

**VOUCHER FOR PAYMENT  
UNDER FEDERAL TORT CLAIMS ACT**

Voucher No. \_\_\_\_\_

Schedule No. \_\_\_\_\_

Claim No. \_\_\_\_\_

U.S. \_\_\_\_\_  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

**THE UNITED STATES, Dr.,**

To \_\_\_\_\_  
(Payee(s))

Address \_\_\_\_\_

<b>PAID BY</b>
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\$ \_\_\_\_\_ Date claim accrued \_\_\_\_\_

settlement \_\_\_\_\_ \$ \_\_\_\_\_

BRIEF DESCRIPTION OF CLAIM: (See attachments for further explanation in detail.)

**ACCEPTANCE BY CLAIMANT(S)**

I, (We), the claimant(s), do hereby accept the within-stated award, compromise, or settlement as final and conclusive on me (us), and agree that said acceptance constitutes a complete release by me (us) of any claim against the United States and against the employee of the Government whose act or omission gave rise to the claim, by reason of the same subject matter.

e \_\_\_\_\_  
**SIGN ORIGINAL ONLY** \_\_\_\_\_  
(Claimant)  
\_\_\_\_\_ (Claimant)

This claim has been fully examined in accordance with the provisions of the Federal Tort Claims Act (28 U.S.C. 2672), and is approved in the amount of \$ \_\_\_\_\_

\_\_\_\_\_  
(Head of Federal agency, or authorized designee)

e \_\_\_\_\_  
**SIGN ORIGINAL ONLY** Title \_\_\_\_\_

Pursuant to the authority vested in me, I certify that this voucher is correct and proper for payment in the

amount of \$ \_\_\_\_\_

\_\_\_\_\_  
(Authorized certifying officer)

e \_\_\_\_\_  
**SIGN ORIGINAL ONLY** Title \_\_\_\_\_

**ACCOUNTING CLASSIFICATION**

No. \_\_\_\_\_