

**TRAVEL VOUCHER (PART 1)**

**FOLLOW INSTRUCTIONS ON REVERSE OF FORM SET**

Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [infocollects@nrc.gov](mailto:infocollects@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. AUTHORIZATION NUMBER	2. SOCIAL SECURITY NO.
3. NAME (Last, First, Middle Initial)	4. OFFICE TELEPHONE

5. MAILING ADDRESS (Include ZIP Code)	6. RECLAIM VOUCHER: YES <input type="checkbox"/> NO <input type="checkbox"/>	7. VOUCHER STATUS: PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/>
---------------------------------------	---	---

9. OFFICIAL DUTY STATION (City and State)	10. RESIDENCE (City and State)
---	--------------------------------

13. TYPE OF TRAVEL <input type="checkbox"/> CONUS/DOMESTIC <input type="checkbox"/> NONFOREIGN OUTSIDE CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> COS	14. METHOD OF PAYMENT HEADQUARTERS TO BE PAID BY EFT <input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT <input type="checkbox"/> OTHER _____	15. AIRLINE ACCOMMODATIONS <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> OTHER PREMIUM CLASS <input type="checkbox"/> FREE UPGRADE <input type="checkbox"/> NON-CONTRACT	11. LEAVE TAKEN <input type="checkbox"/> ANNUAL <input type="checkbox"/> SICK <input type="checkbox"/> OTHER	12. COMPARATIVE TRAVEL
--	--	--	---	------------------------

16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B)	17. EXPENSES	18. AMOUNT CLAIMED
--	--------------	--------------------

17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)	18. CARRIER	19. TRANSPORTATION GTR OR TICKET NUMBER	20. AMOUNT	11. LEAVE TAKEN B. PLANE, TRAIN, BUS (PAID BY TRAVELER)
--	-------------	---	------------	--

21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.	TRAVELER'S INITIALS	C. TOTAL CLAIM
--	---------------------	----------------

22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.)	23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete)
---	---

<input type="checkbox"/> REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP (Explain in Part 2 and attach to front of voucher)	ATM
<input type="checkbox"/> REMITTANCE ATTACHED IN THE AMOUNT OF: \$ _____	OTHER

24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME.	DATE	FOR EXAMINER USE
SIGNATURE -- TRAVELER*		AMOUNT TO BE APPLIED
Printed Name of Traveler: _____		BALANCE DUE

25. THIS VOUCHER IS APPROVED. SIGNATURE -- APPROVING OFFICIAL	DATE	NET TO TRAVELER
Printed Name of Approving Official: _____		

27. TRAVELER DESIGNATION I DESIGNATE _____ TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE. SIGNATURE -- TRAVELER	DATE
--	------

28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)				26. EXAMINER'S ADJUSTMENTS			
RECEIVED CASH IN THE AMOUNT OF: \$ _____	FOR	EXAMINED BY	DATE				
SIGNATURE	DATE	NRC BADGE NUMBER	SIGNATURE - AUTHORIZED CERTIFYING OFFICER	DATE			

30. ACCOUNTING CLASSIFICATION (For Division of Accounting and Finance Use)							
A. COST	B. PURPOSE CODE	C. BFY	D. COST ORGANIZATION CODE	E. JOB CODE	F. (2110-S) SUBSISTENCE AND OTHER	G. (2120-D) COMMON CARRIER	H. TOTAL
DOMESTIC							
FOREIGN							

\* Fraudulent Claim -- Falsification of an item in an expense account works a forfeiture of the Claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287, id. 1001)

NRC FORM 64A  
 (6-1999)  
 NRCMD 14.1  
 Exception to SF 1012  
 Approved by NARS 10-81

U.S. NUCLEAR REGULATORY COMMISSION

**TRAVEL VOUCHER (PART 2)**  
**SCHEDULE OF EXPENSES AND AMOUNT CLAIMED**  
 FOLLOW INSTRUCTIONS ON REVERSE OF FORM SET

NAME (Last, First, MI)	AUTHORIZATION NO.	DEPART FROM OFFICE	
		DATE (MM/DD/YY)	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

DATE	NATURE OF EXPENSE	AUTHORIZED MILEAGE	NUMBER OF MILES	AMOUNT CLAIMED
20 02		36.5 ¢		
	SAMPLE TRAVEL EXPENSE VOUCHER NO COMPARATIVE COST STATEMENT IS NEEDED			
10/2	Lv residence via taxi	1:00pm		13.00
	Ar National Airport	2:00pm		
	Lv National via USAir 1173	4:00pm		
	Ar Newark, NJ - taxi to hotel			12.50
10-3-7	Official business			
10/7	Lv hotel via taxi to airport			12.50
	Ar Newark Airport			
	Lv Newark via USAir 1070	5:30pm		
	Ar National Airport	7:30pm		
	Lv Airport via taxi			13.00
	Ar residence	9:30pm		
10/2	Lodging \$94.00 + 3/4 of \$42.00 =			125.50
10/3-6	Lodging \$94.00 + \$42.00 x 4 days =			544.00
10/7	Per diem 3/4 of \$42.00			31.50
	tax on hotel room 9.80 x 5 nights =			49.00
	NTE 94/42/136 - Not to exceed \$94.00 for lodging and \$42.00 for meals/\$136.00 per day.			

**GRAND TOTAL** (Amount to be shown in Item 16.C, Part 1)

**\$801.00**

NRC FORM 64A

U.S. NUCLEAR REGULATORY COMMISSION

(6-1999)  
NRCMD 14.1  
Exception to SF 1012  
Approved by NARS 10-81

**TRAVEL VOUCHER (PART 2)**  
**SCHEDULE OF EXPENSES AND AMOUNT CLAIMED**  
FOLLOW INSTRUCTIONS ON REVERSE OF FORM SET

NAME (Last, First, MI)	AUTHORIZATION NO.	DEPART FROM OFFICE	
		DATE (MM/DD/YY)	TIME
			<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

DATE	NATURE OF EXPENSE	AUTHORIZED MILEAGE	NUMBER OF MILES	AMOUNT CLAIMED
20 02		36.5	\$	
	SAMPLE TRAVEL EXPENSE VOUCHER ACTUAL EXPENSES			
10/2	Lv residence via poa Ar Newark, NJ	10:00am 2:00pm	266	97.09
10/3-7	Official business			
10/7	Lv Newark, NJ via poa Ar residence	2:00pm 6:00pm	266	97.09
10/2	Lodging \$94.00 + 3/4 of \$42.00 =			125.50
10/3-6	Lodging \$94.00 + \$42.00 x 4 days =			544.00
10/7	Per diem 3/4 of \$42.00			31.50
	hotel tax \$9.80 x 5 nights =			49.00
	tolls			5.00
	local mileage (to and from meeting)		20	7.30
	<b>TOTAL ACTUAL EXPENSES</b>			<b>956.48</b>
	<b>COMPARATIVE COST STATEMENT</b>			
10/2&7	Taxi between residence and airport R/T			50.00
	Airfare National-Newark per Carlson Travel RT			350.00
	Taxi between airport and hotel (r/t)			35.00
10/2	Lodging \$94.00 + 3/4 of \$42.00 =			125.50
10/3-6	Lodging \$94.00 + \$42.00 x 4 days =			544.00
10/7	Per diem 3/4 of \$42.00			31.50
	tax on hotel \$9.80 x 5 nights			49.00
	<b>TOTAL COMPARATIVE COST</b>			<b>1185.00</b>

**GRAND TOTAL** (Amount to be shown in Item 16.C, Part 1)

**\$956.48**