

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Naval Postgraduate School	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

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

4. CLAIMANT	a. NAME (Last, first, middle initial) LCDR Doe, John R.	b. SOCIAL SECURITY NO. 123-45-6789
	c. MAILING ADDRESS (Include ZIP Code) 1234 Oceanside Way Monterey, CA 93940	d. OFFICE TELEPHONE NUMBER 831-555-1234

5. PAID BY

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	C O D E	Show appropriate code in col. (b). A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED			
		D - Funeral Honors Detail E - Specialty Care			MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCEL-LANEOUS
		(Explain expenditures in specific detail.)						
(e)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)
10/8		U Texas Application Fee						50.00
10/14		U Texas Transcript Fee						20.00
10/16		UNC Application Fee						50.00
10/21		UNC Transcript Fee						20.00
10/28		Purdue Application Fee						50.00
10/30		Purdue Transcript Fee						20.00
<i>If additional space is required continue on the back.</i>				SUBTOTALS CARRIED FORWARD FROM THE BACK				

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$ 210.00	TOTALS					210.00
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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

APPROVING OFFICIAL SIGN HERE ▶

DATE

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 ▶ *John Doe* | DATE *13 Aug 2020*

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶

DATE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)	b. DATE RECEIVED
	c. AMOUNT \$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION