BPA - INVOICE-RECEIPT CERTIFICATION See Completion Instructions On Reverse of Agency Copy

BLANKET PURCHASE AGREEMENT (BPA) ORDER NUMBER 45 - VENDOR/SELLER IDENT. NUMBER 3. DATE GOODS RECEIVED/ACCEPTED/ SERVICE PERIOD END DATE					4. DATE BILLING STATEMENT RECEIVED			6. VENDOR'S REMITTANCE N (Street or P.O. Box, City, Sta Complete this block only v Block 10 on Form AD-838	OR'S REMITTANCE NAME AND ADDRESS et or P.O. Box, City, State, and Zip Code) plete this block only when the remittance address is different from a 10 on Form AD-838		
			Month	Day	Year	Month	Day	Year			
5. VENDO	OR PAYM	IENT REFERE	NCE NUMBER]	-		
	pprovii ck 1.	ng this vou	cher, I have o	letermine	d that the	items bille	ed were re	ceived, ir	spected, and accepted as	complying with th	e BPA indicated in
8 LINE ITEM NO.	9 FUND	10	11 BUDGET	12 SE-281					13		14
NO.	FUND CODE	UNIT CODE	BUDGET OBJECT	SF-281 CODE			A	CCOUNTING	CLASSIFICATION		DOLLAR AMOUNT
•									1	5. TOTAL	\$0.00
19. Attach billing documents and mail to: (Use of Window Envelope is Optiona									ING OFFICER	·	
		•			,	-	1		16. SIGNA	TURE	
		HEDA (Office of	Einene	0 004 1	Managa	mort				
USDA, Office of Finance and Management NATIONAL FINANCE CENTER P.O. Box 60075 New Orleans, Louisiana 70160								47 DATE			
								17. DATE			
								18. PHONE (Area Code and Number) FTS			
		- -	· · · · · · · · · · · · · · · · ·								СОММ
	· <u></u>									FORM	AD-838D USDA (Rev. 11/91)