





<b>Instructions</b>
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Employees and volunteers are to use this form to request reimbursement of incidental expenses. Submit completed form, with original signatures and supporting documentation to the **Albuquerque Service Center (B&F), Miscellaneous Payments 101B Sun NE, Albuquerque, New Mexico 87109.**

**Directions for Employees****Block 1** - Enter name of Forest Service organization.**Block 2** - Claimant Information- Self-explanatory.**Block 3** – Expenses to be reimbursed

- a. Date expenses incurred
- b. Enter code for type of expenses
- c. For local travel using personal vehicle, enter point of departure and destination, otherwise enter explanation for expense
- d. For local travel using personal vehicle, enter point of departure and destination, otherwise enter explanation for expense
- e. Calculate miles driven.
- f. Calculation of miles driven times mileage rate
- g. Fares or tolls charges for local travel
- h. Amount of reimbursement claimed excluding mileage, tolls, or fares

**Block 4** - Amount Claimed –Enter totals of columns d, e, and f.**Block 5** - Claimant sign.**Note:** If the employee is requesting reimbursement for supplies, the FS-6500-229 form must be signed by a warranted procurement official**Block 6** - Employee Supervisor sign, print name and title**Block 7** - Accounting Classification enter valid budget organization code (sometime referred to as "override") and Job Code. Must obtain this information from supervisor**Block 8** - Reference numbers: Enter the requisition number or obligation number, if available**Block 9** – Remarks. Enter additional information that may be helpful to process your claim.**Directions for Volunteers***For new volunteer, submit Vendor Code Information Worksheet (FS-6500-231) with first reimbursement request. Submit a Vendor Code information Worksheet for volunteer address change or banking information for EFT payment.***Block 1** - Enter name of Forest Service organization.**Block 2** - Claimant Information- Self-explanatory.**Block 3** – Expenses to be reimbursed

- a. Date expenses incurred
- b. Enter code for type of expenses
- c. For local travel using personal vehicle, enter point of departure and destination, otherwise enter explanation for expense
- d. For local travel using personal vehicle, enter point of departure and destination, otherwise enter explanation for expense
- e. Calculate miles driven.
- f. Calculation of miles driven times mileage rate
- g. Fares or tolls charges for local travel
- h. Amount of reimbursement claimed excluding mileage, tolls, or fares

**Block 4** - Amount Claimed –Enter totals of columns d, e, and f.**Block 5** - Claimant sign.**Note:** Reimbursement request must match the terms of the Volunteer Agreement. Agreement must be signed by Line Officer or Delegated Official.**Block 6** – Volunteer Supervisor sign, print name and title**Block 7** - Accounting Classification enter valid budget organization code (sometime referred to as "override") and Job Code. This information will be obtained from the supervisor**Block 8** - Reference numbers. Enter the Volunteer agreement number and requisition number or obligation number, if available**Block 9** – Remarks. Enter additional information that may be helpful to process your claim.