





<b>Instructions</b>
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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.**

**Instructions for Employees****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; Employees should use codes D, E, F or G.
- c. Explain expense in detail ( e.g., Health & Wellness Expense; Bally Fitness Club membership fee, 85.00).
- d. Record mile driven to/from.
- e. Calculation of miles driven times mileage rate (See GSA standard for mileage rate).
- f. Fares or tolls charges for local travel.
- g. Amount of reimbursement claimed excluding mileage, tolls, or fares.

**Block 4** - Amount Claimed –Enter totals of columns e, f, and g.**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 and date, print name and title.**Block 7** - Accounting Classification enter valid budget organization code (sometimes referred to as “override” or Region/Unit (RRUU)) and Job Code. Must obtain this information from supervisor.**Block 8** - Reference numbers: Enter the requisition number or obligation number; if applicable (See local Budget Officer).**Block 9** - Remarks. Enter additional information that may be helpful to process your claim.**Instructions 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; Volunteers should use codes A, B, or C.
- c. Explain expense in detail (e.g., Travel to Forest with private owned vehicle; Toll charges 15.00).
- d. Record miles driven to/from.
- e. Calculation of miles driven times mileage rate (See Volunteers Agreement for mileage rate).
- f. Fares or tolls charges for local travel.
- g. Amount of reimbursement claimed excluding mileage, tolls, or fares.

**Block 4** - Amount Claimed –Enter totals of columns e, f, and g.**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 and date, print name and title.**Block 7** - Accounting Classification enter valid budget organization code (sometime referred to as “override” or Regional/Unit (RRUU)) and Job Code. This information will be obtained from the supervisor.**Block 8** - Reference numbers. Enter the Volunteer agreement number. Enter the requisition number or obligation number; if applicable (See local Budget Officer).**Block 9** - Remarks. Enter additional information that may be helpful to process your claim.