

**VOUCHER FOR SPECIAL MISSION FUNDS (SMF)
EXPENDITURES**

For use of this form, see AR 37-64(c); the proponent agency is ASAFM

D.O. VOUCHER NO.

BUREAU VOUCHER NO.

ACTIVITY

PAID BY

CLASS B AGENTS GRADE AND NAME

ADDRESS (include unit and zip code)

(for use of paying office)

FOR SPECIAL MISSION FUNDS EXPENDITURES LISTED BELOW

FOR EXPENSES INCURRED DURING THE PERIOD ¹
FROM TO
APPROPRIATION CHARGEABLE

AUTHORITY FOR THESE EXPENDITURES IS CONTAINED
LOA# _____

TOTAL

I CERTIFY THAT THE ABOVE ACCOUNT IS TRUE AND CORRECT; THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED, AND THAT THE AMOUNT HAS BEEN OR WILL BE EXPENDED FOR SMF EXPENSE PURPOSES.

DATE	TYPE NAME, GRADE, AND ORGANIZATION	SIGNATURE OF PAYING AGENT
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I CERTIFY THAT THE EXPENDITURES SHOWN ON THIS VOUCHER WERE NECESSARY FOR CONFIDENTIAL MILITARY PURPOSES, THAT FUNDS ARE AVAILABLE THEREFORE, AND THE FUNDS CHARGED ARE APPROPRIATE. APPROVED FOR \$ _____

DATE	TYPE NAME, GRADE, ORGANIZATION AND TITLE	SIGNATURE OF CERTIFYING OFFICER ²
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¹ fill in only if voucher covers reimbursement of funds actually expended

² certifying officer will not be the payee

INSTRUCTIONS

SUPPORTING RECEIPTS, IF AVAILABLE, OR CERTIFICATES IN LIEU THEREOF, SHOULD BE ATTACHED TO DUPLICATE COPY, EXCEPT WHERE SECURITY MAY THEREBY BE VIOLATED. NO DETAILS WILL BE SHOWN ON THE FACT OF VOUCHER.