

<b>NRC FORM 64</b> (11-2006) NRCMD 14.1 Exception to SF 1012 Approved by NARS 10-81		<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: 06/30/2008</b>		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. (Last 4 digits)		3. NAME (Last, First, Middle Initial)		4. OFFICE TELEPHONE	
5. MAILING ADDRESS (Include ZIP Code)						6. RECLAIM VOUCHER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
7. VOUCHER STATUS PARTIAL <input type="checkbox"/> FINAL <input checked="" type="checkbox"/>						8. TRAVEL PERIOD(S) A. FROM (MM/DD/YYYY) B. TO (MM/DD/YYYY)	
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	
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: \$						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 _____	
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)

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

U.S. NUCLEAR REGULATORY COMMISSION

**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.

[illegible]

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

777.72