

Submission of electronic OF 1164 by Email

Purpose

This document is only intended to provide instructions to the MRP program offices on how to submit a digitally signed OF 1164 to Financial Operation Services Team (FOST) for payment processing. Submission of a digitally signed OF 1164 claim is optional. All APHIS employees may elect to submit to FOST by U.S. mail, or alternatively a scanned PDF version of an original paper OF 1164 with wet-ink signatures.

Process

Digitally signed claims for OF 1164s must be submitted to FOST by email. Each OF 1164 must be sent as a single PDF document as an email attachment. Any required documentation (receipts for expenditures over \$75.00, SF 182 for training expenses with BOC 2523, fitness participation certification, etc.) should be scanned to PDF documents and attached to your OF 1164. See FOST OF-1164 EMPLOYEE REIMBURSEMENTS FAQ'S for more information on required backup documentation:

[FOST OF-1164 FAQs](#) Control Click ,Click Yes (requires LincPass login) and Click Continue to Website

Before you fill out your form, please have ready:

- Required Documentation – Scanned to PDF
- Accounting Codes
 - Fund - WBS Element (if applicable)
 - Fund/Cost Center - Budget Period
 - Functional Area -BOC

Fill out OF 1164 Form

1. Locate the OF 1164 form online [APHIS Portal/Forms](#) Control Click , Click Yes (requires LincPass login) and Click Continue to Website, Scroll down
2. Fill out boxes 1, 4, 6, 8, 10 and the Accounting Classification Block box

Box 1: Agency, program and location of the employee's office.

Box 4:

- a. Employee's complete legal name (as it appears on salary statement)
- b. FMMI vendor number-Not SSN (See FOST Job Aid: How to Look Up a Vendor Number in FMMI).
- c. Mailing address
- d. Office phone number of OF 1164 contact

Box 6: Must contain dates of service, general description and amount of expenditures in the appropriate columns. In general, services cannot be paid in advance.

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| | | | | | | | | |
|--|---------------------------------------|--|----------------------------|---|-------------------|-----------------------|-----|--------|
| CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS | | 1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE APHIS MRPBS-FOB Minneapolis MN 100 North 6th Street, 510C Minneapolis MN 55403 | | 2. VOUCHER NUMBER | | | | |
| | | | | 3. SCHEDULE NUMBER | | | | |
| <i>Read the Privacy Act Statement on the back of this form.</i> | | | | | | | | |
| 4. CLAIMANT | a. NAME (Last, first, middle initial) | | b. SOCIAL SECURITY NO. | | | | | |
| | Johnson, Ashley J | | 1200012345 | | | | | |
| | c. MAILING ADDRESS (Include ZIP Code) | | d. OFFICE TELEPHONE NUMBER | | | | | |
| 123 Market Street Minneapolis MN 55408 | | 612-336-3200 | | | 5. PAID BY | | | |
| 6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.) | | | | | | | | |
| DATE | | Show appropriate code in col. (b): | | MILEAGE RATE | | AMOUNT CLAIMED | | |
| 20 13 | | A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized) | | D - Funeral Honors Detail E - Specialty Care | | | | |
| | | (Explain expenditures in specific detail.) | | NO. OF MILES | | | | |
| (a) | (b) | (c) FROM | (d) TO | (e) | (f) | (g) | (h) | (i) |
| 01/13-03/13 | C | Fitness Reimbursement January 2013 to March 2013 | | | | | | 75.00 |
| 06/13 | C | Salt for Deicer, boot scrubber, sidewalk scraper for ice | | | | | | 662.92 |
| ACCOUNTING CLASSIFICATION | | | | | | | | |
| 1313 AP001600AD APMRFM6027 AP00AGDISTRIB000 BOC 2450 \$75.00 and BOC 2670 \$662.92 I certify that I have attended Lifetime Fitness at least 150 minutes a week for the period of 1/1/13 to 3/31/13. | | | | | | | | |
| DoD Overprint 4/2002 | | | | STANDARD FORM 1164 (Rev. 11-77) Prescribed by GSA, FPMR (CFR 41) 101-7 | | | | |

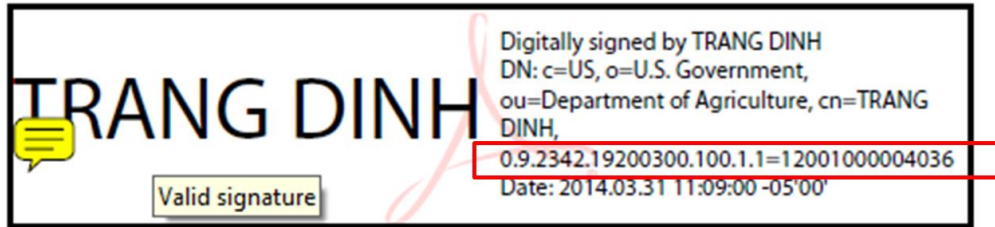
Note that the Accounting Classification Block contains the full accounting code and subtotals for each BOC. Also included is the required fitness participation certification. Also, use this block for any required directives related to expenses.

- Combine PDF documents so that your OF 1164 is the first page and subsequent pages are any required attachments. (See FOST Job Aid: How to Combine Multiple PDF Documents.)

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Box 10: To insert your PKI digital signature. (See FOST Job Aid: How to Insert a Digital Signature into a PDF Document.) A public-key infrastructure (PKI) signature is created using your LincPass card. Note that the PKI digital signature contains the date.

Ideally, you will use your LincPass digital signature that contains your UPN (User Principal Name,) e.g. 0.9.2342.19200300.100.1.1=12001000004036.



Save your PDF document with the following naming convention:

1164-Your FMMI Vendor #-Last month of reimbursable activity -\$Amount.

Example: 1164-1200012345-Mar-\$75.00

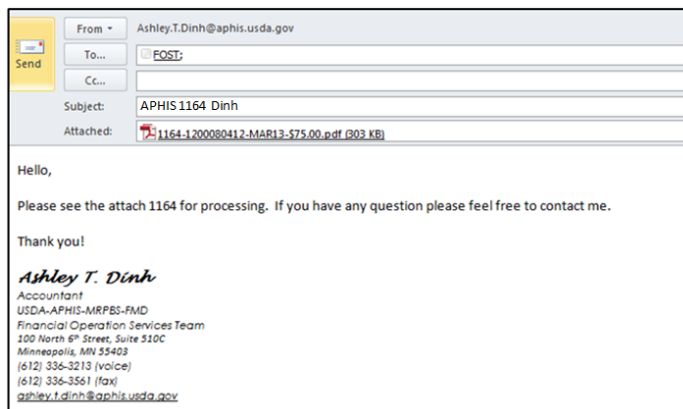
(The month is the latest month of any reimbursement activity claimed.)

Box 8: Have your supervisor or approving official digitally sign and resave your claim form.

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Example of the Completed (filled out and signed) OF 1164

4. Email the completed PDF document as an attachment to: <mailto:APHIS-FOST@fost@aphis.usda.gov> (Control Click) with subject: APHIS 1164 Your Name.



Example of email submitting OF 1164 Request to FOST

Please note that if your claim for OF 1164 is incomplete, such as missing signature(s), required receipts or other attachments, your submission will be refused. FOST will not retain a copy of your submission. FOST will reply to your submission email explaining why your OF 1164 is incomplete, and you will be instructed to resubmit your corrected claim for OF 1164. When FOST receives a correct and complete OF 1164 submission, you should receive the funds in your bank five to ten business days from the date of submission.