

**PUBLIC VOUCHER  
FOR UNPAID COMPENSATION DUE A  
DECEASED CIVILIAN EMPLOYEE**

Voucher No. \_\_\_\_\_

Schedule No. \_\_\_\_\_

<b>PAID BY</b>

\_\_\_\_\_  
(Department and bureau, agency, or establishment)

\_\_\_\_\_  
(Location)

NAMES AND ADDRESSES (INCLUDING ZIP CODES) OF PAYEES	AMOUNT
Net amount due as per summary on reverse hereof	

Amount of unpaid compensation due \_\_\_\_\_, a civilian employee  
of the United States or the District of Columbia, who died on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Gross amount chargeable to appropriations and funds, as distributed below \$ \_\_\_\_\_

*Pursuant to authority vested in me, I certify that the items listed herein are correct and proper for repayment from the appropriation(s) and/or fund(s) indicated below.*

Date \_\_\_\_\_ (Authorized certifying officer)  
Title \_\_\_\_\_

**ACCOUNTING CLASSIFICATION**

Paid to the payee(s) named hereon by check No. \_\_\_\_\_ through \_\_\_\_\_ drawn on Treasurer,  
U.S., or on \_\_\_\_\_; or by cash in the amount of \$ \_\_\_\_\_  
(Name of bank)

\*Payee \_\_\_\_\_

\*If payment is made in cash, signature of the payee in acknowledgement of receipt of payment is required. If more than one payee, a receipt should be obtained for the amount paid to each and attached to the voucher.

**Summary of "UNPAID COMPENSATION" of the deceased civilian employee named on the face of this Public Voucher:**

	<i>Amount</i>
Lump sum payment for annual leave _____	_____
Salary or pay for which checks have not been issued _____	_____
Reimbursement for travel expenses _____	_____
Allowances _____	_____
Cash awards for employee's suggestions _____	_____

Unnegotiated checks drawn in payment of such compensation and deposited:

<i>Check No.</i>	<i>Date</i>	<i>Amount</i>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	_____

Unapplied balances on U.S. Savings Bond purchases \_\_\_\_\_                     

TOTAL CHARGEABLE TO APPROPRIATIONS, SPECIAL FUNDS, ETC. \_\_\_\_\_                     

Less amounts deducted or withheld:

Outstanding travel advances _____	_____	
Civil service retirement _____	_____	
Employee life insurance _____	_____	
Health benefits _____	_____	
Other _____	_____	<u>                    </u>

NET AMOUNT DUE \_\_\_\_\_                     

**PREVIOUS PARTIAL PAYMENTS OF "UNPAID COMPENSATION"**

_____	_____	_____
_____	_____	_____
_____	_____	_____
(Voucher number)	(Date paid)	(D.O. symbol)