

## Claim for Reimbursement for Postal Supervisors (for Employee Business Expenses only)

	OS MAL SERVICE ®		(101 LITIPIO			penses uniy)
1. Post Offic	pe e		2. Finance Number	;	3. Year - Pay Peric	od
4.		Clair	mant			
a. Name (Last, first, middle initial)				I	b. Social Security Number	
c. Return To: (Issuing Office complete this block; include ZIP + 4)				(	d. Office Telephone Number	
5.		Expen	ditures			
a. Date	b. Supervisors' reimbursement authorized for supervising carriers, inspecting routes, motor vehicle service operations, and airport ramp operations only (see Handbook F-15, part 5-5.2.1.2).			hicle	e. Mileage Rate per day \$ g. Amount Claimed (Greater of d	
	(Explain expenditures in specific detail.)			1	f. Number of Miles	rate <b>or</b> per mile rate times number of miles)
	c. From d. To					
6. Total Number of Miles/Amount Claimed						\$
7. I certify th	nat this claim is true and correct to the best of my kno	owledge and	belief and that payment or cre	dit has r	not been received	by me.
	Sign Orig	ginal Only				
CLAIMANT SIGN HERE					DATE	
8. This clain	n is certified correct and proper for payment.		9. This claim is approved.	1		
Sign Original Only AUTHORIZED Sign			n Origin	al Only		
CERTIFYING OFFICIAL SIGN HERE		APPROVING OFFICIAL SIGN HERE				DATE
and 1003. This	statement: The collection of this information is authorized by 3 information will be used to reimburse postal supervisors for advertisely in the performance of their official duties. As a result	use of their	storage; to the EEOC for investig under 29 CFR 1613; to the Me	erit Syste	ems Protection Board	or Office of Special

privately owned vehicle in the performance of their official duties. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert or consultant under contract with the USPS to fulfill an agency function; to the Federal Records Center for

Counsel for proceedings involving possible prohibited personnel practices; to an independent certified public accountant during an official audit of USPS finances; to agencies having taxing authoirty for taxing purposes; to financial organizations receiving allotments; to OPM, SSA, VA, OWCP, insurance carriers, plans, or other program management agencies or systems for use in determining or processing a claim for health, life insurance, retirement or other program benefits under such system; and to OPM for its active employment/annuitant data systems used to analyze Federal retirement and insurance costs. Completion of this form is voluntary, however, if this information is not provided, you may not be reimbursed for your expenses.