

## COURT SECURITY OFFICER (CSO) TRAVEL EXPENSE REIMBURSEMENT

1. TRAVELER IDENTIFICATION		3. APPROVALS	
NAME: _____ RESIDENCE: _____ CITY: _____ STATE: _____ ZIP: _____		Note: Falsification of an item in an expense account can result in a forfeiture of the claim (28 U.S. C. 2154) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287.1 d 1001).	
DISTRICT ASSIGNMENT: _____		TRAVELER DATE AND SIGN HERE	CONTRACTOR'S APPROVING OFFICIAL DATE AND SIGN HERE
<b>2. ITINERARY</b> TRIP BEGAN (MMDDYY) _____ TRIP ENDED (MMDDYY) _____  TRAVEL TIME: <input type="checkbox"/> Less than 12 hrs <input type="checkbox"/> Less than 24 hrs <input type="checkbox"/> More than 24 hrs PRIMARY DESTINATION: _____  TRANSPORTATION METHOD INDICATOR - HIGHEST CLASS OF TRAVEL <input type="checkbox"/> 1. COACH <input type="checkbox"/> 2. BUSINESS CLASS <input type="checkbox"/> 3. FIRST CLASS <input type="checkbox"/> 4. N/A  REASON FOR UPGRADE (Required if Business or First Class is used.) <input type="checkbox"/> Coach not available <input type="checkbox"/> Cost Savings <input type="checkbox"/> Travel Greater than 14 hrs		I hereby certify that the travel undertaken in this reimbursement voucher is true and accurate to the best of my knowledge and that payment or credit has not been received by me.  SUBMISSION DATE: _____ SIGNATURE: _____	I hereby certify that the travel undertaken in this reimbursement voucher has been reviewed and approved as necessary for the conduct of USMS contract business.  PRINTED NAME: _____ SUBMISSION DATE: _____ SIGNATURE: _____
		<b>4. TRAVEL PURPOSE:</b> _____	<b>5. VOUCHER TYPE:</b> <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RECLAIM
6. EXPENSE SUMMARY			
Cost for Air, Train, Bus, etc.		\$	
Car Rental and Gas		\$	
Privately Owned Vehicle (POV)/Mileage Total		\$	
Public Transportation - Temporary Post Assignment		\$	
Lodging		\$	
State/Local Lodging Taxes		\$	
Meals and Incidental Expenses		\$	
Parking		\$	
Other		\$	

