| Standard Form 1034<br>Revised October 1987<br>Department of the Treasur<br>1 TFM 4-2000<br>1034-122                                       | у                                   | PUBLIC VOUCHER FOR PURCHASES AND<br>SERVICES OTHER THAN PERSONAL |  |      |                              |                       | V       | VOUCHER NO.                             |  |
|---|-------------------------------------|--|--|------|------------------------------|-----------------------|---------|---|--|
| U.S.DEPARTMEN<br>OFFICE C   | DATE VOUCHER PREPARED<br>09/09/2011 |  |  |      | S                            | CHEDULE NO.           |         |   |  |
| CHICAGO REGIONAL OFFICE<br>1111 SOUTH WACKER DRIVE, RM 5005<br>CHICAGO, IL 55555  |                                     |  | CONTRACT NUMBER AND DATE           AE99999999         03/01/2011           REQUISITION NUMBER AND DATE |      |                              |                       | P.      | PAID BY                                 |  |
|   |                                     | YZ CORPORATION<br>02 HILL STREET                                 |  |      |                              |                       | D       |   |  |
| NAME<br>AND<br>ADDRESS  | PLEASANT\                           | LEASANTVILLE, OH 44444   |  |      |                              |                       |         | DISCOUNT TERMS                          |  |
|   |                                     |  |  |      |                              |                       |         | AYEE'S ACCOUNT NUMBER                   |  |
| SHIPPED FROM TO WEIGHT  |                                     |  |  |      |                              | GOVERNMENT B/L NUMBER |         |   |  |
| NUMBER<br>AND DATE  | DATE O<br>DELIVER                   | RY (Enter description, item number of                            | of contract or Federal suppl   | ly   | QUAN-                        |                       | T PRICE | AMOUNT                                  |  |
| OF ORDER  | OR SERV                             |  | tion deemed necessary)   |      | TITY                         | COST                  | PER     | ( <sup>1</sup> )<br><b>\$450.000.00</b> |  |
|   |                                     | JOB CORPS CONSTRUCTION   | /REHAB EXPENSE   |      |                              |                       |         | \$20,000.00                             |  |
| (Use continuation sheets if necessary) (Payee must NOT use the space below)   |                                     |  |  |      |                              |                       | TOTAL   | <b>\$470,000.00</b>                     |  |
| PAYMENT: APPROVED FOR   |                                     |  | EXCHANGE RATE  |      | DIFFERENCES                  |                       |         |   |  |
| PROVISIONAL     OMPLETE     BY <sup>2</sup>   |                                     | =\$  | =\$^   | 1.00 |                              |                       |         |   |  |
| COMPLETE  PARTIAL   |                                     |  |  |      |                              |                       |         |   |  |
|   |                                     |  |  | -    | Amount verified; correct for |                       |         |   |  |
| PROGRESS TITLE     ADVANCE  |                                     |  |  |      | (Signature or initials)      |                       |         |   |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.  |                                     |  |  |      |                              |                       |         |   |  |
| (Date) (Authorized Certifying Officer) <sup>2</sup> (Title)   |                                     |  |  |      |                              |                       |         |   |  |
| ACCOUNTING CLASSIFICATION   |                                     |  |  |      |                              |                       |         |   |  |
| CHECK NUMBER ON ACCOUNT OF U.S. 1   |                                     | ON ACCOUNT OF U.S. TREASU  | JRY CHECK NUMBER   |      | ON (Name of bank)            |                       |         |   |  |
| CASH DATE PAYEE <sup>3</sup> \$ XYZ CORPORATION   |                                     |  |  |      |                              |                       |         |   |  |
| <sup>1</sup> When stated in foreign currently, insert name of currency. PER   |                                     |  |  |      |                              | I J. SMITH            |         |   |  |
| <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate |                                     |  |  |      |                              | F FINANCIAL OFFICER   |         |   |  |
| Previous edition usable NSN 7650-00-634-4206  |                                     |  |  |      |                              |                       |         |   |  |

PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.