







**DRMS FORM 1578, FINANCIAL RECORD, EXPLANATION AND USE**  
(See Chapter 5, paragraph A)

The purpose of DRMS Form 1578 is to maintain a record of the accountability of a cashier. DRMS Form 1578 is used to record all transactions that affect the cashier's on-hand balance of cash and/or negotiable instruments. Authorized change fund will be included in balances forwarded.

The following instructions are to be used to complete the form:

1. Date: Enter today's date.
2. Type of Transaction: To provide an audit trail, a brief description of the transaction is noted ( e.g., retail sale, bid deposit, storage charge, deposits with DFAS-CO-FPDRC, etc.). Supplemental information that would aid in either closing sales or verifying financial information will be added. A collection is entered by contract number and the assigned internal control voucher number.
3. Cash/Other: Place an "X" in the applicable column. If a transaction includes both cash and other make two separate entries.
  - a. Cash: Place an "X" in the applicable column for transactions completed using "cash only."
  - b. Other: Place an "X" in this column for transactions completed using something other than cash, e.g., guaranteed negotiable instrument(s).
4. Funds on Hand - Debit: In this column, record the dollar value of any transaction that increases the balance of cash/negotiable instruments on hand.
5. Funds on Hand - Credit: In this column, record the dollar value of any transaction that decreases the balance of cash/negotiable instruments on hand.
6. Funds on Hand - Balance: In this column, record the actual balance of cash/negotiable instruments on hand (opening balance plus debits minus credits equals ending balance).

**NOTE: The "Funds on Hand - Balance" should, as a minimum, be computed at the end of the day's business or at the time the cashier is relieved of duty by another cashier during the day.**

7. After recording the date, the first entry of the day on a DRMS Form 1578 should reflect the beginning of cash/negotiable instruments on hand.
8. Accountability for cash/negotiable instruments is to be maintained by each cashier independently.
9. Separate DRMS Forms 1578 will be used to record each type of currency received by a cashier, i.e., U.S., French, German, etc.
10. Entries on DRMS Form 1578 should be made with ink or ball-point pen to preclude erasures.
11. ***Balance Forward. This entry will consist of any funds that were on hand at close of business the preceding day. This will be the Cash Change Fund and/or any money collected but not deposited the previous day. Indicate amount of cash and other.***
12. ***Any collection made by the cashier is entered on DRMS Form 1578. This is "money in". It is posted using three entries: contract number, whether cash or other, and the full dollar amount is entered in "Debit" column.***
13. ***During the day, each collection made is entered on DRMS Form 1578 in the same way.***

14. After preparation of DD Forms 1131, enter the "money out" on the DRMS Form 1578 using three entries: The sale and DRMO voucher control number, one number, whether cash, other or both; and the total of DD Form 1131 in the "Credit" column.

**NOTE:** Be sure to include balance brought forward from previous day in your deposits.

15. If, after deposits are made, the cashier takes a late collection of any kind, it is entered as a debit and is included in that same day's balance and the Balance Forward for the next day.

16. Toward the end of the day, when the cashier is reasonably certain there will be no more customers, a line is drawn across the DRMS Form 1578 below the last entry with the words "Last Entry" on the same line. This indicates the day's work is completed and the Financial Record and the funds on hand will be reconciled.

17. Run a tape total of all debits (include the balance forward). Write the total in the "Debit" column below "Last Entry" line.

18. Run tape total of all credits and write the figure in the "Credit" column below "Last Entry" line.

19. Subtract total of credit from total debits to get ending balance on hand. Enter in "Balance" column.

20. Count funds on hand in safe. It should equal the balance shown on DRMS Form 1578. If it does, cashier enters the words "On Hand Verified" and signs.

21. If the funds on hand are not the same as the total shown on DRMS Form 1578, an error has been made. The cashier will find and correct the error. The following are the most common causes of failure to balance DRMS Form 1578 to funds on hand.

- a. Failure to include "Balance Forward" in debit total.
- b. Transposing one or more figures on DRMS Form 1578 and/or DD Form 1131.
- c. Failure to enter a collection as a debit (or entering one twice).
- d. An incorrect total of entries on DD Form 1131.

22. After reconciling balance on hand, enter amount of cash and other in "Balance" column.

23. The designee (other than the cashier) will initial the Balance on Hand entry attesting that the daily financial transaction verification has been performed.

24. When the cashier does not keep an ongoing Cash Change Fund, but has received one to support a Local Sale, or has received a payment on sale, the proper way to open a DRMS Form 1578 is by entering zeros in the balance column of the Balance Forward entry.

25. When an alternate cashier is given the accountability for a portion or all of the Cash Change Fund to assist at a local sale or act as primary cashier, the alternate cashier maintains a DRMS Form 1578 independently from the primary cashier's record. This record is opened by entering zeros in the balance column of the Balance Forward entry.

26. If funds have been placed in a night depository or host security office for safekeeping and there was no money on hand at the DRMO, but money will be returning to the DRMO prior to deposit, open DRMS Form 1578 with zeros and make appropriate annotations.

27. The DRMO Zone Manager is required to make periodic, unannounced audits of monies on hand at the DRMO. When this is performed, entries will be made on DRMS Form 1578 by the A&FO personnel performing the audit, not the cashier.

**DRMS-I 4160.14, Volume VI, Supplement 4**

**28. Pages will be numbered in space provided. If more than one page is necessary to record a day's business, they will be numbered sequentially, e.g., 1 or 3, 2 of 3, 3 of 3.**

**29. More than one DRMS Form 1578 may be used to record 1 day's business. (Complete the "page of \_\_\_ page(s)" section.) Also, more than 1 day's business may be recorded on DRMS Form 1578. However, in this case, a horizontal line should be drawn across DRMS Form 1578 to separate the current day's business from the previous day's business.**

**30. When a DRMS Form 1578 reflects more than 1 day's business, the date of each day's business must be recorded. After the first day's business, the date of subsequent business days may be recorded in the "Type of Transaction" column. The opening balance of cash/negotiable instruments will be recorded in the "Funds on Hand-Balance" column. These two items make up the first entry of the day.**

**SAMPLE IRREVOCABLE COMMERCIAL LETTER OF CREDIT**

(See Chapter 6, paragraph A1c)

NAME AND ADDRESS OF BANK ISSUING LETTER OF CREDIT

(DATE)  
Treasurer of the United States  
Washington, DC 20220

Dear Madam or Sir:

We hereby establish our irrevocable credit no. \_\_\_\_\_ in your favor by order and for account of (name of company submitting bid) up to an aggregate amount of \$ \_\_\_\_\_ available by demand drafts drawn on us by a representative of (specify agencies to which directed: e.g., Department of Army, Department of the Air Force, General Services Administration). Drafts must be accompanied by a written statement of the interested department or agency that the amount drawn under this credit represents the deposit required for IFB # \_\_\_\_\_, as a guarantee to support an acceptable bid made by (name and address of bidder) to purchase material from the Government.

Except as otherwise expressly stated, this documentary credit is subject to the "Uniform Customs and Practices for Documentary Credits."

We hereby agree that the drafts drawn under and in compliance with the terms of this credit will be duly honored on due presentation to the (name of bank).

Very truly yours,

(Authorized signature of bank official)

**SAMPLE DRAFT DRAWN AGAINST AN IRREVOCABLE COMMERCIAL LETTER OF CREDIT**

(See Chapter 6, paragraph A1c)

FORM OF DRAFT

\$ \_\_\_\_\_  
\_\_\_\_\_

DATE

At sight pay to the order of Treasurer of the United States for the account of \_\_\_\_\_ dollars and cents for value received - drawn Under Letter of Credit No. \_\_\_\_\_ of  
(Name and address of issuing bank)

To (name and address of bank)

(Name of office - finance or disbursing - and activity of department or agency by which draft is issued.)

BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**NOTE:** If the letter of credit is addressed to a specific department or agency instead of "U.S. Treasury," delete the words "Treasurer of the United States for the account of," and insert the name of the particular agency (e.g., Commander, DRMS, or the Director, DLA).

**SAMPLE TRANSMITTAL LETTER AND CERTIFICATION FOR AN  
IRREVOCABLE COMMERCIAL LETTER OF CREDIT**

(See Chapter 6, paragraph A1c)

OFFICIAL LETTERHEAD

TO: Name of bank (same as on L/C)

Gentlemen:

This is to certify that on  (Month/Day/Year) , at IFB #   held by the (insert the name of the department or agency), the (insert name and address of company) submitted acceptable bids for property at sales price of \$  .

The amount of the accompanying draft, \$  , drawn under letter of credit No.   represents the deposit of   percent of the sales price required as a guarantee to support the acceptable bid made by (insert name of company) to purchase material from the Government.

(Name of office - finance or disbursing -  
and activity of department or agency to  
which check is to be forwarded.)

BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

LETTER TO ALLEGEDLY AFFILIATED BIDDER

(See Chapter 8, paragraph A8a)

Name of firm/individual

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFIED LETTER  
RETURN RECEIPT REQUESTED

Dear Mr./Mrs./Ms.\_\_\_\_:

This concerns your bid on Item(s) \_\_\_\_\_ on Sale Number\_\_\_\_\_.

Government records indicate that you may be affiliated with (name of firm or individual) who is on the Government's Indebtedness List and thus is ineligible to participate in our sales program. Specifically, we note that (indicia of affiliation).

In order for us to consider your bid, you must establish your non-affiliation with (name or firm or individual). Your non-affiliation may be established by providing certified copies of your articles of incorporation and/or bylaws from your corporation (if appropriate), or evidence of separate bank accounts, separate insurers, and/or separate addresses/post office boxes, etc. Such information must be furnished not later than (15-20 days) from the receipt of this letter in order for the Government to consider your bid. If you do not respond to this letter the Government will assume an affiliation and proceed accordingly.

If you have any questions regarding this matter, I may be reached at (commercial telephone number).

Sincerely,

SALES CONTRACTING OFFICER

**NOTICE OF PROPOSED OFFSET - AFFILIATED BIDDER**

(See Chapter 8, paragraph A8a)

Name of firm/individual

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFIED LETTER  
RETURN RECEIPT REQUESTED**

Dear Mr./Mrs./Ms. \_\_\_\_\_:

This concerns your bid deposit of \$ \_\_\_\_\_ on Sale Number \_\_\_\_\_.

Based upon available records I have determined that you are affiliated with (name of firm or individual). That firm/individual was placed on the Government's Indebtedness List on (date) for indebtedness in the amount of \$ \_\_\_\_\_ (\$ \_\_\_\_\_ principle and \$ \_\_\_\_\_ interest) through (date) arising out of (nonpayment of liquidated damages, storage charges, etc.) incurred on Contract Number \_\_\_\_\_.

In view of the above, the Government intends to apply your bid deposit against the outstanding indebtedness of (affiliated firm) unless within 30 days of the receipt of this letter you can show cause why such administrative offset should not be made.

You have available to you the option to appeal this determination to our headquarters. Any such appeal must be in writing, must identify this letter, and indicate the reasons for your disagreement with this determination. Your appeal should be mailed or otherwise furnished directly within 15 days from the receipt of this letter to:

Defense Logistics Agency  
Defense Reutilization and Marketing Service  
ATTN: DRMS-LM  
74 Washington Avenue North, Suite 6  
Battle Creek MI 49017-3092

You may request copies of all documents on which this decision is based, or alternatively, you may appear in person for the purpose of inspecting and copying Government records on which this decision is based.

Sincerely,

SALES CONTRACTING OFFICER

**NOTICE OF PROPOSED OFFSET - INDEBTED BIDDER**

(See Chapter 8, paragraph A8b)

Name of firm/individual

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFIED LETTER  
RETURN RECEIPT REQUESTED**

Dear Mr./Mrs./Ms. \_\_\_\_\_ :

This concerns the utilization of your funds currently in the possession of the Government. Specifically, the Government is in possession of your (bid deposit/adjustment/etc.) in the amount of \$ \_\_\_\_\_, furnished for Sale No. \_\_\_\_\_.

Based on available records, it has been determined that you are indebted to the Government in the amount of \$ \_\_\_\_\_ principal and \$ \_\_\_\_\_ interest through (date) arising out of (nonpayment of liquidated damages, storage charges, etc.) incurred on Contract Number \_\_\_\_\_.

In view of the above, the Government intends to apply the funds in its possession against the outstanding indebtedness of \$ \_\_\_\_\_ unless within 30 days of the receipt of this letter, you can show cause why such administrative offset should not be made.

You have available to you the option to appeal this determination to our headquarters. Any such appeal must be in writing, must identify this letter, and indicate the reasons for your disagreement with this determination. Your appeal should be mailed or otherwise furnished directly within 15 days from the receipt of this letter to:

Defense Logistics Agency  
Defense Reutilization and Marketing Service  
ATTN: DRMS-LM  
74 Washington Avenue North, Suite 6  
Battle Creek MI 49017-3092

You may request copies of all documents on which this decision is based, or alternatively, you may appear in person for the purpose of inspecting and copying Government records on which this decision is based.

Sincerely,

**SALES CONTRACTING OFFICER**

**DRMS FORM 51, COLLECTION RECEIPT, EXPLANATION AND USE**

(See Chapter 7, paragraph E2)

Explanation and Use of DRMS Form 51, Collection Receipt. DRMS Form 51 is used for Spot Bid and Auction Sales where issue of numerous receipts is necessary. They are also issued, upon request, as receipts to purchasers in person for cash or negotiable instruments.

The following instructions are to be used to complete the form:

1. Date: Enter date payment received.
2. Receipt No.: N/A.
3. Circle bid deposit if for bid deposit. Annotate IFB number, or otherwise leave blank. Circle payment if for payment. Annotate contract number, item numbers, or otherwise leave blank. Circle other if for other than bid deposit/payment. Enter purpose for which funds received (e.g., payment for abstract, photo costs, pallet deposit, etc.)
4. Name.
5. Payment for Item(s) No.: Enter number of items for which payment is being presented, e.g., 1-10, 4, 5, etc. (N/A for bid deposits.)
6. Amount of Deposit/Payment:
  - a. Cash - enter amount of cash payment only; otherwise leave blank.
  - b. Other - enter amount of other than cash; otherwise leave blank.

NOTE: If payment consists of both cash and other; enter payment on appropriate line.

7. Total Received: Enter the total of 6a plus 6b.
8. Typed name and signature of cashier.
9. Sales Office (e.g., DRMO Devens, etc.)

**DRMS FORM 51, COLLECTION RECEIPT**

(See Chapter 7, paragraph E1)

DEFENSE REUTILIZATION AND MARKETING COLLECTION RECEIPT	
DATE _____	RECEIPT NUMBER _____
BID DEPOSIT IFB NO. _____	BIDDER NO. _____
PAYMENT CONTRACT NO. _____	ITEM NOS. _____
OTHER _____ NAME _____	
AMOUNT OF DEPOSIT/PAYMENT	
CASH _____	
OTHER _____	
TOTAL RECEIVED _____	
CASHIER (Typed Name and Signature of Cashier) _____	SALES OFFICE _____

DRMS FORM 51  
Dec 88

(Dec 87 edition may be used until exhausted)

NSN 794



**DD FORM 1131, CASH COLLECTION VOUCHER, EXPLANATION AND USE**

(See Chapter 6, paragraph A2b)

DD Form 1131, Cash Collection Voucher, is prepared for deposit of funds received by the cashier to DFAS-CO-FPDRC. Cashiers will prepare a separate voucher for each IFB concerned.

Instructions for completing the form are as follows:

1. Disbursing Office Collection Voucher Number: Control number assigned by servicing DFAS-CO-FPDRC.
2. Receiving Office Collection Voucher Number: Sales Office internal voucher control number.
3. Receiving Office:
  - a. Activity: DRMO Name.
  - b. Received and Forwarded By: Designee at the appropriate DRMO, cashier initials.
4. Date: Date DD Form 1131 prepared for deposit to DFAS-CO-FPDRC.
5. Disbursing Office:
  - a. Activity: DFAS-CO, Columbus OH 43218-2267.
  - b. Disbursing Office: See latest memo from DFAS-CO.
  - c. Disbursing Station Symbol Number: 6551
  - d. Date Received Subject to Collection: Date DD Form 1131 received for processing by DFAS-CO-FPDRC.
6. Date Received: Date collection received by cashier at DRMO.
7. Name of Remitter: Bidder name and number as shown on DRMS Form 1427.
8. Detailed Description: Purpose for which collections were received (e.g., Bid Deposit for sale no. 31-1299).
9. Amount: Amount collected for deposit.
10. Accounting Classification: Account to be credited with deposit.
11. Total: Total of DD Form 1131 being presented for deposit. If more than one page is required, show the total on the last page.

**DD FORM 1131, CASH COLLECTION VOUCHER - CASH SHORTAGE**

(See Chapter 11, paragraph B1)

<b>CASH COLLECTION VOUCHER</b>		DISBURSING OFFICE COLLECTION VOUCHER NUMBER		
		RECEIVING OFFICE COLLECTION VOUCHER NUMBER c0509		
ACTIVITY (Name and location) DEFENSE REUTILIZATION & MARKETING OFFICE, WEBSTER, GA 35647				
RECEIVED AND FORWARDED BY (Printed name, title and signature)  JOHN DOE PROPERTY DISPOSAL OFFICER			DATE 15 DEC 98	
ACTIVITY (Name and location) DFAS-COLUMBUS, OH 43218-2267				
DISBURSING OFFICER (Printed name, title and signature) Samuel L. Goodwill, A & FO BY:		DISBURSING STATION SYMBOL NUMBER 6551	DATE	
<b>PERIOD:</b> <b>From</b> <b>To</b>				
DATE RECEIVED	NAME OF REMITTER DESCRIPTION OF REMITTANCE	DETAILED DESCRIPTION OF PURPOSE FOR WHICH COLLECTIONS WERE RECEIVED	AMOUNT	ACCOUNTING CLASSIFICATION
12-15	DRMO WEBSTER	RETAIL SALE CASH SHORTAGE	924.00 10.00	97X4930.5N54 S99999 " " "
*STATEMENT ATTACHED				
CASH \$924.00 -10.00 ----- \$914.00 -----				
<b>TOTAL</b>			<b>914.00</b>	

DD FORM 1131, APR 57 (EG)

PREVIOUS EDITION MAY BE USED.  
PerFORM (DLA)

Form approved by  
Comptroller General, U.S.  
24 January 1956

DD FORM 1131, CASH COLLECTION VOUCHER - CASH OVERAGE

(See Chapter 11, paragraph B2)

<b>CASH COLLECTION VOUCHER</b>		DISBURSING OFFICE COLLECTION VOUCHER NUMBER		
		RECEIVING OFFICE COLLECTION VOUCHER NUMBER C-511		
ACTIVITY (Name and location) DEFENSE REUTILIZATION & MARKETING OFFICE, WEBSTER, GA 35647				
RECEIVED AND FORWARDED BY (Printed name, title and signature) JOHN DOE PROPERTY DISPOSAL OFFICER sel				DATE 15 DEC 98
ACTIVITY (Name and location) DFAS-COLUMBUS, OH 43218-2267				
DISBURSING OFFICER (Printed name, title and signature) Samuel L. Goodwill, A & FO BY:		DISBURSING STATION SYMBOL NUMBER 6551	DATE	
<b>PERIOD:</b> From To				
DATE RECEIVED	NAME OF REMITTER DESCRIPTION OF REMITTANCE	DETAILED DESCRIPTION OF PURPOSE FOR WHICH COLLECTIONS WERE RECEIVED	AMOUNT	ACCOUNTING CLASSIFICATION
12-15	DRMO WEBSTER  CASH \$10.00	CASH OVERAGE	10.00	97X6875. . . (Suspense)
<b>TOTAL</b>			10.00	

DD FORM 1131, APR 57 (EG)

PREVIOUS EDITION MAY BE USED.  
PerFORM (DLA)

Form approved by  
Comptroller General, U.S.  
24 January 1956



**DRMS-I 4160.14, Volume VI, Supplement 4**

**OFFICE COPY REPRODUCTION, DRMO**  
(Providing Sales Records to Customers)

(See Chapter 7, paragraph D2)

Professional research and analysis, per hour .....	(To be established at actual hourly rate prior to search. A minimum charge will be established at an hourly rate)
Clerical processing, per hour .....	\$13.25
Minimum charge for office copy reproduction up to six images .....	\$ 3.50
(add \$0.10 for each image after six):	
seven (7) images .....	\$3.60
eight (8) images .....	\$3.70
nine (9) images .....	\$3.80
ten (10) images .....	\$3.90
eleven (11) images .....	\$4.00
twelve (12) images .....	\$4.10
thirteen (13) images.....	\$4.20
fourteen (14) images.....	\$4.30
fifteen (15) images.....	\$4.40
sixteen (16) images .....	\$4.50
seventeen (17) images .....	\$4.60
eighteen (18) images .....	\$4.70
nineteen (19) images .....	\$4.80
twenty (20) images .....	\$4.90
twenty-one (21) images .....	\$5.00
etc.	

NOTE: Exception to these rates is the unofficial abstract of bids (sealed bid only) which remains a flat fee for all sales.

SF 215, DEPOSIT TICKET

(See Chapter 2, paragraph A7)

☆U.S. GOVERNMENT PRINTING OFFICE 1995-400879

STANDARD FORM 215 (REV.5-90)  
 PRESCRIBED BY DEPT. OF TREASURY  
 1 TFM 5-3000 215-103

**DEPOSIT TICKET**

DEPARTMENT OF THE TREASURY  
 FINANCIAL MANAGEMENT SERVICE  
 NSN 7540-01-019=9452

DEPOSIT NUMBER	DATE PRESENTED OR MAILED TO BANK	8 DIGIT OR 4-DIGIT AGENCY LOCATION CODE (ALC)	AMOUNT
(1) <input type="text" value="868551"/>	(2) <input type="text" value="M M D D Y Y"/>	(3) <input type="text"/>	(4) <input type="text"/>

SINGLE SPACE ALL ENTRIES ON THIS LINE  
 USE NORMAL PUNCTUATION-OMIT & SIGN

(6) AGENCY USE

(7) NAME AND ADDRESS OF DEPOSITARY

(8) I CERTIFY THAT THE ABOVE AMOUNT HAS BEEN RECEIVED FOR CREDIT IN THE ACCOUNT OF THE U.S. TREASURY ON THE DATE SHOWN SUBJECT TO ADJUSTMENT OF UNCOLLECTIBLE ITEMS INCLUDED THEREIN

m m d d y y

AUTHORIZED SIGNATURE

CONFIRMED DATE

(9) DEPOSITORS TITLE, DEPARTMENT OR AGENCY AND ADDRESS

DEPOSITARY FORWARD THIS DOCUMENT WITH STATEMENT OR TRANSCRIPT  
 of the U.S. treasury account of the same date

ORIGINAL



**SF 1080, VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS  
(CHECK PAYMENT REIMBURSEMENT)**

(See Chapter 4, paragraph A10)

Standard Form 1080 Revised April 1982 Department of the Treasury I TFRM 2-2500 1080-109		<b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b>		VOUCHER NO.  SCHEDULE NO. <p style="text-align: center;"><b>DRMO 3334</b></p> BILL NO.  PAID BY		
Department, establishment, bureau, or office receiving funds  <b>DRMO ANYWHERE, P.O. BOX 55555, ANYWHERE, TX 70000-5555</b>  Department, establishment, bureau, or office charged  <p style="text-align: center;">                     • <b>DFAS-CO-ABED</b> •                      P.O. BOX 182317                      COLUMBUS, OH 43218-2317                 </p>						
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	DOLLARS AND CENTS
			TOTAL			
Remittance in payment hereof should be sent to -						
ACCOUNTING CLASSIFICATION - <i>Office Receiving Funds</i>						
CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.						
..... (Date)			..... (Authorized administrative or certifying officer)			
			..... (Title)			
ACCOUNTING CLASSIFICATION - <i>Office Charged</i>						
Paid by Check No.						

NSN 7540-00-634-4230

PerFORM (DLA)

Previous Editions Are Usable

**SF 1080, VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS  
(NO-CHECK TRANSFER)**

(See Chapter 4, paragraph A11)

Standard Form 1080 Revised April 1982 Department of the Treasury I TFRM 2-2500 1080-109		<b>VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS</b>		VOUCHER NO.  SCHEDULE NO. <p align="center"><b>DRMO 3334</b></p>		
Department, establishment, bureau, or office receiving funds  <b>DRMO ANYWHERE, P.O. BOX 55555, ANYWHERE, TX 70000-5555</b>				BILL NO.  <b>PAID BY</b>		
Department, establishment, bureau, or office charged  <p align="center">                     • <b>DFAS-CO-ABED</b>                      • <b>P.O. BOX 182317</b>  <b>COLUMBUS, OH 43218-2317</b> </p>						
ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	DOLLARS AND CENTS
			TOTAL			
Remittance in payment hereof should be sent to -						
ACCOUNTING CLASSIFICATION - <i>Office Receiving Funds</i>						
CERTIFICATE OF OFFICE CHARGED						
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.						
			(Authorized administrative or certifying officer)			
(Date)			(Title)			
ACCOUNTING CLASSIFICATION - <i>Office Charged</i>						
Paid by Check No.						

**SF 1081, VOUCHER AND SCHEDULE OF WITHDRAWALS AND CREDITS**

(See Chapter 4, paragraph A13b)

Standard Form 1081  
2 TREASURY FORM 2500  
FISCAL SERVICE  
BUREAU OF ACCOUNTS  
1081-107

**VOUCHER AND SCHEDULE  
OF WITHDRAWALS AND CREDITS**

Vou. No. \_\_\_\_\_  
(Office billed)  
Vou. No. 153548  
(Billing Office)

To Disbursing Officer - Office Billed \_\_\_\_\_

(D. O. Symbol)

You are authorized to effect the withdrawals and credits indicated below.

Disbursing Officer - Billing Office \_\_\_\_\_

(D. O. Symbol)

**PAID BY**

\_\_\_\_\_  
(Address)

WITHDRAW FROM -			PAY TO -		
DEPARTMENT DFAS-CO-ABED			DEPARTMENT DFAS-CO-ABED		
BUREAU DFAS			BUREAU DFAS		
AGENCY STATION SYMBOL DFAS-CO			AGENCY STATION SYMBOL DFAS-CO		
ADDRESS P.O.Box 182317,Columbus,OH 43218-2317			ADDRESS P.O.B. 182317,Columbus,OH 43218-2317		
Bureau Reference	Summary		Bureau Reference	Summary	
	Appropriation or Fund Symbol	Amount		Appropriation or Fund Symbol	Amount
	97X4930.SN54 S99999 Local Sale	\$500.00		97X6875.0001 S33181 Local Sale 41-5001-0025	\$500.00
	Total	\$500.00		Total	\$500.00

Details of charges or reference to attached supporting documents

For use of office billed:

For use of billing office:

**CERTIFICATE OF OFFICE BILLED**

I certify that the items herein are correct and proper for payment from the appropriation(s) designated.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized administrative or certifying officer)

Paid by check No. \_\_\_\_\_ C/D No. \_\_\_\_\_, dated \_\_\_\_\_