

**REQUEST FOR FISCAL INFORMATION CONCERNING TRANSPORTATION  
REQUESTS, BILLS OF LADING, AND MEAL TICKETS**

**DATE**

**SECTION A - DOCUMENT DESCRIPTION**

1. DO VOUCHER NUMBER	2. DO OR ACCOUNTING DATE	3. TRANSPORTATION REQUEST NUMBER <i>(Include prefix)</i>
4. BILL OF LADING NUMBER <i>(Include prefix)</i>	5. MEAL TICKET NUMBER <i>(Include prefix)</i>	6. AMOUNT
7. TO  •  •		8. ACCOUNTING CLASSIFICATION <i>(Include Station Number)</i>

<b>9. FISCAL OFFICER</b>		
a. TYPED NAME	b. GRADE	c. SIGNATURE

**SECTION B - INFORMATION REQUESTED ON DOCUMENT DESCRIBED ABOVE** *(X appropriate box(es) below)*

10. <input type="checkbox"/> COMPLETE NAME AND ADDRESS OF ISSUING OFFICE AND/OR OFFICER <i>(Include ZIP Code)</i>	11. <input type="checkbox"/> ACCOUNTING CLASSIFICATION <i>(Include Station Number)</i>
12.  •  •	13. <input type="checkbox"/> TRAVELER OR ITEMS SHIPPED

14. <input type="checkbox"/> AUTHORITY FOR SHIPMENT OR TRAVEL <i>(Special Order No., Contract No., etc.)</i>	15. <input type="checkbox"/> OTHER	16. FILM NUMBER
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<b>17. ACCOUNTING OFFICER, USAFAC</b>		
a. TYPED NAME	b. SIGNATURE	c. DATE FORWARDED

<b>18. TRANSPORTATION OFFICER</b>		
a. TYPED NAME	b. SIGNATURE	c. DATE FORWARDED

19.  •  •
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