PAYROLL FOR PERSONAL SERVICES CERTIFICATION AND SUMMARY	D.O. VOUCHER NUMBER	BUREAU VOUCHER NO.	PAGE NO.

DEPARTMENT OR ESTABLISHMENT	**PAID BY**
BUREAU, DIVISION OR OFFICE	
LOCATION	
PERIOD OF THIS ROLL *(From - To)*	*(For use of paying officer)*

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 *(Army only) (Sign original only)*		SIGNATURE OF CERTIFYING OFFICER *(Sign original only)*	
DATE	OFFICIAL TITLE	DATE	OFFICIAL TITLE

PART I - PAYROLL SUMMARY		AMOUNT
NET PAYMENTS TO EMPLOYEES *(As per attached lists)*		$
PAYROLL DEDUCTIONS CIVIL SERVICE RETIREMENT	ACCOUNTING CLASSIFICATION	
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 *(Itemize)*		
PAYROLL TOTAL		$
EMPLOYER CONTRIBUTIONS RETIREMENT FUND		
FICA		
HEALTH BENEFITS		
FEGLI		
GROSS APPROPRIATIONS CHARGES		$

PART II - ACCOUNTING CLASSIFICATION

APPROPRIATION SYMBOL	SUBSIDIARY ACCOUNTING CLASSIFICATION	OBJECT AMOUNTS				APPROPRIATION AMOUNT
		OBJECT 11	OBJECT 12			