

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

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.