1. DEPARTMENT	MILITARY PAY VOUCHER	2. VOUCHER NUMBER

IDENTIFICATION AND CERTIFICATION

3. ATTACHMENT _____ *Pages*	4. ORGANIZATION AND LOCATION	5. PAYROLL NUMBER

6. PURPOSE OF PAYMENT

TO:	7. PAID BY *(Brief Stamp)*

I CERTIFY this voucher is correct and proper for payment from the appropriation and/or fund indicated below.

8. TYPED NAME OF DISBURSING OFFICER	9. DSSN	10. SIGNATURE OF DISBURSING OFFICER OR DEPUTY

As Agent Officer to the above Disbursing Officer, I CERTIFY the amounts shown on the attached money lists have been paid by me to members listed thereon after proper identification.

11. SIGNATURE OF AGENT OFFICER	12. DATE PAID

APPROPRIATION CHARGES

13. APPROPRIATION	14. AMOUNT
	$

15. PREPARED BY	16. REVIEWED BY	17. TOTAL $ 0.00

PAYMENT DATA

CHECK PAYMENT	18. AMOUNT	19. PAID BY CHECK NUMBERS _____ TO _____ INCL
CASH PAYMENT	20. AMOUNT	21. I acknowledge receipt of cash payment in amount stated. _____ SIGNATURE OF PAYE*E (For an individual cash payment)*