								:			
REQUEST FOR REIMBURSEMENT FORM (FSH 6509.11K, Chapter 50)					1. ORGANIZATION (Region/Station/Area and Unit)						
IANT	a. NAM	IE (Last	, first, middle initial)		b. SOCIAL SECURITY NUMBER						
2. CLAIMANT	c. MAIL	.ing ae	DDRESS		d. TELEPHONE NUMBER						
is v	oluntar	y; failu	rity Number is requested under the pro re to furnish information may delay p are consistent with the provisions of 5	ayment. Collection	and use are covered	of disbursing under Privac	Federal Mone y Act System	y. Disclosure of Records	of this information OPM/GOVT-1 and		
3. EXPENSES TO BE REIMBURSED											
						MILEAGE		AMOUNT CLAIMED			
		6	Show appropriate code in column (b):			RATE					
DATE		C O D	Volunteers: A – Local travel B – Incidental Expenses specified in Volunteer Agreement	avel D – Health & Welln al Expenses specified E – Professional Li		¢	_ MILEAGE	FARE OR TOLL	INCIDENTAL AND OTHER EXPENSES		
		E	C – Other Expenses (Itemized)	s (Itemized)	NO. OF MILES						
(a)	(b)	(c) (Explain expenditures in specific detail)				(e)	(f)	(g)		
		-									
		-									
If odd	litional		a is required continue on payt page								
ir add	itional	space	e is required, continue on next page		ROM OTHER PAGES						
4. AI	IOUNT	CLAIM	ED (Total of cols e, f, g)	\$	TOTALS						
6. I	recom	nmeno	l reimbursement of expenses:		 I certify that this claim is true and correct to the best of my knowledge and belief and that I have not received reimbursement for these expenses. 						
OR C APPF OFFI	RVISOR THER OVING CIAL HERE		•	DATE	CLAIMANT SIGN HERE	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. EXPENSES TO BE REIMBURSED - CONTINUED

 Show appropriate code in column (b):

 MILEAGE

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

DATE	C O D E	Volunteers: A – Local travel B – Incidental Expenses specified in Volunteer Agreement C – Other Expenses (Iternized)	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
(a)	(b)	(c) (Explain expenditures in specific detail)		(d)	(e)	(f)	(g)
	I	Total each column a	nd 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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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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*.

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 used 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.