

## **Instructions for Completing Standard Form 1164 Claim for Reimbursement for Expenditures on Official Business**

### **1. General Guidance**

Claimant must submit a Standard Form 1164 to receive reimbursement for expenditures on Official Business.

### **2. Preparing a Claim**

- a. Claimant will prepare the Standard Form 1164 and submit required receipts.
- b. Submit the original or copied form. One record copy should be retained by the originator/claimant.

**Block 1** – Enter Center name.

**Block 4a** – Enter full name.

**Block 4b** – Enter the last four digits of your Social Security number.

**Block 4c** – Enter mailing address.

**Block 4d** – Enter office telephone number including the area code.

**Block 6a** – Enter date of expenditure.

**Block 6b** – Enter appropriate code for expenditure.

**Block 6c & 6d** – List expenditures with a suitable explanation as to the nature of the expense. Receipt for the expenditure is to be attached. Failure to furnish receipts, when applicable, is to be fully explained on the form.

**Block 6i** – Enter the amount claimed.

**Block 7** – Fill in the total amounts claimed.

**Block 8** – Obtain the signature of your Supervisor.

**Block 9** – The NASA Shared Services Center (NSSC) Accounts Payable Certifying Officer will sign in Block 9.

**Block 10** – Claimant's signature and date.

### **3. Processing Claims**

Claims will be returned if all signature blocks are not completed. Claims must be submitted to the designated Center Approving Official for processing. The Center Approving Official will review for appropriateness of expenditures and accuracy and will submit to the NSSC for processing the payment of the claim.

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE NASA Shared Services Center (NSSC)	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

<b>4. CLAIMANT</b>	a. NAME (Last, first, middle initial) Smith, John A.	b. SOCIAL SECURITY NO. XXX-XX-1234
	c. MAILING ADDRESS (Include ZIP Code) Road C, Bldg. 1111 Stennis Space Center, MS 39259	d. OFFICE TELEPHONE NUMBER 228-813-5000

<b>5. PAID BY</b>
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**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.)

DATE	C O D E	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized) D - Funeral Honors Detail E - Specialty Care	MILEAGE RATE	AMOUNT CLAIMED				
				MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCEL-LANEOUS	
(a)	(b)	(c) FROM	(d) TO	(e) NO. OF MILES	(f)	(g)	(h)	(i)
11/22	C	Purchase of software in support of COOP.						253.80
<b>SAMPLE</b>								

If additional space is required continue on the back.

**SUBTOTALS CARRIED FORWARD FROM THE BACK**

<b>7. AMOUNT CLAIMED</b> (Total of cols. (f), (g) and (i).) <b>\$ 253.80</b>	<b>TOTALS</b>							253.80
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8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE

*[Signature]*

DATE  
11/25/2010

9. This claim is certified correct and proper for payment.

Sign Original Only

APPROVING OFFICIAL SIGN HERE

*[Signature]*

DATE  
11/28/2010

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 received by me.

Sign Original Only

CLAIMANT SIGN HERE

*[Signature]*

DATE  
11/25/2010

**11. CASH PAYMENT RECEIPT**

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT  
\$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Fund - WCNX04546R; Fund Center - 10-384161; WBS - 384161.01.02.06

