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.

				1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NU	MBER			
•	FC	OR E	R REIMBURSEMENT EXPENDITURES ICIAL BUSINESS	NASA Shared Services Center (NSSC)		3. SCHEDULE NUMBER					
			Pood the Privacy Act S	l tatement on the back of this fo	nrm		5. PAID BY				
	a. NAME	/Last. f	first, middle initial)	tatement on the back of this ic	b. SOCIAL SECURITY NO.		5. PAID B1				
CLAIMANT	Smith				XXX-XX-1234						
Σ					d. OFFICE TELEPHONE NUMBER						
Z			ORESS (Include ZIP Code) Bldg. 1111		d. OFFICE TELEFHONE NOMBER						
	1		pace Center, MS 39259								
4					228-813-5000						
6.	EXPENDI	TURE	S (If fare claimed in col. (g) exceed the claimant.)	ls charge for one person, show in	col. (h) the number of a	additional per	sons which accom	panied		·	
	DATE	С	Show appropriate code in col. (b): A - Local travel		MILEAGE	AMOUNT CLAIMED					
20 10		0 D	B - Telephone or telegraph, c C - Other expenses (itemize	XA	RATE	MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS		
		E	(Explain e	expenditures in specific detail.)		NO. OF MILES			30143	LANEOUS	
	(a)	(b)	(c) FROM (d)		TO (θ)		(f)	(g)	(h)	(i)	
11	/22	С	Purchase of software in supp	port of						253.80	

				$\underline{\mathbf{AM}}$	PI						
If additional space is required continue on the back. SUBTOTALS CARRIED BACK					ORWARD FROM THE						
7.	AMOUN'	T CLA	AIMED (Total of cols. (f), (g) ar	ad (i).) \$ 253.80	TOTALS					253.80	
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).)					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						
Sign Original Only					CLAIMANT SIGN HERE DOWN A. Smith DATE 11/25/2010					2010	
DATE					11. CASH PAYMENT RECEIPT						
APPROVING OFFICIAL SIGN HERE 241 2 A					a. PAYEE (Signature) b. DATE RECEIVED				ED		
		is cer	tified correct and proper for payme	nt.				c. AMC	DUNT		
			Sign Original Only					\$			
OF.	PROVING) FICIAL IN HERE		Choà Nuri	11/28/2010	12. PAYMENT MADE BY CHECK NO.						
AC	COUNT	ING C	CLASSIFICATION			-		,			

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

DATE	CODE	Show appropriate code in col. (b): A - Local travel	MILEAGE RATE		AMOUNT C			
20		B - Telephone or telegraph, or C - Other expenses (itemized)	D - Funeral Honors Detail E - Specialty Care		MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS
	(b)		res in specific detail.)	NO. OF MILES	<i>(f)</i>	(g)	(h)	(i)
(a)	ļ	(c) FROM	(d) TO	(e)		137	1 67	
							-	
						Automorphis		
]							
	1							
· · · · · · · · · · · · · · · · · · ·	T							
***************************************	1							
	1							
	1						-	
	 							
	-							
							-	
	-							
						-	-	
444.444.4	1							
				-				
	1							
				ľ				
	-							
	1			ŀ				
	-							·····
	-							
						-		
	-							
						THE PARTY OF THE P		
	1							
	1							
	J	<u> </u>						
		Total each column a	nd enter on the front, subtotal line.)				
			7					

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorize by the 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulation (FPMR 101-7), E.O. 11609 of July 22 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employe, the issuance or a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SNN) 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.