

SF 1164

Claim for Expenditures on Official Business

Use: The SF 1164 Claim for Expenditures on Official Business is a payment mechanism used to reimburse employees for official expenses.

The **original**, completed and approved SF 1164 should be mailed to: [\(See comment below\)](#)

USDA, APHIS, FMD, APT
100 N. 6th Street
Butler Square, Suite 510C
Minneapolis, MN 55403-1505

When completing the SF 1164, note the following instructions:

Failure to provide required information will result in reimbursement delays and possible returned forms.

1. The original SF 1164 form is required. Copies and faxes will be returned to employee.
2. ALL receipts for reimbursements over **\$25.00** are required and should be attached.
3. Block 1 – Complete name and address of office handling SF 1164 for the employee (1164 contact).
4. Block 4 – Individual requesting the reimbursement **MUST** provide full legal name (as it appears on your salary payment), the **last four digits of the social security number**, complete home mailing address, and office phone number of 1164 contact.
5. Block 6 – Must contain dates of service, **detailed** description, and amount of expenditures in appropriate columns (In general, services **cannot** be paid in advance).
6. Block 8 & 10 – Approving official and claimant must provide signatures and dates in appropriate boxes. Please print the approving official name below the signature if difficult to read.
7. Accounting Classification Block at the bottom of the form – Must provide valid 10-digit for APHIS, 9-digit for AMS, and 7-digit for GIPSA accounting code(s) and Budget Object Code(s) (BOC) for each accounting code (with breakdown of BOC amounts, if applicable).

Note: SF 1164 standard processing time is three (3) working days from receipt given that ALL required information is provided. It will be paid to you on average of 7-10 days from the date of receipt by APT.

Please sign and send one original copy of SF 1164 via post mail.

DO NOT send/fax/email copies of SF 1164 *unless specifically asked by the Accounting and Payments Team.*

Direct any questions to:

Jennifer Tizcareño: 612-336-3272

Vinh Tran: 612-336-3428

SF 1164 Lead, Debra Broms: 612-336-3389

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

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

4. CLAIMANT	a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.	5. PAID BY
	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.)

DATE	C O D E	Show appropriate code in col. (b): A--Local travel B--Telephone or telegraph, or C--Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED					
					MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCELLANEOUS		
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)		
/					\$0.00					
/					\$0.00					
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<i>If additional space is required continue on the back.</i>				SUBTOTALS CARRIED FORWARD FROM THE BACK	0.0	\$0.00	\$0.00	0	\$0.00	
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$ 0.00					TOTALS	0.0	\$0.00	\$0.00	0	\$0.00

<p>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).)</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p>APPROVING OFFICIAL SIGN HERE } DATE</p>	<p>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.</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p>CLAIMANT SIGN HERE } DATE //</p>
<p>9. This claim is certified correct and proper for payment.</p> <p style="text-align: center;"><i>Sign Original Only</i></p> <p>AUTHORIZED CERTIFYING OFFICER SIGN HERE } DATE</p>	<p>11. CASH PAYMENT RECEIPT</p> <p>a. PAYEE (Signature) b. DATE RECEIVED</p> <p>c. AMOUNT \$</p>
	<p>12. PAYMENT MADE BY CHECK NO.</p>

Accounting Classification:

