|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Standard Form 1034  September 1973  Treasury FRM 2000 | | PUBLIC VOUCHER FOR PURCHASES AND  SERVICES OTHER THAN PERSONAL | | | | | | | VOUCHER NO. |
| U.S. DEPARTMENT, BUREAU OR ESTABLISHMENT AND LOCATION  U.S. Department of Commerce  Bureau of the Census  Washington, DC 20233-9100 | | | | DATE VOUCHER PREPARED | | | | | SCHEDULE NO. |
| CONTRACT NUMBER AND DATE | | | | | PAID BY |
| REQ. NUMBER AND DATE | | | | |
| PLEASE PRINT NAME & ADDRESS BELOW:    PAYEE’S  NAME  AND  ADDRESS | | | | | | | | |
| DATE INVOICE RECEIVED |
| DISCOUNT TERMS |
| PAYEE’S ACCOUNT NUMBER |
| SHIPPED FROM TO WEIGHT | | | | | | | | | GOVERNMENT B/L NUMBER |
| NUMBER  AND DATE  OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES  *(Enter description, item number of contract or Federal supply schedule,*  *and other information deemed necessary)* | | | QUAN-TITY | | UNIT PRICE | | AMOUNT |
| COST | PER |  |
|  |  | For participating in cognitive interview to improve the NSCH Screener.  Directorate for Demographic Programs  Demographic Statistical Methods Division  Survey Methodology Pool  Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |  | $40.00 |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL | | | | | | | | |  |
| PAYMENT:  🞏 COMPLETE  🞏 PARTIAL  🞏 FINAL  🞏 PROGRESS  🞏 ADVANCE | APPROVED FOR  $40.00 | | EXCHANGE RATE  = $1.00 | | | DIFFERENCES | | |  |
| BY: | | | | | | | |  |
| TITLE: | | | | Amount verified correct for | | | | $40.00 |
| (Signature or initials) | | | | |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) (Authorized Certifying Officer) (Title) | | | | | | | | | |
| ACCOUNTING CLASSIFICATION | | | | | | | | | |
| Project/Task: 0977000-000; Organizational Code: 11-28-0087-50-50-00-00; Obj. Class: 25-10-02-00 | | | | | | | | | |
| CHECK NUMBER ON TREASURER OF THE UNITED STATES | | | | CHECK NUMBER ON (Name of Bank) | | | | | |
| CASH DATE | | | | PAYEE | | | | | |
| PER | | | | TITLE | | | | | |