MISCELLANEOUS PAYMENTS SYSTEM

See completion instructions published in Title II, Voucher and Invoice Payments Manual, Chapter 6, Section 5.

1. VENDOR/SELLER IDENT. NO. (11)	2. FUND CODE (2)	3. UNIT CODE (2)	4. VOUCHER NUMBER (5)	5. PAYMENT CODE (2)	6. ACTION CODE (1)	7. FOREIGN COUNTRY CODE (2)

8. PAYEE NAME (30)	13. DATE AGENCY RECEIVED INVOICE (6) ➤ MO DAY YR	14. DATE GOODS REC/ ACC/SERV PERIOD END DATE (6) ➤ MO DAY YR
9. 1ST LINE ADDRESS (30)	**15. TYPE COMMODITY/PAYMENT CODE** (Enter one code only)	
10. 2ND LINE ADDRESS (30)/OR VENDOR EFT IDENTIFICATION NUMBER (12)	**M**= Meat **D** = Dairy **P** = Perishable Food **C** = Construction **O** = Other Goods and Services **X** = Other Goods and Services (Pay immediately)	
11. CITY (20) / STATE (2) / ZIP CODE (10)	**TERMS**	
12. CHECK IDENT. INFORMATION (i.e., Order/Invoice Date, Order/Contract/Invoice No.)	16. TIME DISCOUNT	16a. NET TERMS
1. (30)		
2. (30)	17. ORDER/ CONTRACT DATE ➤ MO DAY YR	18. VENDOR INVOICE DATE ➤ MO DAY YR
3. (30)	19. FORM 1099 **No** ☐ **Yes** ☐ ➤	20. TAXPAYER'S IDENTIFICATION NUMBER (11)

21. ACCOUNTING CLASSIFICATION A B C (23)	D (4)	E (6)	2	22. BUDGET OBJECT CODE (4)	23. HOURS/OR FUND CODE/ UNIT CODE (8)	24. AMOUNT (11)	25. BLANK OR CR (2)

27. PREPARED BY	27a. PHONE (Area Code and Number)	28. DATE	26. **TOTAL** ➤	$0.00	
29. AUDITED BY		30. DATE			

Pursuant to the authority vested in me, I certify that the item(s) listed herein are correct and proper for payment from the appropriation(s) designated.	31. UNIT CERTIFYING OFFICER CONTROL CODE	31a. UNIT CERTIFYING OFFICER SIGNATURE	32. DATE	
	33. TITLE	34. PHONE (Area Code and Number)	FTS	COMM

35 **Mail to:** USDA, OFM, National Finance Center, P.O. Box 60000, New Orleans, LA 70160-0001

FORM AD-757 (USDA) (Rev. 2/94)

Check applicable copy designation: ☐ **NFC ORIGINAL** ☐ **AGENCY COPY**