

## Oral Purchase Order

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Oral purchase orders are documented using an authorized OSM requisition form. Cross out the word REQUISITION and write-in Oral Purchase Order. The oral purchase order may be used subject to the following conditions:

- o Items are ordered orally and no purchase document is provided to the vendor.
- o Partial payments or partial deliveries are not allowed.
- o The obligating copy of the order, (Accounting copy (2)), the vendor's invoice and the receiving report are sent forward together to the Division of Financial Management for payment.
- o The order must agree exactly with the invoice as to items, quantities, unit price and total amount.

The following items are required for input to the ABACIS system. The numbers refer to the example on the opposite page.

1. Five digit document number assigned by the procuring office.
  2. Date the oral order is issued.
  3. Account, object class and associated dollar amounts.
  4. Vendor name, mailing address, and telephone number including area code.
  5. Description of goods or services to be delivered.
  6. Quantities and unit price of goods or services to be delivered.
  7. Signature of warranted contracting officer or purchasing agent.
- Receiving Report**
8. Date goods or services were received and accepted (not necessarily the date the receiving report is signed).
  9. Signature of designated receiving official.

# Oral Purchase Order

Form DI-1  
(Rev. April 1965)

Page \_\_\_\_\_ of \_\_\_\_\_

**UNITED STATES  
DEPARTMENT OF THE INTERIOR**  
**REQUISITION**  
*ORAL PURCHASE ORDER*

Requisition No.

**1**

Date

**2**

|                                      |                          |
|--------------------------------------|--------------------------|
| To ..                                | Bureau/Office            |
| Appropriation/Allotment No. <b>3</b> | Charge shipping costs to |
| Vendor <b>4</b>                      | Deliver to               |

| ITEM OR<br>FORM NO. | DESCRIPTION          | QUANTITY | UNIT | UNIT<br>PRICE | AMOUNT   |
|---------------------|----------------------|----------|------|---------------|----------|
| <b>5</b>            | <b>8</b><br><b>9</b> |          |      |               | <b>6</b> |

|   |      |                            |      |
|---|------|----------------------------|------|
| <b>To Be Completed by Fiscal Authority Only</b>   |      |                            |      |
| <small>FUND CERTIFICATION: Funds in the amounts shown are available and chargeable to the cost authorities shown above.</small> |      |                            |      |
| Signature   | Date | Approved by (Signature)    | Date |
| Title   |      | Title <b>7</b>             |      |
| Requisitioned by (Signature)  | Date | Bureau Officer (Signature) | Date |
| Title   |      | Title                      |      |

Prepare in single space typing. Use double space between items. Fill out top of requisition completely, showing complete shipping instructions and appropriation if different from that to which requisition is chargeable.

## **Public Voucher for Advertising**

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The Public Voucher for Advertising form may be used by publishers when submitting an invoice and certification of publication for advertisements placed by the Government. This voucher is on the reverse side of the Advertising Order form. The publisher need not use this form when billing for advertisement publication; a separate invoice, accompanied by the required affidavit of publication, may be used.

The following items are required for input to ABACIS (refer to the example on the opposite page).

1. The five digit document number assigned to the advertising order.
2. Vendor's Invoice number.
3. Total amount billed.
4. Publishers signed statement that advertisement was provided.
5. Signature certifying that service has been received and accepted.
6. Account to be charged.

# Public Voucher for Advertising

|  |               |                         |
|--|---------------|-------------------------|
| <b>1 PUBLIC VOUCHER FOR ADVERTISING</b>                  |               | For Agency Use Only     |
| DEPARTMENT OR ESTABLISHMENT, BUREAU OR OFFICE            |               | VOUCHER NUMBER <b>2</b> |
| PLACE VOUCHER PREPARED                                   | DATE PREPARED | SCHEDULE NUMBER         |
| NAME OF PUBLICATION                                      |               | PAID BY                 |
| NAME OF PUBLISHER OR REPRESENTATIVE                      |               |                         |
| ADDRESS (Street, room number, city, State, and ZIP code) |               |                         |

| CHARGES   |   |                                     |                               |
|---|---|-------------------------------------|-------------------------------|
| TYPEFACE  | (size of type)  | POINT PER                           | (inch, square, word, or line) |
| Line Rates  | NUMBER OF LINES (includes<br>headline or copy)          | COST PER LINE                       | TOTAL COST                    |
| FIRST INSERTION   |   | \$                                  | \$                            |
| ADDITIONAL INSERTIONS<br>GIVE NUMBER ▶  |   |                                     |                               |
| TOTAL   |   |                                     | \$                            |
| Other Rates   | NUMBER OF UNITS (includes<br>inch, square, word, table) | COST PER UNIT                       | TOTAL COST                    |
| FIRST INSERTION   |   | \$                                  | \$                            |
| ADDITIONAL INSERTIONS<br>GIVE NUMBER ▶  |   |                                     |                               |
| TOTAL   |   |                                     | \$                            |
| Attach one copy of advertisement (including upper and lower rules) to each copy of voucher here. If copy is not available sign the following affidavit. |   | TOTAL LINE RATES<br>AND OTHER RATES |                               |
|   |   | LESS DISCOUNT AT %                  |                               |
|   |   | BALANCE DUE                         | \$ <b>3</b>                   |
|   |   | VERIFIED (initials)                 |                               |

**AFFIDAVIT**

This represents a true billing for the attached advertising order, with specifications and copy, which has been completed.

SIGNATURE OF PUBLISHER OR REPRESENTATIVE **4**

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

| FOR AGENCY USE ONLY   |                      |
|---|----------------------|
| ADVERTISEMENT PUBLISHED IN  | DATE PUBLISHED       |
| I certify that the advertisement described above appeared in the named publication and that this account is correct and eligible for payment. |                      |
| SIGNATURE AND TITLE OF CERTIFYING OFFICER   | DATE                 |
| SIGNATURE AND TITLE OF AUTHORIZING OFFICER <b>5</b>   | DATE                 |
| ACCOUNTING CLASSIFICATION   | PAID BY CHECK NUMBER |
| <b>6</b>  |                      |

\* If the ability to certify and authority to approve are combined in one person enter "N/A" (and applicable) here.

**Public Voucher for Fees and  
Mileage of Witness (SF-1156)**

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This form is used to document claims submitted by witnesses in court proceedings for reimbursement of mileage and other expenses under the provision of 28 U.S.C. 1821. The procedures for preparation of this claim and the expenses authorized are to be found in OSM Directive TRV-1, "Domestic Temporary Duty Travel Policies and Procedures".

The form is to be accompanied by reimbursement claims filed by the witness.

The following items are required for input to ABACIS.

1. Document number assigned by DFM.
2. Information identifying the court appearance.
3. This form may be used as a summary of payments due several witnesses in the same court proceeding. This space is used to summarize the claims attached.
4. To be signed by the Administrative Officer who is knowledgeable about the circumstances of the court appearance and authorized to approve the obligation of funds from the cost account identified to fund the reimbursement.
5. Cost account to which the reimbursement will be charged.

Public Voucher for Fees and  
Mileage of Witness (SF-1156)

Standard Form 1156  
September 1973  
Treasury Form 2004  
1156-104

PUBLIC VOUCHER  
FOR  
FEES AND MILEAGE OF WITNESSES

Voucher No. **1**  
Schedule No. \_\_\_\_\_  
Case No. \_\_\_\_\_

U.S. \_\_\_\_\_  
(Department, Bureau, or Establishment)

The UNITED STATES, Dr.

To payees whose claims are attached hereto, for travel made, services rendered, and/or per diem in lieu of subsistence as witnesses for the United States before the

PAID BY

\_\_\_\_\_ (Name of court or board)

at **2** \_\_\_\_\_ (Location)

during the period from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_

in the case of \_\_\_\_\_

SUMMARY OF PAYMENTS

To **3** \_\_\_\_\_ payee(s) listed on \_\_\_\_\_ sheet(s) : Total amount of voucher, \$ \_\_\_\_\_

I certify that this voucher, consisting of \_\_\_\_\_ sheet(s), is correct and proper for payment in the amount of \$ \_\_\_\_\_

**4** \_\_\_\_\_  
(Authorized certifying officer)

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

ACCOUNTING CLASSIFICATION

**5**

Paid by check(s) or by cash, as noted on the attached sheets.

## **Public Voucher for Purchases and Services Other Than Personal (SF-1034 and SF-1035)**

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The Public Voucher for Purchases and Services Other Than Personal (SF-1034) is a standard government form used by commercial vendors to bill for goods and services. The Public Voucher for Purchases and Services other than Personal Continuation Sheet form (SF-1035) is used by vendors to continue the SF-1034 or to present a more detailed explanation of the billed items. Companies may elect to use these forms instead of their own commercial invoices.

SF-1034s must refer to an obligation document that authorizes the expenditures billed on the voucher. The obligation document may be referenced by more than one voucher; however, the total of all the voucher amounts cannot exceed the amount obligated by the obligation document and its amendments. The obligation document most frequently referred to by the SF-1034 is the Award/Contract form (SF-26).

When the SF-1034 is received by OSM, the authorized receiver or Contracting Officer certifies that the goods were received in the proper quantity and condition. A receiving report may replace this certification.

A Public Voucher for Purchases and Services Other Than Personal (SF-1034) appears on the opposite page. The following data items are required for input to ABACIS:

1. Number assigned to the voucher by the vendor.
2. Date the voucher was prepared by the vendor.
3. The obligation document (contract number and date).
4. Name and address of the vendor.
5. Starting and ending dates for the period the voucher covers.
6. Description of the goods and services being billed on the voucher.
7. Cost of the goods or services.
8. Signature of the contracting officer or contracting officer's technical representative authorizing the payment of the voucher.
9. Account number and object class. Entered by procuring office.

## Public Voucher for Purchases and Services other than Personal (SF-1034 and SF-1035)

| Standard Form 1034<br>September 1973<br>U.S. Treasury Form 1034  | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b> | VOUCHER NO. <b>1</b>  |   |              |                   |              |
|--|--|---|---|--------------|-------------------|--------------|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION   | DATE VOUCHER PREPARED<br><b>2</b>                                    | SCHEDULE NO.  |   |              |                   |              |
|  | CONTRACT NUMBER AND DATE<br><b>3</b>                                 | PAID BY   |   |              |                   |              |
|  | REQUISITION NUMBER AND DATE  | DATE INVOICE RECEIVED   |   |              |                   |              |
| PAYEE'S NAME AND ADDRESS<br><b>4</b>   |  | DISCOUNT TERMS  |   |              |                   |              |
|  |  | PAYEE'S ACCOUNT NUMBER  |   |              |                   |              |
| SHIPPED FROM   | TO   | WEIGHT  |   |              |                   |              |
| GOVERNMENT BILL NUMBER   |  |   |   |              |                   |              |
| NUMBER AND DATE OF ORDER   | DATE OF DELIVERY OR SERVICE  | ARTICLES OR SERVICES<br>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUANTITY  | UNIT PRICE   |                   | AMOUNT       |
|  | <b>5</b>   | <b>6</b>  |   | COST         | PER               |              |
|  |  |   |   |              |                   | <b>7</b>     |
| (Also continuation sheet(s) if necessary) (Payee must NOT use the space below)   |  |   |   |              |                   | <b>TOTAL</b> |
| PAYMENT:   |  | APPROVED FOR  | EXCHANGE RATE                                       | DIFFERENCES  |                   |              |
| <input type="checkbox"/> COMPLETE<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROCEED<br><input type="checkbox"/> ADVANCE  |  | = \$  | = 1.10  |              |                   |              |
|  |  | <b>8</b>  |   |              |                   |              |
|  |  | TITLE   | Amount verified correct for<br>(Signature of Payee) |              |                   |              |
| Person(s) by authority vested in me, I certify that this voucher is correct and proper for payment.  |  |   |   |              |                   |              |
| (Date)   |  | (Authorized Certifying Officer's)   |   |              | (Title)           |              |
| <b>ACCOUNTING CLASSIFICATION</b>   |  |   |   |              |                   |              |
| <b>9</b>   |  |   |   |              |                   |              |
| CHECK NUMBER   | ON TREASURER OF THE UNITED STATES                                    |   |   | CHECK NUMBER | ON (Name of bank) |              |
| PAID BY  | DATE   |   |   | PAYEE'S      |                   |              |
| 1  |  |   |   | TITLE        |                   |              |
| 1 When stated in foreign currency, insert name of currency.<br>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 seal.<br>3 When a voucher is received 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 Smith, Secretary", or "Treasurer", as the case may be. |  |   |   |              |                   | PER          |



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## **Public Voucher for Transportation Charges (SF-1113)**

The Public Voucher for Transportation Charges (SF-1113) is used for the transportation of household goods or other government shipment or transportation charges over \$100.

A sample SF-1113 appears on the opposite page.

These items must be completed for input to ABACIS:

1. Document number assigned by DFM
2. Department or agency to charge bill to.
3. Name of the transportation company.
4. Carrier's bill number.
5. The shipping rate is dependent on the total net weight of the shipment.
6. Document date.
7. Signature of carrier's authorized agent.
8. Total amount to be paid.

# Public Voucher for Transportation Charges (SF-1113)

| PUBLIC VOUCHER<br>FOR TRANSPORTATION CHARGES   |                   | SEE INSTRUCTIONS ON COMPLETING THIS FORM  | O.G. YOU NO. <b>1</b><br><i>7160039</i>  |
|--|-------------------|---|--|
| DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWED ON SUBVOUCHERS  |                   | 3303  | BUREAU VOUCHER NO.   |
| U.S. DEPARTMENT OF INTERIOR<br>SURFACE MINING-MIN-3412-OTS<br>18th & C STREETS, NW<br>WASHINGTON, DC 20240   |                   | <b>2</b>  | FORM NO.   |
| THE UNITED STATES, OR, TO: (Payee's name and address)<br><br>CURRY TRANSFER & STORAGE<br>P. O. BOX 4344<br>CHARLESTON, WV 25364  |                   | <b>3</b>  | CARRIER'S BILL NUMBER<br>189932 <b>4</b><br><br>CARRIER'S ROAD NUMBER<br>ALLY CURR<br>SERVICES FURNISHED (Check one)<br><input checked="" type="checkbox"/> FREIGHT <input type="checkbox"/> PASSENGER |
| Do NOT bill GBL and GTR charges on the same form   |                   | For payment of services rendered as evidenced by attached subvouchers   |  |
| ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER  | AMOUNT            | PAYEE'S CERTIFICATE<br>I certify that the account stated herein, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.<br><br>date <u>March 12, 1991</u> <b>6</b><br>PAYEE: <u>Curry Transfer &amp; Storage</u><br>PER: <u><i>Philip J. Weyl</i></u> <b>7</b><br>SUPERVISOR<br><small>(Capacity)</small><br><br><small>* When a voucher is signed 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 the person signs, must appear. For example: "A. B. C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.</small> |  |
| OBLA <u>R-0, 690, 833</u><br>FOR: <u>[REDACTED]</u><br>FROM: <u>KINGSPORT, TN</u><br>TO: <u>CHARLESTON, WV</u><br>TARIFF: <u>R9490</u><br>WT. <u>11,480</u> cwt<br>MILES: _____      |                   |   |  |
| ACCESSORIAL SERVICES:<br>1st day of Stg. @1.25 cwt 11,480<br>89 additional days @.11 cwt 11,480  | 143.50<br>1123.89 |   |  |
| VALUATION - NOT DISCOUNTED   | 49.00             |   |  |
| WHEE HANDLING @3.53 cwt 11,480   | 407.34            |   |  |
| Deliver to Residence<br>11,480 @6.33 cwt   | 958.58            |   |  |
| Fuel Surcharge 2.5%  | 23.96             |   |  |
| LESS 28% DISCOUNT  | (-744.09)         |   |  |
| This document has been reviewed and approved for payment for the charges claimed.<br>Signature: <u><i>[Signature]</i></u> Date: <u>3/12/91</u><br>Transportation Services Specialist |                   |   |  |
| TOTAL CLAIMED  | 1962.38           |   |  |

ACCOUNTING CLASSIFICATION



## Purchase Order

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The procuring office issues a purchase order after it receives a requisition approved by the official authorized to expend allocated funds.

Payment may not exceed the amount of the purchase order unless an amendment document for additional funding has been approved by the procuring authority. For increases in dollar amount and/or quantities only, add the following statement to the face of the invoice:

*Increased quantity of \_\_\_\_\_ is approved.  
Increased price of \_\_\_\_\_ is approved.  
Contracting Officer: \_\_\_\_\_ (date).*

The signer must be an authorized procurement official.

An amendment to the purchase order must be issued if the description of the item on the invoice is different from the one on the purchase order. An amendment may be issued in lieu of the statements shown above.

Term purchase orders and blanket purchase agreements issued at the beginning of the fiscal year, when the agency is operating under a continuing resolution for funding, must bear the following statement:

*Execution of the services or delivery of the goods in the full amount of this order is subject to the availability of funds.*

All purchase orders that authorize advance payment for subscriptions to newspapers, magazines, or other periodicals must bear the following statement:

*The contractor's invoices must be submitted before payment can be made. The contractor will be paid on the basis of the invoice, which must state: (a) the starting and ending date of the subscription delivery; and, (b) either that orders have been placed in effect for the addressees required, or that the orders will be placed in effect upon receipt of payment.*

## Purchase Order

All of the numbered items correspond to the example of a purchase order and must be completed for entry into ABACIS.

1. Date the document was created by the procuring office.
2. GSA contract number if the item was ordered from a GSA Supply Schedule contractor.
3. Number assigned to the document by the procuring office.
4. Pre-numbered document (optional) for the requisition that committed the funds. May be more than one requisition.
5. Address of office issuing purchase order.
6. Address where supplies or services are delivered.
7. Provide requested information including telephone number with area code. Identify the vendor's status with regard to Internal Revenue Service reporting requirements specified by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). Federal agencies are required to report to IRS payments exceeding \$600 made in a year to individuals or partnerships. For this reason, you must provide the following notations in this block:
  - a) If a non-corporate vendor (individual or partnership) provide the vendor's Employer Identification Number (EIN) or Social Security Number (SSN).
  - b) If a corporate vendor, type in "Corporate Vendor".Requested information from the vendor at the time the order is placed, if the vendor's status cannot be otherwise determined.
8. Account numbers and object classes.
9. Provide F.O.B. (free on board) destination if freight is pre-paid by the vendor; provide F.O.B. origin if freight is paid by the ordering office.
10. Usually the same as "ship to" point.
11. Office submitting requisition (optional).
12. Identified by observation, vendor statement or GSA schedule identification.

## **Purchase Order**

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13. Effective date of one-time delivery. Period covered by term order or blanket purchase agreement.
14. Usually stated in terms of percent discount for payment earlier than number of specified days.
15. Description of the articles or services to be provided by the vendor (time period for the purchase order).
16. Amount of each item or service ordered.
17. Usually same as issuing office, but may specify payment office.
18. Total amount of the purchase order.
19. Signature of the Contracting Officer or Purchasing Agent.

# Purchase Order

| ORDER FOR SUPPLIES OR SERVICES   |                          |   |          |   |            | PAGE  | OF | PAGES |
|--|--------------------------|---|----------|---|------------|---|----|-------|
| <b>1</b>   |                          |   |          |   |            |   |    |       |
| <small>(IMPORTANT: Mark all packages and papers with contract and/or order numbers.)</small> |                          |   |          |   |            |   |    |       |
| 1. DATE OF ORDER <b>1</b>  |                          | 2. CONTRACT NO. (if any) <b>2</b>                 |          | 3. ORDER NO. <b>3</b>   |            | 4. REQUISITION/REFERENCE NO. <b>4</b>                     |    |       |
| 5. BUREAU OFFICE (Address correspondence to) <b>5</b>  |                          |   |          | 6. SHIP TO: (Complete and address, ZIP Code) <b>6</b>   |            |   |    |       |
| 7. TO: CONTRACTOR (Name, address and ZIP Code) <b>7</b>                                      |                          |   |          | 8. TYPE OF ORDER  |            |   |    |       |
|  |                          |   |          | <input type="checkbox"/> A. PURCHASE - Reference your _____<br><small>Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheets, if any, including delivery as indicated. This purchase is negotiated under authority of:</small><br><input type="checkbox"/> B. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract. |            |   |    |       |
| 9. ACCOUNTING AND APPROPRIATION DATA <b>8</b>  |                          |   |          | 10. REQUISITIONING OFFICE <b>11</b>   |            |   |    |       |
| 12. F.O.B. POINT <b>9</b>  |                          |   |          | 11. BUSINESS CLASSIFICATION (Check appropriate box(es))   |            |   |    |       |
| 13. PLACE OF INSPECTION AND ACCEPTANCE <b>10</b>   |                          |   |          | 12. <input type="checkbox"/> SMALL <b>12</b> <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DIS-ADVANTAGED <input type="checkbox"/> WOMEN-OWNED   |            | 13. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) <b>13</b> |    |       |
|  |                          |   |          | 14. DISCOUNT TERMS <b>14</b>  |            |   |    |       |
| 17. SCHEDULE (Use reverse for Rejections)  |                          |   |          |   |            |   |    |       |
| ITEM NO. (A)   | SUPPLIES OR SERVICES (B) | QUANTITY ORDERED (C)                              | UNIT (D) | UNIT PRICE (E)  | AMOUNT (F) | QUANTITY ACCEPTED (G)                                     |    |       |
|  | <b>15</b>                |   |          |   | <b>16</b>  | <b>20</b>   |    |       |
| 18. SHIPPING POINT   |                          | 19. GROSS SHIPPING WEIGHT                         |          | 20. INVOICE NO.   |            | 21. TOT. (Cont. pages)                                    |    |       |
| 22. BILLING INSTRUCTIONS OR REVERSE  |                          | 21. MAIL INVOICE TO: (Include ZIP Code) <b>17</b> |          |   |            | 22. GRAND TOTAL <b>18</b>                                 |    |       |
|  |                          | 23. NAME (Typed) <b>19</b>                        |          |   |            |   |    |       |
| 24. UNITED STATES OF AMERICA BY (Signature) <b>19</b>  |                          |   |          | 25. TITLE: CONTRACTING/ORDERING OFFICER   |            |   |    |       |

NSM 7546-01-112-8883

50247-101

OPTIONAL FORM 347 (10-63)  
Prescribed by GSA  
FAR (48 CFR) 53.213(c)

## **Purchase Order - Receiving Report**

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Use the pink copy of the purchase order (OF 347) as the receiving report and complete as indicated below:

20. Quantity of items received and accepted (on the front side).

### **Back Side**

21. Check all boxes if received and accepted.

22. Check for partial or final delivery.

23. Date goods or services were received and accepted.

24. Signature of designated receiving official.

25. Date receiving report is signed. Not necessarily the same date that goods or services were received and accepted.



# Purchase Order - Receiving Report

## PURCHASE ORDER TERMS AND CONDITIONS

**52.252-2 CLAUSES INCORPORATED BY REFERENCE (Apr 84)**—This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request the Contracting Officer will make their full text available:

**FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1) CLAUSES**

|   |   |
|---|---|
| <p>52.203-1 Officials Not to Benefit (Apr 84)</p> <p>52.203-3 Gratuities (Apr 84)</p> <p>52.203-4 Covenant Against Contingent Fees (Apr 84)</p> <p>52.212-9 Variation in Quantity (Apr 84)<br/>(In the preceding clause, the permissible variations are stated in the schedule)</p> <p>52.222-3 Contract Labor (Apr 84)</p> <p>52.222-4 Contract Work Hours and Safety Standards Act—Overtime Compensation—General (Apr 84)</p> | <p>52.222-25 Equal Opportunity (Apr 84)</p> <p>52.222-36 Affirmative Action for Handicapped Workers (Apr 84)</p> <p>52.222-40 Service Contract Act of 1965—Contracts of \$2500 or Less (Apr 84)</p> <p>52.222-41 Service Contract Act of 1965 (Apr 84)</p> <p>52.225-3 Buy American Act—Supplies (Apr 84)</p> <p>52.232-1 Payments (Apr 84)</p> <p>52.232-8 Discounts for Prompt Payment (Apr 84)<br/>(W/yn Alternate 1)</p> <p>52.233-1 Disclosure (Apr 84)</p> <p>52.243-1 Changes — Fixed Price (Apr 84)</p> <p>52.249-1 Termination for Convenience of the Government (Fixed Price) (Short Form) (Apr 84)</p> |
|---|---|

NOTE.—if desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of \$ \_\_\_\_\_ No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or services, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

**RECEIVING REPORT** 21

Quantity in the "Quantity Accepted" column on the face of this order has been:  inspected,  accepted,  received by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

|                  |               |    |               |    |                                     |    |      |    |
|------------------|---------------|----|---------------|----|-------------------------------------|----|------|----|
| SHIPMENT NUMBER  | PARTIAL       | 22 | DATE RECEIVED | 23 | DATE OF AUTHORIZED U.S. GOV'T. REP. | 24 | DATE | 25 |
| TOTAL CONTAINERS | ORIGIN WEIGHT |    | REMOVED BY    |    |                                     |    |      |    |

**REPORT OF REJECTIONS**

| ITEM NO. | SUPPLIES OR SERVICES | UNIT | QUANTITY REJECTED | REASON FOR REJECTION |
|----------|----------------------|------|-------------------|----------------------|
|          |                      |      |                   |                      |
|          |                      |      |                   |                      |
|          |                      |      |                   |                      |
|          |                      |      |                   |                      |
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|          |                      |      |                   |                      |
|          |                      |      |                   |                      |
|          |                      |      |                   |                      |
|          |                      |      |                   |                      |

OPTIONAL FORM 347 BAE (10-77)

## Receiving Reports

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The receiving report for a purchase order, oral purchase order and "Request, Authorization, Agreement and Certification of Training" are located with the Instructions for the document's preparation.

Some documents are endorsed on the contractor's Invoice as received. See "Invoices for Transportation Charges" for an example.

The only document that stands alone as a receiving report is the Office of Surface Mining Receiving Report on the opposite page. The instructions below correspond to the numbers listed on the sample document.

1. Date goods or services were received and accepted. Not necessarily the date form is signed.
2. Applicable purchase order document number.
3. Check for final or partial delivery.
4. Listing of goods or services received and accepted. If the receiving report is to accompany an invoice sent to DFM, items received can be referenced to those listed on invoice: "items listed on invoice #X3421B attached."
5. Signature of designated receiving official.

# Receiving Reports

## OFFICE OF SURFACE MINING RECEIVING REPORT

FORM OSM 87  
DATE 6/82

| RECEIVED FROM  |                   | ADDRESS              |      | DATE RECEIVED     |                 |                             |   |
|--|-------------------|----------------------|------|-------------------|-----------------|-----------------------------|---|
| PURCHASED FROM   |                   | ADDRESS              |      | PURCHASE ORDER    |                 |                             |   |
| RECEIVED AT  |                   | PARTIAL DELIVERY     |      | NORMAL DELIVERY   |                 |                             |   |
| RECEIVED VIA   |                   | TRANSPORTATION CHRG. |      | WEIGHT            |                 |                             |   |
|  |                   | PREPAID COLLECT      |      | INSURANCE CHARGES |                 |                             |   |
| P.O. ITEM NO.  | QUANTITY RECEIVED | QUANTITY ACCEPTED    | UNIT | ACCOUNT NO.       | QTY.            | KL.                         | DESCRIPTION (SER. NO., MODEL NO., PROPERTY NO., ETC.) |
|  |                   |                      |      |                   | 4               |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
|  |                   |                      |      |                   |                 |                             |   |
| I CERTIFY THAT THE ITEMS LISTED IN COLUMN "QUANTITY ACCEPTED" ABOVE HAVE BEEN RECEIVED, INSPECTED AND ACCEPTED |                   |                      |      |                   | 5               | RECEIVED ITEMS LISTED ABOVE |   |
|  |                   |                      |      |                   | RECEIVING CLERK | RESPONSIBLE OFFICER         |   |

## **Reimbursable Work Authorization**

---

The Reimbursable Work Authorization form (GSA 2957) is an authorization to the General Services Administration to expend OSM funds to accomplish specified work on GSA owned or controlled space occupied by OSM.

A sample Reimbursable Work Authorization form is shown on the opposite page with items required for input to ABACIS numbered to correspond to the following descriptions:

1. The five digit document number assigned by the ordering office from the block of document numbers for the office.
2. The cost account to be charged with the GSA reimbursement (ten digit ABACIS account number followed by a four digit object class code, see chapter on "Document Codes" for the structure of the ABACIS account number).
3. The estimated cost from GSA for the services to be provided. This is the amount that will be obligated.
4. Signature of the official authorized to approve obligations against the account(s) to be charged.

# Reimbursable Work Authorization

## REIMBURSABLE WORK AUTHORIZATION

|  |                   |                         |                      |                              |
|--|-------------------|-------------------------|----------------------|------------------------------|
| 1. BUILDING NUMBER                                       | 2. PROJECT NUMBER | 3. BUDGET ACTIVITY CODE | 4. ORGANIZATION CODE | 5. WORK AUTHORIZATION NUMBER |
|  |                   |                         |                      |                              |
| 6. DESCRIBE PROJECT NATURE (Not more than 25 characters) |                   |                         | 7. BOND CODE         |                              |
|  |                   |                         |                      |                              |

### SECTION I - ORDERING AGENCY REQUEST

|   |   |                          |
|---|---|--------------------------|
| 8. SEND BILL TO (Complete address, including zip code)  | 9. BILLS WILL BE ISSUED FOR:  | 10. DATE OF THIS REQUEST |
| <input type="checkbox"/> PREPAID  | <input type="checkbox"/> AUTHORIZED AMOUNT IN A/D VOUCHER                                   | 11. AGENCY BUNCAU CODE   |
|   | <input type="checkbox"/> OBLIGATIONS INCURRED SINCE THE LAST BILLING TO RECOVER ACTUAL COST |                          |
| 14. AGENCY/REAU NAME  | 16. AGENCY LOCATION CODE  | 17. FUND CODE            |
| 15. AGENCY CONTACT (Name and complete address, including zip code)  | 18. AGENCY IDENTIFICATION NUMBER  |                          |
| 19. WORK DESCRIPTION AND WORK LOCATION (If additional copies is required, with photo attached at paper)                                       | 20. AGENCY ACCOUNTING DATA  |                          |
| <input type="checkbox"/> CHECK IF PLANS ARE ATTACHED  | 21. LEASE CONTRACT NUMBER   |                          |
|   | 22. REQUESTED WORK/SERVICE DATES  |                          |
| 23. PRICE ELABORATION-ESTIMATE IS VALID FOR 30 DAYS IF \$10,000 OR LESS AND FOR 60 DAYS IF OVER \$10,000 FROM LATEST DATE IN BLOCKS 25 OR 27. | 24. ESTIMATED COST  |                          |

| FUNCTION CODE (A) | EST. WORK ACCOUNT WORK HOURS (B) | ESTIMATED COSTS |               |           | TOTAL ESTIMATED COST (C) | UNIT  |
|-------------------|----------------------------------|-----------------|---------------|-----------|--------------------------|---|
|                   |                                  | LABOR (D)       | MATERIALS (E) | OTHER (F) |                          |   |
|                   |                                  |                 |               |           |                          | Without certification, obligations may be incurred against reimbursable work authorization (RWA) with a total maximum obligation of \$1,000 or less in an amount exceeding the authorized amount by up to \$100, and obligations may be incurred against RWA with an authorized amount in excess of \$1,000 by up to 10% of the amount of \$1,000, whichever is the lesser. |
|                   |                                  |                 |               |           |                          |   |
|                   |                                  |                 |               |           |                          |   |
|                   |                                  |                 |               |           |                          |   |
|                   |                                  |                 |               |           |                          |   |
| TOTAL             |                                  |                 |               |           |                          |   |

|   |   |
|---|---|
| 25. I certify that this constitutes a valid obligation and an order for BSA to perform work described herein, and that funds for the purpose specified in Section 4 are available for that purpose. See 48. | 26. SIGNATURE OF ORDERING AGENCY OFFICIAL |
|---|---|

|                                |                           |
|--------------------------------|---------------------------|
| 27. NAME AND TITLE OF PERSONAL | 28. SIGNATURE OF PERSONAL |
|--------------------------------|---------------------------|

## Training Request (SF-182)

The Request, Authorization, Agreement, and Certification of Training form (SF-182) is the basic approval document for official training expenses. Although this form reflects all costs for the training except payroll costs, only those costs to be paid under the procurement document should be listed as direct costs under item 21. Costs to be paid by other means (imprest fund, travel voucher, SF-1164, purchase order, etc.) should be listed under item 22.

The Request, Authorization, Agreement, and Certification of Training form (SF-182) appears on the next page.

1. Name of person to be trained.
2. The trainee's Social Security number.
3. Name, address and telephone number, including area code, of the vendor who is supplying the training.
4. Beginning and ending date of the training.
5. Training costs to be paid under this procurement document.
6. Account number and object class.
7. Training costs to be paid by other means (Imprest fund, travel voucher, SF-1164, purchase order, etc.)
8. Signature of the trainee's immediate supervisor.
9. Signature of the trainee's second-line supervisor.
10. Signature of the training officer
11. Signature of the authorizing official.
12. Signature of person in OSM servicing personnel office authorized to certify that training has been completed.
13. Date that the training was received (completed) and accepted. Not necessarily the date when "Certification of Training Completion" is signed.

### Receiving Report

# Training Request (SF-182)

| REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING  |                                  |   |  | 01  | 02   |
|--|----------------------------------|---|--|---|--|
| A. Agency code (agency establishment and job posting office number) (Example—3303-0704)  |                                  |   |  | B. SERVICE USE ONLY                                 |  |
|  |                                  |   |  | C. Request status (Mark (X) one)                    |  |
|  |                                  |   |  | <input type="checkbox"/> Initial or Reestablishment | <input type="checkbox"/> Conversion or Continuation  |
| Section A—TRAINEE INFORMATION  |                                  |   |  |   |  |
| 1. Applicant's name (Last, First, Middle Initial)  |                                  | 2. Social Security Number                                 |  | 3. Date of birth (Year and month)                   |  |
| <b>1</b>   |                                  | <b>2</b>  |  |   |  |
| 4. Home address (Number, street, city, State, ZIP code)  |                                  |   | 5. Home telephone                              |   | 6. Position level (Mark (X) one only)  |
|  |                                  |   | Area code Number                               |   | <input type="checkbox"/> Non-supervisory<br><input type="checkbox"/> Supervisory<br><input type="checkbox"/> Executive |
| 7. Organization mailing address (Branch/Division/Office/ Bureau / Agency)  |                                  |   | 8. Office telephone                            |   | 9. Contracting/Outside Service   |
|  |                                  |   | Area code Number Extension                     |   | 10. Number of prior non-government training days   |
| 11a. Position title / function   |                                  | 11b. Applicant handicapped or disabled (See instructions) | 12. Pay plan / series / grade / step           |   | 13. Type of appointment  |
|  |                                  |   |  |   | 14. Education level  |
| Section B—TRAINING COURSE DATA   |                                  |   |  |   |  |
| 15a. Name and mailing address of training vendor (No. street, city, State, ZIP code)   |                                  |   |  | 15b. Location of training site (If same, mark box)  |  |
| <b>3</b>   |                                  |   |  |   |  |
| 16. Course title and training objectives (Benefits to be derived by the Government)  |                                  |   |  |   |  |
| 17. Catalog / Course No.   | 18. Training period (If digital) | 19. No. of course hours (If digital)                      | 20. Training codes (See instructions)          |   |  |
|  | Full                             | Hourly  | Day  |   |  |
| a. Start   | b. Complete                      | c. Owing duty   | d. Mandatory                                   | e. Purpose  | f. Type  |
| <b>4</b>   |                                  |   |  |   |  |
|  |                                  | g. TOTAL  |  | Code  | Code   |
|  |                                  |   |  | 08. Source  | 09. Special interest   |
|  |                                  |   |  |   |  |
| AGENCY USE ONLY  |                                  |   |  |   |  |
| Section C—ESTIMATED COSTS AND BILLING INFORMATION  |                                  |   | Section D—APPROVALS                            |   |  |
| 21. Direct costs and appropriation / fund chargeable   |                                  |   | 22a. Immediate supervisor—Name and title       |   |  |
|  |                                  |   | Area code / Tel. No. / Extension               |   |  |
| Item   | Amount                           |   | b. Signature                                   |   |  |
|  | Dollars                          | Cents   | Date   |   |  |
| a. Tuition   |                                  |   | <b>8</b>                                       |   |  |
| b. Books or materials  |                                  |   | 22b. Second-line supervisor—Name and title     |   |  |
| c. Other (Specify)   | <b>5</b>                         |   | Area code / Tel. No. / Extension               |   |  |
| d. (Enter 4 digits in OTHER column)  |                                  |   | b. Signature                                   |   |  |
| TOTAL  | <b>6</b>                         |   | Date   |   |  |
|  |                                  |   | <b>9</b>                                       |   |  |
| 22. Indirect costs and appropriation / fund chargeable   |                                  |   | 23a. Training officer—Name and title           |   |  |
|  |                                  |   | Area code / Tel. No. / Extension               |   |  |
| Item   | Amount                           |   | b. Signature                                   |   |  |
|  | Dollars                          | Cents   | Date   |   |  |
| a. Travel  |                                  |   | <b>10</b>                                      |   |  |
| b. Per diem  |                                  |   | Section E—APPROVAL / CONCURRENCE               |   |  |
| c. Other (Specify)   | <b>7</b>                         |   | 24a. Authorizing official—Name and title       |   |  |
| d. (Enter 4 digits in OTHER column)  |                                  |   | Area code / Tel. No. / Extension               |   |  |
| TOTAL  | <b>13</b>                        |   | b. Signature                                   |   |  |
|  |                                  |   | Approved / Disapproved                         |   |  |
|  |                                  |   | Date   |   |  |
| 23. Document / Purchase Order / Requestion No.   |                                  |   | Section F—CERTIFICATION OF TRAINING COMPLETION |   |  |
| 24. 8-Digit station symbol (Example—12-34-5678)  |                                  |   | 25a. Certifying official—Name and title        |   |  |
|  |                                  |   | Area code / Tel. No. / Extension               |   |  |
|  |                                  |   | b. Signature                                   |   |  |
|  |                                  |   | Date   |   |  |
|  |                                  |   | <b>12</b>                                      |   |  |
|  |                                  |   | <b>13</b>                                      |   |  |
| TRAINING FACILITY — Bills should be sent to office indicated in item 25. — Please refer to number given in item 23 to assure prompt payment. |                                  |   |  |   |  |

## Travel Advances

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The Application and Account for Advance of Funds form is the document a traveler uses to request an advance of money before a trip. The travel must first be authorized by a Travel Authorization.

A sample Application and Account for Advance of Funds form appears on the opposite page. The following data items are required for input to ABACIS:

1. Social Security number of the traveler.
2. Name of the traveler.
3. Five digit document number of the Travel Authorization.
4. Beginning and ending dates of travel for which advance is requested.
5. Indicate payment method: Treasury check, cash (imprest fund), or travelers checks (notate "T.C.").
6. Address where a travel advance check is to be delivered (include zip code).
7. Total amount of all outstanding travel advances issued under the identified travel authorization.
8. Amount applied for in this advance.
9. Signature of employee and date.
10. Approving officer's signature.
11. If payment of the advance is received from the imprest fund or with travelers checks, traveler must sign for the payment.



**Travel Advance**

| UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>Office of Surface Mining   |  | (1-8) (3)<br>ACT F                                       | (4-11)<br>TRANSACTION NO.       | (12)<br>CC                        |
|---|--|--|---------------------------------|-----------------------------------|
| <b>APPLICATION AND ACCOUNT FOR ADVANCE OF FUNDS</b>   |  | 4 0 4 U                     A                            |                                 |                                   |
| <small>(12-41)</small><br>Social Security Number  | <small>(22-40)</small><br>Name of Traveler | Duty Station   |                                 |                                   |
| <b>1</b>  | <b>2</b>                                   |  |                                 |                                   |
| An Advance of Funds is Hereby Requested for Travel and Other Expenses to Be Incurred Under Authorization No. <b>3</b> Dated _____ |  | Balance Due U.S. From Previous Advance ..... \$ <b>7</b> |                                 |                                   |
| Itinerary: From <b>4</b> To _____   |  | Amount Herein Applied For ..... \$ <b>8</b>              |                                 |                                   |
| Type of Travel: <input type="checkbox"/> Temporary Duty <input type="checkbox"/> Permanent Change of Station                      |  | TOTAL ..... \$ _____                                     |                                 |                                   |
| Type of Advance: <input type="checkbox"/> Check <input type="checkbox"/> Cash <b>5</b>  |  | Cash Payment of \$ _____                                 |                                 |                                   |
| Mail Check To: <b>6</b>   |  | Received (Date) _____                                    |                                 |                                   |
| _____ <b>9</b>  |  | <b>11</b>  |                                 |                                   |
| <small>(Date)</small> _____ <small>(Signature of Traveler)</small>  |  | <small>(Signature of Payee)</small>                      |                                 |                                   |
| <small>(Date)</small> _____ <small>(Signature of Approving Official)</small>  |  |  |                                 |                                   |
| <small>(Title of Approving Official)</small>  |  |  |                                 |                                   |
| <small>(17-50)</small><br>ORG.  | <small>(9)</small><br>PP                   | <small>(23-67)</small>                                   | <small>(58-58)</small><br>T1 T2 | <small>(10-63)</small><br>ACCOUNT |
|   |  |  | <small>(41-68)</small><br>O&M   | <small>(28-67)</small><br>SUB     |
|   |  |  |                                 | <small>(26-77)</small><br>AMOUNT  |
| DISTRIBUTION — SEE REVERSE  |  |  |                                 |                                   |

## Travel Authorization

---

The Travel Authorization form is the basic approval document for travel while on official duty or for a permanent change of station. Travel and transportation are governed by Federal Travel Regulations (FTR).

The Travel Authorization obligates the funds that are subsequently paid out against Travel Vouchers, Government Transportation Requests (GTR's), some Bills of Lading, and Public Vouchers for Transportation (SF-1113).

There are three types of Travel Authorizations:

o **General Travel Authorizations**

Limited to the Director and the Deputy Directors and issued for one fiscal year. Only one person may be authorized to travel on each authorization, and the estimated travel costs must be shown on the authorization.

o **Area Authorizations**

Issued to individuals required to perform frequent travel within a defined geographic area and for a specific purpose. Limited open authorizations may be issued for a year. Only one person may be authorized to travel on each authorization, and the estimated travel costs must be shown on the authorization.

o **Trip Authorizations**

Issued for a specific trip. The purpose and estimated travel costs must be shown on the authorization.

Use the Travel Purpose Codes listed in the box on the next page to indicate the reason for the travel.

The following items, which are numbered to correspond to the example, are required for input to the ABACIS system:

1. Document number pre-printed on the form.
2. Travel Purpose Codes - see box on next page.  
(Check the type of travel.)
3. Traveler's name and Social Security number.
4. Date prepared by the issuing office.
5. Where travel begins and will be conducted.
6. Reason for travel.
7. Effective date and expiration date.
8. Cost estimates for appropriate categories.
9. Account number and amount assigned by the issuing organization.

10. Signature of traveler.
11. Signature of the authorizing officer.

Be sure to check the box indicating the appropriate mode of travel. In addition, items authorized for reimbursement must be specified.

#### **Travel Purpose Codes**

- CO** **Conference** - Attendance at a convention, conference, or seminar for the purpose of observation or education, with no formal participation in the proceedings.
- EN** **Entitlement** - Travel to which an employee or dependent is entitled because of assignment (eg. home, medical, or emergency leave).
- FT** **Foreign Travel** - Defined in Departmental Manual (347 DM 7.2) as travel by employees on official business to any point outside the 50 States of the United States, District of Columbia, territorial areas of the United States, the Commonwealth of Puerto Rico, and the Trust Territory of the Pacific Islands.
- IM** **Information Meet** - Attendance at a meeting to discuss general agency operations, policies, or topics of general interest.
- OT** **Other** - Any reasons not covered in the other travel types.
- RE** **Relocation** - Permanent change of station at Government expense.
- SM** **Special Mission** - To carry out a special agency mission (eg. transport witnesses, or provide security for a person or shipment), or any travel by federal beneficiaries.
- SP** **Speech or Presentation** - To make a speech, presentation, or to deliver a paper.
- SV** **Site Visit** - Visit to a particular site for operational or managerial purposes (eg. audit, repair, negotiations, or technical assistance).
- TR** **Training** - Travel to attend a training class.
- UO** **Unlimited Open** - General authorization.
- LO** **Limited Open** - Area authorization.



Travel Authorization

UNITED STATES DEPARTMENT OF THE INTERIOR Office of Surface Mining TRAVEL AUTHORIZATION (Read the Privacy Act Statement on the back)

1. No. 50701 1 2. Travel Purpose Code 2 3. Type of Travel Area General Trip Foreign PCS

4. (Issuing Office) 5. Social Security No. 3 6. Name (Last) (First) (M.I.) 4 7. Date (41-48) Mo. Da. Yr.

8. Title 9. Official Station You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

10. From: 5 PLACES OF TRAVEL 11. To:

12. Purpose and Remarks: 6

13. Per Diem Allowance: 14. Period of Travel: Beginning on or about 7 Ending on or about

MODE OF TRAVEL 15. Common carrier 16. Privately owned 17. Government-owned conveyance 18. Extra fare at a mileage rate of 19. Government-owned conveyance cents, subject to: (a) Administratively determined to be to the advantage of the Government (b) Not to exceed cost by common carrier, including consideration of Per Diem allowance (c) Not to exceed cost by interagency motor pool

ESTIMATED COST 23. Transportation: Common carrier \$ Mileage private vehicle Tax, limo, shuttle 24. Per Diem 25. Other temporary duty 26. Moving household goods or house trailer 27. Storage household effects 28. Other moving allowance 29. Estimated income tax and FITA (PCS only) 30. TOTAL 8 \$

MISCELLANEOUS 19. Transportation immediate family 20. Shipment household goods and personal effects 21. Excess baggage costs, subject to: (a) To be obtained on Government transportation request (b) To be paid by cash and claimed as a reimbursement on travel voucher 22. Other (e.g., car rental, excess baggage charge, etc.)

Table with 2 columns: Account Number, Amount. Row 9.

32. 10 (Requestor's signature) 33. (Title) 34. (Fiscal officer's signature) 35. 11 (Authorizing officer's signature) 36. (Title)

1. TRAVELER'S COPY

## **Travel Authorization Amendment**

---

The Travel Authorization Amendment form documents changes to Travel Authorizations consisting of data corrections, additional information (time extensions, additional costs, additional allowances, etc.), or cancellations.

The amendment document need not be filled out completely but must contain the following minimum information:

1. Travel Authorization number from the original Travel Authorization.
2. Traveler's Social Security number
3. Traveler's name.
4. Description of the change to the original Travel Authorization.
5. Signature and title of the authorizing officer approving the changes.

In addition, only those entries representing changes to the original Travel Authorization need be completed. These entries will either add to or replace entries on the original document.

# Travel Authorization Amendment

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
Office of Surface Mining  
**TRAVEL AUTHORIZATION  
AMENDMENT DOCUMENT**

1. No. 1  
2. Travel Purpose Code   
3. Type of Travel  
 Area  
 General  
 Trip  
 Foreign  
 PCS

4. \_\_\_\_\_ (Issuing Office) (22-48)  
5. Social Security No. 2 (19-21)  
6. Name (Last) 3 (First) (M.I.)  
7. Date 

|     |     |     |
|-----|-----|-----|
| Mo. | Da. | Yr. |
|     |     |     |

  
8. Title \_\_\_\_\_  
9. Official Station \_\_\_\_\_

You are authorized to travel as indicated below and to incur necessary expenses in accordance with applicable laws and regulations.

**PLACES OF TRAVEL**

10. From: \_\_\_\_\_ 11. To: \_\_\_\_\_  
12. Purpose and Remarks:

4

13. Per Diem Allowance: \_\_\_\_\_  
14. Period of Travel: Beginning on or about \_\_\_\_\_ Ending on or about \_\_\_\_\_

**MODE OF TRAVEL**

15.  Common carrier  
16.  Excess fare at a mileage rate of \_\_\_\_\_  
17.  Government-owned conveyance costs, subject to:  
18.  Privately owned  
(a)  Administratively determined to be to the advantage of the Government  
(b)  Not to exceed cost by common carrier, including consideration of Per Diem allowance  
(c)  Not to exceed cost by interagency motor pool

**ESTIMATED COST**

23. Transportation: Common carrier..... \$ \_\_\_\_\_  
                          Mileage, private vehicle..... \_\_\_\_\_  
                          Taxi, limo, shuttle..... \_\_\_\_\_  
24. Per Diem..... \_\_\_\_\_  
25. Other temporary duty..... \_\_\_\_\_  
26. Moving household goods or house trailer..... \_\_\_\_\_  
27. Storage household effects..... \_\_\_\_\_  
28. Other moving allowance..... \_\_\_\_\_  
29. Estimated income tax and PITA (PCS only)..... \_\_\_\_\_  
30. TOTAL \$ \_\_\_\_\_

| 31. | Account Number | Amount |
|-----|----------------|--------|
|     |                |        |
|     |                |        |
|     |                |        |

**MISCELLANEOUS**

19.  Transportation immediate family  
20.  Shipment household goods and personal effects  
21.  Excess baggage costs, subject to:  
(a)  To be obtained on Government transportation request  
(b)  To be paid by cash and claimed as a reimbursement on travel voucher  
22.  Other (e.g., car rental, excess baggage charge, etc.)

32. \_\_\_\_\_  
(Requestor's signature)  
33. \_\_\_\_\_  
(Title)  
34. \_\_\_\_\_  
(Fiscal officer's signature)

5

35. \_\_\_\_\_  
(Authorizing officer's signature)  
36. \_\_\_\_\_  
(Title)

## **Travel Voucher (SF-1012)**

---

The Travel Voucher (SF-1012) claims reimbursement of expenses incurred by Government employees traveling on official business. It must be supported by a Travel Authorization, and may be preceded by a Travel Advance. If funds were advanced, payment is reduced by the amount advanced, but the voucher is recorded in the accounting system at the full amount approved for payment.

A sample Travel Voucher form (SF-1012) appears on the opposite page. The following data items, which are numbered to correspond to the example, are required for input to ABACIS:

1. Identify whether travel is temporary duty or permanent change of station.
2. Document number is assigned by DFM when the pre-numbered form is not utilized. Pre-numbered forms are provided to enable submitting offices to identify trip vouchers filed under an area authorization.
3. Traveler's name and address.
4. Traveler's Social Security number.
5. Five digit document number of the supporting Travel Authorization.
6. Amount applied against the travel advance.
7. GTR number or statement that ticket was purchased with a Government charge card or through a GTS account. Include a purpose of travel statement (required by FTR 301-11.5(g)).
8. Traveler's signature and the date voucher was prepared by traveler.
9. Total voucher amount claimed.
10. Signature and title of the designated approving official in the traveler's organization.
11. Account number(s) and associated costs.



# Travel Voucher (SF-1012)

|  |  |  |  |   |                           |  |           |
|--|--|--|--|---|---------------------------|--|-----------|
| <b>TRAVEL VOUCHER</b><br><i>(Read the Privacy Act Statement on the back)</i>   |  | <b>1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE</b><br><br><b>1</b>   |  | <b>2. TYPE OF TRAVEL</b><br><input type="checkbox"/> TEMPORARY DUTY<br><input type="checkbox"/> PERMANENT CHANGE OF STATION |                           | <b>3. VOUCHER NO.</b><br><b>2</b>  |           |
|  |  |  |  |   |                           | <b>4. SCHEDULE NO.</b>   |           |
| <b>TRAVELER (PAYEE)</b>  | <b>a. NAME (Last, first, middle initial)</b><br><b>3</b> |  |  | <b>b. SOCIAL SECURITY NO.</b><br><b>4</b>   |                           | <b>4. PERIOD OF TRAVEL</b><br>a. FROM _____ b. TO _____                          |           |
|  | <b>c. MAILING ADDRESS (Include ZIP Code)</b>             |  |  | <b>d. OFFICE TELEPHONE NO.</b>  |                           | <b>7. TRAVEL AUTHORIZATION</b><br>a. NUMBER(S) _____ b. DATE(S) _____            |           |
|  | <b>e. PRESENT DUTY STATION</b>                           |  |  | <b>f. RESIDENCE (City and State)</b>  |                           | <b>5</b>   |           |
|  |  |  |  |   |                           | <b>10. CHECK NO.</b>   |           |
| <b>8. TRAVEL ADVANCE</b><br>a. Outstanding<br>b. Amount to be advanced<br>c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)<br>d. Balance encumbering  |  |  | <b>9. CASH PAYMENT RECEIPT</b><br>a. DATE RECEIVED<br>b. AMOUNT RECEIVED |   | <b>11. PAID BY</b>        |  | <b>6</b>  |
|  |  |  | <b>c. PAYEE'S SIGNATURE</b>  |   |                           |  |           |
| <b>12. GOVERNMENT TRANSPORTATION REQUESTS OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim or receipt copy)</b>   |  | I hereby assign to the United States any rights I may have against the carrier in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7). |  |   |                           |  |           |
|  |  | <b>AGENT'S VALUATION OF TICKET</b><br>(a)  | <b>ISSUING CARRIER</b><br>(Initials)<br>(b)                              | <b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b><br>(c)  | <b>DATE ISSUED</b><br>(d) | <b>POINTS OF TRAVEL</b>  |           |
|  |  |  |  |   |                           | FROM<br>(e)  | TO<br>(f) |
| <b>7</b>   |  |  |  |   |                           |  |           |
| 13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.  |  |  |  |   |                           |  |           |
| <b>TRAVELER SIGN HERE</b>  |  |  | <b>8</b>   |   | <b>DATE</b>               |  | <b>9</b>  |
| <b>NOTE:</b> Falsification of an item in an expense account works a forfeiture of 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, i.e. 1001).  |  |  |  |   |                           |  |           |
| 14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. <b>NOTE:</b> If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 6801.) |  |  |  |   |                           | <b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>                               |           |
| <b>APPROVING OFFICIAL SIGN HERE</b> <b>10</b> <b>DATE</b>  |  |  |  |   |                           | a. DIFFERENCES, IF ANY (Explain and show amount)                                 |           |
|  |  |  |  |   |                           | b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION                            |           |
| <b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>   |  |  |  |   |                           | c. <i>Certifier's initials:</i> APPLIED TO TRAVEL ADVANCE (Appropriation symbol) |           |
| <b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> <b>DATE</b>   |  |  |  |   |                           | d. <b>NET TO TRAVELER</b>  |           |
|  |  |  |  |   |                           |  |           |
| <b>18. ACCOUNTING CLASSIFICATION</b><br><br><b>11</b>  |  |  |  |   |                           |  |           |

5012-116

GSA GEN 7540-00-639-8100

STANDARD FORM 1012 (REV. 10-77)  
Prescribed by GSA, FPMR (41 CFR) 101-7

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## Document Codes

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This chapter deals with the following subjects:

- ▶ Document Number Structure

  - Document Type Code
  - Fiscal Year Designator
  - Assigning Document Numbers

- ▶ Amendment Document Numbers

  - Change Indicators

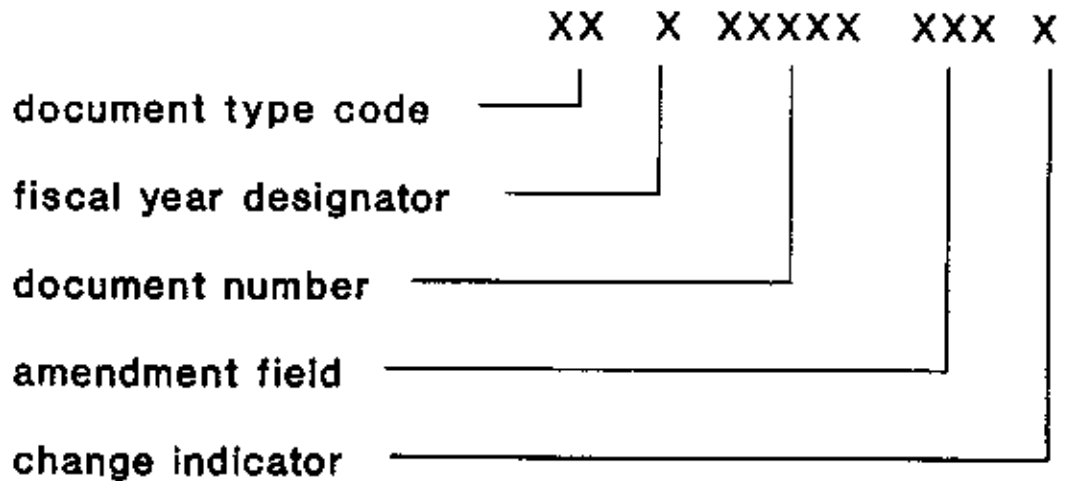
- ▶ ABACIS Account Number Structure

- ▶ Object Classes

  - Code Structure
  - Alphabetical Guide
  - Object Class Codes

## Document Number Structure

Before a document can be entered into ABACIS, it must be assigned a document number. The document number consists of eight characters (see the figure below). For some documents, the field office assigns part of the document number. For other documents, the entire number is assigned when the document is microfilmed at DFM.



*AD -  
MAG*

The following sections list each of the elements that make up the document number and an explanation of what they represent.

## Document Type Code

The document type code for documents from the field offices are assigned according to the following table and appear as the first two characters in the document number. Normally, these codes will not be of interest to you. They appear here only as a resource for you to investigate documents that might show up on your reports.

| Code | Document Type   |
|------|---|
| BP   | Voucher and schedule of withdrawals and credits - billing.<br>Redemption of unused tickets<br>Bill for collection   |
| CT   | Award/contract<br>Modification of contract  |
| DC   | Correction document   |
| IN   | Commercial invoice  |
| IO   | Paid billing statement for SIBAC transactions<br>Voucher for transfers between appropriations and/or funds  |
| LV   | Claim for reimbursement for expenditures on official business.<br>Invoices paid through imprest funds.<br>Public Voucher for fees and mileage of witnesses. |
| PO   | Purchase order, change order, oral purchase order, Fedstrip<br>Requisition  |
| RV   | Voucher and schedule of withdrawals and credits-<br>refund/reimbursement voucher  |
| TA   | Travel Authorization (temporary duty)<br>Travel Authorization Amendment<br>Travel Obligation Record   |
| TD   | Application and account for advance of funds - Travel<br>Advances   |
| TR   | Request, authorization, agreement and certification of training.  |
| TV   | Travel Voucher  |
| VT   | U.S. Government Bill of Lading<br>Public Voucher for Transportation   |
| WO   | GSA Reimbursable Work Authorization   |

## Fiscal Year Designator

The fiscal year designator in the ABACIS document number prevents number duplications with prior fiscal year documents. The fiscal year is designated by the last character or digit of the fiscal year.

## Assigning Document Numbers

The next five characters of the document number represent a unique identification number

- (a) assigned by the submitting office (procurement document numbers),
- (b) pre-printed on the form or
- (c) assigned by the Division of Financial Management.

The following sections list each type of number and how it is assigned.

### **Procurement Document Numbers**

The following blocks of numbers are reserved for the designated offices to be assigned to purchase orders, contracts and other procurement documents that do not have pre-printed numbers on the form.

At the beginning of each fiscal year, offices reuse these numbers beginning with the first number in their assigned block.

| <u>Procurement Office</u>        | <u>Block of Numbers</u> |
|----------------------------------|-------------------------|
| Albuquerque                      | 10,001 - 12,000         |
| ASD, Eastern Support Center      | 12,001 - 14,000         |
| ASD, Western Support Center      | 14,001 - 16,000         |
| Big Stone Gap                    | 16,001 - 18,000         |
| Birmingham                       | 18,001 - 20,000         |
| Casper                           | 20,001 - 22,000         |
| Charleston                       | 22,001 - 24,000         |
| Columbus                         | 24,001 - 26,000         |
| Division of Financial Management | 26,001 - 27,000         |
| ASD/WSC SF-44                    | 27,001 - 28,000         |
| Harrisburg                       | 28,001 - 30,000         |
| Headquarters (Procurement)       | 30,001 - 33,000         |
| Headquarters (Financial Plans)   | 33,001 - 34,000         |
| Indianapolis                     | 34,001 - 36,000         |
| Johnstown                        | 36,001 - 38,000         |
| Kansas City                      | 38,001 - 40,000         |
| Knoxville                        | 40,001 - 42,000         |
| Lexington                        | 42,001 - 43,000         |
| Appalachia Office                | 43,001 - 44,000         |
| Springfield                      | 44,001 - 46,000         |
| Tulsa                            | 46,001 - 48,000         |
| Wilkes-Barre                     | 48,001 - 50,000         |
| Appalachia                       | 50,001 - 52,000         |

**Pre-printed Document Numbers**

For the following documents, the identification number is obtained from a five digit number that is pre-printed on the form.

- Requisition (identified as a Commitment Control Number or CCN)
- Miscellaneous Obligation Document
- Training Request (SF-182)
- Travel Authorization
- Pre-printed Travel Vouchers
- Correction Documents

**Assigned by DFM**

If the document number is assigned by DFM, it is assigned sequentially by the computer system.

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**Amendment Document Numbers**

If your office wishes to change something on a document already submitted to DFM, the document filer will record your amendment document by assigning a 3-character number to the end of your original document number.

The only time you will notice this extension of the original document number is when you pull up a report on your computer screen. The following list contains the unique characters used to amend a document number:

|     |  |
|-----|--|
| A01 | Amendment to a purchase order                          |
| M01 | Modification to a contract                             |
| R01 | Reversal of a document (cancellation of an obligation) |
| S01 | Supplemental input to a previous payroll               |

The numerals are assigned sequentially to identify amendments in the order received at DFM. CT133333M01 is an example of an amended contract number.

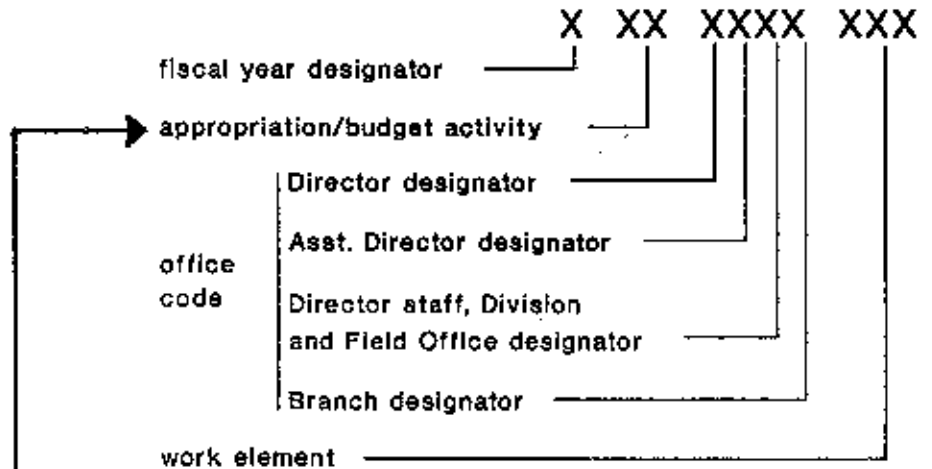
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**Change Indicators**

Change indicators are added to the document number when a correction or change is made by the accounting technician at DFM (usually due to a data entry error).

Changes are made to a document by using the same document number and adding a unique change character. This character is entered in the 12th position of the document numbers amendment key field. For example, CT133333\_\_A, is an example of a change indicator document number without an amendment from the field office. The 'A' signifies that this is the first correction to be made to the document.

## ABACIS Account Number Structure



| Activity Code | Activity Title                           |
|---------------|--|
| 11            | State Regulatory Program Grants          |
| 12            | Regulatory Programs Operatons            |
| 13            | Technical Service, Training and Research |
| 14            | Assessments and Collections              |
| 15            | Kentucky Settlement Agreement            |
| 16            | Program Administration                   |
| 17            | Executive Direction                      |
| 18            | Administrative Support                   |
| 19            | General Service                          |
| 21            | State Reclamation Program Grants         |
| 22            | Fee Compliance                           |
| 23            | Reclamation Program Operation            |
| 25            | Small Operator Assistance Payments       |
| 26            | Program Administration                   |
| 27            | Executive Director                       |
| 28            | Administrative Support                   |
| 29            | General Services                         |
| 31            | Reclamation Bond Forfeitures             |
| 32            | Civil Penalties Reclamation              |
| 41            | India Technical Study                    |

5-22 3110 000  
 5-18 3110 000

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## Object Classes

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Object class codes are a means of summarizing expenditures into meaningful categories of cost. This single, standardized approach gives meaning to reports for the President, Congress, Office of Management and Budget and Treasury at various levels.

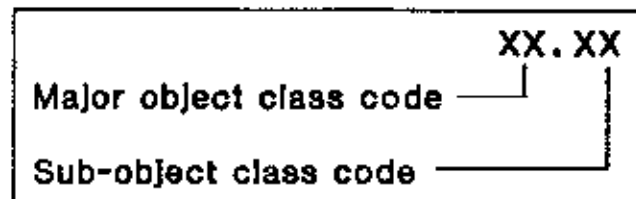
It is important for you to use the appropriate object code (all four characters) when filling out your documents for several reasons:

- 1) You will double your work when you use an improper object class.
- 2) If the wrong object classes are used, data reported to other Government agencies is misleading and distorts OSM's financial activity.
- 3) Improper object classes mislead managers who are trying analyze historical cost to project future financial needs.
- 4) Some object classes create additional accounting transactions in ABACIS. Failure to use the proper object class cuts short the process.

The list of object class codes beginning on the next page is organized alphabetically for your convenience. For clarification and more details, refer to "Object Class Codes" in the next section.

Be sure to use the appropriate 4-digit object class number.

Object class  
code structure





## Alphabetical Guide - Object Classes

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|  | Item                         | Object Class |
|--|------------------------------|--------------|
| Capitalized<br>assets<br>cost \$5000<br>or more. | ADP software                 |              |
|  | commercial                   | 26.00        |
|  | development                  | 25.00        |
|  | exceeds 25K                  | 31.50        |
|  | airline fares                | 21.11        |
|  | airline fares/training       | 21.31        |
|  | benefits                     | 12.00        |
|  | books/training               | 25.00        |
|  | buildings                    | 32.30        |
|  | building addition            | 32.30        |
|  | bus fare                     | 21.11        |
|  | bus fare/training            | 21.31        |
|  | cleaning                     | 25.00        |
|  | clothing (except uniforms)   | 26.00        |
|  | copiers (capitalized)        | 31.40        |
|  | copiers (non-capitalized)    | 31.41        |
|  | dividends                    | 43.00        |
|  | duplicator (capitalized)     | 31.40        |
|  | duplicator (non-capitalized) | 31.41        |
|  | EEO settlement               | 25.00        |
|  | electricity                  | 23.30        |
|  | envelope printing            | 24.00        |
|  | equipment (capitalized)      |              |
|  | seismograph                  | 31.20        |
|  | electronic file              | 31.20        |
|  | projector                    | 31.20        |
|  | survey equip                 | 31.20        |
|  | non-ADP video                | 31.20        |
|  | equipment (non-capitalized)  |              |
|  | with property number         |              |
|  | calculator                   | 31.21        |
|  | microfilm machine            | 31.21        |
|  | projector                    | 31.21        |
| telephone (OSM owned)                            | 31.21                        |              |
| typewriter                                       | 31.21                        |              |
| without property number                          |                              |              |
| calculator                                       | 31.22                        |              |

|                                |       |
|--------------------------------|-------|
| equipment - ADP (capitalized)  |       |
| digitizing equipment           | 31.30 |
| disk drive (large cap)         | 31.30 |
| laser printer                  | 31.30 |
| super computer                 | 31.30 |
| equipment (non-capitalized)    |       |
| dot matrix printer             | 31.31 |
| laser printer                  | 31.31 |
| modem                          | 31.31 |
| monitor                        | 31.31 |
| personal computer              | 31.31 |
| equipment - maintenance/repair | 25.00 |
| equipment moves - contract     | 22.30 |
| equipment parts (minor)        | 26.00 |
| first aid supplies             | 26.00 |
| fixtures (5000 and over)       | 31.00 |
| fixtures (under 5000)          |       |
| with property numbers          | 31.01 |
| furniture (5000 and over)      | 31.00 |
| furniture (under 5000)         |       |
| computer furniture             | 31.02 |
| chairs                         | 31.02 |
| credenzas                      | 31.02 |
| desks                          | 31.02 |
| filing cabinets                | 31.02 |
| tables                         | 31.02 |
| furniture (under 5K)           |       |
| with property numbers          | 31.01 |
| gas                            | 23.30 |
| gasoline (vehicle)             | 26.00 |
| GBL shipments                  | 22.30 |
| grants                         | 41.00 |
| gratuities                     | 41.00 |
| grounds maintenance            | 25.00 |
| handling                       | 22.30 |
| hauling                        | 22.30 |
| heat                           | 23.30 |
| household goods shipment       | 22.30 |
| incidental (travel)            | 21.40 |
| interest payments              |       |
| (non-prompt pay)               | 43.00 |
| land                           | 32.10 |
| legal settlements (non-tort)   | 25.00 |
| letterhead printing            | 24.00 |
| locksmith                      | 25.00 |
| lodging                        | 21.40 |

|                                       |       |
|---------------------------------------|-------|
| machinery, heavy, capitalized         | 31.40 |
| mail machine rent                     | 23.30 |
| mail machine maintenance              | 25.00 |
| mail/messenger contract               | 23.30 |
| materials, contractor furnished       | 25.00 |
| materials, training                   | 25.10 |
| mileage                               | 21.40 |
| mobile home move                      | 22.30 |
| motor vehicle purchase                | 31.10 |
| overnight mail                        | 23.30 |
| parcel post                           | 22.30 |
| per diem                              | 21.40 |
| photo processing                      | 25.00 |
| P.O. box rent                         | 23.30 |
| postage                               | 23.30 |
| postage meter rent                    | 23.30 |
| P.O.V. (training)                     | 21.31 |
| printing (Government)                 | 24.00 |
| printing binding (Government)         | 24.00 |
| printing composition (Government)     | 24.00 |
| printing (non-Government)             | 24.20 |
| printing binding (non-Government)     | 24.20 |
| printing composition (non-Government) | 24.20 |
| publications                          | 26.00 |
| refunds                               | 44.00 |
| recordings                            | 26.00 |
| rent, commercial - GSA                | 23.10 |
| rent, GSA owned                       | 23.10 |
| rent, commercial - non-GSA            | 23.20 |
| reproduction                          | 24.00 |
| revenue sharing                       | 41.00 |
| security services                     | 25.00 |
| ship/boat fare                        | 21.11 |
| ship/boat fare, training              | 21.31 |
| standard form overprinted             | 24.00 |
| subscriptions                         | 26.00 |
| subsidies                             | 41.00 |
| subsistence                           | 21.40 |
| supplies, ADP                         | 26.00 |
| supplies, contractor furnished        | 25.00 |
| supplies, general                     | 26.00 |

|                             |       |
|-----------------------------|-------|
| tapes (audio & visual)      | 26.00 |
| telefax                     | 23.30 |
| telefax machine maintenance | 25.00 |
| telephone                   |       |
| installation                | 23.30 |
| maintenance                 | 23.30 |
| switchboard                 | 23.30 |
| tools, hand                 | 26.00 |
| tort claims                 | 42.00 |
| train fares                 | 21.11 |
| train fares, training       | 21.31 |
| training services           | 25.10 |
| truck rental                | 22.30 |
| uniforms                    | 12.61 |
| vehicle maintenance         | 25.00 |
| water                       | 23.30 |

## Object Class Codes

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### Personnel Services and Benefits

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Object classes 11.1 through 13.0 are not used on obligating documents by procuring officials or field office personnel for entry into the ABACIS financial system; however, they appear here for your information.

|       |   |
|-------|---|
| 10.00 | Personal services and benefits                              |
| 11.00 | Personnel compensation                                      |
| 11.10 | Full-time permanent positions                               |
| 11.30 | Positions other than full-time permanent                    |
| 11.50 | Other personal compensations                                |
| 11.53 | Overtime  |
| 11.58 | Sunday pay  |
| 11.59 | Holiday pay   |
| 11.62 | SES bonuses   |
| 11.63 | Cash awards   |
| 11.80 | Special personal services payment                           |
| 12.00 | Personnel benefits  |
| 12.10 | Civilian personnel benefits                                 |
| 12.00 | Social security - FICA contributions                        |
| 12.20 | Retirement contributions                                    |
| 12.25 | FERS retirement   |
| 12.26 | Thrift savings plan - basic                                 |
| 12.27 | Thrift savings plan - matching                              |
| 12.30 | Life insurance contributions                                |
| 12.61 | Uniform allowance   |
| 12.70 | Subsistence and expenses while occupying temporary quarters |
| 12.73 | Expenses incurred in real estate transactions               |
| 12.79 | Miscellaneous Moving Expenses                               |
| 12.80 | Summary PCS travel - obligations                            |
| 12.92 | Payments to Federal Employees Compensation Act Fund - FECA  |

|       |  |
|-------|--|
| 13.00 | Benefits for former employee             |
|       | 13.01 Severance pay                      |
|       | 13.02 Unemployment compensation payments |
| 20.00 | Contractual services and supplies        |

### **Travel and Transportation of Persons**

---

|       |  |
|-------|--|
| 21.00 | <p>Charges incurred for transportation of Government employees or others, their per diem allowances while in an authorized travel status, and other expenses incident to travel that are to be paid by the Government either directly or by reimbursing the traveler. This includes both temporary duty travel and relocation travel expenses.</p> <p>Until further notice, obligations established with a travel authorization will be charged against object class 21.00. The travel voucher and imprest voucher containing travel costs will use object classes 21.11 through 21.40.</p> <p>PCS travel costs not mentioned here are assigned object classes by DFM.</p> |
| 21.11 | Transportation by commercial conveyance includes Airline, Train, Bus, Taxi or any other ticketed or fared commercial mode of transportation, which is not training related.  |
| 21.12 | TDY mileage paid to travelers authorized to travel by POV.   |
| 21.31 | Travel and transportation/training includes any travel or transportation costs related to attendance for training purposes, including the use of a privately owned vehicle (POV), transportation provided by commercial conveyance and per diem costs.   |
| 21.40 | Other travel related costs include Per Diem (e.g., lodging, subsistence, and incidentals) that is not training related and paid to cover the costs of temporary duty (TDY) or en route PCS travel incurred at any given locality.  |

### **Transportation of Things**

---

|       |   |
|-------|---|
| 22.30 | <p>Contractual charges incurred for the transportation of things and for the care of such things while in the process of being transported. Includes postage used in parcel post, rental of trucks and other transportation equipment, and reimbursements to Government personnel for the authorized movement of their household goods and effects or house trailers. Also includes charges for hauling, handling, and other services incident to local transportation including contractual transfers of supplies and equipment. All Government Bill of Ladings (GBL) are charged here regardless of what is being shipped (i.e., capitalized property or non-capitalized property).</p> |
|-------|---|

## **Rent, Communications, and Utilities**

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- 23.10      Standard level user charges  
Charges for rental of both GSA owned and commercial space rented through GSA, and related services assessed by GSA as standard level user charges (SLUC).
- 23.20      Other rent  
Charges for rental of space not billed through SLUC. This includes office, warehouse or non-GSA parking for government vehicle space. Temporary space for training, seminars, ceremonies, etc., are not considered space rental under 23.20, but are more appropriately charged to 25.00.
- 23.30      Communications, utilities, and miscellaneous charges  
Charges for the transmission of messages to include telephone and teletype services, postage (other than parcel post - see 22.XX), contractual mail and messenger service, and rental of post office boxes, postage meter machines, mailing machines, and teletype equipment. No purchases of equipment are included in this object class. Also includes installation, switchboard, and maintenance charges for telephones. Charges for heat, light, power, water, gas, electricity, and other utility services.

## **Printing and Reproduction**

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- 24.XX      Printing and reproduction  
Charges incurred for contractual printing and reproduction, including related composition and binding operations, that are performed by the Government Printing Office, other agencies, other units of the same agency (on a reimbursable basis), and commercial printers or photographers. Includes all common processes of duplicating obtained on a contractual or reimbursable basis. Also includes standard forms, when specially printed or assembled to order, and printed envelopes and letterheads.
- 24.00      Printing & reproduction - Government
- 24.20      Printing & reproduction - Commercial

## **Contractual Services**

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- 25.00      **Effective May 1, 1993, OSM implemented changes to object class 25. See OMB Circular A-11 for more details. For OSM system purposes (procurement documentation for data entry into ABACIS), object class 25 should be detailed using the following sub-objects:**  
Repairs and alterations to buildings, vehicles, equipment and like items when completed by contract.  
Storage of household goods, maintenance services and care of vehicles by contract (including permanent change of station situations).  
Subsistence and support for board, lodging and care of persons (excluding travel situations) by contract.  
Typing and stenographic service contracts.

Publication of notices, advertising and radio and television time.

Operations of facilities or other service contracts.

Research and development contracts except those reported as consulting services under object class 25.10.

25.10 Consulting services defined as advisory and assistance services contracted from non-governmental sources.

Training

25.20 Training - government provided

25.30 Training - non-government provided

25.00

Software and hardware maintenance including maintenance that is part of a rental contract. Excludes charges for rental of ADP and telecommunications hardware and software, which are classified in object class 23.30.

25.51 Custom software developed for \$25,000 or less (unless the software is an integral part of consulting services contract).

## Supplies and materials

26.00

Supplies and materials Charges for commodities that are ordinarily consumed within one year after they are put into use, that are converted in the process of construction or manufacture, or that are used to form a minor part of equipment or fixed property. (Also, for the sake of classification, items of small dollar value that do not meet the criteria above may be classified as supplies or materials.) Includes ADP supplies and office supplies.

Note: Contracts for the development of computer software should be classified under object class 25. A single ADP software package (usually designed specifically for OSM) valued at \$25,000 or more should be charged to object class 31.50.

26.31 Off-the-shelf software.

## Equipment

31.00

Equipment

Charges for personal property of a durable nature, which is normally expected to have a useful life of one year or more. This object class will include both capitalized and non-capitalized property.

Capitalized assets have a useful life of two years or more and a value of \$5,000 or more. The \$5,000 value includes the main piece of equipment plus each accessory (non-supply) which is unique to that piece of equipment. Non-capitalized sensitive property is equipment with a value of \$50 or greater and less than \$5,000; it must have an assigned property number with the exception of furniture and fixtures. Non-capitalized non-sensitive property is equipment costing less than \$50, with the exception of furniture and fixtures which may cost greater than \$50 and be non-sensitive.

When a piece of property costs \$5,000 or more and needs to be split



among two or more accounts such that the cost applied to each account is less than \$5,000, that property should still be capitalized for all amounts in each account applied. Shipping, set-up, and installation charges relating to property should be charged to the same object class as the property; an exception to this rule is GBL charges which are always charged against object class 22.30.

31.00

No longer used

31.01 Furniture and fixtures - Non-capitalized/sensitive.

Furniture or fixtures of less than \$5,000 in cost with an assigned property number.

31.02 Furniture and fixtures - Non-controlled Furniture or fixtures of less than \$5,000 in cost without an assigned property number (e.g. chairs, desks, etc.) This includes most furniture purchased by OSM.

31.10 Motor vehicles

Motor vehicles of any kind which are owned by OSM. Some examples include cars, four-wheel drive vehicles, trucks, etc.

31.20 Office and field equipment, furniture and fixtures - Capitalized

Office and field equipment with a cost of \$5,000 or more. Examples include seismographs, electronic filing cabinets, projectors, surveying equipment, and non-ADP video equipment, etc. Furniture or fixtures of \$5,000 or greater (e.g., a safe costing at least \$5,000). Modular furniture will not qualify since no individual unit exceeds \$5,000.

Items in 31.20 must have a property number.

31.21 Office and field equipment - Non-capitalized/sensitive

Office and field equipment with a cost of less than \$5,000 and equal to or greater than \$50 with an assigned property number. Examples include calculators, typewriters, microfilm machines, projectors and non ADP video equipment, etc. Included in this object class are non-capitalized copiers, duplicators, and heavy machinery.

31.22 Office and field equipment - Non-capitalized/non-controlled

Office and field equipment with a cost of less than \$50. Examples include calculators, hole punchers, etc.

31.30 ADP equipment - Capitalized

ADP equipment with a cost of \$5,000 or greater. Some examples include high capacity laser printers, higher priced personal computers, large capacity disk drives, digitizing systems, graphics workstations, mini-computers, upgrades to ADP equipment which when combined with existing equipment cost \$5,000 or greater, etc.

31.31 ADP equipment - Non-capitalized

ADP equipment with a cost of less than \$5,000. Some examples include laser printers, personal computers, dot matrix printers, monitors, modems, upgrades to ADP

- equipment which when combined with existing equipment still cost less than \$5,000, etc.
- 31.40 Copiers, duplicators, heavy machinery - Capitalized  
Copiers, duplicators, and heavy machinery which cost \$5,000 or greater. Examples include copying and finishing machines with accompanying bins, sorters, cassettes, and stands; etc.
- 31.41 Copiers, duplicators, heavy machinery - Non-capitalized  
Copiers, duplicators, and heavy machinery which cost less than \$5,000. Examples include copying and finishing machines with accompanying bins, sorters, cassettes, and stands; etc.
- 31.50 ADP software (\$25,000 or more)  
Includes software usually designed for a specific OSM purpose with a cost of \$25,000 or greater. Does not include one order of multiple copies of an off-the-shelf software package which totals \$25,000 or greater if each copy costs less than \$25,000; this order would be charged to object class 26.00.

## Land and Structures

- 32.XX Land and structures Charges for land, interest in land, buildings and other structures, additions to buildings, non structural improvements, fixed equipment, and other non personal property.
- 32.00 Land & Structures
- 32.10 Land
- 32.30 Buildings

## Grants and Fixed Charges

- 41.00 Grants, subsidies, and contributions Grants, including revenue sharing, subsidies, gratuities, and other aid for which cash payments are made to States and other political subdivisions (e.g., Indian Tribes).
- 42.00 Insurance claims and indemnities Tort Claims, which usually include damage or injury to a person or property by a government employee on official business, are included here. Includes EEO claims or legal settlements (e.g., Save the Cumberland Mountains).
- 43.00 Interest and dividends Interest payments for the use of moneys deposited, overpaid, or otherwise made available to OSM and subsequently returned. If payment of claims under a contract has been delayed by the government, the interest will be recorded under the same object class used by the original contract and not in this object class. Late payment penalties and interest (prompt pay) are not charged here but automatically are assigned to the same object class as the principal amount using sub-object .98 for discounts lost and .99 for late payment interest and penalties.
- 44.00 Refunds Payments made from an appropriation or fund account to refund