VOUCHER FOR EMERGENCY OR EXTRAORDINARY EXPENSE EXPENDITURES

1. D.O. VOUCHER NO.

2. BUREAU VOUCHER NO.

3. VOUCHER PREPARED AT

4. DATE *(YYYYMMDD)*

5. PAID BY *(For Use of Paying Office)*

6. UNITED STATES, DR., TO *(Payee)*

7. ADDRESS *(Include ZIP Code)*

8. FOR EMERGENCY OR EXTRAORDINARY EXPENSE EXPENDITURES UNDER APPROPRIATIONS LISTED BELOW

a. FOR EXPENSES INCURRED DURING THE PERIOD *(Fill in only if voucher covers reimbursement of funds actually expended.)*

FROM: TO:

b. APPROPRIATION CHARGEABLE	c. AMOUNT
d. TOTAL	0.00

9. I CERTIFY THAT THE ABOVE ACCOUNT IS TRUE AND CORRECT; THAT PAYMENT THEREFOR HAS NOT BEEN RECEIVED; AND THAT THE AMOUNT HAS BEEN OR WILL BE EXPENDED FOR EMERGENCY OR EXTRAORDINARY EXPENSE PURPOSES.

a. DATE *(YYYYMMDD)*	b. TYPED NAME	c. GRADE	d. ORGANIZATION	e. SIGNATURE OF PAYEE *(Sign original only)*

10. I CERTIFY THAT THE ABOVE LISTED EXPENDITURES ARE PROPERLY CHARGEABLE TO THE APPROPRIATIONS INDICATED.

a. APPROVED FOR $

b. DATE *(YYYYMMDD)*	c. TYPED NAME	d. GRADE	e. ORGANIZATION	f. TITLE

g. SIGNATURE OF CERTIFYING AND APPROVING OFFICER *(Sign original only) (Certifying and approving officer will not be the payee.)*

11. APPROVAL BY DEPARTMENT HEAD

a. TYPED NAME

b. SIGNATURE

12. PAID BY

a. CHECK NO. DATED *(YYYYMMDD)* FOR $

ON TREASURER OF THE UNITED STATES IN FAVOR OF THE PAYEE NAMED ABOVE.

b. CASH $

ON *(YYYYMMDD)*

c. SIGNATURE OF PAYEE FOR CASH PAYMENT

INSTRUCTIONS

Supporting receipts, if available, or certificates in lieu thereof, should be attached to duplicate copy, except where security may thereby be violated. No details will be shown on the face of voucher.