

 Department of Veterans Affairs

AUTHORIZATION TO REPORT - VOUCHER FOR MILEAGE ALLOWANCE

AUTHORIZATION TO REPORT	1. DATE ISSUED
2. NAME, VA FILE NO., AND ADDRESS OF VETERAN NO.:	3. REPORT TO AND RETURN
	4. REASON FOR REPORTING
	5. NAME AND ADDRESS OF ISSUING OFFICE

NOTE: Please see reverse for instructions.

6. WHEN TO REPORT		
<input type="checkbox"/> VETERAN WILL REPORT (Date)	<input type="checkbox"/> DOCTOR WILL NOTIFY VETERAN WHEN TO REPORT	<input type="checkbox"/> VETERAN WILL CONTACT DOCTOR FOR APPOINTMENT
7. REMARKS (Show "type" of travel authorized, serial No.(s) of Government request form(s), ticket(s), etc.)		
8. TRAVEL AT GOVERNMENT EXPENSE <input type="checkbox"/> IS AUTHORIZED <input type="checkbox"/> IS NOT AUTHORIZED		9. AUTHORIZATION PERIOD
10. AUTHORIZED MILEAGE RATE CENTS PER MILE	11. MAXIMUM MEAL AND LODGING RATE \$ PER 24-HOUR PERIOD	12. ESTIMATED COST OF TRAVEL \$
13. AUTHORITY	14. FISCAL SYMBOLS	15. SIGNATURE OF AUTHORIZATION OFFICIAL

VOUCHER FOR MILEAGE ALLOWANCE

SUBVOUCHER NO. _____

CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES - MILEAGE ALLOWANCE BASIS

FROM	MILES TRAVELED <i>(Round trip)</i>	AMOUNT CLAIMED AT AUTHORIZED MILEAGE RATE	FERRY, BRIDGE, ROAD, TUNNEL AND MEAL OR LODGING COSTS	TOTAL AMOUNT CLAIMED
TO		\$	\$	\$
AND RETURN				

I have not obtained meals, lodgings, or transportation at Government expense or through the use of Government requests, tickets, or tokens; and have not used any Government-owned conveyance or incurred any expenses which may be presented as charges against the Department of Veterans Affairs for transportation, meals, or lodgings in connection with my authorized travel. I understand that no part of the actual and direct expenses for transportation, meals and lodgings in connection with the uncompleted portion of my authorized travel is to be borne by the Department of Veterans Affairs, and I hereby claim mileage allowance, fares, and tolls in lieu of actual expenses for this trip as shown above. I certify that this claim is correct and just and that payment has not been received.

DATE	SIGNATURE OF VETERAN	
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STATEMENT BY VA OFFICIAL OR DESIGNEE (or Fee Basis Physician or Dentist)

I CERTIFY that the veteran named herein reported to this office for the purpose authorized on the date(s) shown.	DATE(S) REPORTED	SIGNATURE AND TITLE
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AUDIT BLOCK

AMOUNT DUE \$	DATE	REMARKS
VOUCHER AUDITOR		

ACKNOWLEDGEMENT OF RECEIPT OF CASH PAYMENT

I hereby acknowledge receipt in cash of the amount stated as due, in full payment of claim stated above.

DATE	SIGNATURE OF PAYEE
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PRIVACY ACT NOTICE: The information requested on this form is solicited under Chapter 1, Title 38, United States Code, and will enable us to send you another authorization to report if you have indicated in Section III that you cannot report as scheduled, or to reimburse you for your travel expenses if you are submitting this form as a claim for reimbursement. Disclosure is voluntary. However, if the information is not furnished, we cannot reschedule your appointment or reimburse you for travel. The information will be used in your best interests and may be disclosed outside the VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974. Failure to furnish this information will have no adverse effect on any other benefit to which you may be entitled.

SECTION I - GENERAL INSTRUCTIONS TO VETERAN

- a. Present this authorization when reporting for the purpose indicated on the other side of the form.
- b. If you cannot report on the date(s) indicated, please show (in Section III) the reason why you cannot report and state the future date on which you can report. Return this form to this office and **DO NOT REPORT UNTIL YOU RECEIVE ANOTHER AUTHORIZATION.**
- c. If you have moved to a city or town other than the one shown, indicate (in Section III) your new address and whether it is permanent or temporary. Return this form to this office and **DO NOT REPORT UNTIL YOU RECEIVE ANOTHER AUTHORIZATION.**

SECTION II - INSTRUCTIONS TO VETERAN WHEN AUTHORIZED TO TRAVEL AT GOVERNMENT EXPENSE
(See item 8 on other side of form)

- a. If you are authorized to travel at Government expense, you may:
 - (1) Pay your own necessary expense of travel. You will then be reimbursed at the public transportation rate, or if public transportation is not available, the current mileage rate (*see item 10*) for the total mileage (*round trip*) plus cost of ferry fares and bridge, road, and tunnel tolls. This allowance is in place of all your expenses of travel (*Including cost of meals and lodging*); or
 - (2) Pay your own expenses of travel and be repaid for your actual and necessary expenses. Such payment may not exceed the current maximum rate (*see item 11*) for three meals and one night's lodging for any 24-hour period plus cost of round trip by public transportation. You must furnish receipts for sleeping accommodations and for each additional item for expense of \$5; or
 - (3) If you do not wish to use your own money, return this authorization to this office. State in Section III the mode of public transportation you wish to use, the name of the transportation company, and the town or junction point from which you will start your trip. We will then send you a Government transportation request which you may present to the ticket office in exchange for a ticket. We will also send you any necessary meal and lodging requests. These should be shown to the waiter or hotel clerk before you order a meal or register at a hotel. You should return any unused transportation, meal, or lodging requests to this office.
- b. Your claim for reimbursement of travel expenses must be received within 30 days after completion of your travel. Failure to claim reimbursement within 30 days will result in forfeiture of your travel benefit.

SECTION III - THIS SPACE IS FOR USE OF VETERAN IN COMMUNICATING WITH THE ISSUING VA OFFICE

Fiscal Date & Time Received DATE: _____ TIME: _____