

PAYROLL FOR PERSONAL SERVICES CERTIFICATION AND SUMMARY		D.O. VOUCHER NUMBER		BUREAU VOUCHER NO.	PAGE NO.	
DEPARTMENT OR ESTABLISHMENT				<b>PAID BY</b>		
BUREAU, DIVISION OR OFFICE						
LOCATION						
PERIOD OF THIS ROLL <i>(From - To)</i>						
<i>(For use of paying officer)</i>						
PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT WITHIN PAYROLL IN _____ PAGES, IS CORRECT AND PROPER FOR PAYMENT AND THAT SUFFICIENT FUNDS ARE AVAILABLE TO COVER THE GROSS APPROPRIATION CHARGES SHOWN BELOW.						
SIGNATURE OF PAYROLL CERTIFYING OFFICER <i>(Army only) (Sign original only)</i>			SIGNATURE OF CERTIFYING OFFICER <i>(Sign original only)</i>			
DATE	OFFICIAL TITLE		DATE	OFFICIAL TITLE		
<b>PART I - PAYROLL SUMMARY</b>					<b>AMOUNT</b>	
NET PAYMENTS TO EMPLOYEES <i>(As per attached lists)</i>					<b>\$</b>	
PAYROLL DEDUCTIONS		ACCOUNTING CLASSIFICATION				
CIVIL SERVICE RETIREMENT						
FEDERAL INSURANCE CONTRIBUTIONS ACT						
FEDERAL WITHHOLDING TAX						
HEALTH BENEFITS						
GROUP LIFE INSURANCE						
STATE OR TERRITORIAL TAX						
UNITED STATES SAVINGS BONDS						
UNION DUES						
CHARITABLE CONTRIBUTIONS						
SAVINGS ACCOUNTS						
OTHER <i>(Itemize)</i>						
PAYROLL TOTAL					<b>\$</b>	
EMPLOYER CONTRIBUTIONS		RETIREMENT FUND				
FICA						
HEALTH BENEFITS						
FEGLI						
GROSS APPROPRIATIONS CHARGES					<b>\$</b>	
<b>PART II - ACCOUNTING CLASSIFICATION</b>						
APPROPRIATION SYMBOL	SUBSIDIARY ACCOUNTING CLASSIFICATION	OBJECT AMOUNTS				APPROPRIATION AMOUNT
		OBJECT 11	OBJECT 12			