BPA --- INVOICE-RECEIPT CERTIFICATION

See Completion Instructions On Reverse of Agency Copy

1. BLANKET PURCHASE AGREEMENT (BPA) ORDER NUMBER **45 -**			6. VENDOR'S REMITTANCE NAME AND ADDRESS (Street or P.O. Box, City, State, and Zip Code) **Complete this block only when the remittance address is different from Block 10 on Form AD-838**
2. VENDOR/SELLER IDENT. NUMBER	3. DATE GOODS RECEIVED/ACCEPTED/ SERVICE PERIOD END DATE Month Day Year	4. DATE BILLING STATEMENT RECEIVED Month Day Year	
5. VENDOR PAYMENT REFERENCE NUMBER			

7. In approving this voucher, I have determined that the items billed were received, inspected, and accepted as complying with the BPA indicated in Block 1.

8 LINE ITEM NO.	9 FUND CODE	10 UNIT CODE	11 BUDGET OBJECT	12 SF 281 CODE	13 ACCOUNTING CLASSIFICATION	14 DOLLAR AMOUNT
					15. TOTAL	

19. **Attach billing documents and mail to:** *(Use of Window Envelope is Optional)*

USDA, Office of Finance and Management
NATIONAL FINANCE CENTER
P.O. Box 60075
New Orleans, Louisiana 70160

APPROVING OFFICER

16. SIGNATURE

17. DATE

18. PHONE (Area Code and Number) FTS ☐ COMM ☐

FORM AD-838D USDA (Rev. 11/91)

Submit Cancel