OPTIONAL FORM 1129
REVISED 10-86
DEPARTMENT OF THE TREASURY
I TFM 4-4000
ATTACH SUBVOUCHERS HERE

CASHIER
REIMBURSEMENT VOUCHER AND/OR ACCOUNTABILITY REPORT

Voucher No. .....

Schedule No. .....

PAID BY

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

Payee's name .....

Mailing address .....

.....

For payments made on account of official business as per attached subvouchers numbers ..... to ....., inclusive, for the period ....., ..., to ....., ... ; and reclaimed subvouchers numbers .....

AMOUNT	
Dollars	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) .....

Title .....

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

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

Number of reimbursement checks desired .....
in the amounts of .....

ACCOUNTING CLASSIFICATION

Paid by Check(s) No.(s)

.....

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.....

.....

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.