

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DCMA DAYTON BUILDING 30 AREA C 1725 VAN PATTON DRIVE WRIGHT PATTERSON AFB, OH 45433	S3605A	DATE VOUCHER PREPARED 11/15/2013	SCHEDULE NO.
		CONTRACT NUMBER / ORDER N00000-14-G-0077	DATE 10/07/2010 FG01
		REQUISITION NUMBER AND DATE 33001687	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>PAYEE'S NAME AND ADDRESS</p> <p>Mil-Pac Technology 1672 Main Street Ramona, CA 92065</p> </div> <div style="width: 35%; text-align: center;"> <p>1HLD9</p> <p>Issued By: X00535</p> </div> </div>		PAYMENT OFFICE DODAAC: HQ0337	
		DCAA AUDITOR DODAAC: HAA139	
		LOCAL PROCESSING OFFICE DODAAC: N00535	
		DATE INVOICE RECEIVED	
		DISCOUNT TERMS	
PAYEE'S ACCOUNT NUMBER		PERIOD OF PERFORMANCE START END 09/06/2012 11/15/2013	
SHIPPED FROM TO WEIGHT		GOVERNMENT B/L NUMBER	
N00024			

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICE <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN-TITY	UNIT PRICE		AMOUNT <small>(1)</small>
				COST	PER	
0001		CLIN 0001 ACRN: AC \$56158.97	1	56,158.97	EA	\$56,158.97
0002		CLIN 0002 ACRN: AA \$10000.00 ACRN: AB \$20000.00 ACRN: AC \$30000.00	1	60,000.00	EA	\$60,000.00
TOTAL						56,158.97

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)**

PAYMENT:	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
<input type="checkbox"/> PROVISIONAL	= \$	= \$1.00	
<input type="checkbox"/> COMPLETE	BY (2)		
<input type="checkbox"/> PARTIAL			
<input type="checkbox"/> FINAL			<i>Amount verified: correct for</i>
<input type="checkbox"/> PROGRESS	TITLE	<i>(Signature or initials)</i>	
<input type="checkbox"/> ADVANCE			

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized Certifying Officer) (2) (Title)

ACCOUNTING CLASSIFICATION

P A I D B Y	CHECK NUMBER ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER ON (Name of bank)
	CASH DATE	PAYEE (3)
	\$	

<p>1. When stated in foreign currency, insert the name of the currency.</p> <p>2. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.</p> <p>3. When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example, "John Doe Company, per John".</p>	<p>PER</p> <p>TITLE</p>
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Standard Form 1035 Wide Area Workflow		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO. BVN0020
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION S3605A - DCMA DAYTON						SCHEDULE NO.
						SHEET NO. 2
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICE <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
0003		CLIN 0003 ACRN: AA \$10000.00 ACRN: AC \$30000.00	1	40,000.00	EA	\$40,000.00
<p>INITIATOR COMMENTS</p> <p>-----</p> <p>These are Initiator Comments, as supported on WAWF Receiving Reports and Invoices. They are supported on the WAWF 810 Cost Voucher, but not on the SF1034 form itself. Comments will be included in the WAWF transaction, and printed on the SF1034 form following the last line item.</p> <p>The Issued By DODAAC is an optional WAWF field, recommended for certain types of contracts. There is no field for it on the official SF1034. It will be printed in the excess space of the Payee block.</p>						