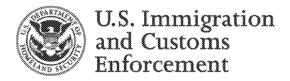
U.S. Department of Homeland Security 800 K Street, NW Suite 201 Washington, DC 20536



TUITION ASSISTANCE PROGRAM

REIMBURSEMENT PACKAGE COVERSHEET

то:	Tuition Assistance Program ICE Office of Training and Development							
FROM	: Applicant Name Applicant Phone Applicant Fax							
DATE	:							
	ed is my Tuition Assistance Program (TAP) rearry form and documentation in accordance wi							
Requir	red Information:							
	A completed SF-1164, Claim for Reimbursemen	nt for Expenditures on Official Business						
	An official copy of the final course grade on sch	nool letterhead or transcript						
	A copy of all receipts for tuition, books, and oth	er course related fees						
	Instruc	etions						
	uccessful completion of the course(s), the employ Office of Training and Development. A complete	yee must submit a complete reimbursement package package must include the following:						
1.		oks, etc. must be itemized. Each expense must be ure, item 10 of the SF-1164, is the only signature						
2.	2. Course grade, Official documentation that a passing grade of "C" or above, Pass, or Certificate of							
3.	Completion has been received for the course(s) must be provided. 3. Proof of payment, A copy of all receipts for expenses claimed and listed on the SF-1164 must be provided.							
Ap	plication submission, TAP Reimbursement Paci	kages may be submitted via fax or email.						
	Fax:	E-mail:						
	202-732-1300	ICETraining@dhs.gov						

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES				1. DEPARTMENT OR ESTABLIS	HMENT, BUREAU, DIVISION	VOUCHER NUMBER SCHEDULE NUMBER							
	ON	I OFF	FICIAL BUSINESS				3. 3CH	.DOLL IN	DIVIBLIT				
			Read the Privacy Act S	Statement on the back of	this form.		5. PA	D BY					
IANT	a. NAM	E (Last,	first, middle initial)		b. SOCIAL SECURITY	Y NO.							
4. CLAIMANT	c. MAIL	ING ADI	DRESS (Include ZIP Code)		d. OFFICE TELEPHON	NE NUMBER							
6.	EXPEN	DITUR	RES (If fare claimed in col. (g) the claimant.)	exceeds charge for one p	person, show in col. ((h) the numb	er of ac	lditiona	al perso	ns wh	ich ac	comp	anied
DATE Show appropriate code in col. (b): C A - Local travel			Show appropriate code in col. (b): A - Local travel	D - Funeral Hono	D - Funeral Honors Detail		AMOUNT CLAIMED						
D B - Telephone or telegraph, or C - Other expenses (itemized)		or E - Specialty Car	E - Specialty Care					AE PE SO		R- MISCEL-			
	(a)	(b)	(c) FROM	······	d) TO	MILES (e)	(f)		(g)	ı	(h)	(i)
		_											
		-											
		_											
If additional space is required continue on the back. SUBTOTALS CARRIE BACK			FORWARD FROM THE										
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).)		TOTALS											
8.	as neces are inclu	sary in ded, th	proved. Long distance telephone the interest of the Government. the approving official must have be to department or agency to so cert	(Note: If long distance calls een authorized in writing, by		payment or cr		not bee	n receive	,		edge a	nd
Sign Original Only				CLAIMANT SIGN HERE									
				DATE	11.		CASH PA	YMENT	RECEIPT				
OFF	PROVING FICIAL IN HERE	<u> </u>			a. PAYEE (Signature)				b	. DATE	RECEIV	ED	
9.	This clai	m is ce	ertified correct and proper for pay	ment.						. AMO	UNT		
Sign Original Only AUTHORIZED DATE			12. PAYMENT MADE										

BY CHECK NO.

OFFICER
SIGN HERE
ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued

DATE	C A - Lo O B - Te D C - Of	Show appropriate code in col. (b):	D. Etmoral Harrara Detail	MILEAGE	AMOUNT CLAIMED					
		Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)	D - Funeral Honors Detail E - Specialty Care	RATE £	MILEAGE	FARE	ADD PER-	TIPS AND MISCEL-		
_	_	(Explain expend	tures in specific detail.)	NO. OF MILES		OR TOLL	SONS	LANEOUS		
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)		
						<u>'</u>	-			
							+			
								1		
							-			
							1			
					i			i		
								l I		
							1			
							-			
							1			
						,	+			
					l		+	<u> </u>		
+					<u> </u>			<u> </u>		
		Total each colum	n and enter on the front, subtotal line.	▶						
			Total each columi	Total each column and enter on the front, subtotal line.	Total each column and enter on the front, subtotal line.	Total each column and enter on the front, subtotal line.	Total each column and enter on the front, subtotal line.	Total each column and enter on the front, subtotal line.		

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Reset STANDARD FORM 1164 Back (Rev. 11-77)