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GAMPLE WARE I PRICE ADJUSTICATION OPPOSITE

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Section J - Attachment 3D

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# Page 2 of 2

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## SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

Base Year		
+Uniform Purchas	e	325,00
Physical Exam		50.00
Increase		\$375.00
CATEGORY 5		
Base Wage		15.00
FICA	7.65%	1,11
State Unemploym	FIXED	0.00
Federal Unemploy		0.00
Workers Compen	2.53%	0.37
General Liability	FIXED	0.20
G&A	FIXED	0.99
Profit	FIXED	0.61
		\$18.28

Section J - Attachment 3D

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U. BONDROPERCIUS, and an A. TANDSCOPHY

# Travel Voucher Summary

1 Vov a te r Local Voucher No. submit Org. Vouch Date <u>Vo</u> ucher 1		Contractor and the second s	<u> </u>	
<u>USMS</u>	nat 🖸 RoCleim	Traveler Peid Transportation		
2 Junyako	o fred along	Lodging Total (auto-calculated from back)		
Name (FNF)	Top Began (MMDOYY) (HitMM)	Mil & E Total		
56N		Mileage Total		
1. Employee 2. Contractor 3. invitational 4. Othe	Trip Ended (MMDDYY) (HECMM)	Cer Rental		
,, Employee2. Contractora, invitational4, One	·	ATM Fees		
Addrese	1. Comestic 2. OrCONUS 3. Foreign	Text/Limo *		
		Business Calls *		
City State AL Zp	Highest Class of Travel	Personal Calla		
Country USA	1. Coach 2. Premium 3. First Clase	Parking		
Employee Payment Notilization Network (D		Other Expenses		
	Reason for Upgrade:	item Deac SOC	Amount	
1 Puppes	1. Coach not svatisble     5. Cost Savings     2. Emp Disability     6. Payed by NonFed			
Type Travel Travel Purpose A. TDY A. Operational	□ 3. Security □ 7. Travel GT 14 hrs			
B. Ext TDY (Over 30 Days)	4. Foreign-no coach B. Other			
C. Taxable Ext TDY	. D. NA			
	Primary Destination:			
1. Onlogator : Equical 20	suse AL			
Travaler YRegDoc Oblig	Multiple Destinations			
Final () Parties				
C. Program De tracifica		Total Voucher (auto-celculated)		
	piect Case Xa	Disposition		
		Advance Repayment		
	· · · · · · · · · · · · · · · · · · ·	Taxes Withheld Fed		
		Taxee Withheld State		
		Amount toTraveler (auto-calculated)		
		Disbilode	Ond Ste	
<mark>  ,</mark> <b>-</b>	Total %	🔲 1. Dir Dep 🔲 2. Tree 🚺 3. Draft 🛄 9. None		
6 Apportanual Note: Fatalication of an term in an expense account works a facia	ture of claim (25 U.S.C. 2514) and may result in a fire of not more than \$10,00	or implication for not more than 5 years or both (18 U.S.	C. 287.1 d 1001)	
Travaler Sign Here	Approving Official Sign Here			
I confly that this youcher is true and collect to the best of my knowledge and	The assessio claimed on this youther are approved official instal separates, which appear	Cartifying Official Sign Hare The voucher is certified correct and proper for payment.		
belief and thet payment or credit has not been received by me.	to be mesonable for the travel performed.			
	Dele:	Dete:		

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Section J - Attachment 3(E)

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PSPARSG Hoverbar 7, 1995; UBMB Automatic SOC

Daily Expense Report Summary Enter expenses in categories provided below. Enter other expenses on Box 6 on page 1.

Travel Day	ST	City/ County	Lodging	M&IE	Mileage	Cer Rental	ATM Fee	Taxi/ Limo	Business Calls	Personal Calls	Parking	Optional Comments
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Section J - Attachment 3(F)

# **Travel Authorization / Advance**

1. Vencher Information											
Local Voucher No. Submitting Orga USMS-	inization	Vouch D	)ata	Ref	Doc No		Preparer	'e Name	••• :	FMIS Ü	
Auth Voh Type Original	ww only 📋 Çancel										
Traveler		VRegDox	;	Accounting Classification							
SSN		1									
2. Mode of Transportation Authorized	3. Mode of Suba Authorities		-	4,1	Planned	duerary			5. Estis	aated C	ort
By Common Carrier	Actual subsister		Figure					R	ate		
By Gov-Furnished Auto		perday	 1	State		CBy		Logisins _	HERE	Deya	Edinata
By Rental Vehicle	Actual substations	e requires	2		-	•		1			
By Privately Owned Vehicle	epproved by appro euthorizing official	priete	3								
POV Determined to be		, 	4								
Most Advantageous to Government	Per diem based ( lodging plus me		5							L	· <b>_</b>
Cost not to Exceed that of	incidental expen	ees NTE	0,	oreign	travel			Transport	ation (dea	cupe):	
Common Center Besed on Cost of GOV Furnished Auto	GBA Location R			Must be approved as required by DOJ travel regulations			ed by	Other Am (See Box			
Mileage Rate Authorized     (Ex.; \$.35 = 35 cents)	ige Rate Authorized (Reduced Rate)			Departure Date			Total				
Other			Retu					tvance Amount .			
			L.,	<u> </u>							
6. Other Authorizations 7. Advance Disbursement Draft Site											
	dditional Cost: ]]3. Leave in conjunct	ion	ים	DirDep	27	ines 🔲 🕄	) Draft [	4 Cash	🗍 5 No	ne _	
camier	with travel		Addin	185							
4. Other Description			Address								
			City				State 2#				
			Country								
		8. Other	Descri	ptive l	nformati	ens					
Description	-						<u> </u>				
Program	Project			BC	xiget Aur	1 No (8 A);	(ana)		Drg Mgt Fl	eid (Nur	neric)
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Type Travel	TDY (Over 30 Days)				Purpose	nal 🗔 P	Training		ating/Conf	anenca	D. House
		NVA		-	PCS Rek						Hunding
Justification											· · · · · · · · · · · · · · · · · · ·
(ff appropriata)	<u> </u>										
Very and other dead in the set of an even					ATION			one ortine	d in this a	uthorise	Kaa
You are authorized to travel at govern Authori				4470		a, wiyar b		Traveler			
Advance Authorized as described in	Box 5			Cas	h Advanc	a ort			_		
Authorizer:			Received by:								
Authorizer Signature:	· –		Signature: Data: Data:					:			
A voucher must be submitted within	10 workdays after trave	el la comple	ted or	montid	ly for pers	ons in a o	ontinuous	i travel stat	165.		· · ·

US Dept of Justice JMD/FS/FASSG Nov. 9, 1995; USMS 02/00

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•	CLAIN FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHE	nt, Bureau, División or Office	2. VOUCHER NUMBER 3. SCHEDULE NUMBER
_	Read the Privacy Act	Statement on Page 2 of this fo	m.	1 PAD BY
	a. MARKE (Lost, Ant, maktin initia)		IN SOCIAL SECURITY NUMBER	
Į				
3	s. MALING ADDRESS (Instate ZP Code)		4. OFFICE TELEPHONE NUMBER	
4	600 Army Nevy Drive, Aslington, V.	A 22202		

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one parson, show in col (h) the number of additional persons which accompanied the claiment.)

DATE	CODE	Show eppropriate code in col. (b): A - Local travel B - Telephone or telegraph, or G - Other Expanses (Nemiced)	Locid travel Telephone or telegraph, or				AMOUNT CLAINED			
					NO. OF		FARE OR	ADD.	TIP AND	
(#)	(0)	(c) FROM	(d) T<	3	MILES (0)	MILEAGE (f)	TOLL (@)	PERSONS (h)	MISC. (1)	
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7, AMOUNT	CLANE	iD (Totel of cals (), (g) and ().)		TOTALS						
ner men in	the inio	ved. Long distance telephone calls. If shows, and of this Government. Public: 2 king distance must have been sufficiential, in snifting, by the y to so cardity (31 U.S. C. 660e).)	10. I certify that the claim is true and connect to the basis of my knowledge and basis and that payment or credit has not been relatived by me. PAYMENT DESIRED ELECTRONIC PAYMENT Requires an ACH Payment Form (USM-152) on the with Pinance							
	Sign Original Only			Sign Original C	Canly		-	STAD		
APPROVING	•		DATE					!		
				s. PAYEE (Signal)		SH PAYMENT	RECEIPT	6. CATE	<u> </u>	
9. This claim		ed correct end proper for payment.								
		Sign Original Only	DATE					C. ANIOLINT		
	* ►			12. PAYMENT MADE BY CHECK NO.						

ACCOUNTING CLASSIFICATION

STANDARD FORM 1164 (REV. 11-77) Prescribed by GSA, FPAR (CFR 41) 101-7 Automated 1200 .

6. ECPENDITURES , Covert

DATE	000	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other Expenses (tramized) (Exploit expendiu	nee in apacelle datail.)	MOLEAGE RATE (doloro)	ANOUNT CLAIMED				
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(These numbers will automatically appear on Page 1)

In compliance with the Privacy Act of 1 974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FMR 19 1-7), E. 6. 11 809 of July 22, 1 871, E.O. 11 912 of Narch 27, 1962, E. 0. 6397 of November 22, 1 943, and 28 U.S.C. 801 (b) and 61 98. The primary purpose of the requested information is to determine payment or reimburgement to slightle individual for allowable travel and/or other expression become supported administrative authorization and to record and paintain costs of such reimburgements to the Government. The information may be disclosed to appropriate Federal, State, local, or foreign egencies, when referent to chill, ortalized, or regulatory investigations or prosecultors, or when persuant to a requirement by this agency in connection with the hirting of fining of an employee, the issuance of a security clearance, or investigations of the information of different generatives of official duties with the hirting of fining of an employee, the issuance of a security clearance, or investigations of the performance of official duty withe in Government and the spectral flat of the information the solicited under the authority of the informatice of official duty withe in Government active of a security clearance of the information of the solicity of the informatice of official duty withe in Government active the ortal flat official duty in the solicited under the authority of the informatice of official duty withe in Government E.O. 337, November 22, 1 943, for use as a tappeyor and/or model on the informatic on response is MANDATCRY on vouchers clearance instances; however, failure to provide the information (other than 3584) required to

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NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE				<u>unint</u> T	PER	AMOUNT (1)		
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Pursuant to autho	nty vested in	me, I contify that this vol	ucher is correct and	proper for paymer	<u>•</u>				
Date		Authorized Ge	ntilying Officer (2)				(Title)	)	
			ACCOUNTING	LASSIFICATION					
CHECK NUMB	ER	R ON ACCOUNT OF U.S. TREASURY CHECK NUMBER				ON (Nerr	e of bank	) 	
CASH				PAYEE 3					
(2) If the ability to can	nity and suffici	, state name of currency by to approve are combined too the approving officer will	in one person, one sign in the scade	PER					
provided, over hiefye (3) When a voucher i of the person writing	r officient tide. Is receipted in r the company of	the nerme of a company or o ar corporate name as well as for example: John Dob Con	orporation, the name the capacity in						
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T	he informatio I disburaine i aid. Failure i	n requested on this form Federal money. The infor a furnish this information	is required under to maticn requested in will hinder discharg	he provisions of 3 to identify the part to of the payment of	1 U.S.C. 6 Nicular cre obligation	12b and 82c killor end 1	, for the p te âmolai	ka io be	SF-

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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 distursing 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.

SF-1034 Automated 01/01

	CSO INCIDENT R	EPORT	
Report Date	Reporting District	Reported By	•
Type of Incident:		. <u></u> I	
DESCRIPTION	OF INCIDENT:		
Site Supervisor/La	cad CSO	Witness By	

### UNITED STATES MARSHALS SERVICE

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## COURT SECURITY OFFICER MONTHLY ACTIVITY REPORT

1. CONTRACTOR'S INFORMATI	ON: 7 8 2 2 2						
Name					Month	Day	Year
Address							
City					and the second		<u>yaa fixi nista .</u>
State					Month	Day	l'ear-
Zip Code				<u> </u>			
Office Telephone Number						<u>. 22.03.03.03.03.03.03.03.03.03.03.03.03.03.</u>	
Fax Telephone Number							
Internet Address	-						
2. CONTRACTOR'S INFORMATI	ON:				61 + S.S.		<u>1821 X 1843 Z 1</u>
Contract Manager							
Site Supervisor(s) / District(5)							
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		<b>_</b>			Service New Yo	$0.00 \le 0.00 \le 1$	All and the second
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l hereby certify that the information pr			of my knowledge.				
NAME AND TITLE OF AUTHORIZED (	COMPANY OFFICIAL	(TYPE OR PRINT)	-				
SIGNATURE OF AUTHORIZED COMP	ANY OFFICIAL			DATE			

Contract Numb	IRCUIT SUMMARY &				<b>Reporting</b> Per	tod:		
District		Number o	f Authorized Po	sitions	M	onthly Activi	ty	
No.	District	Full-time	Shared	Total	Fiscal Year Enhancements	Current Vacancies	Authorized Transfers	Comments
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District: Facility													
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Contract	Number:		_				Reporting Period:	
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Contract No	umber:					Reporting I	Period:	
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### SECTION VI - OVERTIME - A - S -

## Contract Number:

### Reporting Period:

OVERTIME CODES:

TRIAL/JURY ACTIVITY A

EXTENDED BOURS OF COURT OPERATION NOT RELATED TO TRIAL/JURY ACTIVITY В

С OTHER (A detailed explanation is required when this code is used.)

				T	Jestification
Authonization	Date Overtime	Name of Government	Name of the	Total Hours Worked	Select the code that best describes the reason for the overtime. In addition, if the overtime effort was not worked by
Date	Worked	Official Authorizing O/T	CSO Authorized to Work	· · · · · · · · · · · · · · · · · · ·	"Shared" CSD personnel, please capitals why
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SECTION VIL-TRAVER	TRAVEL						
Contract Number:	er:				<b>Reporting Period:</b>	:rlod:	-
Travel Authorization	Travel Period	<sup>2</sup> criod	Name of Government Official Authorizing	Name of Employee	Travel (	Travel Originsted	
Date	From	To	Travel	Authorized to Travel	From:	To:	Purpose of Travel
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		Comments	(comprote responde or action lates to preterial performance memory)									
		Details										
SECTION VIII - ACCIDENTS	Contract Number:	Date Accident Occurred							-		 	

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Section J - Attachment 3(K)

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# SECTION X - WORNHOURS Contract Number: Reporting Period:

# \_ Judicial Circuit - Fiscal Year 2002

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TOTAL	* 8				8 4 SA								

	ANNUAL	TATISTICSOFAC	HEALER LINE CO.	
District	District No.	Site Supervisors	CSO Positions	Contract Hours
				(Based on 2008 hrs./position)
				0
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				0
				0
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TOTAL				

### SECTION XI-BILLING INHORMATION **Reporting Period:** Contract Number: **Judicial Circuit** Fiscal Year 2002 \* Costing the second second 1. C. W District \$ \$ October \$ \$ 1\$ \$ \$

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I ecember	\$	\$ \$	\$	<u> </u>	\$	\$	
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February	s	\$ \$	\$	\$	\$	s	
March	\$	\$ \$	\$	\$	\$	s	
April	s	\$ \$	\$	\$	\$	\$	
May	s	\$ \$	\$	\$	\$	s	
June	\$	\$ \$	\$	\$\$	\$	s	
July	\$	\$ \$	\$	\$	\$	\$	
August	\$	\$ \$	\$	\$	\$	s	
September	\$	\$ <u> </u>	\$	\$	\$	\$	
TOTAL:	\$	\$ \$	\$	\$	\$	\$	

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