SUBVOUCHER FOR DISBURSEMENT FROM CONTINGENCY LIMITATION .0015 FUNDS For use of this form, see AR 195-4; the proponent agency is OPMG.	1. ADVANCED AMOUNT	2. BUREAU VOUCHER NUMBER 3. DISBURSING OFFICE VOUCHER NUMBER

4. DATE OF EXPENDITURE	5. DOC/ENCL NUMBER	6. ITEMIZATION OF EXPENSES	7. FOREIGN CURRENCY	8. U.S. DOLLARS

9. CLAIMANT: I certify that the above account and attachments thereto represent proper expenditures of contingency funds which have been or will be incurred in the performance of official duties, and that no other claim has been or will be submitted for payment of the above expenditures.

a. TYPED OR PRINTED NAME, GRADE & TITLE	b. SIGNATURE	c. DATE *(YYYYMMDD)*

10. APPROVING OFFICER: I certify that the claim is valid. Payment from contingency funds is approved.

a. TYPED OR PRINTED NAME, GRADE & TITLE	b. SIGNATURE	c. DATE *(YYYYMMDD)*

11. CERTIFYING AND APPROVING OFFICER: I certify that the expenditures shown on this voucher were necessary for emergency expenses, and that the funds charged are proper, and that funds are available to cover exppenditures.

a. TYPED OR PRINTED NAME, GRADE & TITLE	b. SIGNATURE	c. DATE *(YYYYMMDD)*