



REQUEST AND VOUCHER FOR ADVANCE OF PAY Upon Assignment to a Foreign Area

_____ Agency

1. Name (Last, First, MI.)		2. Voucher Number
3. Mailing Address for Check (Including Zip Code)		4. Schedule Number
If same as "net pay allotment" mark X <input type="checkbox"/>		
5. Travel Authorization Number	6. Date (mm-dd-yyyy)	7. Social Security Number/Employee Number

8. In connection with my assignment to _____, I hereby make a request for advance of pay. Attached is a copy of my latest earnings statement.

Ceiling: Up to 6 pay periods of gross pay minus mandatory deductions may be requested. An amount less than ceiling may be requested (Ref. 4 FAM 548).

Repayment of this advance is to be made by payroll deduction over a period not to exceed 18 pay periods. I will maintain other voluntary deductions such as allotments in amounts so as not to delay repayment of this advance.

_____ Amount of request

_____ Biweekly repayment

_____ Number of repayment pay periods

I certify that this request is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me.

Authorized Employee _____

(Signature)

Date (mm-dd-yyyy) _____

NOTE: Falsification of an item in an expense account works a forfeiture claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, 1.d. 1001).

Privacy Act Statement: The solicitation of this information is authorized under 5 U.S.C. 5504. The solicitation of your Social Security Number is authorized by Executive Order 9397, dated November 22, 1943. This information will be used to verify eligibility for advance of pay. After granting advance of pay, forms are subject to fiscal audit by parent agency and the general Accounting Office. Disclosure of the requested information is voluntary; however, failure to provide the information required may result in delay or suspension of your advance of funds request.

9. Voucher Certification

This voucher is certified correct and proper for payment.

Authorized
Certifying
Officer

_____ (Signature)

_____ (Amount)

_____ (Typed Name and Title)

_____ Date (mm-dd-yyyy)

10. Accounting Classification