

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission (NRC) on NRC Form 64, 64A, and 64B. This information is maintained in a system of records designated as NRC-20 and described at 69 *Federal Register* 57595 (September 24, 2004), or the most recent *Federal Register* publication of the NRC's "Republication of Systems of Records Notices" that is available at the NRC's Public Document Room, 11555 Rockville Pike, Rockville, Maryland, or located in NRC's Agencywide Documents Access and Management System (ADAMS).

1. **AUTHORITY:** 5 U.S.C. 5701; 31 U.S.C. 716, 1104, 1108, 3511, 3512, 3701, 3711, 3717, 3718; Federal Travel Regulations, 41 CFR Parts 301-304; Federal Property Management Regulations, 41 CFR Part 101-41; Executive Order 9397.
2. **PRINCIPAL PURPOSE(S):** To make reimbursement claims for approved and authorized travel expenses, per diem, and other change of station expenses.
3. **ROUTINE USE(S):** The information may be used for transmittal to the U.S. Treasury to secure payments, to the Department of State or an embassy for passports or visas, and to GSA and OMB for required periodic reporting. The information may also be disclosed to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure is mandatory. If the requested information is not provided, reimbursement may be denied. Failure to provide the social security number may result in delayed processing. The use of the social security number is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the use of this number.
5. **SYSTEM MANAGER(S) AND ADDRESS:** Chief, Payment Policy and Obligations Team, Division of Financial Services, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

TRAVEL VOUCHER (PART 1)

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.

FOLLOW INSTRUCTIONS

1. AUTHORIZATION NUMBER		2. SOCIAL SECURITY NO.					
3. NAME (Last, First, Middle Initial)		4. OFFICE TELEPHONE					
5. MAILING ADDRESS (Include ZIP Code)							
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. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)		18. CARRIER					
19. TRANSPORTATION GTR OR TICKET NUMBER		20. AMOUNT					
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					
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: \$ _____ CHECK NO. _____							
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					
SIGNATURE - TRAVELER* Printed Name of Traveler: _____							
25. THIS VOUCHER IS APPROVED.		DATE					
SIGNATURE - APPROVING OFFICIAL 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)							
RECEIVED CASH IN THE AMOUNT OF: \$ _____		FOR _____					
SIGNATURE		DATE					
		NRC BADGE NUMBER					
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							

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)	B. TO (MM/DD/YYYY)
A. SUBSISTENCE AND OTHER EXPENSES	
B. PLANE, TRAIN, BUS (PAID BY TRAVELER)	
C. TOTAL CLAIM	

23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete)	
ATM	
OTHER	
FOR EXAMINER USE	
AMOUNT TO BE APPLIED	
BALANCE DUE	
NET TO TRAVELER	
26. EXAMINER'S ADJUSTMENTS	
EXAMINED BY	DATE
29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT	
SIGNATURE - AUTHORIZED CERTIFYING OFFICER	DATE

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)

INSTRUCTIONS FOR COMPLETING NRC FORM 64, TRAVEL VOUCHERS (PART 1)

Type or handwrite this form using the instructions below. Ensure that all copies are legible. The traveler must initial any erasures and alterations in totals on the voucher. An electronic version of this form is also available in InForms.

1. **Authorization Number.** Enter the Authorization Number from NRC Form 279, "Official Travel Authorization," Item No. 3.
2. **Social Security No.** Provide the traveler's Social Security Number.
3. **Name.** Provide traveler's name using the surname, first name, and middle initial.
4. **Office Telephone.** Indicate the traveler's office telephone number.
5. **Mailing Address.** Insert the address where reimbursement is to be sent. If office address is used, indicate mail stop.
6. **Reclaim Voucher.** Place an "X" in the appropriate block.
7. **Voucher Status.** Applies to vouchers submitted against "Blanket" or "Change of Station" authorizations only. If more than one voucher will be submitted, place an "X" in the "Partial" box. Place an "X" in the "Final" box when the last voucher is submitted.
8. **Travel Period(s).** Insert at "A." the date that travel started (MM/DD/YYYY) and insert at "B." the date that travel ended (MM/DD/YYYY).
9. **Official Duty Station.** Indicate the place of the traveler's designated headquarters or official station. Enter "Consultant" for consultant travel or "Invitational" for invitational travel.
10. **Residence.** Enter city and state of residence from which employee commutes to work if different from the address shown in Item 7.
11. **Leave Taken.** If travel is interrupted, specify annual, sick, or other type of leave taken during the period of travel.
12. **Comparative Travel.** Place an "X" if actual travel is a result of personal preference rather than what is officially authorized. To determine whether travel was beneficial to the Government, specific details of travel must be reconstructed on Part 2 (i.e. details must compare actual travel with travel that was officially authorized).
13. **Type of Travel.** Enter the type of travel performed, e.g. Continental United States (CONUS/Domestic), nonforeign outside CONUS (includes the States of Alaska and Hawaii, the Commonwealths of Puerto Rico and the Northern Mariana Islands, and the territories and possessions of the United States), foreign, or change of station (COS).
14. **Method of Payment.** Enter the method of payment for reimbursement of travel expenses.
15. **Airline Accommodations.** Check all classes of service that were authorized for the travel.
16. **Expenses Claimed.** Enter the appropriate amounts from NRC Form 64A or NRC Form 64B.
17. - 20.
Leave blank unless traveler purchased tickets using a Government-issued charge card or cash (under \$100 or emergencies only) as documentation required).
21. **Traveler's Certification.** The General Services Administration (GSA) audits tickets purchased with cash. This certification permits the Government to recover any excess charges by carriers. Initial the certification if applicable.
22. **Read Carefully.** Mark the appropriate boxes and follow the instructions provided.
23. **Travel Advance.** Traveler must provide the amount of advance received. Voucher Examiner will complete the remaining portions of Item 23.
24. **Signature - Traveler.** Traveler must sign and date in ink. The voucher shall not be signed by anyone for the traveler.
25. **Signature - Approving Official.** Approving official must sign and date in ink.
26. **Examiner's Adjustments.** Leave Blank.
27. **Traveler Designation.** The traveler shall designate the person to whom cash payment shall be made and sign and date the designation.
28. **Cash Payment of Travel Voucher.** Leave Blank.
29. **Signature - Authorized Certifying Officer.** Leave Blank.
30. **Accounting Classification.** Leave Blank.

INSTRUCTIONS FOR COMPLETING NRC FORM 64A, TRAVEL VOUCHERS (PART 2)

This form is an attachment to NRC Form 64 (Part 1). Type or handwrite this form using the instructions below. Ensure all copies are legible. An electronic version of this form is also available in InForms

- A. Page Number.** Enter page number, starting with Page "1." If additional pages of this form are required, enter Page "2," "3," etc. as appropriate, on each succeeding page.
- B. Authorization Number.** Enter the authorization number and the traveler's name for which the voucher applies. Also, enter date and time of traveler's departure date.
- C. Itemization.**
- General.** Show the details of the expenses actually incurred. Official local telephone calls; parking meter fees; and local streetcar, bus, and subway charges may be summarized for the trip. The summarized amounts must be itemized if the total for each summarized item exceeds \$75.
 - Chronological Order.** Itemize expenses incurred in chronological order.
 - Leave of Absence.** When leave of any kind is taken, show the exact hour of departure from and return to duty status, along with the total amount of leave used.
 - ATM Transaction Fees and Bank Surcharges.** These fees may be claimed as long as the total advance amount withdrawn did not exceed the amount of the authorized travel advance. Fees that are unknown at the time the original voucher is prepared may subsequently be claimed on a travel voucher or local travel voucher. (When a trip is canceled and the advance was obtained within three business days of the scheduled departure date, claim the ATM transaction fee on SF-1164. (See NRCMD 14.1, Exhibit 2.1.)
- D. Transportation.**
- Departure and arrival.** Indicate the actual departure date from home or office, and the mode of transportation used, e.g., POV, limo, taxi, etc.
 - Common Carrier.** Indicate location (city/state) of departure terminal and arrival terminal and method of transportation used.
 - Mileage.** Insert mileage rate authorized. List number of miles between various points for which mileage will be claimed. Indicate amount claimed for mileage. This may be done by showing the amount involved (number of miles times rate per mile) between different points.
 - Rental Vehicle and Other Special Means of Transportation.** Show dates and points of travel, kinds of transportation used, and the amount claimed.
 - Cash Payment for Common Carrier Fare.** If common carrier was procured from the traveler's personal funds, show amount spent, including any Federal transportation tax, mode, and class of transportation used.
- E. Per Diem/Actual Subsistence.**
- Per Diem.** Show the actual lodging cost and meals and incidental expenses (M&IE) rate for each day for which per diem is claimed. (See NRCMD 14.1, Part 6).
 - Per Diem. (Continued)**
The total may not exceed the authorized rate of per diem. Also see Section 6.1.2.3 of Part 6 for the amounts to be deducted for each meal and/or lodging that is provided by the government at no cost to the traveler.
 - Actual Subsistence.** Show the actual lodging cost. Itemize daily expenses for breakfast, lunch, dinner, tips, etc. when the actual subsistence authority provides for higher costs for these items. (See NRCMD 14.1, Part 6). The total may not exceed the authorized actual subsistence rate.
- F. Explanations Required.**
- Cash Purchase of transportation tickets.
 - Taking of leave of any kind.
 - Interruption of travel for emergency or personal reasons.
 - Indirect travel for personal reasons
 - Delays at places other than duty posts.
 - Mileage claimed is greater than mileage of a usually traveled route.
 - Use of a rental vehicle or other special means of transportation when it was not authorized on NRC for 279, "Official Travel Authorization."
- G. Foreign Travel.**
- Itemize expenditures by items in the currency in which the expenditures were made.
 - Convert total foreign expenditures into U.S. dollars at rate or rates at which the foreign currency was obtained.
 - Show rates of conversions and commissions charged.
- H. Attachments. (Staple to left side of Original Copy of Page 1 of this form.)**
- Passenger coupon copy of tickets that were used. (Attach unused tickets or portions of unused tickets to the front of NRC Form 64 if they have not been returned previously to the headquarters or region travel office.) Do not attach boarding passes or ticket folders.
 - Receipts are required for all lodgings. They are also required for itemized cash expenses over \$75 as specified in NRCMD 14.1, Exhibit 7.1.
 - A foreign flag certification (See NRCMD 14.1, Exhibit 4.3) which provides the justification for a traveler's use of a foreign flag carrier for any part of foreign travel.
- I. Erasures and Alterations.** Traveler must initial alterations in totals. Erasures and alterations in totals on receipts must be initialed by person who signed receipt. To correct errors on vouchers, draw a line through the error and initial the correction. Do not
- J. Comparative Cost Statements.** Prepare Comparative Cost Statements to reflect costs that would have been incurred had the travel been accomplished by the most expeditious means. An example of a cost comparison statement is shown in NRCMD 14.1., Exhibit 7.4.

TRAVEL VOUCHER (PART 1)

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, NEOS-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.

FOLLOW INSTRUCTIONS

1. AUTHORIZATION NUMBER	2. SOCIAL SECURITY NO. 012-34-5678
3. NAME (Last, First, Middle Initial) EXAMPLE CLAIM	4. OFFICE TELEPHONE 999-111-2222

5. MAILING ADDRESS (Include ZIP Code) 123 STREET NAME YOUR TOWN, STATE ZIP	6. RECLAIM VOUCHER YES <input type="checkbox"/> NO <input type="checkbox"/>	7. VOUCHER STATUS PARTIAL <input type="checkbox"/> FINAL <input checked="" type="checkbox"/>
9. OFFICIAL DUTY STATION (City and State) YOUR TOWN, STATE		8. TRAVEL PERIOD(S) A. FROM (MM/DD/YYYY) 08/29/2006 B. TO (MM/DD/YYYY) 08/31/2006

13. TYPE OF TRAVEL <input checked="" 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	A. SUBSISTENCE AND OTHER EXPENSES \$494.15	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.				C. TOTAL CLAIM \$494.15	

22. READ CAREFULLY
(If voucher includes any of the following, mark the appropriate boxes.)

REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP
(Explain in Part 2 and attach to front of voucher)

REMITTANCE ATTACHED IN THE AMOUNT OF: \$ _____ CHECK NO. _____

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* **SIGN HERE**
Printed Name of Traveler: _____ SIGN NAME HERE IN BOX 24

25. THIS VOUCHER IS APPROVED.
SIGNATURE - APPROVING OFFICIAL _____ DATE _____

26. EXAMINER'S ADJUSTMENTS

ATM	
OTHER	
AMOUNT TO BE APPLIED	
BALANCE DUE	
NET TO TRAVELER	

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)

RECEIVED CASH IN THE AMOUNT OF: \$ _____	FOR _____
SIGNATURE _____	DATE _____ NRC BADGE NUMBER _____

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. (2120-1) TRAVEL	D. (2120-2) MEALS AND LODGING	E. (2120-3) OTHER	F. (2120-4) SUBSISTENCE AND OTHER	G. (2120-5) COMMON CARRIER	H. TOTAL
DOMESTIC							
FOREIGN							

EXAMPLE

* 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 10-81

U.S. NUCLEAR REGULATORY COMMISSION

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

NAME (Last, First, MI) EXAMPLE FULL TRAVEL CLAIM	AUTHORIZATION NO.	DEPART FROM OFFICE	
		DATE (MM/DD/YY) 08/29/2006	TIME 11:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.

DATE	NATURE OF EXPENSE	AUTHORIZED MILEAGE	NUMBER OF MILES	AMOUNT CLAIMED
20 06		44.50 ¢		
	Lodging: 2 days, @ \$ 66 per day			132.00
	Lodging Tax: 2 days, @ \$ 14.50 per day			29.00
	M&IE (If lodging is required)			
08/29	- 1st day travel/business @ \$ 33 /day (3/4 x full rate of \$44/day) =			33.00
	If more than 1 day of government business:			
08/30	- 1 days of travel/business over 2 days x \$44/day =			44.00
08/31	- Last day of travel/business x \$33/day (3/4 x \$44) =			33.00
	Travel via POV: 70 miles x 44.5 cents/mile = (No. of round trips = 1)		70	31.15
08/29 08/31	Miscellaneous Expenses: (Attendance Fee) 3 days in attendance and time necessarily occupied in going to and from place of attendance @ \$40/day.			120.00
08/31	Airport Parking Fee @ \$24.00/day x 3 days = \$72.00			72.00
EXAMPLE				

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

\$ 494.15

NRC FORM 64A
 (6-2005)
 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

NAME (Last, First, MI) NO LODGING REQUIRED/MEETING AT NORMAL WORK LOCATION	AUTHORIZATION NO. 	DEPART FROM OFFICE DATE (MM/DD/YY) _____ TIME _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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DATE 20 06	NATURE OF EXPENSE	AUTHORIZED MILEAGE 44.50 ¢	NUMBER OF MILES	AMOUNT CLAIMED
	Lodging: _____ days, @ \$ _____ per day			0.00
	Lodging Tax: _____ days, @ \$ _____ per day			0.00
	M&IE (If lodging is required)			
	- 1st day travel/business @ \$ _____ /day (3/4 x full rate of \$ _____ /day) =			0.00
	If more than 1 day of government business:			
	- _____ days of travel/business over 2 days x \$ _____ /day =			0.00
	- Last day of travel/business x \$ _____ /day (3/4 x \$ _____) =			0.00
	Travel via POV: _____ miles x 44.5 cents/mile = (No. of round trips = _____)			0.00
08/29 08/30	Miscellaneous Expenses: (Attendance Fee) 2 days in attendance and time necessarily occupied in going to and from place of attendance @ \$40/day.			80.00
EXAMPLE				

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

\$ 80.00

NRC FORM 64A
 (6-2005)
 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

NAME (Last, First, MI) NO LODGING REQUIRED/MEETING NOT AT NORMAL WORK LOCATION	AUTHORIZATION NO. 	DEPART FROM OFFICE	
		DATE (MM/DD/YY) 08/29/2006	TIME 11:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.

DATE 20 06	NATURE OF EXPENSE	AUTHORIZED MILEAGE 44.50 ¢	NUMBER OF MILES	AMOUNT CLAIMED
	Lodging: days, @ \$ per day			0.00
	Lodging Tax: days, @ \$ per day			0.00
	M&IE (If lodging is required)			
	- 1st day travel/business @ \$ 33 /day (3/4 x full rate of \$44/day) =			0.00
	If more than 1 day of government business:			
	- 1 days of travel/business over 2 days x \$44/day =			0.00
	- Last day of travel/business x \$33/day (3/4 x \$44) =			0.00
08/29 08/30	Travel via POV: 120 miles x 44.5 cents/mile = (No. of round trips = 2)		120	53.40
08/29 08/31	Miscellaneous Expenses: (Attendance Fee) 2 days in attendance and time necessarily occupied in going to and from place of attendance @ \$40/day.			80.00
EXAMPLE				

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

\$ 133.40