

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.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DCMA DAYTON BUILDING 30 AREA C 1725 VAN PATTON DRIVE WRIGHT PATTERSON AFB, OH 45433	S3605A	DATE VOUCHER PREPARED 11/15/2013	SCHEDULE NO.
		CONTRACT NUMBER / ORDER N00000-14-G-0000	DATE 10/07/2010 FG01
		REQUISITION NUMBER AND DATE 33001687	
		Issued By: X00535 1HLD9	
PAYEE'S NAME AND ADDRESS	Mil-Pac Technology 1672 Main Street Ramona, CA 92065		PAYMENT OFFICE DODAAC: HQ0337
			DCAA AUDITOR DODAAC: HAA139
			LOCAL PROCESSING OFFICE DODAAC: N00535
			DATE INVOICE RECEIVED
			DISCOUNT TERMS
			PAYEES ACCOUNT NUMBER
			PERIOD OF PERFORMANCE START END 09/06/2012 11/15/2013
SHIPPED FROM		TO N00024	WEIGHT GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICE <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN-TITY	UNIT PRICE		PER	AMOUNT <small>(1)</small>
				COST			
0001AD		Testing Services ACRN: AC	1	56,158.97		EA	\$56,158.97
0002AD		Engineering Services ACRN: AA \$10000.00 ACRN: AB \$20000.00 ACRN: AC \$30000.00	1	60,000.00		EA	\$60,000.00
TOTAL							56,158.97

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)**

PAYMENT:	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
<input type="checkbox"/> PROVISIONAL	= \$	= \$1.00	
<input type="checkbox"/> COMPLETE	BY (2)		
<input type="checkbox"/> PARTIAL			
<input type="checkbox"/> FINAL			<i>Amount verified: correct for</i>
<input type="checkbox"/> PROGRESS	TITLE	<i>(Signature or initials)</i>	
<input type="checkbox"/> ADVANCE			

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

P A I D B Y S	CHECK NUMBER ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER ON (Name of bank)
	CASH DATE	PAYEE (3)

1. When stated in foreign currency, insert the name of the 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 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 signs, must appear. For example, "John Doe Company, per John".	PER TITLE
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Standard Form 1035

Wide Area Workflow

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.
BVN0038

SCHEDULE NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
S3605A - DCMA DAYTON

SHEET NO.
2

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICE <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
0003AD		Documentation ACRN: AA \$10000.00 ACRN: AC \$30000.00	1	40,000.00	EA	\$40,000.00
<p>INITIATOR COMMENTS</p> <p>-----</p> <p>These are Initiator Comments, as supported on WAWF Receiving Reports and Invoices. They are supported on the WAWF 810 Cost Voucher, but not on the SF1034 form itself. Comments are included in the WAWF transaction, and printed on the SF1034 form following the last line item.</p> <p>The Issued By DODAAC is an optional WAWF field, recommended for certain types of contracts. There is no field for it on the official SF1034. It is printed in the excess space of the Payee block.</p> <p>Notify:</p>						