

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. **K-1**

6/21/99

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
**NORTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
10 INDUSTRIAL HWY MS #82
LESTER, PA 19113-2090**

DATE VOUCHER PREPARED
6/21/99
CONTRACT NUMBER AND DATE
REQUISITION NUMBER AND DATE

SCHEDULE NO.
PAID BY
DATE INVOICE RECEIVED
DISCOUNT TERMS
PAYEE'S ACCOUNT NUMBER

PAYEE'S NAME AND ADDRESS

**c/o NORTHERN DIVISION
NAVFAC ENG COM
10 INDUSTRIAL HWY MS #82
LESTER, PA 19113-2090**

SHIPPED FROM TO WEIGHT GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT <i>(1)</i>
				COST	PER	
		REIMBURSEMENT FOR SAFETY SHOES MEETS ANSI Z41.1 C/75				27.99
TOTAL						\$ 27.99

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$	= \$1.00	
	BY :		Amount verified; correct for
	TITLE		(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized Certifying Officer)² (Title)

ACCOUNTING CLASSIFICATION

AA 1751804. KUZN 000 62470 8 62470 2D 1820NT 9AD6AF01 (\$27.99)

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE ³	

¹When stated in foreign currency, insert name of currency.
²If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
³When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money.

ENCL (4)

NOW ACCEPTING APPLICATIONS ALL SHIFTS
RECEIPT NEEDED FOR JODAY RETURN POLICY

41000043364	SHOE CARE		1.19
41106546726	FOOTWEAR	A	27.99
**** TAX	.00	BAL	29.18

CASH 40.00
CHANGE 10.82
RECEIPT# 09133 061299 005 28706

06/12/99 12:40 PM 9133 05 2870 0701

*** THANK YOU - COME AGAIN ***
**** BIG KHART 9133 ****

