United States Postal Service

# Cashier Reimbursement Voucher and/or Accountability Report

Voucher Number _____

Schedule Number _____

Payee's Name (First, MI, Last)

_____

Mailing Address (Street, City, State, and ZIP+4)

PAID BY

For payments made on account of offical business as per attached subvouchers numbers _____ to _____, inclusive, for the period *(month, day, year)* _____, to *(month, day, year)* _____, and reclaimed subvouchers numbers_____ _____.

| Amount | |
|---|---|
| Dollars | Cents |
| | |

| Status of Fund | Dollars | Cents |
|---|---|---|
| This Voucher | | |
| Unpaid Reimbursement Voucher Dated: | | |
| Unscheduled Subvouchers | | |
| Interim Receipts for Cash | | |
| Cash on Hand | | |
| Advance or Reimbursement Checks on Hand | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

| Differences | | |
|---|---|---|
| | | |
| | | |
| | | |
| Amount verified; correct for | | |

(Signature or initials) _____

(For Administrative Use)

Approved:

I certify that the disbursements claimed herein are correct and proper, that payment has not been received, and that the status of the fund for which I am accountable is as stated above.

_____ _____

Date Cashier's Signature

Title _____

Number of reimbursement checks desired _____

in the amounts of _____.

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

_____ _____

Date Authorized Certifying Officer's Signature

## Accounting Classification

Paid by Check(s) Number(s)

_____

_____

Paid by Cash, $ _____ on _____

Payee _____