

# BPA --- INVOICE-RECEIPT CERTIFICATION

*See Completion Instructions On Reverse of Agency Copy*

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| 1. BLANKET PURCHASE AGREEMENT (BPA) ORDER NUMBER<br><b>45 -</b> |   |  | 6. VENDOR'S REMITTANCE NAME AND ADDRESS<br>(Street or P.O. Box, City, State, and Zip Code)<br><b>Complete this block only when the remittance address is different from Block 10 on Form AD-838</b> |  |  |
| 2. VENDOR/SELLER IDENT. NUMBER                                  | 3. DATE GOODS RECEIVED/ACCEPTED/<br>SERVICE PERIOD END DATE<br>Month   Day   Year | 4. DATE BILLING STATEMENT RECEIVED<br>Month   Day   Year |   |  |  |
| 5. VENDOR PAYMENT REFERENCE NUMBER                              |   |  |   |  |  |

7. In approving this voucher, I have determined that the items billed were received, inspected, and accepted as complying with the BPA indicated in Block 1.

| 8<br>LINE<br>ITEM<br>NO. | 9<br>FUND<br>CODE | 10<br>UNIT<br>CODE | 11<br>BUDGET<br>OBJECT | 12<br>SF 281<br>CODE | 13<br>ACCOUNTING CLASSIFICATION | 14<br>DOLLAR AMOUNT |
|--------------------------|-------------------|--------------------|------------------------|----------------------|---------------------------------|---------------------|
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| <b>15. TOTAL</b>         |                   |                    |                        |                      |                                 |                     |

19. Attach billing documents and mail to: *(Use of Window Envelope is Optional)*

|                                  |   |     |  |      |  |
|----------------------------------|---|-----|--|------|--|
| <b>APPROVING OFFICER</b>         |   |     |  |      |  |
| 16. SIGNATURE                    |   |     |  |      |  |
| 17. DATE                         |   |     |  |      |  |
| 18. PHONE (Area Code and Number) | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FTS</td> <td style="width: 50%;"></td> </tr> <tr> <td>COMM</td> <td></td> </tr> </table> | FTS |  | COMM |  |
| FTS                              |   |     |  |      |  |
| COMM                             |   |     |  |      |  |