

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
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NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
		For participating in a cognitive interview as part of research on the NYCHVS. Center for Behavioral Science Methods Received by: _____ Date: _____				\$40.00

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

TOTAL

PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR <div style="text-align: right; font-size: 1.2em;">\$40.00</div>	EXCHANGE RATE <div style="text-align: right; font-size: 1.2em;">= \$1.00</div>	DIFFERENCES	
	BY: _____			
	TITLE: _____		Amount verified correct for <div style="text-align: right; font-size: 1.2em;">\$40.00</div>	(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment

_____	_____	Social Science Analyst
(Date)	(Authorized Certifying Officer)	(Title)

ACCOUNTING CLASSIFICATION			
Project/Task: 5907054-000; Organizational Code: 11-29-0091-50-50-00-00; Obj. Class: 25-20-04-00			
CHECK NUMBER	ON TREASURER OF THE UNITED STATES	CHECK NUMBER	ON (Name of Bank)
CASH	DATE	PAYEE	
PER	TITLE		