USDA Forest Service

FS-6500-229 (03/2008)
OMB 0596-0080 (Exp. 12/2013)

REQUEST FOR REIMBURSEMENT FORM
(FSH 6509.11K, Chapter 50)

1. ORGANIZATION (Region/Station/Area and Unit)

2. CLAIMANT

a. NAME *(Last, first, middle initial)*: National Smokejumper Assoc,

b. SOCIAL SECURITY NUMBER: 81-0479209

c. MAILING ADDRESS: POBox 4081 Missoula, MT 59806-4081

d. TELEPHONE NUMBER

e. UNIT CONTACT NAME (Last, first, middle initial): Bob Beckley

f. TELEPHONE NUMBER: 406-396-2322

Your Social Security Number is requested under the provisions of 31 U.S.C. 3325, for the purpose of disbursing Federal Money. Disclosure of this information is voluntary; failure to furnish information may delay payment. Collection and use are covered under Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

3. EXPENSES TO BE REIMBURSED

Show appropriate code in column (b):

Volunteers:
A – Local travel
B – Incidental Expenses specified in Volunteer Agreement
C – Other Expenses *(Itemized)*

Employees:
D – Health & Wellness Plan Expenses
E – Professional License/Certification Fee
F – Professional Liability Insurance
G – Other Expenses (Itemized)

DATE (a)	CODE (b)	(c) *(Explain expenditures in specific detail)*	MILEAGE RATE ¢ / NO. OF MILES (d)	AMOUNT CLAIMED: MILEAGE (e)	AMOUNT CLAIMED: FARE OR TOLL (f)	AMOUNT CLAIMED: INCIDENTAL AND OTHER EXPENSES (g)
7-20 7-27	B	Per Diem for ____ Person Crew	$30/ day			X X
7-20 7-27		For cook mileage	XX	X X		

If additional space is required, continue on next page

SUBTOTALS CARRIED FORWARD FROM OTHER PAGES				
4. AMOUNT CLAIMED *(Total of cols e, f, g)* ▶ $ — **TOTALS**				X

5. ACCOUNTING CLASSIFICATION	**6. REFERENCE NUMBERS:**
Budget Organization Code (RRUU):	Volunteers enter Agreement Number:
Job Code:	Employees/Volunteers enter Requisition/Obligation Number:

FRADULENT CLAIM: Falsification of an item in an expense account will result in forfeiture of the claim (28 USC 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 USC 287; ID 1001).

7. I certify that this claim is true and correct to the best of my knowledge and belief and that I have not received reimbursement for these expenses.

CLAIMANT *SIGN HERE* ▶ X — DATE

8. I recommend reimbursement of expenses:

SUPERVISOR OR OTHER DELEGATED OFFICIAL *SIGN HERE* ▶ — DATE

PRINT NAME HERE ▶

TITLE ▶

9. Remarks: