

CASHIER REIMBURSEMENT VOUCHER AND/OR ACCOUNTABILITY REPORT

STANDARD FORM 1129
REVISED 2-82
DEPARTMENT OF THE TREASURY
I TFRM 4-4000

Voucher No.

No.

ATTACH SUBVOUCHERS HERE

PAID BY

U.S.
(Department, bureau, or establishment)

Payee's name

Mailing address

numbers to period 19, to 19; numbers

AMOUNT	
Dollar	Cents

STATUS OF FUND	Dollars	Cents
This Voucher		
Unpaid Reimbursement Voucher Dated		
Unscheduled subvouchers		
Interim Receipts for Cash		
Cash on Hand		
Advance or Reimbursement Checks on Hand		
Total		

Difference

Amount verified; correct for

(Signature or initials)

(For Administrative Use)

Approved:

I certify that the disbursements claimed herein are correct and proper, that payment has not been received, and that the status of the fund for which I am accountable is as stated above.

..... (Date) (Cashier)

Number of Remittance Checks desired
in the amounts of

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

..... (Date) *Authorized Certifying Officer.*

ACCOUNTING CLASSIFICATION

Paid by Check(s) No.(s)

Paid by cash, \$ on (Date)

Payee

The Privacy Act information requested is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information is requested to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.