

Volunteer Monetary Award Certification

| This Award | Is Presented to: | | |
|---|---|---------------------------|--|
| | (1 | Recipient' | s Name) |
| In the G | ross Amount of \$ | | · |
| JUSTIFICATI | ON Required for moneta | ry awards. | |
| | | | |
| | | | |
| | | | |
| APPROVED BY: | Project Leader/Manager | Date | Telephone Number (including Area Code) |
| | SIGNATURES ureau delegations] | | |
| Supervisor* | Date | | |
| *Second Level ap employee or whe | oproval is required when g n the amount of the award | iving a mo | onetary award to a family member of any Service 100. |
| | ACTION RECORD ds. Do not complete for Ho | This record nor Awards | is to initiate payment, accounting and tax transactions. |
| Recipient Name: _ | | | Social Security Number: |
| Budget Object Clas Organization Code Subactivity: | • | | |

Disposition of this form: Original to finance office, copy to recipient.

Note: Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C., Section 552a(b).