

TRAVEL VOUCHER (PART 1)

FOLLOW INSTRUCTIONS

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 and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to 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) <i>Please use home address</i>	6. RECLAIM VOUCHER YES <input type="checkbox"/> NO <input type="checkbox"/>	7. VOUCHER STATUS PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/>
8. TRAVEL PERIOD(S)		
A. FROM (MM/DD/YYYY)	E. TO (MM/DD/YYYY)	

9. OFFICIAL DUTY STATION (City and State)	10. RESIDENCE (City and State)
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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
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17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)	18. CARRIER	19. TRANSPORTATION GTR OR TICKET NUMBER	20. AMOUNT	16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B) EXPENSES AMOUNT CLAIMED
				A. SUBSISTENCE AND OTHER EXPENSES
				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	16. TOTAL CLAIM
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22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.) <input type="checkbox"/> REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP (Explain in Part 2 and attach to front of voucher) <input type="checkbox"/> REMITTANCE ATTACHED IN THE AMOUNT OF: \$ _____	23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete) ATM OTHER
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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. SIGNATURE -- TRAVELER* Printed Name of Traveler: _____	DATE
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25. THIS VOUCHER IS APPROVED. SIGNATURE -- APPROVING OFFICIAL Printed Name of Approving Official: _____	DATE
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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
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28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)			
RECEIVED CASH IN THE AMOUNT OF: \$ _____	FOR	DATE	NRC BADGE NUMBER
SIGNATURE			

29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT							
SIGNATURE -- AUTHORIZED CERTIFYING OFFICER				DATE			
30. ACCOUNTING CLASSIFICATION (For Division of Financial Services 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
 (6-2005)
 NRCMD 14.1
 Exception to SF 1012
 Approved by NARS 10-8

TRAVEL VOUCHER (PART 2)
SCHEDULE OF EXPENSES AND AMOUNT CLAIMED
 FOLLOW INSTRUCTIONS

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 20 06	NATURE OF EXPENSE	AUTHORIZED MILEAGE 44.5 c	NUMBER OF MILES	AMOUNT CLAIMED
	SAMPLE TRAVEL EXPENSE VOUCHER -NO COMPARATIVE COST STATEMENT IS NEEDED			
3/26	Lv residence via taxi Ar National Airport	1:00pm 2:00pm		23.00
	Lv National via USAir1173 Ar Newark, NJ - taxi to hotel	4:00pm		20.00
3/27-31	Official business			
3/31	Lv hotel via taxi to airport Ar Newark Airport			20.00
	Lv Newark via USAir 1070 Ar National Airport	5:30pm 7:30pm		23.00
	Lv National via taxi Ar residence	9:30pm		
03/26	Lodging \$109 + 3/4 of \$49.00 =			145.75
3/27-30	Lodging \$109 + \$49.00 4 days			532.00
3/31	Per diem 3/4 of \$49.00 =			36.75
	Tax on hotel \$12.31 x 5 nights =			61.55
	NTE 109/49/158 - Not to exceed \$109.00 for lodging and \$49.00 for meals/158 per day.			

GRAND TOTAL - THIS PAGE
 (Amount to be included in Item 16.C, Part 1)

\$962.05

NRC FORM 64A
 (6-2005)
 NRCMD 14.1
 Exception to SF 1012
 Approved by NARS 10-81

TRAVEL VOUCHER (PART 2)
SCHEDULE OF EXPENSES AND AMOUNT CLAIMED
 FOLLOW INSTRUCTIONS

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 <u>06</u>		<u>44.5</u> c		
	SAMPLE TRAVEL EXPENSE VOUCHER - ACTUAL EXPENSES			
3/26	Lv residence viapoa	10:00am	266	118.37
	Ar Newark, NJ	1:00pm		
3/27-31	Official business			
3/31	Lv Newark, NJ via poa	2:00pm		
	Ar residence	5:00pm	266	118.37
3/26	Lodging \$109.00 + 3/4 of \$49.00 =			145.75
3/27-30	Lodging \$109.00 + \$49.00 x 4 days =			632.00
3/31	Per diem 3/4 of \$49.00 =			36.75
	Tax on hotel \$12.31 x 5 days =			61.55
	TOTAL ACTUAL EXPENSES			1112.79
	COMPARATIVE COST STATEMENT			
3/26&31	Taxi between residence and airport (RT)			46.00
	Airfare National-Newark per Carlson Travel RT			350.00
	Taxi between airport and hotel (rt)			40.00
3/26	Lodging \$109.00 + 3/4 of \$49.00 =			145.75
3/27-30	Lodging \$109.00 + \$49.00 x 4 days =			632.00
3/31	Per diem 3/4 of \$49.00			36.75
	TOTAL COMPARATIVE COST			1250.50

GRAND TOTAL - THIS PAGE
 (Amount to be included in Item 16.C, Part 1)

\$1112.79