

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

AREA _____

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)

Date Expenses Incurred Mo./Day/Yr.	Amount Claimed <i>for (last, first, m.i.)</i>					
	Local Transportation	Number Of Miles	Meals	Lodging	Uniforms/ Costumes	Other Expenses
Subtotal:						
GRAND TOTAL \$						

I certify that this claim is correct and proper and that payment or credit has not been received

Signature of Volunteer making claim

Date

Approved, as advantageous to the government, for \$_____

VIP Coordinator or Designee

Date

<p>Accounting Classification</p> <p>Organization Code _____</p>	<p>Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment in the amount of \$_____</p> <p>_____ Authorized Certifying and Paying Officer</p> <p>_____ Date</p>
<p>Paid by check no. _____</p> <p>Received in cash, \$_____</p>	<p>_____ Signature of Volunteer</p> <p>_____ Date</p>

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).

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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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