

SMITHSONIAN MISCELLANEOUS REIMBURSEMENT VOUCHER

(1) PCVW _____

PART 1: Miscellaneous Reimbursement

REQUEST FOR PAYMENT ((EFT)	(2) TOTAL AMOUNT (Required Field)
(3) PAYEE (Required Field) Name SI ERP Vendor Number Telephone (4) PAYEE'S CERTIFICATION I certify that this claim is true and correct to the best of my knowledge, and that payment has not been received. Payee Signature Date	(5) CERTIFYING FISCAL OFFICER (Required Field) Name, Office Certifying Fiscal Officer Signature Date Building, Room, Telephone (6) APPROVING OFFICIAL (Required Field) Name, Title Approving Official Signature Date (7) PREPARED BY (Required Field)

(8a) ACCOUNTING DATA/CHARTFIELDS

Description:									
FUND	BUD REF	DESIGNATED CODE	DEPARTMENT ID	ACCOUNT	CLASS	PROGRAM	PROJECT ID	ACTIVITY ID	AMOUNT
Description:									
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Description:									
FUND	BUD REF	DESIGNATED CODE	DEPARTMENT ID	ACCOUNT	CLASS	PROGRAM	PROJECT ID	ACTIVITY ID	AMOUNT
(8b) TOTAL AMOUNT									

REMARKS (Required Field)

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(9)

PART 2: Local Travel (attach original receipts)

DATE	FROM	TO	Mileage Rate	MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS, AND MISC	TOTAL
			¢					
			No. of Miles					

If additional space is required attach additional pages.	Subtotals carried forward from attached pages					
	TOTAL AMOUNT CLAIMED Carry Total forward to page 1					

NOTE: Local travel is travel from the employee's duty station to a business destination in the local travel area during the workday when SI provided transportation is not available. Local travel areas for all SI locations can be found in Appendix 4 of the SI Travel Handbook. Directors of units outside of the Washington, D.C. Metropolitan Area have determined their local travel areas.

NOTE: The form SF 1164 is no longer being accepted for local travel reimbursements (10)

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PART 3: Request for Approval

**Smithsonian Miscellaneous Reimbursements
For Representational Expenses (including donor cultivation) and Expenditures**

Date: _____

Unit Director's Signature: _____

Purpose of Expenditure (Required field) Attach Sheet if Needed	
Invited Guests (Names & Titles of Non-SI Personnel) (Required field) Attach Sheet if Needed	
SI Personnel (Required field) Attach Sheet if Needed	
Comments Attach Sheet if Needed	

Reviewed by Office of the Chief Financial Officer (OCFO)

Date: _____

SI 3153, "Smithsonian Miscellaneous Reimbursements" PART 1 must be completed for all miscellaneous expenses. PART 2 must be completed for local travel and the totals carried forward to PART 1.

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Completing the form:

- Submit original form with all required signatures to FMD. Units should retain copies for their files.
- Must include documentation taped or stapled to a letter-size sheet of paper providing the following data: original receipt, credit card slip, or bank stamped check; description of the item purchased; date purchased – receipt must be within 30 days (no exceptions); vendor's name and address; amount paid
- Detailed Instructions, procedures, and limitations on the use of this form are found in SD 302, "Financial Management – Payment Policies, Systems and Procedures."

General Instructions:

1. FMD will assign the PCV# (6 sequential numbers).
2. Enter the amount of money required.
3. PAYEE NAME – Enter the name, SI ERP 10 digit Vendor Number, and work phone number of the person requesting reimbursement.
4. PAYEE 'S CERTIFICATION- The Payee certifies the accuracy of the claim and signs and dates the voucher.
5. CERTIFYING FISCAL OFFICER – (FMD) Enter the name, office, building, room, and phone number of the Fiscal Officer (FO) controlling the accounting classification code cited in block 6c. The Fiscal Officer certifies the accuracy of the chart fields and classification codes used and the availability of funds. Obtain the signature of the Certifying Fiscal Officer and enter the date signed. Note Chartfields and name(s) of FO(s) should be identical to that designated on the form, SI-2251, "Authorization to use Form SI 3153".
6. APPROVING OFFICIAL – (Dept./Division approval) Enter the name and title of the approving official who has been designated to sign SI reimbursement vouchers authorizing the expenditure. Obtain the signature of the approving official and enter the date signed. The approving official certifies as to the propriety of the expenditure.
7. PREPARED BY – Enter the name of the person preparing the voucher.
 - a. REMARKS- Supply additional information as required. Provide an explanation of the expense and the business purpose.
 - b. In the case of representational expenses provide the names and titles of guests, and business purpose of the meeting or entertainment.
8. ACCOUNTING DATA
 - a. Enter Chartfields to which expenditure is to be charged.
 - b. Enter the total amount of expenditures for the voucher.
9. LOCAL TRAVEL – Use PART 2 to complete a request for local travel reimbursements and carry forward the totals to PART 1.
10. REPRESENTATIONAL EXPENSES OR 'EXPENDITURES - Use PART 3 to complete information supporting a request for reimbursement for representational expenses or expenditures.