U.S. FISH AND WILDLIFE SERVICE
FEDERAL FINANCIAL SYSTEM
SUPPLEMENTAL INPUT FORM

DATE:

REFERENCE NUMBER:

Organization:

Organization Code:

Telephone Number:

DOCUMENT CONTROL NUMBER:

LIST THE FOLLOWING DATES:

DATE GOODS OR SERVICES ACCEPTED:

DATE INVOICE RECEIVED:

DATE SENT TO FINANCE CENTER:

I certify that the goods or services have been received and accepted.
Payment is hereby approved.

NAME/SIGNATURE/TELEPHONE:

☐ PARTIAL
☐ FINAL

LINE NO.	ORGN	FUND	BFY	SUB-ACTIVITY	PROJECT	OBJECT CLASS	DESCRIPTION (If applicable) Item No. / Invoice No.	AMOUNT

RESERVED FOR FINANCE CENTER USE: (VENDOR NUMBER):

USE THIS FORM WHEN COST STRUCTURES WILL EXCEED SPACE AVAILABLE ON OBLIGATION DOCUMENT OR AS INSTRUCTED IN THE FSS MANUAL

FINANCE CENTER FINANCE CENTER ORIGINATING OFFICE

FWS 3-2127
Rev 09/02