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Federal Deposit Insurance Corporation  
**FIRM TRAVEL VOUCHER**

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**PRIVACY ACT STATEMENT**

The FDIC is authorized to request this information from you by 12 U.S.C § 1819, and Executive Order 9397 as amended. The information collected will be primarily used to process your request for travel expense reimbursement. Furnishing the requested information is voluntary, but failure to provide the requested information in whole or in part may delay or prohibit any further consideration of your request for travel expense reimbursement. The information you provide may be provided to appropriate Federal, state, local or foreign agencies and law enforcement authorities; to a court, administrative tribunal, or a party in litigation; and to contractors, agents and other third parties as authorized by law and in accordance with any of the other routine uses described in the FDIC Financial Information Management Records (FDIC 30-64-0012) System of Records available at [www.fdic.gov/about/privacy/](http://www.fdic.gov/about/privacy/). If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at [Privacy@fdic.gov](mailto:Privacy@fdic.gov).

**PAPERWORK REDUCTION ACT NOTICE**

Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, DC 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0122), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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## Federal Deposit Insurance Corporation FIRM TRAVEL VOUCHER

**INSTRUCTIONS:** Please provide all information requested.

**SECTION I - TRAVELER'S INFORMATION**

1. Name	2. Telephone	3. Federal Tax ID	4. Invoice Number
5. Address (Street, City, State, ZIP Code)			
6. Firm Name			7. Matter Number

**SECTION II - EXPENSES**

8. Complete the following.

Date	Nature of Expense <i>(Departure/Arrival Times are Per Diem Payment)</i>	Amounts Claimed					
		Mileage	Per Diem	Lodging	Air Fare	Car Rental	Other
Subtotals:							
Total Reimbursement:							

**SECTION III - TRAVELER'S CERTIFICATION**

I certify the amounts claimed in Section II - Expenses is correct.

9. Signature	10. Date
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**SECTION IV - FDIC OVERSIGHT ATTORNEY CERTIFICATION**

I certify that I have examined this travel voucher and to the best of my knowledge and belief all costs claimed are allowable in accordance with FDIC travel regulations. Costs claimed here have not been previously billed to FDIC unless identified as a resubmission.

11. Name	12. Title
13. Signature	
14. Date	