

I certify that this claim is correct and proper and that payment or credit has not been received

Signature of Volunteer making claim _____ Date _____

Approved, as advantageous to the government, for \$ _____

VIP Coordinator or Designee _____ Date _____

Accounting Classification	Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment in the amount of \$ _____	
Organization Code _____	_____ Authorized Certifying and Paying Officer	_____ Date
Paid by check no. _____	_____ Signature of Volunteer	_____ Date
Received in cash, \$ _____		

PRIVACY ACT STATEMENT

Disclosure of this information is voluntary; failure to furnish information may delay payment. Collection and use is covered under Privacy Act System of Records USDA/OP-1 and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of the Interior, National Park Service Volunteers-In-Parks Program Coordinator, 1849 C Street NW, 2450, Washington, DC 20240.

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