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FS-6500-0229 (Rev. 10/10)
OMB 0596-0080 (Exp. 10/2010)

REQUEST FOR REIMBURSEMENT FORM <small>(FPMR (41 CFR) 101-11.6)</small>		1. ORGANIZATION (Region/Station/Area and Unit)			Date													
					03/25/2010													
2. CLAIMANT	a. LAST NAME	FIRST NAME	M.I.	b. LAST-4 SSN ****	c. EMAIL ADDRESS													
	d. MAILING ADDRESS Street Apt/Suite City: State: Zip Code:			e. TELEPHONE NUMBER	RE-ENTER EMAIL ADDRESS													
	f. CLAIMANT TYPE: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> RAC				g. REFERENCE:													
	h. UNIT CONTACT LAST NAME FIRST NAME TELEPHONE NUMBER EMAIL ADDRESS																	
<p>Your Social Security Number is requested under the provisions of 31 U.S.C. 3325, for the purpose of debiting Federal Money. Disclosure of this information is voluntary; failure to furnish information may be payment collection and use are covered under Privacy Act System of Records OPM/GOVT-1 and USDAD P-1, and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).</p>																		
3. EXPENSES TO BE REIMBURSED												ASC USE ONLY						
DATE	EXPENSE TYPE	EXPENSE SUB-TYPE	EXPLANATION/PURPOSE	RECEIPT DOC ATTACHED?	MLEAGE	MLEAGE RATE	MLEAGE RATE TYPE	MLEAGE RATE TOTAL	FARE OR TOLL	INCIDENTAL OR OTHER EXPENSES	JOB CODE	UNIT CODE	ACTION CODE	REASON CODE	OTHER REASON			
11				<input type="checkbox"/> Yes <input type="checkbox"/> No														
11				<input type="checkbox"/> Yes <input type="checkbox"/> No								Clear	AM Aml.					
11				<input type="checkbox"/> Yes <input type="checkbox"/> No								Clear	AM Aml.					
11				<input type="checkbox"/> Yes <input type="checkbox"/> No								Clear	AM Aml.					
If additional space is required, continue on next page																		
Subtotal for All Expenses Page 1												uu	uu	uu	Claimant Comments:			
Subtotal for All Expenses Page 2												uu	uu	uu				
Click here to attach receipts & additional documents				Grand Total Expenses Submitted				\$0.00				ASC Approved		\$0.00				
<p>FRAUDULENT CLAIM: Fabrication of a claim or an expense account will result in forfeiture of the claim (28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 287; ID 1001).</p>																		
4. CLAIMANT SIGNATURE										5. SUPERVISOR REVIEW & APPROVAL								
SUPERVISOR NAME SUPERVISOR EMAIL RE-ENTER EMAIL										Receipt Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Approved <input type="checkbox"/> Declined			Remarks:		
										Volunteer Agreement Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No								
<input type="checkbox"/> 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.										TITLE:								
CLAIMANT SIGN HERE					SUPERVISOR SIGN HERE													
Sign & Submit to Supervisor					Unsign					Sign & Submit for Payment						Return to Claimant for Corrections		

Transaction Number:

MSPAY Number:

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