GSA Form 789 (Rev. 10-73)

GENERAL SERVICES ADMINISTRATION
STATEMENT, VOUCHER AND SCHEDULE OF WITHDRAWALS AND CREDITS

DISBURSING OFFICE NO.

DEPOSIT TO THE CREDIT OF ACCOUNT(S) SHOWN AND SEND ACCOMPLISHED C/D TO

BUREAU VOUCHER NO. *(Paying Office)*

PAID BY

or Send Remittance Payable to The General Services Administration accompanied by one copy of this GSA Form 789, to the Office indicated above. Adjustments are not to be requested or made for over or under charges of $10.00 or less per Line Item (FPMR - A - 101-2.104(c).

OFFICE BILLED *(Include ZIP Code)*

DATE			PAGE NO.	STATEMENT NUMBER
MO.	DAY	YR		

AGENCY	BILLED OFFICE

PAYMENT OR INQUIRY SHOULD REFER TO THE ABOVE DATE, STATEMENT NUMBER, AGENCY, AND BILLED OFFICE CODES FOR PROMPT HANDLING.

AGENCY REQUISITION NUMBER	ACT	GSA INVOICE OR DOC. NO.	INV. DATE MO.	INV. DATE DAY	AMOUNT	REMARKS

TOTAL AMOUNT DUE ON THIS STATEMENT (The total amount due on this statement must be paid as rendered in accordance with 7 GAO 2. 8.5 and FPMR Title 41 Chap. 101. Adjustments if required will appear on subsequent statements.)

TO (DISBURSING OFFICE AND SYMBOL PAYING OFFICE)	BUREAU REFERENCE	APPROPRIATION OR FUND *(Symbol Only)*	AMOUNT
WITHDRAW FROM DEPARTMENT BUREAU ADDRESS			

CERTIFICATE OF PAYING OFFICE

I certify that the items listed herein are correct and proper for payment from the appropriation(s) designated.

(DATE) (AUTHORIZED CERTIFYING OFFICER)

FOR USE OF PAYING OFFICE

PAID BY

CHECK NO. _____ DATED _____ C/D NO. _____ DATED _____

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