BPA - INVOICE-RECEIPT CERTIFICATION ee Completion Instructions On Reverse of Agency Copy

							n instru	uctions	S ON Re	everse of Agency Copy	
1. BLANKET PURCHASE AGREEMENT (BPA) ORDER NUMBER									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		
45 - 2. VENDOR/SELLER 3. DATE GOODS							4. DATE BILLING STATEMENT			Block 10 on Form AD-838	
IDENT. NUMBER					VED/ACCEPT CE PERIOD E		RECEIVED				
						Year	Month	Day	Year		
5. VENDOR PAYMENT REFERENCE NUMBER									-		
7 In 1	opprovi	ng this s	ouch	ar Ibaya	datarmina	d that the	items bill	ad wara r	acaivad in	Ispected, and accepted as complying with th	a RDA indicated in
	ck 1.	ng uns v	ouch	er, i nave	uetermine	u mai me	nems ono	eu were n	ecerveu, in	ispected, and accepted as comprying with th	e BFA indicated in
	9	10		11	12		13			14	
8 LINE ITEM NO.	FUND CODE	UNIT CODE	E	JDGET BJECT	SF-281 CODE	ACCOUNTING CLASSIFICATION				DOLLAR AMOUNT	
			1		<u> </u>					15. TOTAL ►	\$0.00
19. Attach billing documents and mail to: (Use of Window Envelope is Optional)											
16. SIGNATURE											
USDA, Office of Finance and Management											
NATIONAL FINANCE CENTER P.O. Box 60075											
New Orleans, Louisiana 70160										FTS >	
											COMM >