-727/69059

1164-210

[illegible]

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1164-210

[illegible]

Total each column and enter on the front, subtotal line

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3. SCHEDULE NUMBER

5. PAID BY

d. OFFICE TELEPHONE NUMBER	
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(i)

STANDARD FORM 1164 (Rev. 11-77)

[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

c. MAILING ADDRESS (Include ZIP Code)

d. OFFICE TELEPHONE NUMBER	
----------------------------	--

DATE

19__

Show appropriate code in col. (b):

A—Local travel

B—Telephone or telegraph, or

C—Other Expenses (itemized)

(Explain expenditures in specific detail.)

MILEAGE
RATE

AMOUNT CLAIMED

MILEAGE

FARE

ADD.

TIPS AND MISCELLANEOUS

(a)

(b)

(c) FROM

4430

MILES

(1)

C

1

1

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$

TOTALS

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

DATE _____

DATE

CLAIMANT SIGN HERE

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT	
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\$

12. PAYMENT MADE
BY CHECK NO.

**APPROVING
OFFICIAL
SIGN HERE**

9. This claim is certified correct and proper for payment.

Sign Original Only

DATE _____

**AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE**

ACCOUNTING CLASSIFICATION

[illegible]

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*U.S. Government Printing Office: 1992 — 322-727/69059

[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

c. MAILING ADDRESS (Include ZIP Code)

d. OFFICE TELEPHONE NUMBER

DATE _____

Show appropriate code in col. (b):

A—Local travel

B—Telephone or telegraph or

C—Other Expenses (itemized)

MILEAGE

Φ

AMOUNT CLAIMED

1000

EARE

ADD.

TIPS AND

(Explain expenditures in specific detail.)

(3)

(b)

(c) FROM

4.4.30

MILES

1

1000

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$

TOTALS

6. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

DATE _____

DATE

CLAIMANT SIGN HERE

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

b. AMOUNT		c. AMOUNT	
1	100	1	100
2	200	2	200
3	300	3	300
4	400	4	400
5	500	5	500
6	600	6	600
7	700	7	700
8	800	8	800
9	900	9	900
10	1000	10	1000
11	1100	11	1100
12	1200	12	1200
13	1300	13	1300
14	1400	14	1400
15	1500	15	1500
16	1600	16	1600
17	1700	17	1700
18	1800	18	1800
19	1900	19	1900
20	2000	20	2000
21	2100	21	2100
22	2200	22	2200
23	2300	23	2300
24	2400	24	2400
25	2500	25	2500
26	2600	26	2600
27	2700	27	2700
28	2800	28	2800
29	2900	29	2900
30	3000	30	3000
31	3100	31	3100
32	3200	32	3200
33	3300	33	3300
34	3400	34	3400
35	3500	35	3500
36	3600	36	3600
37	3700	37	3700
38	3800	38	3800
39	3900	39	3900
40	4000	40	4000
41	4100	41	4100
42	4200	42	4200
43	4300	43	4300
44	4400	44	4400
45	4500	45	4500
46	4600	46	4600
47	4700	47	4700
48	4800	48	4800
49	4900	49	4900
50	5000	50	5000
51	5100	51	5100
52	5200	52	5200
53	5300	53	5300
54	5400	54	5400
55	5500	55	5500
56	5600	56	5600
57	5700	57	5700
58	5800	58	5800
59	5900	59	5900
60	6000	60	6000
61	6100	61	6100
62	6200	62	6200
63	6300	63	6300
64	6400	64	6400
65	6500	65	6500
66	6600	66	6600
67	6700	67	6700
68	6800	68	6800
69	6900	69	6900
70	7000	70	7000
71	7100	71	7100
72	7200	72	7200
73	7300	73	7300
74	7400	74	7400
75	7500	75	7500
76	7600	76	7600
77	7700	77	7700
78	7800	78	7800
79	7900	79	7900
80	8000	80	8000
81	8100	81	8100
82	8200	82	8200
83	8300	83	8300
84	8400	84	8400
85	8500	85	8500
86	8600	86	8600
87	8700	87	8700
88	8800	88	8800
89	8900	89	8900
90	9000	90	9000
91	9100	91	9100
92	9200	92	9200
93	9300	93	9300
94	9400	94	9400
95	9500	95	9500

S

12. PAYMENT MADE
BY CHECK NO.

**APPROVING
OFFICIAL
SIGN HERE**

9. This claim is certified correct and proper for payment.

Sign Original Only

DATE _____

**AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE**

ACCOUNTING CLASSIFICATION

[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

d. OFFICE TELEPHONE NUMBER	
----------------------------	--

1000

STANDARD FORM 1164 (Rev. 11-77)

[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

d. OFFICE TELEPHONE NUMBER	
----------------------------	--

EXERCISES

1164-210

[illegible]

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[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

c. MAILING ADDRESS (Include ZIP Code)

d. OFFICE TELEPHONE NUMBER

19.

Show appropriate code in col. (b):

C—Other Expenses (itemized)MILEAGE
RATE

AMOUNT CLAIMED

RELEASE

FARE

ADD.

TIPS AND MISCELLANEOUS

(a)

(b)

(c) FROM

41 TO

NO. OF
MILES

(1)

(9.

(b)

id

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$**TOTALS**

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

10. 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.

Sign Original Only

1 DATE

CLAIMANT SIGN HERE

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

a. DATE		b. TIME		c. AMOUNT	
1	10/10/10	10:00	10:00	10:00	10:00
2	10/10/10	10:00	10:00	10:00	10:00
3	10/10/10	10:00	10:00	10:00	10:00
4	10/10/10	10:00	10:00	10:00	10:00
5	10/10/10	10:00	10:00	10:00	10:00
6	10/10/10	10:00	10:00	10:00	10:00
7	10/10/10	10:00	10:00	10:00	10:00
8	10/10/10	10:00	10:00	10:00	10:00
9	10/10/10	10:00	10:00	10:00	10:00
10	10/10/10	10:00	10:00	10:00	10:00
11	10/10/10	10:00	10:00	10:00	10:00
12	10/10/10	10:00	10:00	10:00	10:00
13	10/10/10	10:00	10:00	10:00	10:00
14	10/10/10	10:00	10:00	10:00	10:00
15	10/10/10	10:00	10:00	10:00	10:00
16	10/10/10	10:00	10:00	10:00	10:00
17	10/10/10	10:00	10:00	10:00	10:00
18	10/10/10	10:00	10:00	10:00	10:00
19	10/10/10	10:00	10:00	10:00	10:00
20	10/10/10	10:00	10:00	10:00	10:00
21	10/10/10	10:00	10:00	10:00	10:00
22	10/10/10	10:00	10:00	10:00	10:00
23	10/10/10	10:00	10:00	10:00	10:00
24	10/10/10	10:00	10:00	10:00	10:00
25	10/10/10	10:00	10:00	10:00	10:00
26	10/10/10	10:00	10:00	10:00	10:00
27	10/10/10	10:00	10:00	10:00	10:00
28	10/10/10	10:00	10:00	10:00	10:00
29	10/10/10	10:00	10:00	10:00	10:00
30	10/10/10	10:00	10:00	10:00	10:00
31	10/10/10	10:00	10:00	10:00	10:00
32	10/10/10	10:00	10:00	10:00	10:00
33	10/10/10	10:00	10:00	10:00	10:00
34	10/10/10	10:00	10:00	10:00	10:00
35	10/10/10	10:00	10:00	10:00	10:00
36	10/10/10	10:00	10:00	10:00	10:00
37	10/10/10	10:00	10:00	10:00	10:00
38	10/10/10	10:00	10:00	10:00	10:00
39	10/10/10	10:00	10:00	10:00	10:00
40	10/10/10	10:00	10:00	10:00	10:00
41	10/10/10	10:00	10:00	10:00	10:00
42	10/10/10	10:00	10:00	10:00	10:00
43	10/10/10	10:00	10:00	10:00	10:00
44	10/10/10	10:00	10:00	10:00	10:00
45	10/10/10	10:00	10:00	10:00	10:00
46	10/10/10	10:00	10:00	10:00	10:00
47	10/10/10	10:00	10:00	10:00	10:00
48	10/10/10	10:00	10:00	10:00	10:00
49	10/10/10	10:00	10:00	10:00	10:00
50	10/10/10	10:00	10:00	10:00	10:00
51	10/10/10	10:00	10:00	10:00	10:00
52	10/10/10	10:00	10:00	10:00	10:00
53	10/10/10	10:00	10:00	10:00	10:00
54	10/10/10	10:00	10:00	10:00	10:00
55	10/10/10	10:00	10:00	10:00	10:00
56	10/10/10	10:			

§

**12. PAYMENT MADE
BY CHECK NO.**

**APPROVING
OFFICIAL
SIGN HERE**

9. This claim is certified correct and proper for payment.

Sign Original Only

**AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE**

DATE _____

ACCOUNTING CLASSIFICATION

[illegible]

*U.S. Government Printing Office: 1992 — 322-727/69059

[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

c. MAILING ADDRESS (Include ZIP Code)

d. OFFICE TELEPHONE NUMBER

DATE _____

Show appropriate code in col. (b):

A—Local travel

B—Telephone or telegraph, or

C—Other Expenses (itemized)MILEAGE
RATE

④

AMOUNT CLAIMED

MILEAGE

FARE

ADD.

TIPS AND MISCELLANEOUS

(Explain expenditures in specific detail.)

NO. OF
MILES
(e)

(a)

(c) FROM

1430

1

100

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE
BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$

TOTALS

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

DATE _____

CLAIMANT SIGN HERE

DATE

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

a. DATE		b. TIME		c. AMOUNT	
1	10/10/10	10:00	10:00	10:00	10:00
2	10/10/10	10:00	10:00	10:00	10:00
3	10/10/10	10:00	10:00	10:00	10:00
4	10/10/10	10:00	10:00	10:00	10:00
5	10/10/10	10:00	10:00	10:00	10:00
6	10/10/10	10:00	10:00	10:00	10:00
7	10/10/10	10:00	10:00	10:00	10:00
8	10/10/10	10:00	10:00	10:00	10:00
9	10/10/10	10:00	10:00	10:00	10:00
10	10/10/10	10:00	10:00	10:00	10:00
11	10/10/10	10:00	10:00	10:00	10:00
12	10/10/10	10:00	10:00	10:00	10:00
13	10/10/10	10:00	10:00	10:00	10:00
14	10/10/10	10:00	10:00	10:00	10:00
15	10/10/10	10:00	10:00	10:00	10:00
16	10/10/10	10:00	10:00	10:00	10:00
17	10/10/10	10:00	10:00	10:00	10:00
18	10/10/10	10:00	10:00	10:00	10:00
19	10/10/10	10:00	10:00	10:00	10:00
20	10/10/10	10:00	10:00	10:00	10:00
21	10/10/10	10:00	10:00	10:00	10:00
22	10/10/10	10:00	10:00	10:00	10:00
23	10/10/10	10:00	10:00	10:00	10:00
24	10/10/10	10:00	10:00	10:00	10:00
25	10/10/10	10:00	10:00	10:00	10:00
26	10/10/10	10:00	10:00	10:00	10:00
27	10/10/10	10:00	10:00	10:00	10:00
28	10/10/10	10:00	10:00	10:00	10:00
29	10/10/10	10:00	10:00	10:00	10:00
30	10/10/10	10:00	10:00	10:00	10:00
31	10/10/10	10:00	10:00	10:00	10:00
32	10/10/10	10:00	10:00	10:00	10:00
33	10/10/10	10:00	10:00	10:00	10:00
34	10/10/10	10:00	10:00	10:00	10:00
35	10/10/10	10:00	10:00	10:00	10:00
36	10/10/10	10:00	10:00	10:00	10:00
37	10/10/10	10:00	10:00	10:00	10:00
38	10/10/10	10:00	10:00	10:00	10:00
39	10/10/10	10:00	10:00	10:00	10:00
40	10/10/10	10:00	10:00	10:00	10:00
41	10/10/10	10:00	10:00	10:00	10:00
42	10/10/10	10:00	10:00	10:00	10:00
43	10/10/10	10:00	10:00	10:00	10:00
44	10/10/10	10:00	10:00	10:00	10:00
45	10/10/10	10:00	10:00	10:00	10:00
46	10/10/10	10:00	10:00	10:00	10:00
47	10/10/10	10:00	10:00	10:00	10:00
48	10/10/10	10:00	10:00	10:00	10:00
49	10/10/10	10:00	10:00	10:00	10:00
50	10/10/10	10:00	10:00	10:00	10:00
51	10/10/10	10:00	10:00	10:00	10:00
52	10/10/10	10:00	10:00	10:00	10:00
53	10/10/10	10:00	10:00	10:00	10:00
54	10/10/10	10:00	10:00	10:00	10:00
55	10/10/10	10:00	10:00	10:00	10:00
56	10/10/10	10:			

3

12. PAYMENT MADE
BY CHECK NO.

**APPROVING
OFFICIAL
SIGN HERE**

9. This claim is certified correct and proper for payment.

Sign Original Only

DATE _____

**AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE**

ACCOUNTING CLASSIFICATION

[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

d. OFFICE TELEPHONE NUMBER	
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STANDARD FORM 1164 (Rev. 11-77)

[illegible]

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3. SCHEDULE NUMBER

5. PAID BY

d. OFFICE TELEPHONE NUMBER

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS

1 DATE

CLAIMANT SIGN HERE

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

C. AMOUNT	
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**12. PAYMENT MADE
BY CHECK NO.**

DATE _____

DATE _____

STANDARD FORM 1164 (Rev. 11-77)

[illegible]

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*U.S. Government Printing Office: 1992 — 322-727/69059

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3. SCHEDULE NUMBER

5. PAID BY

d. OFFICE TELEPHONE NUMBER

- (i)

1164-210

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Total each column and enter on the front, subtotal line

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DO NOT USE

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