



U.S. Department of State
PURCHASE ORDER, RECEIVING REPORT AND VOUCHER

PURCHASER: THE UNITED STATES GOVERNMENT, DR. - THIS DOCUMENT PREPARED AT	PURCHASE ORDER NO.	DATE (mm-dd-yyyy)
VENDOR:	DS-2092	D.O. VOU. NO.
	CONTRACT NO.	BU. VOU. NO.
	DATE (mm-dd-yyyy)	PAID BY
	ACCOUNT	
ORDER IS HEREBY PLACED WITH THE ABOVE-NAMED VENDOR FOR THE ARTICLES DESCRIBED BELOW, TO BE FURNISHED TO -		

ITEM NO.	ARTICLES OR SERVICES	QTY	UNIT PRICE		AMOUNT
			COST	PER	

SIGNATURE OF ORDERING OFFICER	TITLE	TOTAL AMOUNT
-------------------------------	-------	--------------

I CERTIFY THAT THE ORDERED ITEMS LISTED WERE RECEIVED ON _____ (DATE (mm-dd-yyyy)) EXCEPT AS FOLLOWS:	AVAILABILITY OF FUNDS	
Signature of Receiving Officer	PAYMENT COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/>	AMOUNT BILLED, AS PER ATTACHED BILL(S)... DIFFERENCES AMOUNT VERIFIED CORRECT FOR...
	PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS VOUCHER IS CORRECT AND PROPER FOR PAYMENT.	
	EXCHANGE RATE _____ TO \$1.00	Date (mm-dd-yyyy)

ACCOUNTING CLASSIFICATION _____

CHECK NO. _____ DATED (mm-dd-yyyy) _____ FOR _____ ON TREASURER OF U.S. CHECK NO. _____ DATED (mm-dd-yyyy) _____ FOR _____ ON _____ CASH _____ ON (mm-dd-yyyy) _____	PAYEE (SIGNATURE AND TITLE)
--	-----------------------------



U.S. Department of State
PURCHASE ORDER, RECEIVING REPORT AND VOUCHER

PURCHASER: THE UNITED STATES GOVERNMENT, DR. - THIS DOCUMENT PREPARED AT	PURCHASE ORDER NO.	DATE (mm-dd-yyyy)
	DS-2092	D.O. VOU. NO.
	VENDOR:	BU. VOU. NO.
	CONTRACT NO.	PAID BY
ORDER IS HEREBY PLACED WITH THE ABOVE-NAMED VENDOR FOR THE ARTICLES DESCRIBED BELOW, TO BE FURNISHED TO -	DATE (mm-dd-yyyy)	
	ACCOUNT	

ITEM NO.	ARTICLES OR SERVICES	QTY	UNIT PRICE		AMOUNT
			COST	PER	

SIGNATURE OF ORDERING OFFICER	TITLE	TOTAL AMOUNT
-------------------------------	-------	--------------

- (1) Articles Nos / Numero / Laufende Nummer / Articulos Nos.
- (2) Articles ou Services / Descrizione / Ware oder Dienstleistung / Articulos o servicios
- (3) Quantite / Quantita / Menge / Cantidad
- (4) Prix par unite / Prezzo Unitario / Einzelpreis / Precio pro Unidad
- (5) Montant total / Totale / Gesamtpreis / Importe

**PLEASE TURN-OVER FOR AN IMPORTANT NOTICE TO THE VENDOR
TOURNEZ S.V.P. POUR UN AVIS IMPORTANT CONCERNANT LE FOURNISSEUR
BITTE WENDEN FUER EINEN WICHTIGEN HINWEIS FUER DEN LIEFERANTEN
VEDI RETRO PER UNA AVVERTENZA IMPORTANTE PER IL FORNITORE
VER AL DORSO POR AVISO IMPORTANTE AL VENDEDOR**

**THE INVOICES MUST BE SUBMITTED IN QUADRUPLICATE.
LES FACTURES DOIVENT ETRE SOUMISES EN QUATRE EXEMPLAIRES.
RECHNUNGEN SIND IN VIERFACHER AUSFERTIGUNG EINZUREICHEN.
LE FATTURE DEVONO ESSERE PRESENTATE IN ORIGINALE E TRE COPIE.
LAS FACTURAS HAY QUE PRESENTARLAS POR QUADRUPLICADO.**



U.S. Department of State
PURCHASE ORDER, RECEIVING REPORT AND VOUCHER

PURCHASER: THE UNITED STATES GOVERNMENT, DR. - THIS DOCUMENT PREPARED AT VENDOR: ORDER IS HEREBY PLACED WITH THE ABOVE-NAMED VENDOR FOR THE ARTICLES DESCRIBED BELOW, TO BE FURNISHED TO -	PURCHASE ORDER NO.	DATE (mm-dd-yyyy)
	DS-2092	D.O. VOU. NO.
	CONTRACT NO.	BU. VOU. NO.
	DATE (mm-dd-yyyy)	PAYD BY
ACCOUNT		

ITEM NO.	ARTICLES OR SERVICES	QTY	UNIT PRICE		AMOUNT
			COST	PER	

SIGNATURE OF ORDERING OFFICER	TITLE	TOTAL AMOUNT
-------------------------------	-------	--------------

I CERTIFY THAT THE ORDERED ITEMS LISTED WERE RECEIVED ON _____ DATE (mm-dd-yyyy) EXCEPT AS FOLLOWS:	AVAILABILITY OF FUNDS
---	-----------------------

Signature of Receiving Officer TITLE	PAYMENT COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/>	AMOUNT BILLED, AS PER ATTACHED BILL(S)... DIFFERENCES	
		AMOUNT VERIFIED CORRECT FOR...	

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS VOUCHER IS CORRECT AND PROPER FOR PAYMENT.

EXCHANGE RATE	TO \$1.00	Date (mm-dd-yyyy)	Authorized Certifying Officer	Title
---------------	-----------	-------------------	-------------------------------	-------

ACCOUNTING CLASSIFICATION

CHECK NO. _____ DATED (mm-dd-yyyy) _____ FOR _____ ON TREASURER OF U.S. CHECK NO. _____ DATED (mm-dd-yyyy) _____ FOR _____ ON _____ CASH _____ ON (mm-dd-yyyy) _____	PAYEE (SIGNATURE AND TITLE)
--	-----------------------------



U. S. Department of State
PURCHASE ORDER, RECEIVING REPORT AND VOUCHER

PURCHASER: THE UNITED STATES GOVERNMENT, DR. - THIS DOCUMENT PREPARED AT VENDOR: ORDER IS HEREBY PLACED WITH THE ABOVE-NAMED VENDOR FOR THE ARTICLES DESCRIBED BELOW, TO BE FURNISHED TO -	PURCHASE ORDER NO.	DATE (mm-dd-yyyy)
	DS-2092	D.O. VOU. NO.
	CONTRACT NO.	BU. VOU. NO.
	DATE (mm-dd-yyyy)	PAYD BY
ACCOUNT		

ITEM NO.	ARTICLES OR SERVICES	QTY	UNIT PRICE		AMOUNT
			COST	PER	

SIGNATURE OF ORDERING OFFICER	TITLE	TOTAL AMOUNT
-------------------------------	-------	--------------

I CERTIFY THAT THE ORDERED ITEMS LISTED WERE RECEIVED ON _____ DATE (mm-dd-yyyy) EXCEPT AS FOLLOWS: _____ (Signature of Receiving Officer)	AVAILABILITY OF FUNDS <table style="width:100%;"> <tr> <td style="width:20%;">PAYMENT</td> <td style="width:40%;">AMOUNT BILLED, AS PER ATTACHED BILL(S)...</td> <td style="width:40%;"></td> </tr> <tr> <td>COMPLET <input type="checkbox"/></td> <td>DIFFERENCES</td> <td></td> </tr> <tr> <td>PARTIAL <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>FINAL <input type="checkbox"/></td> <td>AMOUNT VERIFIED CORRECT FOR...</td> <td></td> </tr> </table>		PAYMENT	AMOUNT BILLED, AS PER ATTACHED BILL(S)...		COMPLET <input type="checkbox"/>	DIFFERENCES		PARTIAL <input type="checkbox"/>			FINAL <input type="checkbox"/>	AMOUNT VERIFIED CORRECT FOR...	
PAYMENT	AMOUNT BILLED, AS PER ATTACHED BILL(S)...													
COMPLET <input type="checkbox"/>	DIFFERENCES													
PARTIAL <input type="checkbox"/>														
FINAL <input type="checkbox"/>	AMOUNT VERIFIED CORRECT FOR...													
TITLE APPROVED FOR	PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS VOUCHER IS CORRECT AND PROPER FOR PAYMENT. _____ (Date mm-dd-yyyy) _____ (Authorized Certifying Officer) _____ (Title)													

ACCOUNTING CLASSIFICATION

CHECK NO. _____ DATED (mm-dd-yyyy) _____ FOR _____ ON TREASURER OF U.S. CHECK NO. _____ DATED (mm-dd-yyyy) _____ FOR _____ ON _____ CASH _____ ON (mm-dd-yyyy) _____	PAYEE (SIGNATURE AND TITLE)
--	-----------------------------