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

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

AREA	 <del> </del>	
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)

Amount Claimed for (last, first, m.i.)					
Local Transportation	Number Of Miles	Meals	Lodging	Uniforms/ Costumes	Other Expenses
	Local	Local Number	Local Number Meele		Local Number Moole Lodging Uniforms/

GRAND TOTAL \$

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pper and that payment or credit has not been received		
Date		
ernment, for \$		
Date		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment in the amount of \$		
Authorized Certifying and Paying Officer	Date	
Signature of Volunteer	Date	
	Date  Pursuant to authority vested in me, I certify that this voucher is proper for payment in the amount of \$  Authorized Certifying and Paying Officer	

## 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**

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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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