Standard Form (SF) 1164

Claim for Reimbursements for Expenditures on Official Business

Use: The SF 1164 is a payment mechanism used to reimburse employees for official expenses.

To avoid any processing delays, please note the following instructions:

- 1. These instructions were developed for specific agencies of the USDA, currently APHIS and GIPSA. If you work for an agency other than APHIS or GIPSA, please check with your agency for their requirements.
- 2. Receipts for all items and services over **\$25.00** are required and should be attached.
- 3. The following information is required in order to ensure timely reimbursements:

The FMMI Obligation/Payment Request Cover Sheet, an optional form, provides a breakdown of all required information, including required accounting elements, which may be attached and sent with the SF 1164 for processing. The cover sheet is located at: www.aphis.usda.gov/mrpbs/fmd/fost_forms.shtml

- a. <u>Block 1:</u> Complete name and address of office handling the SF 1164 for the employee (i.e. SF1164 contact).
- b. <u>Block 4:</u> Provide your complete legal name (as it appears on your salary payment), FMMI Vendor Number, complete home mailing address, and office phone number of SF 1164 contact.
- c. <u>Block 6:</u> Must contain dates of service, *detailed* description, and amount of expenditures in appropriate columns (In general, services *cannot* be paid in advance).
- d. <u>Blocks 8 & 10:</u> Approving official and claimant must provide signatures and dates in appropriate boxes. Please print the approving official name below the signature if it's difficult to read.
- e. <u>Accounting Classification Block (at the bottom of the form)</u>: Must provide valid Fund, Fund Center, Functional Area, WBS Element, Budget Period, and Budget Object Code(s) (BOCs) for each accounting element breakdown, if applicable.
- 4. Based on your agency, you may submit an SF 1164 to the information provided below. Please be mindful not to submit an SF 1164 twice, or your accounting code may be charged twice.

APHIS		GIPSA				
	Post-mail is the only acceptable method to submit SF 1164 for processing. Mail the original SF 1164. Must contain at least one original signature.		Mail, fax, or em an SF 1164 for p	ail are acceptable ways to submit processing		
Mail:	USDA, APHIS, FMD Financial Operations Services Team (FOST) 100 North 6 th Street Butler Square, Suite 510C Minneapolis, MN 55403-1505	Mail: USDA, APHIS, FMD Financial Operations Services Team 100 North 6 th Street Butler Square, Suite 510C Minneapolis, MN 55403-1505				
		Fax: Email:	GIPSA Attn: Subject: Fax: <u>soeurette.dun</u>	Soeurette Dunn GIPSA SF 1164 612-336-3561 n@aphis.usda.gov		

Contact Us: If you are part of United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS) or Grain Inspection Packers and Stockyards Administration (GIPSA), direct questions to:

APHIS, Bonnie Silvernale: 612-336-3428 GIPSA, Soeurette Dunn: 612-336-3274 SF 1164 Lead, Kraig Peterson: 612-336-3604

	CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	T DEPARTMENT OR ESTABLISHMEN	IT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER 3. SCHEDULE NUMBER
	Read the Privacy Act Sta	tement on the back of this fo	orm.	5. PAID BY
4. LN	a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.	
CLAIMA	b. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER	

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

20 ALocal travel D BTelephone or telegraph, or E COther Expenses (<i>itemized</i>) (Explain expenditures in specific detail.) NO. OF MILEAGE RATE d MILEAGE RATE MILEAGE RATE	ADD PER- SONS (h)	TIPS AND MISCEL- LANEOUS				
(] NO. OF						
	(n)					
(a) (b) (c) FROM (d) TO (e) (f) (g)	(1)	(i)				
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If additional space is required continue on the back. SUBTOTALS CARRIED FORWARD FROM THE BACK						
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) } \$ TOTALS						
	10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been ceceived by me.					
Sign Original Only	DAT	E				
DATE 11. CASH PAYMENT RECEIPT						
APPROVING OFFICIAL SIGN HERE A. PAYEE (Signature) b.	DATE R	ECEIVED				
	AMOUN	т				
Sign Original Only						
AUTHORIZED CERTIFYING OFFICER SIGN HERE						

Accounting Classification Block $\overline{\gamma}$

DATE	C Show appropriate code in col. (b):			AMOUNT CLAIMED				
20	ň	B Telephone or telegraph, or C Other Expenses <i>(itemized)</i>		MILEAGE RATE			ADD	TIPS AND
		(Explain expenditures in specific detail.)		NO. OF MILES	MILEAGE	FARE OR TOLL	PER- SONS	MISCEL- LANEOUS
<u>(a)</u>	(b)	<i>(c)</i> FROM	<i>(d)</i> TO	(e)	(f)	(g)	(h)	(i)
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In compliance w the Federal Tra primary purpose administrative a who have a ne relevant to civil	vith the vel Re e of the authori ed for , crimi	Privacy Act of 1974, the following information is p gulations (FPMR 101-7), E.O. 11609 of July 22, 19 e requested information is to determine payment o zation and to record and maintain costs of such re the information in the performance of their officia nal, or regulatory investigations or prosecutions, o clearance or investigations of the performance of the analysis of the performance of the performance of the analysis of the performance of	provided: Solicitation of the information on t 171, E.O. 11012 of March 27, 1962, E.O. 93 r reimbursement to eligible individuals for a imbursements to the Government. The inf I duties. The information may be disclose r when pursuant to a requirement by this a	his form is aut 97 of Novemb Illowable trave ormation will I d to appropria gency in con	horized by 5 U.S ber 22, 1943, and I and/or other ep be used by Fede te Federal, Stat nection with the	S.C. Chapter 57 1 26 U.S.C. 601 cpenses incurre eral agency offic e, local, or fore hiring or firing	' as im 1(b) ar d unde cers ar ign ag of an e	olemented by old 6109. The r appropriate old employees encies, when employee, the

issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement. U.S. Government Printing Office: 1993 -- 361 - 028/99048 STANDARD FORM 1164 Back (Rev.11-77) (CDC Adobe Acrobat 3.01 Electronic Version, 6/98) U.S. Government Printing Office: 1993 -- 361 - 028/99048

6. EXPENDITURES--Continued