

**PUBLIC VOUCHER
FOR TRANSPORTATION CHARGES**

See FPMR (41 CFR) 101-41
for Instructions on Completing
this Form.

VOUCHER OR SCHEDULE NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS
U.S.

PAID DATE

THE UNITED STATES, DR., TO: *(Payee's name and address)*

CARRIER'S BILL NUMBER

CARRIER'S SCAC NUMBER

SERVICES FURNISHED *(Check one)*

FREIGHT

PASSENGER

Do Not bill GBL and GTR charges on the same form

For payment of services rendered
as evidenced by attached subvouchers.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER

AMOUNT

DIFFERENCES

AMOUNT

AMOUNT VERIFIED - CORRECT FOR ▶

VERIFIED BY
(signature or initials) ▶

TOTAL CLAIMED ▶

ACCOUNTING CLASSIFICATION