

VOUCHER AND SCHEDULE OF PAYMENTS

Schedule No. _____

(Exception to SF 1166 approved 10 Sep 70)

Sheet 1 of _____

Department or Establishment _____

BUREAU OR OFFICE		Paid By	
LOCATION OF TRANSMITTING OFFICE	AGENCY STATION NO.		
APPROPRIATION SUMMARY			
VOUCHER NO.	PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NO. OR OTHER IDENTIFICATION	AMOUNT	D. O. CHECK NO.
GRAND TOTAL			

Pursuant to authority vested in me, I certify that the items listed herein are correct and proper for payment from the appropriation(s) designated heron or on supporting vouchers.

(Date)

(Authorized Certifying Officer)