## **Motorcycle Safety Course Reimbursement**

**Procedure** Follow these steps:

Step	Action								
1	Complete an authorized course.								
2	Fill out and sign OF-1164:								
	CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	U.S. COAST	PARTIJENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE U.S. COAST GUARD USCGC BISCAYNE BAY			VOUCHER NUMBER     SCHEDULE NUMBER			
	Read the Privacy Act Statem 4. a. NAME (Last, first, middle Initial)	Read the Privacy Act Statement on the back of this for		1000	5. PAID BY				
	Last Name, First, MI		0000000	- DEN					
	C. MAILING ADDRESS (Include ZIF Code)		d. OFFICE TELEPHONE NUMBER						
	M 1073 HURON STREET A ST. IGNACE, MI 49781	(906) 643-1111							
	<ol> <li>EXPENDITURES (If fare or toll claimed in column (g) exceeds charge for one person, show in column (h) to accompanied the claimant.)</li> </ol>				e number of additional persons which				
		D. Funeral Honors Detail E. Specialty Care	ail MILEAGE R (Enter Wh. Numbers O		·				
	C - Other expenses (itemized)	penditures in specific detail.)		NUMBER OF		FARE OR	ADD	TIPS AND	
	(a) (b) (c) FROM	(d) TO		MILES (e)	MILEAGE 1	TOLL (g)	PERSONS (h)		
	01JUN18 MOTORCYCLE BASIC RIDER 03JUN18 COURSE							\$250.0	
		Sign I	Loro						
	If additional space is required continue on the back.	Sign F	1ere mthe						
	7. AMOUNT CLAIMED (Total of columns (f), (g) an	ad (i).) \$250.00						\$250.00	
	This dalm is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: if long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agent you so certify of U.S.c. 680(a).)  Sign Original Only  Sign Original Only								
	Sign Original Only	CLAMANT BION LE JARED WINFELD 1 Deputs vegreely 2001 at 2009 121 121 201 121 2							
	APPROVING OFFICIAL  a. PAYEE (Signature) b. DAT						b. DATE RE	CEIVED	
	9. This claim is certified correct and proper for payment.  Size Original Only.  Size Original Only.		c. AMOUNT						
	AUTHORIZED Sign Original Only CERTIFYING OFFICER	DATE	12. PAYMENT MADE						
	SIGN HERE BY CHECK NUMBER  ACCOUNTING CLASSIFICATION								
				OP	FIONAL FO	ORM 1164	4 (REV.	11/2017)	
3	Email OF-1164, training card to: mctrngreimbur			cou	rse co	mple	etior	1	