

Approved by Bureau of Accounts-July 1970
 Fiscal Service, Department of the Treasury

OFFICE VOUCHER NO. _____

Disbursing Office Number _____

SOCIAL SECURITY ADMINISTRATION

**VOUCHER AND SCHEDULE OF PAYMENTS UNDER TITLES II AND XVIII,
 SOCIAL SECURITY ACT AS AMENDED**

(Act of August 14, 1935, 49 Stat. 620, as amended)

AND TITLE IV, FEDERAL COAL MINE HEALTH AND SAFETY ACT

SECRETARY OF THE TREASURY AS MANAGING TRUSTEE OF THE BOARD OF TRUSTEES, FEDERAL OLD-AGE AND
 SURVIVORS INSURANCE TRUST FUND AND FEDERAL DISABILITY INSURANCE TRUST FUND

APPROPRIATION SUMMARY		PAID BY
FROM: <input type="checkbox"/> 28-20X8006, Federal Old-Age and Survivors Insurance Trust Fund <input type="checkbox"/> 28-20X8007, Federal Disability Insurance Trust Fund <input type="checkbox"/> Federal Coal Mine Health and Safety Act Appropriation		
TO: Persons named on attachments:		
NUMBER OF PAYEES AND MONEY AMOUNT RSI _____ DI _____ CM HSA _____ Totals _____	PERIOD OR CLASS OF PAYMENTS _____	
AGENCY AND LOCATION _____	AGENCY STATION NO. _____	TOTAL AMOUNT OF VOUCHER \$ _____

REMARKS

Pursuant to authority vested in me, I certify that the items listed herein are correct and that each and every person whose name and address appears on the attachments is entitled by authority of law to receive payment in the amount stated, which is payable from the designated appropriation; that each amount stated is due as shown by the facts of record, that all relevant data are stated in each case; and that each individual item has been examined and found true and correct, and is approved in the gross amount shown.

By _____
 (Signature)

(Name)

AUTHORIZED CERTIFYING OFFICER

 (Date)

DIVISION OF DISBURSEMENT, TREASURY DEPARTMENT

Paid by checks numbered from _____ to _____
 drawn on the Treasurer of the United States to the order of the payees named on the attachments and in the amounts stated.