Form No. 10-67 Rev. (6/2007)

UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE VOLUNTEERS-IN-PARKS PROGRAM

AREA

VOUCHER NO.

SCHEDULE NO.

Claim for Reimbursement for Volunteer Expenses

NAME OF CLAIMANT - Last, first, middle initial (please print)

ADDRESS (Street, city, state, zip code)

Date Expenses	Amount Claimed for (last, first, m.i.)							
Incurred Mo./Day/Yr.	Local Transportation	Number Of Miles	Meals	Lodging	Uniforms/ Costumes	Other Expenses		
Subtotal:								
GRAND TOTAL \$								

I certify that this claim is correct and proper and that payment or credit has not been received

Signature of Volunteer making claim	Date	Date						
Approved, as advantageous to the government, for \$								
VIP Coordinator or Designee	Date							
Accounting Classification	Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment in the amount of \$							
Organization Code	Authorized Certifying and Paying Officer	Date						
Paid by check no								
Received in cash, \$	Signature of Volunteer	Date						

PRIVACY ACT STATEMENT

Disclosure of this information is voluntary; failure to furnish information may delay payment. Collection and use is covered under Privacy Act System of Records USDA/OP-1 and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of the Interior, National Park Service Volunteers-In-Parks Program Coordinator, 1849 C Street NW, 2450, Washington, DC 20240.

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Group Reimbursement Information

This form to be used only with groups who are operating under a Form 10-86 (Agreement for Sponsored Voluntary Services) and whose members are requesting reimbursement. List the total group claim on this form (by categories), and form must be signed and submitted by group leader or liaison.

Name of Group Member	Amount Claimed	Date	Signature
	\$		
	\$		
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