Employees and Volunteers: FS-6500-229 (06/2007) Volunteers: OMB 0596-0080 (Exp. 08/2010)

REQUEST FOR REIMBURSEMENT FORM (FSH 6509.11K, Chapter 50)				I	ORGANIZATION (Region/Station/Area and Unit)				
CLAIMANT	a. NAMI	NAME (Last, first, middle initial)			b. SOCIAL SECURITY NUMBER				
2. CLAII	c. MAIL	ING A	NG ADDRESS			d. TELEPHONE NUMBER			
Your Social Security Number is requested under the provisions of 31 U.S.C. 3325, for the is voluntary; failure to furnish information may delay payment. Collection and use is consistent with the provisions of 5 USC 552a (Privacy Act of 1974).						of disbursing Inder Privacy	Federal Money Act System	y. Disclosure of Records U	of this information SDA/OP-1 and is
3. EXPENSES TO BE REIMBURSED									
		Show appropriate code in column (b):				MILEAGE RATE	AMOUNT CLAIMED		
DATE		C O D E	Volunteers: A – Local travel	Employees: D – Health & Wellne E – Professional Lic F – Professional Lic G – Other Expense:	cense/Certification Fee ability Insurance	¢ NO. OF	MILEAGE	FARE OR TOLL	INCIDENTAL AND OTHER EXPENSES
		<i>a</i> >	(Explain expenditures in specific detail)			MILES	()		(0
	a)	(b)				(c)	(d)	(e)	(f)
fode	litional	onoo	o in required, continue on next need						
f additional space is required, continue on next page SUBTOTALS CARRIED FORWARD FROM OTHER PAGES									
4. AMOUNT CLAIMED (Total of cols d ,e, ,f)				TOTALS					
				<u> </u>	5. I certify that this claim is true and correct to the best of my knowledge and belief				
6. I recommend reimbursement of expenses: SUPERVISOR OR OTHER APPROVING OFFICIAL SIGN HERE			and that I have not received reimbursement for these expense			DATE			
PRINT NAME HERE				8. REFERENCE NUMBERS:					
TITLE			Volunteers enter Agreement Number:						
			Employees/Volunteers enter Requisition/Obligation Number:						
7. ACCOUNTING CLASSIFICATION				9. Remarks:					
Budget Organization Code (RRUU):									
Job Code:									

3. EXPENSE	XPENSES TO BE REIMBURSED - CONTINUED					
	Show appropriate code in column (b):	MILEAGE	AMOUNT CLAIMED			

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				(=: p: 00, ====)				
DATE	C O D E	Volunteers: A – Local travel B – Incidental Expenses specified in Volunteer Agreement C – Other Expenses (Itemized)	Employees: D - Health & Wellness Plan Expenses E - Professional License/Certification Fee F - Professional Liability Insurance G - Other Expenses (Itemized)	RATE ¢ NO. OF MILES	MILEAGE	FARE OR TOLL	INCIDENTAL AND OTHER EXPENSES	
	4.	(Explain expend	(Explain expenditures in specific detail)			()	(0)	
(a)	(b)	(2. p.a s.ps. a.a. so in opcome detail)		(c)	(d)	(e)	(f)	
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Total each column and enter on the front, subtotal line								

Burden Statement for Volunteers

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/hours 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.

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Instructions

Employees and volunteers are to use this form to request reimbursement of incidental expenses. Submit completed form, with original signatures and supporting documentation to the *Albuquerque Service Center (B&F), Miscellaneous Payments 101B Sun NE, Albuquerque, New Mexico 87109.*

Directions for Employees

- Block 1 Enter name of Forest Service organization.
- Block 2 Claimant Information- Self-explanatory.

Block 3 – Expenses to be reimbursed

- Date expenses incurred
- b. Enter code for type of expenses
- c. For local travel using personal vehicle, enter point of departure and destination, otherwise enter explanation for expense
- d. For local travel using personal vehicle, enter point of departure and destination, otherwise enter explanation for expense
- e. Calculate miles driven.
- f. Calculation of miles driven times mileage rate
- g. Fares or tolls charges for local travel
- h. Amount of reimbursement claimed excluding mileage, tolls, or fares
- **Block 4** Amount Claimed –Enter totals of columns d, e, and f.
- **Block 5** Claimant sign.

Note: If the employee is requesting reimbursement for supplies, the FS-6500-229 form must be signed by a warranted procurement official

- Block 6 Employee Supervisor sign, print name and title
- **Block 7** Accounting Classification enter valid budget organization code (sometime referred to as "override") and Job Code. Must obtain this information from supervisor
- **Block 8** Reference numbers: Enter the requisition number or obligation number, if available
- **Block 9** Remarks. Enter additional information that may be helpful to process your claim.

Directions for Volunteers

For new volunteer, submit Vendor Code Information Worksheet (FS-6500-231) with first reimbursement request. Submit a Vendor Code information Worksheet for volunteer address change or banking information for EFT payment.

- **Block 1** Enter name of Forest Service organization.
- Block 2 Claimant Information- Self-explanatory.
- Block 3 Expenses to be reimbursed
 - a. Date expenses incurred
 - b. Enter code for type of expenses
 - c. For local travel using personal vehicle, enter point of departure and destination, otherwise enter explanation for expense
 - d. For local travel using personal vehicle, enter point of departure and destination, otherwise enter explanation for expense
 - e. Calculate miles driven.
 - f. Calculation of miles driven times mileage rate
 - g. Fares or tolls charges for local travel
 - h. Amount of reimbursement claimed excluding mileage, tolls, or fares
- **Block 4** Amount Claimed –Enter totals of columns d, e, and f.
- **Block 5** Claimant sign.

Note: Reimbursement request must match the terms of the Volunteer Agreement. Agreement must be signed by Line Officer or Delegated Official.

- Block 6 Volunteer Supervisor sign, print name and title
- **Block 7** Accounting Classification enter valid budget organization code (sometime referred to as "override") and Job Code. This information will be obtained from the supervisor
- Block 8 Reference numbers. Enter the Volunteer agreement number and requisition number or obligation number, if available
- **Block 9** Remarks. Enter additional information that may be helpful to process your claim.