

SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

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

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>
		\$18.28

Travel Voucher Summary

1. Voucher						6. Expenses Summary		
Local Voucher No.	Submit Org.	Vouch Date	Voucher Type	Ref Doc No.	Preparer's Name	Standard Travel Expenses		
	USMS		<input type="checkbox"/> Original <input type="checkbox"/> ReClaim			Traveler Paid Transportation		
2. Traveler						Other Expenses		
Name (FNF)						Item Desc	SOC	Amount
SSN								
<input type="checkbox"/> 1. Employee <input type="checkbox"/> 2. Contractor <input type="checkbox"/> 3. Invitational <input type="checkbox"/> 4. Other								
Address								
City								
State AL Zip								
Country USA								
<input type="checkbox"/> Employee Payment Notification Network ID								
3. Purpose						Total Voucher (auto-calculated)		
Type Travel		Travel Purpose				Disposition		
<input type="checkbox"/> A. TDY		<input type="checkbox"/> A. Operational				Advance Repayment		
<input type="checkbox"/> B. Ext TDY (Over 30 Days)		<input type="checkbox"/> B. Training				Taxes Withheld Fed		
<input type="checkbox"/> C. Taxable Ext TDY		<input type="checkbox"/> C. Meeting/Conference				Taxes Withheld State		
		<input type="checkbox"/> D. MS Ops				Amount to Traveler (auto-calculated)		
4. Obligation Limitation						7. Program Distribution		
Traveler YRagDoc		Obl Lc				Accd Class	PGM	AIN
		<input type="checkbox"/> Final <input type="checkbox"/> Partial				Project	Case	%
5. Itinerary								
Trip Began (MMDDYY) (H:MM)								
Trip Ended (MMDDYY) (H:MM)								
<input type="checkbox"/> 1. Domestic <input type="checkbox"/> 2. OCONUS <input type="checkbox"/> 3. Foreign								
Highest Class of Travel:								
<input type="checkbox"/> 1. Coach <input type="checkbox"/> 2. Premium <input type="checkbox"/> 3. First Class								
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. Paid 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						
Primary Destination:								
State AL City								
<input type="checkbox"/> Multiple Destinations								
8. Approval						8. Approval		
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. 267.1 d 1001)						Disposition		
Traveler Sign Here			Approving Official Sign Here			Certifying Official Sign Here		
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

I. Voucher Information					
Local Voucher No.	Submitting Organization USMS-	Vouch Date	Ref Doc No	Preparer's Name	FMIS 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		YRagDoc		Accounting Classification	
SSN					

2. Mode of Transportation Authorized	3. Mode of Subsistence 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.: \$.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;"> <tr> <th colspan="3">From:</th> <th colspan="4">Rate</th> </tr> <tr> <th>To:</th> <th>State</th> <th>City</th> <th>Lodging</th> <th>M&IE</th> <th>Days</th> <th>Estimate</th> </tr> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </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 8 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"/> 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 (8 Alpha)	Org Mgt Field (Numeric)
Bill 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.	
Authorizer Advance Authorized as described in Box 5 <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> 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		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				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 B/L 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>	QUAN- TITY	UN IT		AMOUNT (1)
				COST	PER	
(Use continuation sheets) if necessary (Payee must NOT use the space below)					TOTAL	
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		BY (2)	= \$		S	
		TITLE	* \$1.00		Amount verified; correct	
					(Signature or initials) ^{for}	
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		
(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 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/she signs, must appear. For example: John Doe Company, per John.				PER		
				TITLE		

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

CSO INCIDENT REPORT

Report Date

Reporting District

Reported By

Type of Incident:

DESCRIPTION OF INCIDENT:

Site Supervisor/Lead CSO

Witness By

COURT SECURITY OFFICER MONTHLY ACTIVITY REPORT

1. CONTRACTOR'S INFORMATION:		3. REPORTING PERIOD:		
Name		Month	Day	Year
Address				
City		4. DATE SUBMITTED		
State		Month	Day	Year
Zip Code				
Office Telephone Number		5. JUDICIAL CIRCUIT		
Fax Telephone Number				
Internet Address				
2. CONTRACTOR'S INFORMATION:		6. DISTRICT		
Contract Manager				
Site Supervisor(s) / District(s)				
		7. CONTRACT NUMBER		
		8. CONTRACT PERFORMANCE PERIOD		
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 II - STAFFING INFORMATION

Contract Number: _____ **Circuit:** _____ **Reporting Period:** _____

District: _____
Facility: _____

Location		Authorized Positions		
District	Facility	Full-time	Shared	Total

	Actual Staffing On-Board			Employee's Status		Uniform Issue Date	Weapon's Qualification Date	Date of Last Medical Examination	In-District Training Phase I	Orientation Phase II	Annual Training	Start Date
	Full-time	Shared	Total	Full-time	S1 or S2							

SECTION IX - NARRATIVE OF MAJOR ACCOMPLISHMENTS, PROBLEMS ENCOUNTERED, FUTURE PLANS AND ACTS OF HEROISM

Contract Number:

Reporting Period:

[Empty box for narrative content]

SECTION X - WORKHOURS

Contract Number:

Reporting Period:

 Judicial Circuit - Fiscal Year 2002

MONTHLY STATISTICS OF HOURS WORKED

District	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	REPORT CUMULATIVE TOTAL
TOTAL													

ANNUAL STATISTICS OF ACTUAL HOURS WORKED

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

SECTION XI - BILLING INFORMATION

Contract Number:

Reporting Period:

Judicial Circuit
Fiscal Year 2002

Total Monthly Billing							Cumulative Total
District							
October	\$	\$	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$	\$	\$
January	\$	\$	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$	\$	\$	\$

