

DEPARTMENT OR ESTABLISHMENT	PAID BY
BUREAU, DIVISION OR OFFICE	
LOCATION	
PERIOD OF THIS ROLL <i>(From - To)</i>	

(For use of paying officer)

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT WITHIN PAYROLL IN _____ PAGES, IS CORRECT AND PROPER FOR PAYMENT AND THAT SUFFICIENT FUNDS ARE AVAILABLE TO COVER THE GROSS APPROPRIATION CHARGES SHOWN BELOW.

SIGNATURE OF PAYROLL CERTIFYING OFFICER <i>(Army only) (Sign original only)</i>		SIGNATURE OF CERTIFYING OFFICER <i>(Sign original only)</i>	
DATE	OFFICIAL TITLE	DATE	OFFICIAL TITLE

PART I - PAYROLL SUMMARY	AMOUNT
NET PAYMENTS TO EMPLOYEES <i>(As per attached lists)</i>	\$
PAYROLL DEDUCTIONS	ACCOUNTING CLASSIFICATION
CIVIL SERVICE RETIREMENT	
FEDERAL INSURANCE CONTRIBUTIONS ACT	
FEDERAL WITHHOLDING TAX	
HEALTH BENEFITS	
GROUP LIFE INSURANCE	
STATE OR TERRITORIAL TAX	
UNITED STATES SAVINGS BONDS	
UNION DUES	
CHARITABLE CONTRIBUTIONS	
SAVINGS ACCOUNTS	
OTHER <i>(Itemize)</i>	
PAYROLL TOTAL	\$
EMPLOYER CONTRIBUTIONS	
RETIREMENT FUND	
FICA	
HEALTH BENEFITS	
FEGLI	
GROSS APPROPRIATIONS CHARGES	\$

PART II - ACCOUNTING CLASSIFICATION						
APPROPRIATION SYMBOL	SUBSIDIARY ACCOUNTING CLASSIFICATION	OBJECT AMOUNTS				APPROPRIATION AMOUNT
		OBJECT 11	OBJECT 12			