





U. S. Department of State  
**PUBLIC VOUCHER FOR LANGUAGE SERVICES**

VOUCHER NO. \_\_\_\_\_

Title: \_\_\_\_\_

**Payee's Name and Bank Info.** NOTE: Submit all Address/Banking Info changes with voucher.

DATE VOUCHER PREPARED:  
(mm-dd-yyyy) \_\_\_\_\_

- Conference Interpreter
- Seminar Interpreter
- Consecutive Interpreter
- ELO/COURT
- Testing & Screening
- Translating Services
- Reviewer/Typist/Others

Name (Last, First, MI) \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Routing No. (ABA) \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Account Type  (Savings) or  (Checking)  
 Home Phone No. \_\_\_\_\_

CONTRACT NUMBER (BOA): \_\_\_\_\_

JOB NUMBER: \_\_\_\_\_

PERIOD OF SERVICE (mm-dd-yyyy)		NATURE OF SERVICES OR ARTICLES (Enter description and other information)	NUMBER OF DAYS OR WORDS	UNIT PRICE		AMOUNT (Dollars and Cents)
FROM	TO			COST	PER	

**FOR INTERPRETERS ONLY:**  
 Please specify 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's Signature

**TOTAL:**  
 PAYMENT: (Check One)  
 Final  Partial  of   
 \*Payment due within 30 days\*

**Payee must NOT use the space below**

Date Goods/Services Received/Accepted (mm-dd-yyyy) \_\_\_\_\_  
 I certify this account is correct and proper for payment.

Office of Language Services  
 SA-1, 14th Floor  
 2401 E Street, NW  
 Washington, DC 20522

Signature of Authorizing/Receiving Official \_\_\_\_\_ Printed Name of Receiving Official \_\_\_\_\_ Phone Number \_\_\_\_\_

**ACCOUNTING CLASSIFICATION**

PAID BY: CHECK NO. \_\_\_\_\_ DATED (mm-dd-yyyy) \_\_\_\_\_  
 ON (Name of Bank) \_\_\_\_\_

**PRIVACY ACT STATEMENT**

This 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 amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



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**PUBLIC VOUCHER FOR LANGUAGE SERVICES**

VOUCHER NO. \_\_\_\_\_

<b>Title:</b> <input type="checkbox"/> Conference Interpreter <input type="checkbox"/> Seminar Interpreter <input type="checkbox"/> Consecutive Interpreter <input type="checkbox"/> ELO/COURT <input type="checkbox"/> Testing & Screening <input type="checkbox"/> Translating Services <input type="checkbox"/> Reviewer/Typist/Others	<b>Payee's Name and Bank Info.</b> NOTE: Submit all Address/Banking Info changes with voucher. Name (Last, First, MI) _____ SSN _____ Bank Name _____ Routing No. (ABA) _____ Account No. _____ Account Type <input type="checkbox"/> (Savings) or <input type="checkbox"/> (Checking) Home Phone No. _____	DATE VOUCHER PREPARED: <i>(mm-dd-yyyy)</i>  CONTRACT NUMBER (BOA):  JOB NUMBER:
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PERIOD OF SERVICE <i>(mm-dd-yyyy)</i>		NATURE OF SERVICES OR ARTICLES <i>(Enter description and other information)</i>	NUMBER OF DAYS OR WORDS	UNIT PRICE		AMOUNT <i>(Dollars and Cents)</i>
FROM	TO			COST	PER	

<b>FOR INTERPRETERS ONLY:</b> Please specify 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's Signature	<b>TOTAL:</b> PAYMENT: <i>(Check One)</i> <input type="checkbox"/> Final <input type="checkbox"/> Partial <input type="checkbox"/> of <input type="checkbox"/>  <b>*Payment due within 30 days*</b>
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**Payee must NOT use the space below**

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

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PAID BY: CHECK NO. _____	DATED <i>(mm-dd-yyyy)</i> _____
ON <i>(Name of Bank)</i> _____	

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