

(8-2011)
NRCMD 14.1
Exception to SF 1012
Approved by NARS 10-81

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 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.

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

5. MAILING ADDRESS (Include ZIP Code)
Home Address

6. RECLAIM VOUCHER YES NO
7. VOUCHER STATUS PARTIAL FINAL
8. TRAVEL PERIOD(S) A. FROM (MM/DD/YYYY) B. TO (MM/DD/YYYY)

9. OFFICIAL DUTY STATION (City and State)(drop down list or fill in)
10. RESIDENCE (City and State)

13. TYPE OF TRAVEL CONUS/DOMESTIC NONFOREIGN OUTSIDE CONUS FOREIGN COS
14. METHOD OF PAYMENT HEADQUARTERS TO BE PAID BY EFT EFT PAYMENT TO ALTERNATE ACCOUNT OTHER
15. AIRLINE ACCOMMODATIONS FIRST CLASS OTHER PREMIUM CLASS FREE UPGRADE NON-CONTRACT

11. LEAVE TAKEN ANNUAL SICK OTHER
12. COMPARATIVE TRAVEL
16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B) EXPENSES AMOUNT CLAIMED OTHER EXPENSES

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
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 will auto calculate

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.

23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete)
ATM
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.
SIGNATURE -- TRAVELER*
Printed Name of Traveler:

FOR EXAMINER USE
AMOUNT TO BE APPLIED
BALANCE DUE
NET TO TRAVELER

25. THIS VOUCHER IS APPROVED.
SIGNATURE -- APPROVING OFFICIAL
Printed Name of Approving Official:

26. EXAMINER'S ADJUSTMENTS

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

EXAMINED BY
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

Table with 8 columns: 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. Rows for DOMESTIC and 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

U.S. NUCLEAR REGULATORY COMMISSION

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

NAME (Last, First, MI)	AUTHORIZATION NO.	DEPART FROM OFFICE		
		DATE (MM/DD/YYYY)	TIME (ie. 1:00)	
			<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.

DATE 20__	NATURE OF EXPENSE	AUTHORIZED MILEAGE (ie.50) ¢	NUMBER OF MILES	AMOUNT CLAIMED
	Materials Control & Security Systems & Principles (S-201)			0.00
	Per Diem (\$___ Hotel / \$___ Meals & Incidentals)			0.00
				0.00
	Personal Vehicle from home to airport (12 miles x 54 cents/mile)			6.48
				0.00
	Taxi from airport to hotel			15.00
				0.00
	Taxi from training site to airport			18.00
				0.00
	Hotel (\$94 x 5 nights = \$470.00)			470.00
				0.00
	Hotel Taxes/Fees (\$16.22 x 5 nights = \$81.10)			81.10
				0.00
	First Day Partial Per Diem (3/4 of \$56 = \$42.00)			42.00
				0.00
	Full Per Diem (\$56 x 4 days = \$224.00)			224.00
				0.00
	Last Day Partial Per Diem (3/4 of \$56 = \$42.00)			42.00
				0.00
	Airline Excess Baggage Fee (\$25 each way)			50.00
				0.00
	Personal Vehicle from airport to home (12 miles x 54 cents/mile)			6.48
				0.00
	Airport Parking			42.00

GRAND TOTAL - THIS PAGE

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

Grand total will auto calculate