

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT BUREAU OR ESTABLISHMENT AND LOCATION

U.S. Department of Labor
Office of Workers' Compensation Programs
Washington, D.C.

DATE VOUCHER PREPARED

CONTRACT NUMBER AND DATE

FEDERAL FID. NUMBER AND DATE

SCHEDULE NO.

PAID BY

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

PAYEE'S NAME AND ADDRESS

SHIP FROM TO WEIGHT GOVERNMENT BR. NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Date description, item number of contract or Federal supply schedule and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	REF.	

For reimbursement of benefit payments and claims expenses as set forth in Claim No. filed with the U.S. Department of Labor, Office of Workers' Compensation Programs, pursuant to Act of December 2, 1942, 56 Stat. 1031 (U.S.C. 42:1704), which provides for reimbursement of claims of employers, insurance carriers or compensation funds in those cases where benefits have been paid by such parties or funds to employees or their dependents when such employees have been injured or killed as a result of war-risk hazards while employed by contractors with the United States Government. Employee:

Your File No. Our File No. **(Payee must NOT use the space below)** TOTAL

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	DIFFERENCE
	BY		
	TITLE		(Signature or initials)

Purchaser to authorize release in this capacity that this voucher is correct and proper for payment.

APPROVED AND FORWARDED: Accounting Classification

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

When needed to furnish currency, insert name of currency in the space in which a dollar sign is sufficient in one place, and separate only if necessary, otherwise the accounting officer will sign in the space provided over his official title.
When a voucher is received in the name of a company or corporation the name of the person making the purchase or corporate name, as well as the capacity in which he signs, must appear. For example: John Doe Company, 200 10th Street, New York, N.Y. "Receiver" in the case may be.

Previous edition obsolete. FORM 104-2000 104-102-2000

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 51 U.S.C. 401 and 52. For the purpose of processing claims forms. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish the information will hinder discharge of the payment obligation.

CERTIFICATE OF PAYEE

I certify that the amount set forth in this voucher as the amount of reimbursement under the claim referred to on the reverse side hereof is correct and just, and there has been no reimbursement, compensation, or payment from any source, or by any other means, for any item comprising the amount stated in this voucher.

Payee _____

By _____

Title _____

CERTIFICATE OF CERTIFYING OFFICER

I certify that there is on file with the Department of Labor, Office of Workers' Compensation Programs a claim, numbered and filed as stated on the reverse side hereof, which is supported by a descriptive schedule together with receipts, certificates and other evidence of payments showing sufficiently the items comprising the elements of the claim and that payments reimbursable under this voucher have been made as claimed by the payee; that audit and verification of each reimbursable item has been made; that all payments approved upon such audit were made pursuant to applicable law or contract; and that the amount of reimbursement made under this voucher in respect of such claim is correct and in accordance with law.

Approved for _____

Authorized Certifying Officer