

Customer No.

Invoice No.

Standard Form 1034a (9-73) Exception to SF 1034	PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL	VOUCHER NO. Audit Vo # SCHEDULE NO.
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U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Sponsor Address Sponsor Address Sponsor Address Sponsor Address	DATE VOUCHER PREPARED CONTRACT NUMBER AND DATE SPONSOR AWARD NUMBER REQUISITION NUMBER AND DATE	PAID BY
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PAYEE'S NAME AND ADDRESS	MASSACHUSETTS INSTITUTE OF TECHNOLOGY CASHIER'S OFFICE NE49-3077 77 MASSACHUSETTS AVENUE CAMBRIDGE, MASSACHUSETTS 02139	DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER
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SHIPPED FROM	TO	WEIGHT	
Estimated Cost			\$0.00

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT
				CUMULATIVE	CURRENT (1)	
WBS	XX/XX/XX TO XX/XX/XX	SEE ATTACHED DETAIL		\$0.00		\$0.00
TOTAL						\$0.00

(Use continuation sheet(s) if necessary)

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

PAID BY	CHECK NUMBER ON TREASURER OF UNITED STATES	CHECK NUMBER ON (Name of bank)
	CASH DATE	PAYEE 3

1 When stated in foreign currency, insert name of 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/her 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 Smith, Secretary", or "Treasurer", as the case may be.

Customer No.

Invoice No.

Standard Form 1034a (9-73) 7 GAO 5000 1035-11	PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL <i>CONTINUATION SHEET</i>	VOUCHER NO. Audit Vo # SCHEDULE NO. SHEET NO. DATE
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U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Sponsor Address Sponsor Address Sponsor Address Sponsor Address	CONTRACT NUMBER SPONSOR AWARD NUMBER ESTIMATED COST <p style="text-align: right; margin-top: 10px;">\$0.00</p>	
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PAYEE'S NAME AND ADDRESS	<table border="1" style="width:100%; height: 80px;"> <tr> <td style="width:45%;"> MASSACHUSETTS INSTITUTE OF TECHNOLOGY CASHIER'S OFFICE NE49-3077 77 MASSACHUSETTS AVENUE CAMBRIDGE, MASSACHUSETTS 02139 </td> <td style="width:55%;"></td> </tr> </table>	MASSACHUSETTS INSTITUTE OF TECHNOLOGY CASHIER'S OFFICE NE49-3077 77 MASSACHUSETTS AVENUE CAMBRIDGE, MASSACHUSETTS 02139	
MASSACHUSETTS INSTITUTE OF TECHNOLOGY CASHIER'S OFFICE NE49-3077 77 MASSACHUSETTS AVENUE CAMBRIDGE, MASSACHUSETTS 02139			

ANALYSIS OF CLAIMED CURRENT AND CUMULATIVE COSTS

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE	AMOUNT
				CUMULATIVE	CURRENT (1)
WBS	XX/XX/XX TO XX/XX/XX	Salaries and Wages - On Campus			
		Salaries and Wages - Off Campus			
		Salaries and Wages - On No O/H			
		Research Assistants - On			
		Research Assistants - Off			
		Employee Benefits Summary			
		Employee Benefits No O/H			
		Indirect Expense Summary			
		Travel Expense - Domestic			
		Travel Expense - Foreign			
		Materials & Services			
		Materials & Services - No O/H			
		Computation Expense			
		Other Charges			
		Equipment - No O/H			
		Subcontracts - No O/H			
		Tuition - No O/H			
		Stipends - No O/H			
		Cost in Excess of Award Total			
TOTAL EXPENDITURES				\$0.00	\$0.00

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Sponsor Address Sponsor Address Sponsor Address Sponsor Address	CONTRACT NUMBER SPONSOR AWARD NUMBER ESTIMATED COST <div style="text-align: right; font-weight: bold;">\$0.00</div>	SCHEDULE NO. SHEET NO. DATE
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PAYEE'S NAME AND ADDRESS	<div style="border: 1px solid black; padding: 5px;"> MASSACHUSETTS INSTITUTE OF TECHNOLOGY CASHIER'S OFFICE NE49-3077 77 MASSACHUSETTS AVENUE CAMBRIDGE, MASSACHUSETTS 02139 </div>
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CONTRACTOR'S CUMULATIVE CLAIM RECONCILIATION
 TOTAL CLAIMED FROM INCEPTION OF WORK UNDER THIS DOCUMENT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES	CUMULATIVE
WBS	XX/XX/XX TO XX/XX/XX	Salaries and Wages - On Campus	
		Salaries and Wages - Off Campus	
		Salaries and Wages - On No O/H	
		Research Assistants - On	
		Research Assistants - Off	
		Employee Benefits Summary	
		Employee Benefits No O/H	
		Indirect Expense Summary	
		Travel Expense - Domestic	
		Travel Expense - Foreign	
		Materials & Services	
		Materials & Services - No O/H	
		Computation Expense	
		Other Charges	
		Equipment - No O/H	
		Subcontracts - No O/H	
		Tuition - No O/H	
		Stipends - No O/H	
		Cost in Excess of Award Total	
TOTAL EXPENDITURES			\$0.00

Less: Amount Approved on Audit Vos.		
Nos. 1 - X (inclusive)	\$0.00	
Resubmission AV #	\$0.00	
Final-in-process AV #	\$0.00	\$0.00
		\$0.00

MASSACHUSETTS INSTITUTE OF TECHNOLOGY	Balance:	\$0.00
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 Dale Twomey - Assistant Manager