



**SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET**

<b>Base Year</b>	
+Uniform Purchase	325.00
Physical Exam	<u>50.00</u>
Increase	<b>\$375.00</b>

**CATEGORY 5**

Base Wage		15.00
FICA	7.65%	1.11
State Unemploym	FIXED	0.00
Federal Unemploy	FIXED	0.00
Workers Compen	2.53%	0.37
General Liability	FIXED	0.20
G & A	FIXED	0.99
Profit	FIXED	<u>0.61</u>
		<b>\$18.28</b>

### Travel Voucher Summary

<b>1. Voucher</b>						<b>6. Expense Summary</b>											
Local Voucher No. _____		Submit Org. <u>USMS</u>		Vouch Date _____		Voucher Type <input type="checkbox"/> Original <input type="checkbox"/> ReClaim		Ref Doc No. _____		Preparer's Name _____		<b>Standard Travel Expenses</b>					
<b>2. Traveler</b>						<b>3. Trip</b>						Traveler Paid Transportation _____					
Name (FNF) _____						Trip Began (MMDDYY) (HHMM) _____						Lodging Total (auto-calculated from back) _____					
SSN _____						Trip Ended (MMDDYY) (HHMM) _____						M & E Total " _____					
<input type="checkbox"/> 1. Employee <input type="checkbox"/> 2. Contractor <input type="checkbox"/> 3. Invitational <input type="checkbox"/> 4. Other						<input type="checkbox"/> 1. Domestic <input type="checkbox"/> 2. OYCONUS <input type="checkbox"/> 3. Foreign						Mileage Total " _____					
Address _____						Highest Class of Travel: <input type="checkbox"/> 1. Coach <input type="checkbox"/> 2. Premium <input type="checkbox"/> 3. First Class						Car Rental " _____					
City _____ State <u>AL</u> Zip _____						Reason for Upgrade: <input type="checkbox"/> 1. Coach not available <input type="checkbox"/> 5. Cost Savings <input type="checkbox"/> 2. Emp Disability <input type="checkbox"/> 6. Payed by NonFed <input type="checkbox"/> 3. Security <input type="checkbox"/> 7. Travel GT 14 hrs <input type="checkbox"/> 4. Foreign-no coach <input type="checkbox"/> 8. Other <input type="checkbox"/> 9. NA						ATM Fees " _____					
Country <u>USA</u>						Primary Destination: State <u>AL</u> City _____						Tax/Limo " _____					
<input type="checkbox"/> Employee Payment Notification Network ID _____						<input type="checkbox"/> Multiple Destinations						Business Calls " _____					
<b>4. Purpose</b>												Personal Calls " _____					
Type Travel <input type="checkbox"/> A. TDY <input type="checkbox"/> B. Ext TDY (Over 30 Days) <input type="checkbox"/> C. Taxable Ext TDY												Travel Purpose <input type="checkbox"/> A. Operational <input type="checkbox"/> B. Training <input type="checkbox"/> C. Meeting/Conference <input type="checkbox"/> D. MS Ops					
<b>5. Obligation/Regulation</b>												<b>Other Expenses</b>					
Traveler YRegDoc _____												Obl Lig <input type="checkbox"/> Final <input type="checkbox"/> Partial					
<b>7. Program Disposition</b>												Total Voucher (auto-calculated) _____					
Acct Class PGM AIN Project Case %												Disposition					
						Advance Repayment _____											
						Taxes Withheld Fed _____											
						Taxes Withheld State _____											
						Amount to Traveler (auto-calculated) _____											
						Debit Mode _____ Draft Size _____											
						<input type="checkbox"/> 1. Dir Dep <input type="checkbox"/> 2. Tree <input type="checkbox"/> 3. Draft <input type="checkbox"/> 9. None											
						Total %											
<b>8. Approval</b>																	
Note: 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. 287.1 d 1001)																	
<b>Traveler Sign Here</b>				<b>Approving Official Sign Here</b>				<b>Certifying Official Sign Here</b>									
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.				The amounts claimed on this voucher are approved official travel expenses, which appear to be reasonable for the travel performed.				This voucher is certified correct and proper for payment.									
Date: _____				Date: _____				Date: _____									



## Travel Authorization / Advance

1. Voucher Information					
Local Voucher No.	Submitting Organization USMS-	Vouch Date	Ref Doc No	Preparer's Name	FMS Upload <input type="checkbox"/> Yes <input type="checkbox"/> No
Auth Vch Type <input type="checkbox"/> Original <input type="checkbox"/> Adv only <input type="checkbox"/> Cancel					
Traveler		YRegDoc		Accounting Classification	
SSN					

2. Mode of Transportation Authorized	3. Mode of Subistence Authorized	4. Planned Itinerary	5. Estimated Cost																																																	
<input type="checkbox"/> By Common Carrier <input type="checkbox"/> By Gov-Furnished Auto <input type="checkbox"/> By Rental Vehicle <input type="checkbox"/> By Privately Owned Vehicle <input type="checkbox"/> POV Determined to be Most Advantageous to Government <input type="checkbox"/> Cost not to Exceed that of Common Carrier <input type="checkbox"/> Based on Cost of GOV Furnished Auto \$ _____ Mileage Rate Authorized (Ex.: 1.35 = 35 cents) <input type="checkbox"/> Other _____	<input type="checkbox"/> Actual subsistence up to _____ per day  Actual subsistence requires approval by appropriate authorizing official  <input type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE GSA Location Rates  <input type="checkbox"/> Extended TDY (Reduced Rate) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">From:</th> <th colspan="4" style="text-align: left; padding: 2px;">Rate</th> </tr> <tr> <th style="width: 5%; padding: 2px;">To:</th> <th style="width: 10%; padding: 2px;">State</th> <th style="width: 15%; padding: 2px;">City</th> <th style="width: 10%; padding: 2px;">Lodging</th> <th style="width: 10%; padding: 2px;">M&amp;IE</th> <th style="width: 10%; padding: 2px;">Days</th> <th style="width: 10%; padding: 2px;">Estimate</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Foreign travel Must be approved as required by DOJ travel regulations  Departure Date _____  Return Date _____	From:			Rate				To:	State	City	Lodging	M&IE	Days	Estimate	1							2							3							4							5							Transportation (describe): _____  Other Amount (See Box 6 below) _____  Total _____  Advance Amount (See Box 9 below) _____
From:			Rate																																																	
To:	State	City	Lodging	M&IE	Days	Estimate																																														
1																																																				
2																																																				
3																																																				
4																																																				
5																																																				

6. Other Authorizations	7. Advance Disbursement
<input type="checkbox"/> 1. Use of Premium Class Additional Cost: _____ <input type="checkbox"/> 2. Use of foreign flag carrier <input type="checkbox"/> 3. Leave in conjunction with travel <input type="checkbox"/> 4. Other Description _____	<input type="checkbox"/> 1 DirDep <input type="checkbox"/> 2 Tres <input type="checkbox"/> 3 Draft <input type="checkbox"/> 4 Cash <input type="checkbox"/> 5 None Draft Site _____  Address _____ Address _____ City _____ State _____ ZIP _____ Country _____

8. Other Descriptive Information			
Description			
Program	Project	Budget Auth No (B Alpha)	Org Mgt Field (Numeric)
BBI to:		Case	
Type Travel <input type="checkbox"/> A. TDY <input type="checkbox"/> B. Ext TDY (Over 30 Days) <input type="checkbox"/> C. Taxable Ext TDY <input type="checkbox"/> D. PCS (NonNFC) <input type="checkbox"/> X. N/A		Travel Purpose <input type="checkbox"/> A. Operational <input type="checkbox"/> B. Training <input type="checkbox"/> C. Meeting/Conference <input type="checkbox"/> D. House Hunting <input type="checkbox"/> E. PCS Relocation <input type="checkbox"/> X. N/A	
Justification (if appropriate)			

9. AUTHORIZATION									
You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">Authorizer</th> </tr> <tr> <td style="padding: 2px;">Advance Authorized as described in Box 5</td> </tr> <tr> <td style="padding: 2px;">Authorizer: _____</td> </tr> <tr> <td style="padding: 2px;">Authorizer Signature: _____</td> </tr> </table>	Authorizer	Advance Authorized as described in Box 5	Authorizer: _____	Authorizer Signature: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">Traveler</th> </tr> <tr> <td style="padding: 2px;">Cash Advance of: _____</td> </tr> <tr> <td style="padding: 2px;">Received by: _____</td> </tr> <tr> <td style="padding: 2px;">Signature: _____ Date: _____</td> </tr> </table>	Traveler	Cash Advance of: _____	Received by: _____	Signature: _____ Date: _____
Authorizer									
Advance Authorized as described in Box 5									
Authorizer: _____									
Authorizer Signature: _____									
Traveler									
Cash Advance of: _____									
Received by: _____									
Signature: _____ Date: _____									
A voucher must be submitted within 10 workdays after travel is completed or monthly for persons in a continuous travel status.									





Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION				DATE VOUCHER PREPARED		SCHEDULE NO.	
				CONTRACT NUMBER AND DATE		PAID BY	
				REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS				DATE INVOICE RECEIVED			
				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NO.			
				GOVERNMENT BIL. NO.			
SHIPPED FROM		TO		WEIGHT			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT		AMOUNT (1)	
				COST	PER		
(Use continuation sheets) if necessary				(Payee must NOT use the space below)		<b>TOTAL</b>	
PAYMENT		APPROVED FOR	EXCHANGE RATE	DIFFERENCE			
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		= \$	+ \$1.00	S			
		BY (2)		Amount verified; correct			
		TITLE		(Signature or initials) or			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
Date		Authorized Certifying Officer (2)				(Title)	
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE		PAYEE			
				3			
				PER			
				TITLE			
(1) When stated in foreign currency, state name of currency. (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/her official title. (3) When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name as well as the capacity in which he/she signs, must appear. For example: John Doe Company, per John.							

**PRIVACY ACT STATEMENT**

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

SF-1034  
Automated 01/01

Standard Form 1034 Revised October 1997 Department of the Treasury (TFM 4-2002)		<b>PUBLIC VOUCHER FOR PURCHASES                  AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY	
			REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS			DATE INVOICE RECEIVED		PAYEE'S ACCOUNT NO.	
			DISCOUNT TERMS			
			GOVERNMENT BL. NO.			
			SHIPPED FROM	TO	WEIGHT	GOVERNMENT BL. NO.
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT		AMOUNT (1)
				COST	PER	
(Use continuation sheets if necessary)					(Payee must NOT use the space below)	
PAYMENT <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$ BY (2) TITLE		EXCHANGE RATE = \$1.00 DIFFERENCE \$ Amount verified; correct (Signature or initials)		<b>TOTAL</b>
<b>MEMORANDUM</b>						
ACCOUNTING CLASSIFICATION _____						
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)	
	CASH	DATE		PAYEE 3		
	PER			TITLE		

**PRIVACY ACT STATEMENT**

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SF-1034  
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<b>CSO INCIDENT REPORT</b>		
<b>Report Date</b>	<b>Reporting District</b>	<b>Reported By</b>
<b>Type of Incident:</b>		
<b>DESCRIPTION OF INCIDENT:</b>		
<hr/> <b>Site Supervisor/Lead CSO</b>		<hr/> <b>Witness By</b>

### COURT SECURITY OFFICER MONTHLY ACTIVITY REPORT

1. CONTRACTOR'S INFORMATION:			
Name		Month	Day
Address			Year
City			
State		Month	Day
Zip Code			Year
Office Telephone Number			
Fax Telephone Number			
Internet Address			
2. CONTRACTOR'S INFORMATION:			
Contract Manager			
Site Supervisor(s) / District(s)			
9. CONTRACTOR'S SIGNATURE:			
I hereby certify that the information provided in this report is true and accurate to the best of my knowledge.			
NAME AND TITLE OF AUTHORIZED COMPANY OFFICIAL		(TYPE OR PRINT)	
SIGNATURE OF AUTHORIZED COMPANY OFFICIAL		DATE	

















**SECTION IX - NARRATIVE OF MAJOR ACCOMPLISHMENTS PROGRAMS/ISSUES/COINTELACT**

Contract Number:

Reporting Period:

[Empty reporting area]

**SECTION X - WORKHOURS**

Contract Number:

Reporting Period:

**Judicial Circuit - Fiscal Year 2002**

**MONTHLY STATISTICS OF HOURS**

District	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
<b>TOTAL</b>												

**ANNUAL STATISTICS OF ACTUAL HOURS**

District	District No.	Site Supervisors	CSO Positions	Contract Hours <i>(Based on 2008 hrs./position)</i>
				0
				0
				0
				0
				0
				0
<b>TOTAL</b>				0

**SECTION XI - BILLING INFORMATION****Contract Number:****Reporting Period:**

\_\_\_\_\_ **Judicial Circuit**  
*Fiscal Year 2002*

**Total Monthly Billing**

District							
October	\$	\$	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$	\$	\$
January	\$	\$	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL:</b>	\$	\$	\$	\$	\$	\$	\$

**SECTION XII - MONTHLY HOURS WORKED**

Contract Number: \_\_\_\_\_ Circuit: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

District: \_\_\_\_\_

Facility: \_\_\_\_\_

Name	Position	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Basic	Overtime		
	Basic																																			0	0
	Overtime																																			0	0
	Basic																																			0	0
	Overtime																																			0	0
	Basic																																			0	0
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