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|---|--|--|--------------------------------|-----------------------------|--------------------------------------|------------------|--------------------------------------|--|--|--|--|--------------|--|--|--------------|--|---------------|--|-------------|--|-----|--|---------|--|--|--|------|--|--|--|--|--|-------|--|--|--|--------------------------------------|--|--|--|--|--|--|-------------------------|--|
| Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 | | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL | | | | VOUCHER NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION | | | | DATE VOUCHER PREPARED | | SCHEDULE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | CONTRACT NUMBER AND DATE | | PAID BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | REQUISITION NUMBER AND DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAYEE'S NAME AND ADDRESS | | | | DATE INVOICE RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | DISCOUNT TERMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | PAYEE'S ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | GOVERNMENT B/L NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHIPPED FROM | | TO | | WEIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUANTITY | UNIT PRICE | | AMOUNT (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | COST | PER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Use continuation sheet(s) if necessary) <table border="1" style="width: 100%;"> <tr> <td colspan="5">(Payee must NOT use the space below)</td> <td colspan="2">TOTAL</td> </tr> <tr> <td rowspan="4"> PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE </td> <td colspan="2">APPROVED FOR</td> <td colspan="2">EXCHANGE RATE</td> <td colspan="2">DIFFERENCES</td> </tr> <tr> <td colspan="2">=\$</td> <td colspan="2">=\$1.00</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">BY 2</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">TITLE</td> <td colspan="2"></td> <td colspan="2">Amount verified; correct for payment</td> </tr> <tr> <td colspan="5"></td> <td colspan="2">(Signature or initials)</td> </tr> </table> | | | | | | | (Payee must NOT use the space below) | | | | | TOTAL | | PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE | APPROVED FOR | | EXCHANGE RATE | | DIFFERENCES | | =\$ | | =\$1.00 | | | | BY 2 | | | | | | TITLE | | | | Amount verified; correct for payment | | | | | | | (Signature or initials) | |
| (Payee must NOT use the space below) | | | | | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE | APPROVED FOR | | EXCHANGE RATE | | DIFFERENCES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | =\$ | | =\$1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | BY 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TITLE | | | | Amount verified; correct for payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | (Signature or initials) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ (Date) (Authorized Certifying Officer) 2 (Title) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNTING CLASSIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAID BY | CHECK NUMBER ON ACCOUNT OF U.S. TREASURY | | CHECK NUMBER ON (Name of bank) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CASH \$ | DATE | PAYEE 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. When stated in foreign currency, insert name of currency. 2. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3. When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. | | | | | | PER TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Previous edition usable

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.