

**SELECTIVE SERVICE SYSTEM
ALTERNATIVE SERVICE WORKER
TRAVEL REIMBURSEMENT REQUEST**

OMB Approval

ASW's Selective Service No. _____

SEND CHECK TO: COMPLETE ADDRESS

ASW's Name (Last, First, M.I.) _____

Social Security Number

Read Instructions On Back Of This Form First

I. TRAVEL TO	COST	II. TRAVEL FROM	COST
<input type="checkbox"/> I traveled at my own expense to (the ASO) (a job interview, a job assignment) as shown below, (Circle one destination.)		<input type="checkbox"/> I traveled at my own expense from (the ASO) (a job interview, a job assignment) as shown below: (Circle one.)	
BUS FROM: _____ TO: _____ \$ _____ FROM: _____ TO: _____ \$ _____ TRAIN FROM: _____ TO: _____ \$ _____ OTHER FROM: _____ TO: _____ \$ _____ PRIVATELY OWNED VEHICLE AT MY EXPENSE TYPE VEHICLE: _____ FROM: _____ TO: _____ ENTER ONLY THE NUMBER OF MILES TRAVELED IN PRIVATELY OWNED VEHICLE AT YOUR EXPENSE. THE REIMBURSEMENT WILL BE COMPUTED FOR YOU BY THE SELECTIVE SERVICE SYSTEM AT THE CURRENT GOVERNMENT RATE. ENTER THE AMOUNT OF TOLLS PAID IF ANY. NUMBER OF MILES: _____ \$ _____ AMOUNT OF TOLLS: \$ _____		BUS FROM: _____ TO: _____ \$ _____ FROM: _____ TO: _____ \$ _____ TRAIN FROM: _____ TO: _____ \$ _____ OTHER FROM: _____ TO: _____ \$ _____ PRIVATELY OWNED VEHICLE AT MY EXPENSE TYPE VEHICLE: _____ FROM: _____ TO: _____ ENTER ONLY THE NUMBER OF MILES TRAVELED IN PRIVATELY OWNED VEHICLE AT YOUR EXPENSE. THE REIMBURSEMENT WILL BE COMPUTED FOR YOU BY THE SELECTIVE SERVICE SYSTEM AT THE CURRENT GOVERNMENT RATE. ENTER THE AMOUNT OF TOLLS PAID IF ANY. NUMBER OF MILES: _____ \$ _____ AMOUNT OF TOLLS: \$ _____	

III. NOTE: Falsification of an item results in a forfeiture of claim and may result in severe civil penalties and a fine of not more than \$250,000, or imprisonment for not more than 5 years or both. CERTIFICATION I HAVE SHOWN ABOVE ONLY THE EXPENSE PAID BY ME TO COMPLY WITH SELECTIVE SERVICE ORDERS. NONE OF THE TRAVEL SHOWN ABOVE WAS FURNISHED OR PAID FOR BY THE U.S. GOVERNMENT. _____ (Signature of ASW) _____ (Date)	IV. FOR ASO USE _____ Authorized Official	V. FOR NATIONAL HQ USE Total from Section I \$ _____ Total from Section II \$ _____ GRAND TOTAL \$ _____
		_____ (Signature of Approving Officer)

GENERAL INSTRUCTIONS

This form is provided by the Alternative Service Office (ASO) to any Alternative Service Worker (ASW) who reports in compliance with an official order issued by the Selective Service System, when he has traveled by a Privately Owned Vehicle (POV) or when all or a portion of his travel costs was or will be paid by the ASW. The form is completed in original only and forwarded to the Selective Service System for payment.

INSTRUCTIONS TO ALTERNATIVE SERVICE WORKER

Do not fill out this form unless your travel was by POV or by public transportation at your expense. Attach any receipts you have for the travel performed. After you have completed the form, return it to the Alternative Service Office for processing. Your reimbursement check will be sent to the address you give on the face of this form as soon as possible after the Travel Reimbursement Request is approved.

If you are requesting reimbursement for all or a portion of your travel expense, you must complete the heading on this form. Complete only those items in Section I and II that apply. You must sign and date in Section III.

Heading: You must enter your Selective Service Number, your last, first name, and middle initial, Social Security Number, and the address to which you want your reimbursement check sent.

Section I: Use Section I to show only your expenditure for one-way travel from your home to the Alternative Service Office or a job site which was at your personal expense.

Make a check mark (✓) in the first box to indicate that you traveled at your own expense as shown in Section I. Circle the appropriate item to show the reason for your travel.

Make a check mark (✓) in the box beside the mode of travel for which you paid at your own expense and the points you traveled "from" and "to" by that mode.

If you traveled by POV, enter the type of vehicle and the number of miles traveled. Selective Service will compute the reimbursement at the current government rate and enter that amount in the cost column.

Fill in all other costs opposite the applicable mode of travel.

Section II: Show in Section II only your expenditure for one-way travel from the Alternative Service Office or a job site to your home which was at your personal expense.

Make a check mark (✓) in the first box to indicate that you traveled at your own expense as shown in Section II. Circle the appropriate item to show the reason for your travel.

Make a check mark (✓) in the box beside the mode of travel for which you paid at your own expense and the points you traveled "from" and "to" by that mode.

If you traveled by POV, enter the type of vehicle and the number of miles traveled. Selective Service will compute the reimbursement at the current government rate and enter that amount in the cost column.

Fill in all other costs opposite the applicable mode of travel.

Section III: Read the "Note" and "Certification." Sign your name in the space for "Signature of ASW" and enter today's date on the "Date" line.

Section IV: An authorized official of the Alternative Service Office will review the form and initial only to indicate that the Alternative Service Worker traveled in compliance with an official order. At the close of each workday, the Alternative Service Office will transmit all completed Alternative Service Worker Travel Reimbursement Requests (SSS Form 164) to:

National Headquarters
Selective Service System
Arlington, VA 22209
ATTENTION: ASW/FM Travel

Section V: The Selective Service System will use Section V. Reimbursement for POVs will be computed at the current rate and entered in the cost columns of Section I and II as appropriate. Total travel from Section I, total travel from Section II, and the grand total will be entered. A check for the amount approved in Section V will be sent to the ASW at the address shown on the face of the form.

**PROCEDURAL DIRECTIVE
ALTERNATIVE SERVICE WORKER TRAVEL REIMBURSEMENT REQUEST
SSS FORM 164
(RIMS/RIPS)**

1. PURPOSE

This form provides the means for an Alternative Service Worker (ASW) to apply for reimbursement of expenses which he pays during travel to or from a designated location in compliance with an official order issued by the Selective Service System.

2. PREPARATION

Prepared in original only by the Alternative Service Worker in accordance with instructions on the form. Typewriter, ball point pen, or ink pen may be used. An Alternative Service Office employee certifies in Part IV that the Alternative Service Worker was under orders while traveling. National Headquarters computes the reimbursable expenses in Part V and enters the total amount authorized for payment. The address provided on the form by the Alternative Service Worker is the address to which reimbursement will be mailed.

3. DISTRIBUTION

The Alternative Service Worker submits the form to the Alternative Service Office, which forwards it to National Headquarters.

4. DISPOSAL

Retained by the Selective Service System in accordance with General Records Schedule 6 (FPMR 101-11.4).