UNITED STATES POSTAL SERVICE®

Claim for Reimbursement for Postal Supervisors

(for Employee Business Expenses only)

1. Post Office	2. Finance Number	3. Year - Pay Period

4. Claimant

a. Name *(Last, first, middle initial)*	b. Social Security Number
c. Return To: *(Issuing Office complete this block; include ZIP + 4)*	d. Office Telephone Number

5. Expenditures

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)*. *(Explain expenditures in specific detail.)* c. From	d. To	e. Mileage Rate per day $____ per mile ____¢ f. Number of Miles	g. Amount Claimed *(Greater of daily rate **or** per mile rate times number of miles)*
6. Total Number of Miles/Amount Claimed ▶				**$**

7. 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	DATE

8. This claim is certified correct and proper for payment. *Sign Original Only* AUTHORIZED CERTIFYING OFFICIAL SIGN HERE	DATE	9. This claim is approved. *Sign Original Only* APPROVING OFFICIAL SIGN HERE	DATE

Privacy Act Statement: The collection of this information is authorized by 39 USC 401 and 1003. This information will be used to reimburse postal supervisors for use of their 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 storage; to the EEOC for investigating a formal EEO complaint filed against the USPS under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special 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.