STANDARD FORM 1081
Revised September 1982
Department of the Treasury
I TFRM 2-2500

VOUCHER AND SCHEDULE OF WITHDRAWALS AND CREDITS

Transaction Date	
Document No.	

CHARGE AND CREDIT WILL BE REPORTED ON CUSTOMER AGENCY STATEMENT OF TRANSACTIONS FOR ACCOUNTING PERIOD ENDING _____

CUSTOMER AGENCY		BILLING AGENCY	
Agency Location Code (ALC)	Customer Agency Voucher No.	Agency Location Code (ALC)	Billing Agency Voucher No.
DEPARTMENT BUREAU ADDRESS		DEPARTMENT BUREAU ADDRESS	

SUMMARY		SUMMARY	
APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT
(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL		(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL	

Details of charges or reference to attached supporting documents

BILLING AGENCY CONTACT:
PREPARED BY _____
APPROVED BY _____
TELEPHONE NO. _____

CERTIFICATION OF CUSTOMER OFFICE

I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.

_____ *(Date)*

_____ *(Authorized administrative or certifying officer)*

_____ *(Telephone No.)*

NSN 7540-00-634-4234
PREVIOUS EDITION NOT USABLE

Original- Forward To Customer For Payment

STANDARD FORM 1081
Revised September 1982
Department of the Treasury
I TFRM 2-2500

VOUCHER AND SCHEDULE OF WITHDRAWALS AND CREDITS

Transaction Date	
Document No.	

CHARGE AND CREDIT WILL BE REPORTED ON CUSTOMER AGENCY STATEMENT OF TRANSACTIONS FOR ACCOUNTING PERIOD ENDING _____

CUSTOMER AGENCY		BILLING AGENCY	
Agency Location Code (ALC)	Customer Agency Voucher No.	Agency Location Code (ALC)	Billing Agency Voucher No.
DEPARTMENT BUREAU ADDRESS		DEPARTMENT BUREAU ADDRESS	

SUMMARY		SUMMARY	
APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT
(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL		(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL	

Details of charges or reference to attached supporting documents

BILLING AGENCY CONTACT:
PREPARED BY _____
APPROVED BY _____
TELEPHONE NO. _____

CERTIFICATION OF CUSTOMER OFFICE

I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.

_____ *(Date)*

_____ *(Authorized administrative or certifying officer)*

_____ *(Telephone No.)*

NSN 7540-00-634-4234
PREVIOUS EDITION NOT USABLE

Duplicate- Customer Copy

STANDARD FORM 1081
Revised September 1982
Department of the Treasury
I TFRM 2-2500

VOUCHER AND SCHEDULE OF WITHDRAWALS AND CREDITS

Transaction Date	
Document No.	

CHARGE AND CREDIT WILL BE REPORTED ON CUSTOMER AGENCY STATEMENT OF TRANSACTIONS FOR ACCOUNTING PERIOD ENDING _____

CUSTOMER AGENCY		BILLING AGENCY	
Agency Location Code (ALC)	Customer Agency Voucher No.	Agency Location Code (ALC)	Billing Agency Voucher No.
DEPARTMENT BUREAU ADDRESS		DEPARTMENT BUREAU ADDRESS	

SUMMARY		SUMMARY	
APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT
(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL		(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL	

Details of charges or reference to attached supporting documents

BILLING AGENCY CONTACT:
PREPARED BY _____
APPROVED BY _____
TELEPHONE NO. _____

CERTIFICATION OF CUSTOMER OFFICE

I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.

_____ *(Date)*

_____ *(Authorized administrative or certifying officer)*

_____ *(Telephone No.)*

NSN 7540-00-634-4234
PREVIOUS EDITION NOT USABLE

Triplicate- Return Accomplished Copy to Billing Office

STANDARD FORM 1081
Revised September 1982
Department of the Treasury
I TFRM 2-2500

VOUCHER AND SCHEDULE OF WITHDRAWALS AND CREDITS

Transaction Date	
Document No.	

CHARGE AND CREDIT WILL BE REPORTED ON CUSTOMER AGENCY STATEMENT OF TRANSACTIONS FOR ACCOUNTING PERIOD ENDING _____

CUSTOMER AGENCY		BILLING AGENCY	
Agency Location Code (ALC)	Customer Agency Voucher No.	Agency Location Code (ALC)	Billing Agency Voucher No.
DEPARTMENT BUREAU ADDRESS		DEPARTMENT BUREAU ADDRESS	

SUMMARY		SUMMARY	
APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT
(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL		(MUST AGREE WITH BILLING AGENCY TOTAL) TOTAL	

Details of charges or reference to attached supporting documents

BILLING AGENCY CONTACT:
PREPARED BY _____
APPROVED BY _____
TELEPHONE NO. _____

CERTIFICATION OF CUSTOMER OFFICE

I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.

_____ *(Date)*

_____ *(Authorized administrative or certifying officer)*

_____ *(Telephone No.)*

NSN 7540-00-634-4234
PREVIOUS EDITION NOT USABLE

Quadruplicate - Billing Office Copy