

DATE _____

MEMORANDUM FOR RECORD

SUBJECT: Statement in Lieu of Receipt (Lost Receipt) for Travel Settlement

1. Name: _____ Rank/Grade: _____
(LAST, FIRST, MI)

2. SSN: _____

3. I submit this statement in lieu of a receipt to support my claim for the following information needed to process my travel voucher:

a. Type of receipt that was lost: _____
(e.g., Hotel Receipt)

b. Amount paid: _____

c. Date paid: _____

d. Agency that received the payment: _____
(e.g., Super 8 Hotel)

e. Reason no receipt is available: _____

4. The information listed above is submitted as required by the Joint Federal Travel Regulation (JFTR) Volume I and Joint Travel Regulation (JTF) Volume II.

NOTE: THE PENALTY FOR WILLFULLY MAKING A FALSE CLAIM IS A MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT OF 6 YEARS, OR BOTH (U.S. CODE TITLE 18, SECTION 287)

SIGNATURE: _____

UNIT/AGENCY: _____

UNIT PHONE NUMBER (DSN): _____