| Re<br>De  | andard Form 1034<br>evised October 1987<br>epartment of the Trea<br>FFM 4-2000 |  | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL |                        |  |                                     |                                       |       | VOUCHER NO.         |         |
|---|--|--|---|------------------------|--|-------------------------------------|---------------------------------------|-------|---------------------|---------|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION      |  |  |   |                        | DATE VOUCHER PREPARED                              |                                     |                                       |       | SCHEDULE NO.        |         |
|   |  |  |   |                        | CONTRACT NUMBER AND DATE                           |                                     |                                       |       | PAID BY             |         |
|   |  |  |   |                        | REQUISITION NUMBER AND DATE                        |                                     |                                       |       |                     |         |
|   | PAYEE'S<br>NAME<br>AND<br>ADDRESS  |  |   |                        |  |                                     | DATE INVOICE RECEIVED  DISCOUNT TERMS |       |                     |         |
|   |  |  |   |                        |  |                                     |                                       |       | PAYEE'S ACCOUNT NUM | IBER    |
| SHIPPED FROM TO   |  |  |   |                        | WEIGHT   |                                     |                                       |       | GOVERNMENT B/L NUMB | <br>3ER |
| NU  | MBER AND DATE<br>OF ORDER  | DATE OF<br>DELIVERY  | DELIVERY (Enter description, item number of contract or Fe    |                        |  | QUAN-<br>TITY                       | UNIT PRICE                            |       | AMOUNT              |         |
| _   | OF ORDER   | OR SERVICE   | and other informa   | ation deemed necessary | ()   | 1111                                | COST                                  | PER   |                     | (1)     |
|   |  |  |   |                        |  |                                     |                                       |       |                     |         |
| (Use continuation sheet(s) if necessary)                    |  | ) if necessary)  | (Payee must NOT use the space below                           |                        |  | TOTA                                |                                       |       |                     |         |
| PAY   | MENT: PROVISIONAL  | APPROVED   | FOR<br>=\$  | EXCHANGE RA            | SE RATE<br>=\$1.00                                 |                                     | DIFFERENCES                           |       |                     |         |
|   | COMPLETE PARTIAL   | BY <sup>2</sup>  |   |                        |  |                                     |                                       |       |                     |         |
| FINAL   |  |  |   |                        |  | Amount verified; correct for paymen |                                       |       |                     |         |
| PROGRESS  ADVANCE  TITLE                                    |  |  |   |                        | (Signature or initials)                            |                                     |                                       |       |                     |         |
| Pur   | suant to authori   | ty vested in me  | e, I certify that this voucher                                | r is correct and pro   | per for paym                                       | ent.                                |                                       |       |                     |         |
| (Date) (Authorized Certifying Officer) <sup>2</sup> (Title) |  |  |   |                        |  |                                     |                                       |       |                     |         |
|   |  |  | A   | ACCOUNTING CLA         | ASSIFICATIO  | N                                   |                                       |       |                     |         |
| P<br>A<br>I<br>D  | CHECK NUME   |  | N ACCOUNT OF U.S. TRE   | EASURY                 | CHECK NUMBER ON (Name of bank)  PAYEE <sup>3</sup> |                                     |                                       |       |                     |         |
| B   |  |  |   |                        |  |                                     |                                       | PER   |                     |         |
| 2. If<br>of<br>3. W   | the ability to certify a<br>fficer will sign in the<br>hen a voucher is red    | and authority to ap<br>space provided, or<br>ceipted in the nam<br>capacity in which h | prove are combined in one perso                               | e name of the person w | riting the compa                                   | ny or corpo                         | rate                                  | TITLE |                     |         |

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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.