

SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

Base Year	
+Uniform Purchase	325.00
Physical Exam	<u>50.00</u>
Increase	\$375.00

CATEGORY 5

Base Wage		15.00
FICA	7.65%	1.11
State Unemploy	FIXED	0.00
Federal Unemploy	FIXED	0.00
Workers Compen	2.53%	0.37
General Liability	FIXED	0.20
G & A	FIXED	0.99
Profit	FIXED	<u>0.61</u>
		\$18.28

Travel Authorization / Advance

1. Voucher Information					
Local Voucher No.	Submitting Organization USMS-	Vouch Date	Ref Doc No	Preparer's Name	FMS Upload <input type="checkbox"/> Yes <input type="checkbox"/> No
Auth Vch Type <input type="checkbox"/> Original <input type="checkbox"/> Adv only <input type="checkbox"/> Cancel					
Traveler		YRegDoc		Accounting Classification	
SSN					

2. Mode of Transportation Authorized	3. Mode of Subistence Authorized	4. Planned Itinerary	5. Estimated Cost																																																	
<input type="checkbox"/> By Common Carrier <input type="checkbox"/> By Gov-Furnished Auto <input type="checkbox"/> By Rental Vehicle <input type="checkbox"/> By Privately Owned Vehicle <input type="checkbox"/> POV Determined to be Most Advantageous to Government <input type="checkbox"/> Cost not to Exceed that of Common Carrier <input type="checkbox"/> Based on Cost of GOV Furnished Auto \$ _____ Mileage Rate Authorized (Ex.: 1.35 = 35 cents) <input type="checkbox"/> Other _____	<input type="checkbox"/> Actual subsistence up to _____ per day Actual subsistence requires approval by appropriate authorizing official <input type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE GSA Location Rates <input type="checkbox"/> Extended TDY (Reduced Rate) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">From:</th> <th colspan="4" style="text-align: left; padding: 2px;">Rate</th> </tr> <tr> <th style="width: 5%; padding: 2px;">To:</th> <th style="width: 10%; padding: 2px;">State</th> <th style="width: 15%; padding: 2px;">City</th> <th style="width: 10%; padding: 2px;">Lodging</th> <th style="width: 10%; padding: 2px;">M&IE</th> <th style="width: 10%; padding: 2px;">Days</th> <th style="width: 10%; padding: 2px;">Estimate</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Foreign travel Must be approved as required by DOJ travel regulations Departure Date _____ Return Date _____	From:			Rate				To:	State	City	Lodging	M&IE	Days	Estimate	1							2							3							4							5							Transportation (describe): _____ Other Amount (See Box 6 below) _____ Total _____ Advance Amount (See Box 9 below) _____
From:			Rate																																																	
To:	State	City	Lodging	M&IE	Days	Estimate																																														
1																																																				
2																																																				
3																																																				
4																																																				
5																																																				

6. Other Authorizations	7. Advance Disbursement
<input type="checkbox"/> 1. Use of Premium Class Additional Cost: _____ <input type="checkbox"/> 2. Use of foreign flag carrier <input type="checkbox"/> 3. Leave in conjunction with travel <input type="checkbox"/> 4. Other Description _____	<input type="checkbox"/> 1 DirDep <input type="checkbox"/> 2 Tres <input type="checkbox"/> 3 Draft <input type="checkbox"/> 4 Cash <input type="checkbox"/> 5 None Draft Site _____ Address _____ Address _____ City _____ State _____ ZIP _____ Country _____

8. Other Descriptive Information			
Description			
Program	Project	Budget Auth No (B Alpha)	Org Mgt Field (Numeric)
BBI to:		Case	
Type Travel <input type="checkbox"/> A. TDY <input type="checkbox"/> B. Ext TDY (Over 30 Days) <input type="checkbox"/> C. Taxable Ext TDY <input type="checkbox"/> D. PCS (NonNFC) <input type="checkbox"/> X. N/A		Travel Purpose <input type="checkbox"/> A. Operational <input type="checkbox"/> B. Training <input type="checkbox"/> C. Meeting/Conference <input type="checkbox"/> D. House Hunting <input type="checkbox"/> E. PCS Relocation <input type="checkbox"/> X. N/A	
Justification (if appropriate)			

9. AUTHORIZATION	
You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization.	
Authorizer Advance Authorized as described in Box 5 Authorizer: _____ Authorizer Signature: _____	Traveler Cash Advance of: _____ Received by: _____ Signature: _____ Date: _____
A voucher must be submitted within 10 workdays after travel is completed or monthly for persons in a continuous travel status.	

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 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 NAME AND ADDRESS				DATE INVOICE RECEIVED			
				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NO.			
				GOVERNMENT B/L NO.			
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		AMOUNT (1)	
				COST	PER		
(Use continuation sheets) if necessary				(Payee must NOT use the space below)		TOTAL	
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCE			
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		= \$	+ \$1.00	S			
		BY (2)		Amount verified; correct			
		TITLE		(Signature or initials) or			
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			
				PER			
				TITLE			
(1) When stated in foreign currency, state 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/her 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/she signs, must appear. For example: John Doe Company, per John.							

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.

SF-1034
Automated 01/01

Standard Form 1034 Revised October 1997 Department of the Treasury (TFM 4-2002)		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 NAME AND ADDRESS				DATE INVOICE RECEIVED		
				DISCOUNT TERMS		
				PAYEE'S ACCOUNT NO.		
				GOVERNMENT BL. NO.		
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 COST PER		AMOUNT (1)
(Use continuation sheets if necessary) (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 = \$ BY (2)		EXCHANGE RATE = \$1.00		DIFFERENCE \$
TITLE				Amount verified; correct (Signature or initials)		
<h2 style="margin: 0;">MEMORANDUM</h2>						
ACCOUNTING CLASSIFICATION _____						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE 3	PER	
	TITLE				TITLE	

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CSO INCIDENT REPORT		
Report Date	Reporting District	Reported By
Type of Incident:		
DESCRIPTION OF INCIDENT:		
<hr/> Site Supervisor/Lead CSO		<hr/> Witness By

COURT SECURITY OFFICER MONTHLY ACTIVITY REPORT

1. CONTRACTOR'S INFORMATION:			
Name		Month	Day
Address			Year
City			
State		Month	Day
Zip Code			Year
Office Telephone Number			
Fax Telephone Number			
Internet Address			
2. CONTRACTOR'S INFORMATION:			
Contract Manager			
Site Supervisor(s) / District(s)			
9. CONTRACTOR'S SIGNATURE:			
I hereby certify that the information provided in this report is true and accurate to the best of my knowledge.			
NAME AND TITLE OF AUTHORIZED COMPANY OFFICIAL		(TYPE OR PRINT)	
SIGNATURE OF AUTHORIZED COMPANY OFFICIAL		DATE	

SECTION IX - NARRATIVE OF MAJOR ACCOMPLISHMENTS PROGRAMS/ISSUES/COINTELACT

Contract Number:

Reporting Period:

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SECTION X - WORKHOURS

Contract Number:

Reporting Period:

Judicial Circuit - Fiscal Year 2002

MONTHLY STATISTICS OF HOURS

District	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
TOTAL												

ANNUAL STATISTICS OF ACTUAL HOURS

District	District No.	Site Supervisors	CSO Positions	Contract Hours <i>(Based on 2008 hrs./position)</i>
				0
				0
				0
				0
				0
				0
TOTAL				0

SECTION XI - BILLING INFORMATION**Contract Number:****Reporting Period:**

Judicial Circuit
Fiscal Year 2002

Total Monthly Billing

District							
October	\$	\$	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$	\$	\$
January	\$	\$	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$	\$	\$	\$

