

**PRIVACY ACT STATEMENT**  
**NRC Form 64 Travel Voucher (Part 1);**  
**NRC Form 64A Travel Voucher (Part 2) Schedule of Expenses and Amount Claimed;**  
**NRC Form 64B Optional Travel Voucher (Part 2) Expense Report**

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission (NRC) on NRC Form 64, 64A, and 64B. This information is maintained in a system of records designated as NRC-20 and described at 81 *Federal Register* 81334 - 81335 (November 17, 2016), or the most recent *Federal Register* publication of the NRC's Systems of Records Notices that is located in NRC's Agencywide Documents Access and Management System (ADAMS).

**1. AUTHORITY:** 5 U.S.C. Part III, Subpart D, Chapter 57; 31 U.S.C. 716; 41 U.S.C. Subtitle II, Chapter 61; 41 CFR Part 102-118; Executive Order (E.O.) 9397, as amended by E.O. 13478.

**2. PRINCIPAL PURPOSE(S):** To make reimbursement claims for approved and authorized travel expenses, per diem, and other change of station expenses.

**3. ROUTINE USE(S):** In addition to the disclosures permitted under subsection (b) of the Privacy Act (5 U.S.C. 552a), the NRC may disclose information contained in this system of records without your consent to the U.S. Treasury to secure payments; to the Department of State or an embassy for passports or visas; to GSA and OMB for required periodic reporting; to charge card issuing bank; to Dept. of Interior/NBC for collecting severe travel card delinquencies by employee salary offset; and to consumer reporting agency to obtain credit reports. The information may also be disclosed to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law; in the course of an administrative or judicial proceeding; to an appropriate Federal, State, local and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you; in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence; to a Congressional office to respond to their inquiry made at your request; to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis; and to appropriate persons and entities for purposes of response and remedial efforts in the event of a suspected or confirmed breach of data from this system of records.

**4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure is voluntary. However, if the requested information is not provided, reimbursement may be denied. Failure to provide the last four digits of your Social Security number (SSN) may result in delayed processing. The use of the SSN is necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the use of this number.

**5. SYSTEM MANAGER AND ADDRESS:** Chief, Financial Operations Branch, Division of the Controller, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

**NRC FORM 64**

**U.S. NUCLEAR REGULATORY COMMISSION**

APPROVED BY OMB: NO. 3150-0192

EXPIRES: 10/31/2020

(10-2017)  
NRCMD 14.1  
Exception to SF 1012  
Approved by NARS 10-81

**TRAVEL VOUCHER (PART 1)**  
**FOLLOW INSTRUCTIONS**

Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Information Services Branch (T-2 F43), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

|                                       |  |                            |  |
|---------------------------------------|--|----------------------------|--|
| 1. AUTHORIZATION NUMBER               | 2. SOCIAL SECURITY NO. (Last 4 digits) | 2a. NON-NRC SSN (9 digits) |  |
| 3. NAME (Last, First, Middle Initial) |  | 4. OFFICE TELEPHONE        |  |

|                                       |  |  |
|---------------------------------------|--|--|
| 5. MAILING ADDRESS (Include ZIP Code) | 6. RECLAIM VOUCHER<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | 7. VOUCHER STATUS<br>PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> |
| 8. TRAVEL PERIOD(S)                   |  |  |
| A. FROM (MM/DD/YYYY)                  |  | B. TO (MM/DD/YYYY)   |

|  |  |  |
|--|--|--|
| 9. OFFICIAL DUTY STATION (City and State)(drop down list or fill in)   | 10. RESIDENCE (City and State)   |  |
| 13. TYPE OF TRAVEL<br><input type="checkbox"/> CONUS/DOMESTIC<br><input type="checkbox"/> NONFOREIGN OUTSIDE CONUS<br><input type="checkbox"/> FOREIGN<br><input type="checkbox"/> COS | 14. METHOD OF PAYMENT<br>HEADQUARTERS TO BE PAID BY EFT<br><input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT<br><input type="checkbox"/> OTHER | 15. AIRLINE ACCOMMODATIONS<br><input type="checkbox"/> FIRST CLASS<br><input type="checkbox"/> OTHER PREMIUM CLASS<br><input type="checkbox"/> FREE UPGRADE<br><input type="checkbox"/> NON-CONTRACT |

|   |             |   |            |
|---|-------------|---|------------|
| 17. TRANSPORTATION METHOD OF PAYMENT<br>GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)                           | 18. CARRIER | 19. TRANSPORTATION GTR OR TICKET NUMBER | 20. AMOUNT |
| 11. LEAVE TAKEN<br><input type="checkbox"/> ANNUAL<br><input type="checkbox"/> SICK<br><input type="checkbox"/> OTHER |             | 12. COMPARATIVE TRAVEL                  |            |

|  |                     |                       |
|--|---------------------|-----------------------|
| 21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES. | TRAVELER'S INITIALS | <b>C. TOTAL CLAIM</b> |
|--|---------------------|-----------------------|

|   |  |
|---|--|
| 22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.)<br><input type="checkbox"/> REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP (Explain in Part 2 and attach to front of voucher) | <b>23. TRAVEL ADVANCE</b><br>TOTAL ADVANCE RECEIVED (Traveler Must Complete) |
| <input type="checkbox"/> REMITTANCE ATTACHED IN THE AMOUNT OF: \$   | CHECK NO.  |

|  |      |                         |
|--|------|-------------------------|
| 24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME. | DATE | <b>FOR EXAMINER USE</b> |
| SIGNATURE -- TRAVELER* _____   |      | AMOUNT TO BE APPLIED    |
| Printed Name of Traveler:  |      | BALANCE DUE             |

|                                       |      |                                   |
|---------------------------------------|------|-----------------------------------|
| 25. THIS VOUCHER IS APPROVED.         | DATE | NET TO TRAVELER                   |
| SIGNATURE -- APPROVING OFFICIAL _____ |      |                                   |
| Printed Name of Approving Official:   |      | <b>26. EXAMINER'S ADJUSTMENTS</b> |

|                             |      |   |      |
|-----------------------------|------|---|------|
| 27. TRAVELER DESIGNATION    |      | I DESIGNATE _____ TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE. |      |
| SIGNATURE -- TRAVELER _____ | DATE | EXAMINED BY   | DATE |

|   |      |  |  |
|---|------|--|--|
| <b>28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)</b> |      |  |  |
| RECEIVED CASH IN THE AMOUNT OF: \$                          | FOR  | 29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT |  |
| SIGNATURE   | DATE | NRC BADGE NUMBER   | SIGNATURE -- AUTHORIZED CERTIFYING OFFICER |
|   |      |  | DATE                                       |

| <b>30. ACCOUNTING CLASSIFICATION (For Division of Financial Services Use)</b> |                 |        |                           |             |                                   |                            |          |
|---|-----------------|--------|---------------------------|-------------|-----------------------------------|----------------------------|----------|
| A. COST   | B. PURPOSE CODE | C. BFY | D. COST ORGANIZATION CODE | E. JOB CODE | F. (2110-S) SUBSISTENCE AND OTHER | G. (2120-D) COMMON CARRIER | H. TOTAL |
| DOMESTIC  |                 |        |                           |             |                                   |                            |          |
| FOREIGN   |                 |        |                           |             |                                   |                            |          |

\* Fraudulent Claim -- Falsification of an item in an expense account works a forfeiture of the Claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287; id. 1001)





**NRC FORM 64B**

(10-2017)  
NRCMD 14.1  
Exception to SF 1012  
Approved by NARS 10-81

**OPTIONAL TRAVEL VOUCHER (PART 2)  
EXPENSE REPORT  
FOLLOW INSTRUCTIONS**

**U.S. NUCLEAR REGULATORY COMMISSION**

AUTHORIZATION  
NUMBER

POV MILEAGE RATE  
  
CENTS/MILE  
(e.g., 0.50)

APPROVED BY OMB: NO. 3150-0192

EXPIRES: 10/31/2020

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(NRC Form 64B can be used in lieu of NRC Form 64A.)

|                                    |                       |      |                 |              |
|------------------------------------|-----------------------|------|-----------------|--------------|
| NAME OF EMPLOYEE (Last, First, MI) | DEPARTURE FROM OFFICE | DATE | TIME (ie. 1:00) | A.M.<br>P.M. |
|------------------------------------|-----------------------|------|-----------------|--------------|

**A. LOCAL TRANSPORTATION TO COMMON CARRIER TERMINAL**

| DATE | MODE | POV MILEAGE | WHERE USED | COST OF TRIP |                |
|------|------|-------------|------------|--------------|----------------|
|      |      |             |            | \$           | A. TOTAL<br>\$ |
|      |      |             |            | \$           |                |

**B. ITINERARY**

|                             |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|
| DEPARTURE DATE (MM/DD/YYYY) |  |  |  |  |  | IF ADDITIONAL SPACE IS REQUIRED, USE CONTINUATION PAGES. |
| CITY/STATE                  |  |  |  |  |  |  |
| TIME (SPECIFY A.M. OR P.M.) | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. |  |
| ARRIVAL DATE (MM/DD/YYYY)   |  |  |  |  |  |  |
| CITY/STATE                  |  |  |  |  |  |  |

**C. MILEAGE -- P.O.V.**

|                 |    |    |    |    |    |                |
|-----------------|----|----|----|----|----|----------------|
| NUMBER OF MILES |    |    |    |    |    |                |
| @ _____ ¢       | \$ | \$ | \$ | \$ | \$ | C. TOTAL<br>\$ |

**D. PER DIEM OR ACTUAL SUBSISTENCE (check box if per diem -- do not check if actual)**

|  |    |    |    |    |    |                |
|--|----|----|----|----|----|----------------|
| ACTUAL LODGING                                 | \$ | \$ | \$ | \$ | \$ | D. TOTAL<br>\$ |
| MEALS & INCIDENTAL EXPENSES                    | \$ | \$ | \$ | \$ | \$ |                |
| LESS PREPAID MEALS/LODGING                     | \$ | \$ | \$ | \$ | \$ |                |
| STATE SPECIFIC PREPAID MEALS (B/L/D)OR LODGING |    |    |    |    |    |                |
| TOTAL DAILY PER DIEM \$                        | \$ | \$ | \$ | \$ | \$ |                |
| TOTAL DAILY ACTUAL SUBSISTENCE NTE \$          | \$ | \$ | \$ | \$ | \$ |                |

**E. OTHER EXPENSES (List)**

|  |    |    |    |    |    |                |
|--|----|----|----|----|----|----------------|
|  | \$ | \$ | \$ | \$ | \$ | E. TOTAL<br>\$ |
|  | \$ | \$ | \$ | \$ | \$ |                |
|  | \$ | \$ | \$ | \$ | \$ |                |

**F. LOCAL TRANSPORTATION AT TEMPORARY DUTY STATION**

|                               |      |             |            |              |    |                |
|-------------------------------|------|-------------|------------|--------------|----|----------------|
| CAR RENTAL (PAID BY TRAVELER) | \$   | \$          | \$         | \$           | \$ | F. TOTAL<br>\$ |
| DATE                          | MODE | POV MILEAGE | WHERE USED | COST OF TRIP |    |                |
|                               |      |             |            | \$           |    |                |

**G. LOCAL RETURN TRANSPORTATION TO OFFICE OR OFFICIAL DUTY STATION FROM COMMON CARRIER TERMINAL**

|      |      |             |            |              |                |
|------|------|-------------|------------|--------------|----------------|
| DATE | MODE | POV MILEAGE | WHERE USED | COST OF TRIP |                |
|      |      |             |            | \$           | G. TOTAL<br>\$ |
|      |      |             |            | \$           |                |

**TOTAL CLAIM - THIS PAGE (A-G) -- TO BE INCLUDED IN ITEM 16A ON NRC FORM 64.**

**PLANE, TRAIN, BUS (PAID BY TRAVELER) - THIS PAGE -- TO BE INCLUDED IN ITEM 16B ON NRC FORM 64.**

**GRAND TOTAL - THIS PAGE -- TO BE INCLUDED IN ITEM 16C ON NRC FORM 64.**

## INSTRUCTIONS FOR COMPLETING NRC FORM 64, TRAVEL VOUCHERS (PART 1)

Type or handwrite this form using the instructions below. Ensure that all copies are legible. The traveler must initial any erasures and alterations in totals on the voucher. An electronic version of this form is also available in InForms.

1. **Authorization Number.** Enter the Authorization Number from NRC Form 279, "Official Travel Authorization," Item No. 3.
2. **Social Security No. (Last 4 digits)** Provide the last 4 digits of the traveler's Social Security Number.
3. **Name.** Provide traveler's name using the surname, first name, and middle initial.
4. **Office Telephone.** Indicate the traveler's office telephone number.
5. **Mailing Address.** Insert the address where reimbursement is to be sent. If office address is used, indicate mail stop.
6. **Reclaim Voucher.** Place an "X" in the appropriate block.
7. **Voucher Status.** Applies to vouchers submitted against "Blanket" or "Change of Station" authorizations only. If more than one voucher will be submitted, place an "X" in the "Partial" box. Place an "X" in the "Final" box when the last voucher is submitted.
8. **Travel Period(s).** Insert at "A." the date that travel started (MM/DD/YYYY) and insert at "B." the date that travel ended (MM/DD/YYYY).
9. **Official Duty Station.** Indicate the place of the traveler's designated headquarters or official station. Enter "Consultant" for consultant travel or "Invitational" for invitational travel.
10. **Residence.** Enter city and state of residence from which employee commutes to work if different from the address shown in Item 7.
11. **Leave Taken.** If travel is interrupted, specify annual, sick, or other type of leave taken during the period of travel.
12. **Comparative Travel.** Place an "X" if actual travel is a result of personal preference rather than what is officially authorized. To determine whether travel was beneficial to the Government, specific details of travel must be reconstructed on Part 2 (i.e. details must compare actual travel with travel that was officially authorized).
13. **Type of Travel.** Enter the type of travel performed, e.g. Continental United States (CONUS/Domestic), nonforeign outside CONUS (includes the States of Alaska and Hawaii, the Commonwealths of Puerto Rico and the Northern Mariana Islands, and the territories and possessions of the United States), foreign, or change of station (COS).
14. **Method of Payment.** Enter the method of payment for reimbursement of travel expenses.
15. **Airline Accommodations.** Check all classes of service that were authorized for the travel.
16. **Expenses Claimed.** Enter the appropriate amounts from NRC Form 64A or NRC Form 64B.
17. - 20.  
Leave blank unless traveler purchased tickets using a Government-issued charge card or cash (under \$100 or emergencies only) as documentation required).
21. **Traveler's Certification.** The General Services Administration (GSA) audits tickets purchased with cash. This certification permits the Government to recover any excess charges by carriers. Initial the certification if applicable.
22. **Read Carefully.** Mark the appropriate boxes and follow the instructions provided.
23. **Travel Advance.** Traveler must provide the amount of advance received. Voucher Examiner will complete the remaining portions of Item 23.
24. **Signature - Traveler.** Traveler must sign and date in ink. The voucher shall not be signed by anyone for the traveler.
25. **Signature - Approving Official.** Approving official must sign and date in ink.
26. **Examiner's Adjustments.** Leave Blank.
27. **Traveler Designation.** The traveler shall designate the person to whom cash payment shall be made and sign and date the designation.
28. **Cash Payment of Travel Voucher.** Leave Blank.
29. **Signature - Authorized Certifying Officer.** Leave Blank.
30. **Accounting Classification.** Leave Blank.

## INSTRUCTIONS FOR COMPLETING NRC FORM 64A, TRAVEL VOUCHERS (PART 2)

This form is an attachment to NRC Form 64 (Part 1). Type or handwrite this form using the instructions below. Ensure all copies are legible. An electronic version of this form is also available in InForms

- A. Page Number.** Enter page number, starting with Page "1." If additional pages of this form are required, enter Page "2," "3," etc. as appropriate, on each succeeding page.
- B. Authorization Number.** Enter the authorization number and the traveler's name for which the voucher applies. Also, enter date and time of traveler's departure date.
- C. Itemization.**
- 1. General.** Show the details of the expenses actually incurred. Official local telephone calls; parking meter fees; and local streetcar, bus, and subway charges may be summarized for the trip. The summarized amounts must be itemized if the total for each summarized item exceeds \$75.
  - 2. Chronological Order.** Itemize expenses incurred in chronological order.
  - 3. Leave of Absence.** When leave of any kind is taken, show the exact hour of departure from and return to duty status, along with the total amount of leave used.
  - 4. ATM Transaction Fees and Bank Surcharges.** These fees may be claimed as long as the total advance amount withdrawn did not exceed the amount of the authorized travel advance. Fees that are unknown at the time the original voucher is prepared may subsequently be claimed on a travel voucher or local travel voucher. (When a trip is canceled and the advance was obtained within three business days of the scheduled departure date, claim the ATM transaction fee on SF-1164. (See NRCMD 14.1, Exhibit 2.1.)
- D. Transportation.**
- 1. Departure and arrival.** Indicate the actual departure date from home or office, and the mode of transportation used, e.g., POV, limo, taxi, etc.
  - 2. Common Carrier.** Indicate location (city/state) of departure terminal and arrival terminal and method of transportation used.
  - 3. Mileage.** Insert mileage rate authorized. List number of miles between various points for which mileage will be claimed. Indicate amount claimed for mileage. This may be done by showing the amount involved (number of miles times rate per mile) between different points.
  - 4. Rental Vehicle and Other Special Means of Transportation.** Show dates and points of travel, kinds of transportation used, and the amount claimed.
  - 5. Cash Payment for Common Carrier Fare.** If common carrier was procured from the traveler's personal funds, show amount spent, including any Federal transportation tax, mode, and class of transportation used.
- E. Per Diem/Actual Subsistence.**
- 1. Per Diem.** Show the actual lodging cost and meals and incidental expenses (M&IE) rate for each day for which per diem is claimed. (See NRCMD 14.1, Part 6).
- 1. Per Diem. (Continued)**  
The total may not exceed the authorized rate of per diem. Also see Section 6.1.2.3 of Part 6 for the amounts to be deducted for each meal and/or lodging that is provided by the government at no cost to the traveler.
- 2. Actual Subsistence.** Show the actual lodging cost. Itemize daily expenses for breakfast, lunch, dinner, tips, etc. when the actual subsistence authority provides for higher costs for these items. (See NRCMD 14.1, Part 6). The total may not exceed the authorized actual subsistence rate.
- F. Explanations Required.**
1. Cash Purchase of transportation tickets.
  2. Taking of leave of any kind.
  3. Interruption of travel for emergency or personal reasons.
  4. Indirect travel for personal reasons
  5. Delays at places other than duty posts.
  6. Mileage claimed is greater than mileage of a usually traveled route.
  7. Use of a rental vehicle or other special means of transportation when it was not authorized on NRC for 279, "Official Travel Authorization."
- G. Foreign Travel.**
1. Itemize expenditures by items in the currency in which the expenditures were made.
  2. Convert total foreign expenditures into U.S. dollars at rate or rates at which the foreign currency was obtained.
  3. Show rates of conversions and commissions charged.
- H. Attachments. (Staple to left side of Original Copy of Page 1 of this form.)**
1. Passenger coupon copy of tickets that were used. (Attach unused tickets or portions of unused tickets to the front of NRC Form 64 if they have not been returned previously to the headquarters or region travel office.) Do not attach boarding passes or ticket folders.
  2. Receipts are required for all lodgings. They are also required for itemized cash expenses over \$75 as specified in NRCMD 14.1, Exhibit 7.1.
  3. A foreign flag certification (See NRCMD 14.1, Exhibit 4.3) which provides the justification for a traveler's use of a foreign flag carrier for any part of foreign travel.
- I. Erasures and Alterations.** Traveler must initial alterations in totals. Erasures and alterations in totals on receipts must be initialed by person who signed receipt. To correct errors on vouchers, draw a line through the error and initial the correction. Do not erase
- J. Comparative Cost Statements.** Prepare Comparative Cost Statements to reflect costs that would have been incurred had the travel been accomplished by the most expeditious means. An example of a cost comparison statement is shown in NRCMD 14.1., Exhibit 7.4.

## INSTRUCTIONS FOR COMPLETING NRC FORM 64B, OPTIONAL TRAVEL VOUCHERS (PART 2)

This is an optional form and is an attachment to NRC Form 64, (Part 1), in lieu of NRC Form 64A and can be typed or handwritten using the instructions below. Ensure all copies are legible. When this form is prepared, the traveler must initial the change if an alteration is made to the "Grand Total". To correct an error, draw a line through the error and initial the correction.

This "Expense Report" is used as a log to record the traveler's expenses on a daily basis. It is designed to allow entry for up to 5 days travel expenses. Use additional forms if your travel exceeds 5 days or when a cost comparison is required.

Note: When travel is performed in one duty location for several consecutive days and reimbursement is under the lodgings-plus per diem system, the traveler may record the first and last days of travel in separate columns (to accommodate quarter-day computations for M&IE rate) and consolidate all interim days in one column.

Record each expense that applies to that day's travel. Upon completion of all daily expenses, show the cumulative totals for each type of expense in the "Totals" column on the far right of the form.

- A. Local Transportation to Common Carrier Terminal.** Complete the appropriate blocks for the transportation that the traveler used to get to a common carrier terminal and enter the total at "A. Total".
- B. Itinerary.**
- Depart: Enter date.  
Enter city and state of the departure location.
- Arrive: Enter date.  
Enter travel location for each day of travel.
- C. Mileage.** Use this space only if the traveler is authorized a privately owned vehicle (POV) for the entire trip. Enter the number of miles traveled on a daily basis on the first line. Enter the authorized mileage rate for reimbursement and the resulting cost on line 2.
- D. Per Diem or Actual Subsistence.**
- Actual Lodging.** Enter the actual amount paid for lodging. A receipt is required.
- Meals and Incidental Expenses.** Enter the meals and incidental rate (M&IE) for the locality. Use 3/4 of the applicable M&IE rate for the first and last days of travel under lodgings plus per diem system.
- Less Prepaid Meals/Lodging.** Enter amounts to be deducted for meals/lodging that were included in registration fees, tuition, furnished to the traveler at no cost, etc.
- State Specific Prepaid Meals (Breakfast, Lunch, Dinner) or Lodging.** Identify each item, and the quantity of each, that is calculated in the deduction amount.
- Total Daily Per Diem NTE.** Use this block if per diem reimbursement was authorized. Enter the total of the lodging and M&IE up to the authorized per diem for each day.
- Total Daily Actual Subsistence NTE.** Use this block if actual subsistence was authorized for lodgings plus the applicable locality rate for M&IE. Enter the total of the lodging and M&IE up to the authorized actual subsistence amount. (If the actual subsistence authorization included actual meals and incidental expenses, use NRC Form 64A to claim travel expenses or itemize the meals and incidental expenses such as dry cleaning, coin-operated laundries, baggage handlers, etc. in "Other Expenses".) If the "Other Expenses" column is used for this purpose, be sure to include the total at Item D. instead of Item E.
- E. Other Expenses.** Use this space to list ATM transaction fees and bank surcharges, communication services, baggage, supplies, and other authorized miscellaneous expenses. Official local telephone calls may be summarized for the trip unless they exceed \$75.
- F. Local Transportation at Temporary Duty Station.** Enter the amount paid for authorized car rental. Show the amount for the day the car is turned in. A receipt is not required unless the rental car cost exceeds \$75. Complete the appropriate blocks when transportation was by other than car rental. Local streetcar, bus and subway charges; and parking meter fees may be summarized for the trip unless the total for each summarized item exceeds \$75.
- G. Local Return Transportation to Office or Official Duty Station From Common Carrier Terminal.** Complete the appropriate blocks for the transportation the traveler used to return to the office or residence from a common carrier terminal. If costs for parking were incurred, include in this space.
- Complete remaining "TOTALS" as noted on the form.**
- H. Attachments.** (Staple to left side of Original Copy of Page 1 of this form.)
1. Passenger coupon copy of tickets that were used. (Attach unused tickets or portions of unused tickets to the front of NRC Form 64 if they have not been returned previously to the headquarters or region travel office.) Do not attach boarding passes or ticket folders.
  2. Receipts are required for all lodgings. They are also required for itemized cash expenses over \$75 as specified in NRCMD 14.1, Exhibit 7.1.