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

M E M O R A N D U M

9. 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.