



# United States Department of the Interior

FISH AND WILDLIFE SERVICE  
Washington, D.C. 20240

In Reply Refer To:  
FWS/DFM

NOV 05 2003

Memorandum

To: Service Directorate

From: Assistant Director – Business Management and Operations

Subject: Procedures to Claim Official Business Expenditures (SF 1164)

The purpose of this memorandum is to establish procedures to request reimbursement for authorized official business expenditures. These procedures identify the types of expenditures that are reimbursable via an SF 1164, Claim for Reimbursement for Expenditures on Official Business.

Claims for reimbursement should include justifications for reimbursement explaining the purpose of the expenditure. Employees should submit one or more of the following documents, as appropriate: itemized original bills, sales slips, cash register tickets, or vendor's invoices with the vendor's name and address. The procedures for the preparation and submission of a claim for reimbursement are as follows:

- The attached sample should be used as the basis for preparing claims for reimbursement. The form must be signed by the employee and by the employee's approving official, supported by required receipts, and forwarded to the Division of Financial Management (DFM) for the final approval. In accordance with the Debt Collection Improvement Act of 1996, reimbursement will be made by EFT to the employee's banking institution.
- Claims for reimbursement should be submitted in a timely manner. Supervisors are responsible for ensuring that claims are submitted promptly from the date the expense was incurred.

#### Cash expenditures that are reimbursable via an SF 1164:

- Mileage reimbursement, tolls and parking fees used for official business. Mileage and local travel will be processed from the shorter distance of residence or place of employment to the meeting or training facility;
- Taxicab, bus, subway, airport shuttle and streetcar fares;
- Registration fees for attendance at meetings;
- Training, training supplies and tuition for classes;
- Postage due on official mail, faxes or copies;
- The lesser of 50 percent of a professional liability insurance premium or \$150.00 per year for law enforcement officers, supervisors, and management officials;

- Bank late payment fee, if the employee can show that the travel voucher was filed within 5 working days after the conclusion of travel, and payment was not made by NBC in time to avoid the late payment fee;
- Emergency purchases necessary while doing field work in the vicinity of his/her work location. The SF 1164 must have a certification by the approving official that the purchase was necessary in order to complete the field assignment; and,
- When the Government charge card is not accepted by a vendor.

Prohibited uses of an SF 1164:

- Items that may be purchased with the small purchase credit card; or
- Purchases made while employee is in travel status.

Request for reimbursement of expenditures will be disallowed if the following criteria have not been met:

- Claim is authorized and allowable;
- Claim includes proper itemization of the expense; or
- Claim includes receipts or other documentation required to support the claim.

An employee may request a reconsideration of his/her claim if there are additional facts or documentation to support the request for reconsideration.

If additional information is required, please contact Sam Juzbasich at (703) 358-2049.

Attachment

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER
	DOI/FWS/DFM	98900-4-W001A
3. SCHEDULE NUMBER		5. PAID BY

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

CLAIMANT	a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.
	Sample, Edward, H	999-99-9999
	c. MAILING ADDRESS (include ZIP Code)	d. OFFICE TELEPHONE NUMBER
	1234 Any Street Arlington, VA. 22203	(703)358-9999

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	CODE	MILEAGE RATE	AMOUNT CLAIMED			
			MILEAGE	FARE OR TOLL	ADD. PER. SONS	TIPS AND MISCEL. LANEOUS
19__		¢	(f)	(g)	(h)	(i)
(a)	(b)	(c) FROM	(d) TO	(e)		
2003	A					
10/8	A	Taxi-Arlington Sq.	MIB		16 00	
		Purpose: To attend a Budget meeting on Resource Management Funding				
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)) ▶ \$ 16.00	TOTALS	16 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 ▶	Supervisor's Signature	DATE	10/9/03
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9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶		DATE	
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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 ▶	Employee Signature	DATE	10/08/03
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11. CASH PAYMENT RECEIPT	
a. PAYEE (Signature)	b. DATE RECEIVED
	c. AMOUNT
	\$

12. PAYMENT MADE BY CHECK NO.
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ACCOUNTING CLASSIFICATION

98900 - 1660 - 0000 BOC 211T FY2004