



United States
Department of
Agriculture

Agricultural
Marketing
Service

Quality Assessment Division
10809 Executive Center Drive, Suite 318
Little Rock, AR 72211

QAD 1490A Form
February 10, 2015

**Resident General
Index SS-10d**

Uniform and Footwear Reimbursement Request

File Name Sequence: LASTNAME1490a(followed by current date, ie: 021015)

Employee Name _____
(Please print)

Frocks (NTE \$200 per fiscal year)	Amount Claimed \$ _____
Safety Shoes (NTE \$200 per fiscal year)	\$ _____

*****GS-1980 Agricultural Commodity Graders (Meat) under a Collective Bargaining Agreement*****

Frocks (NTE \$400 per fiscal year)	Amount Claimed \$ _____
Safety Shoes (NTE \$400 per fiscal year)	\$ _____

Attached is my receipt for the above requested reimbursement. Items for which reimbursement is requested were purchased and will be in used in accordance with applicable Quality Assessment Division Instructions and Notices.

***FRAUDULENT CLAIM:* Falsification of an item in an expense account will result in a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 287; i.d. 1001)."**

Employee Signature

Date

Approved for Payment:

(Business Operations Branch Official Signature)

(FOR OFFICE USE ONLY)

Pay period submitted in WEBTA: _____

(Quality Assessment Division Processor)

Date Claim Processed