U. S. Department of State

PUBLIC VOUCHER FOR LANGUAGE SERVICES

** You must have a DUNS number and be registered in SAM to receive payment. All changes to your banking information must be updated on the ACH Vendor/Miscellaneous Payment form and at www.sam.gov.

Name *(Last, First, MI)*	Voucher Number

E-mail Address	Home Phone Number

Title	DUNS Number	Date Voucher Prepared *(mm-dd-yyyy)*
☐ Conference Interpreter ☐ Seminar Interpreter ☐ Consecutive Interpreter ☐ ELO/COURT ☐ Testing and Screening ☐ Translating Services ☐ Reviewer/Others	Contract Number *(BOA)*	Job Number

Period of Service *(mm-dd-yyyy)*		Nature of Services or Articles *(Enter Description and Other Information)*	Number of Days, Words or Items	Unit Price		Amount *(Dollars and Cents)*
From	To			Cost	Per	
					Total	

FOR INTERPRETERS ONLY

Agency or Program for which Work was Performed

I certify that the above charges are correct to the best of my knowledge; that I have not received payment or credit for them; that the services were rendered as stated, solely by the undersigned, and in accordance with the highest professional standards.

Payee Signature

Payment *(Check One)*

☐ Final

☐ Partial

Payment due within 30 days

PAYEE MUST NOT USE THE SPACE BELOW

Date Goods/Services Received *(mm-dd-yyyy)*	Date Goods/Services Accepted *(mm-dd-yyyy)*	**Office of Language Services** **SA-1, 14th Floor** **2401 E Street, NW** **Washington, DC 20522**
I certify this account is correct and proper for payment.		
Printed Name of Receiving Officer	Phone Number	LSMS Invoice Number
Signature of Authorizing/Receiving Official		CFMS ID Number

ACCOUNTING CLASSIFICATION