

**VOUCHER AND SCHEDULE
 OF WITHDRAWALS AND CREDITS**

Transaction Date
Document No.

CHARGE AND CREDIT WILL BE REPORTED ON
 CUSTOMER AGENCY STATEMENT OF TRANSACTIONS
 FOR ACCOUNTING PERIOD ENDING _____

CUSTOMER AGENCY		BILLING AGENCY	
Agency Location Code (ALC)	Customer Agency Voucher No.	Agency Location Code (ALC)	Billing Agency Voucher No.

DEPARTMENT BUREAU ADDRESS	DEPARTMENT BUREAU ADDRESS
---------------------------------	---------------------------------

SUMMARY		SUMMARY	
APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT
(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL		(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL	

Details of charges or reference to attached supporting documents

BILLING AGENCY CONTACT:
 PREPARED BY _____
 APPROVED BY _____
 TELEPHONE NO. _____

CERTIFICATION OF CUSTOMER OFFICE

I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.

_____	_____
(Date)	(Authorized administrative or certifying officer)

(Telephone No.)	

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