



Check Disposition Preference

USPS ACH DISTRICT OFFICE
INTEROFFICE: CHABOT LPC EDCE

Claimant _____ Home Address _____ W# _____ Claim For The Month Of _____ Year _____

Date	Location of Origin	Destination	Purpose	Miles	Incidental Charges	
					Type	Amount
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
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						\$
						\$
						\$

I CERTIFY THIS IS A TRUE STATEMENT OF TRAVEL EXPENSES INCURRED BY ME IN THE PERFORMANCE OF AUTHORIZED DUTIES

Claimant's Signature **Date**

Approver's Signature **Date**

Approver's Signature **Date**

Total Miles @ \$_____/mile

Total Incidentals

Incidentals + Mileage Reimbursement =
Grand Total

_____ - _____ - _____ - _____
FOAP Account to be Charged