CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU. DIVISION OR OFFICE Department of the Interior Arcata FWO	2. VOUCHER NUMBER 3. SCHEDULE NUMBER

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

4. a. NAME *(Last fin;t middle inlial)*

c. MAILING ADDRESS *(Int:Juljs ZIP Cede)*

d. OFFICE TELEPHONE NUMBER

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)*

Show ____ *code in col. (b):*
A-Local travel
O El-Telephone or telegraph,, or
C-OthEir Expenses *(Itemized)*
{Exp/sin expendi/uf&S in spec;t;r: detail.)

DATE 19_	(b)	(c) FROM	(d) TO	MILEAGE RATE .57 ¢ ND.OF MILES (e)	AMOUNT CLAtMED MILEAGE (I)	FARE OR TOLL (g)	AOO. PER· SONS (h)	TIPS AND MISCEL· LANEOUS (i)