

## **TRAVEL VOUCHER INSTRUCTIONS & SAMPLE VOUCHER**

Please note the following before completing your Voucher for reimbursement:

1. Please complete all highlighted sections (See example on the following pages). If you have attended NRC sponsored training courses in the past, you have already supplied us with your full social security number. If this is the case, you need only provide the last 4 digits of you SS# in box #2.
2. On page two, under "Nature of Expense" indicate the course number and title. On the following line, indicate the per diem, as specified on your Acceptance Letter.
3. The first and last days of travel are always reimbursed at 3/4 of the M&IE. In the example that follows, the full per diem for M&IE is \$56. Therefore, on the first and last days, the per diem is reimbursed at \$42.
4. Rental cars will not be authorized for travel. If you indicated on the Travel Form that you would be driving your privately owned vehicle, you are authorized to request mileage reimbursement not to exceed the cost of airfare. You would have obtained a quote for airfare from Carlson Wagonlit Travel to establish this amount and were required to complete the "Cost Comparative to Drive Versus Fly." If you plan to drive, the Federal mileage reimbursement is 56 cents per mile. Make sure 0.56 has been entered in the box, "Authorized Mileage" and enter any miles driven using your privately owned vehicle under the column titled "Number of Miles." The mileage reimbursement will automatically calculate in the "Amount Claimed" column. If you plan to drive a state owned vehicle, reimbursement is not applicable.
5. Students may be reimbursed for transportation between the airport and hotel, and between the hotel and the training center. Students staying at the same hotel are encouraged to coordinate with each other to arrange transportation between the hotel and the training center.
6. We are very pleased to be offering Direct Deposit for travel reimbursements. If you prefer this method, please complete the form located on our website and link provided here, [Direct Deposit Form](#). Follow the instructions on the form, and return to Mary Matheson at [Mary.Matheson@nrc.gov](mailto:Mary.Matheson@nrc.gov). Once you have signed up for Direct Deposit, you are in the system and will not need to complete a new form unless your banking information changes. When it is time to complete your voucher for reimbursement, in box 5 (the address box) enter "Enrolled for Direct Deposit." If you have any questions regarding direct deposit, please contact Mary Matheson at 301-415-8748.
7. The total will automatically calculate on the 2<sup>nd</sup> page and will carry forward to the 1<sup>st</sup> page at "C - TOTAL CLAIM."
8. Print the form, sign and date box 24 of the 1<sup>st</sup> page.
9. Scan and return the form as soon as possible, but no later than 15 business days after the course, with airline itinerary and receipts to [AStrainingandtravel.Resource@nrc.gov](mailto:AStrainingandtravel.Resource@nrc.gov).

***If you have any questions, please contact Marcia Casby, Training and Travel Coordinator, at 301-415-6525.***

<b>NRC FORM 64</b> <small>(8-2011)  NRCMD 14.1  Exception to SF 1012  Approved by NARS 10-81</small>		<b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>TRAVEL VOUCHER (PART 1)</b> <b>FOLLOW INSTRUCTIONS</b>		<b>APPROVED BY OMB: NO. 3150-0192</b> <b>EXPIRES: 08/31/2014</b>			
<small>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 Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@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.</small>							
1. AUTHORIZATION NUMBER		2. SOCIAL SECURITY NO. (Last 4 digits)		2a. NON-NRC SSN (9 digits)			
3. NAME (Last, First, Middle Initial)			4. OFFICE TELEPHONE				
Doe, John			(301) 555-5555				
5. MAILING ADDRESS (Include ZIP Code)				6. RECLAIM VOUCHER			
Use home address				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
				7. VOUCHER STATUS PARTIAL <input type="checkbox"/> FINAL <input checked="" type="checkbox"/>			
9. OFFICIAL DUTY STATION (City and State)(drop down list or fill in)				8. TRAVEL PERIOD(S)			
10. RESIDENCE (City and State) City, State				A. FROM (MM/DD/YYYY) 08/10/2014			
				B. TO (MM/DD/YYYY) 08/15/2014			
13. TYPE OF TRAVEL		14. METHOD OF PAYMENT		15. AIRLINE ACCOMMODATIONS			
<input type="checkbox"/> CONUS/DOMESTIC <input type="checkbox"/> NONFOREIGN OUTSIDE CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> COS		HEADQUARTERS TO BE PAID BY EFT <input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT <input type="checkbox"/> OTHER		<input type="checkbox"/> FIRST CLASS <input type="checkbox"/> OTHER PREMIUM CLASS <input type="checkbox"/> FREE UPGRADE <input type="checkbox"/> NON-CONTRACT			
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 <small>(Explain in Part 2 and attach to front of voucher)</small>							
<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							

\* 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 64 (8-2011)

☐ TRAVELER'S COPY  
☐ ADVANCE COPY  
☐ MEMORANDUM  
☐ AUTHORIZATION  
☐ AUDIT  
☐ FUNDS CONTROL

NRC FORM 64A

U.S. NUCLEAR REGULATORY COMMISSION

(8-2011)  
 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)  Doe, John	AUTHORIZATION NO.  	DEPART FROM OFFICE	
		DATE (MM/DD/YYYY)  08/10/2014	TIME (ie. 1:00)  2:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.

DATE 20 14	NATURE OF EXPENSE	AUTHORIZED MILEAGE (ie.50) 0.56	NUMBER OF MILES \$	AMOUNT CLAIMED
	S-201 Materials Control & Security Systems & Principles (95/56/151)			0.00
	Per Diem (\$95 hotel / \$56 Meals & Incidentals)			0.00
				0.00
08/10/2014	Taxi from home to airport			20.00
				0.00
08/10/2014	Taxi from airport to hotel			15.00
				0.00
08/15/2014	Taxi from training site to airport			18.00
				0.00
08/10/2014 08/14/2014	Hotel (\$95 x 5 nights) Plus hotel tax (\$75)			550.00
				0.00
08/10/2014	First Day Partial Per Diem (3/4 of \$56 = \$42.00)			42.00
				0.00
08/11/2014 08/14/2014	Full Per Diem (\$56 x 4 days = \$224.00)			224.00
				0.00
08/15/2014	Last Day Partial Per Diem (3/4 of \$56 = \$42.00)			42.00
				0.00
08/10/2014 08/15/2014	Airline Excess Baggage Fee (\$25 each way)			50.00
				0.00
08/15/2014	Taxi from airport to home			20.00
				0.00
				0.00
				0.00
				0.00

**GRAND TOTAL - THIS PAGE**

(Amount to be included in Item 16.C, Part 1)

**\$981.00**