

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

(DEPARTMENT OF ACTIVITY)

(LOCATION)

MEMORANDUM

TO: _____ Page 1 of 1
 FROM: _____ D.T.M. No. _____
 SUBJECT: TRANSMITTAL OF DOCUMENTS INDICATED Date _____

- | | |
|--|--|
| <p>() Requisitions
 () Travel Vouchers
 () Travel Authorizations
 () Receiving Reports
 () Time and Attendance Report
 () Other REFUND VOUCHER _____</p> | <p>() Vendor's Disbursement Voucher
 () Advice of Change in Encumbrance
 () Miscellaneous Encumbrance Document
 () Statement of Remittance
 () Voucher for Adjustment of
 () Transfer Voucher
 ()</p> |
|--|--|

The documents listed below are transmitted herewith for processing by your department. Kindly acknowledge receipt by signing a copy in the space provided and return this signed copy to our office as promptly as possible.

DOCUMENT NUMBER	OPTIONAL USE	NAME OF PAYEE, VENDOR/SUPPLIER, PAY PERIOD OR OTHER REFERENCE	AMOUNT	DATE PAID	VOUCHER NUMBER	REMARKS

TRANSMITTED BY:

RECEIVING OFFICE USE

Received in the Department of _____

(SIGNATURE)

By: _____

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(TITLE)