

Control ID/Transaction No:

Tax ID No:

Refund: LR- -VR- - (Not taxable)

Payment: LR- -VP- -

Issue 1099

Prompt Payment Act – Not Applicable

Direct Deposit (Refunds/Optional for Wage Restitution):

To:	Bank Name:	
	Address:	
	City/State:	
ACH/Direct Deposit:	ABA Routing No:	
For Credit To:	Account No.	
	Payee Account Name:	

Wage Restitution Check:

Payee Name & Address

Amount of Refund/Payment: \$

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment. (Name/Signature)

Date:

Regional Labor Relations Officer

Evidence of deposit: (HQLR)

Attached

FHA List Page

Date of last disbursement:

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment. (Name/Signature)

Date:

Authorized Approving Official, Office of Labor Relations