

# NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 07/17/2017

Department of Veterans Affairs

FOR CERTIFYING OFFICIAL: Rob Thomas

FOR CLEARANCE OFFICER: Cynthia Harvey-Pryor

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received  
11/22/2016

ACTION REQUESTED: Extension without change of a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 201604-2900-019

AGENCY ICR TRACKING NUMBER: 2900-0798

TITLE: Beneficiary Travel Mileage Reimbursement Application Form

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 2900-0798

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 07/31/2020

DISCONTINUE DATE:

| BURDEN:                         | RESPONSES  | HOURS   | COSTS |
|---------------------------------|------------|---------|-------|
| Previous                        | 11,600,000 | 580,000 | 0     |
| New                             | 11,600,000 | 580,000 | 0     |
| Difference                      |            |         |       |
| Change due to New Statute       | 0          | 0       | 0     |
| Change due to Agency Discretion | 0          | 0       | 0     |
| Change due to Agency Adjustment | 0          | 0       | 0     |
| Change due to PRA Violation     | 0          | 0       | 0     |

**TERMS OF CLEARANCE:** By the time of the next submission, VA will (1) match the burden estimate on the form to the burden estimate on the supporting statement, (2) more clearly display the expiration date, (3) provide screenshots/images of the kiosk/mobile technology, (4) include the date of the BLS wage data, and (5) source and date the GS wage data used.

OMB Authorizing Official: Dominic J. Mancini  
Deputy and Acting Administrator,  
Office Of Information And Regulatory Affairs

| List of ICs   |                 |   |              |
|---|-----------------|---|--------------|
| IC Title  | Form No.        | Form Name   | CFR Citation |
| VETERAN/BENEFICIARY<br>CLAIM FOR<br>REIMBURSEMENT OF<br>TRAVEL EXPENSES | VA Form 10-3542 | VETERAN/BENEFICIARY<br>CLAIM FOR<br>REIMBURSEMENT OF<br>TRAVEL EXPENSES |              |