

**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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